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Sexual Identity, Behavior and Health:
Women Who Have Relationships with Women and Men

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M.A., San Diego State University, 2000

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Abstract

Sexual Identity, Behavior and Health:

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By Dawn L. Comeau

Only recently have scholars begun to understand bisexuality as a salient sexual identity category. Throughout history, they have approached bisexuality as a transitional phase in a person's life when studying human biology, sexual and gender identity development, and sexual behavior. As a result, our knowledge about women who self-identify as bisexual is limited. Current social science literature about bisexuality and sexual identity suggests that women who have relationships with women and men suffer from stigma, isolation, and lack of community. Moreover, public health studies consistently show that bisexual women have more negative health outcomes than their heterosexual and lesbian counterparts. This qualitative study with women who have relationships with women and men explores the shifts in women's sexual identity, behavior, and attraction, including same-sex and bisexual relationships, over the lifespan. It provides a picture of sexuality that is fluid. In-depth life history interviews were conducted with forty women from major cities in the South- and Northeast. The women mapped their sexual identity, behavior and attractions from childhood to adulthood and discussed the relationship between their choice in sexual identity and their coinciding sexual attractions and behaviors. This includes addressing the impact of age, racial and ethnic identity, family values, religion, education and socioeconomic status on sexual identity labeling, partner choice, and decisions regarding sexual behavior. In particular,

this study focuses on periods of incongruence between sexual identity and behavior, gendered aspects of relationships, and decisions about safer sex with women and men. Furthermore, the implications for public health programs and policy are discussed.

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Chapter 1

Bisexuality: A Review of the Literature

This chapter outlines past research on bisexuality among women. Researchers have typically approached bisexuality as a transitional phase in a person's life when studying human biology, sexual and gender identity development, and sexual behavior. As a result, our knowledge about women who self-identify as bisexual is limited. Only recently have researchers begun to understand bisexuality as a salient sexual identity category. Current social science literature about bisexuality and sexual identity suggests that women who have relationships with women and men suffer from stigma, isolation, and lack of community. Moreover, public health studies consistently show that bisexual women have more negative health outcomes than their heterosexual and lesbian counterparts. In this chapter, I discuss some of the early biological and psychological theories that define bisexuality. Next, I summarize some of the key points from recent social science literature that expand on the historical accounts of bisexuality. This research highlights the stereotypes and misconceptions about bisexuality as a transitional "phase" and argues for bisexuality as a stable sexual identity category. In addition, feminist theories of intersectionality provide a more complex approach to women's sexuality because it considers the convergence of multiple interpersonal and sociostructural influences in women's lives. Finally, I review public health research on women who have relationship with women and men in the areas of mental health, sexual health, and substance use.

Historical background

The earliest research on bisexuality was published in the mid-1800s. Darwinians believed that embryological bisexuality or primordial hermaphroditism, the possession of both male and female sexual organs in the fetus's early development, was the "universal starting point for all human development" (Angelides, 2001, p. 32). At that time, sex and gender were not differentiated, therefore, if humans were born with both male and female genitalia this was perceived as congruent with attraction for both sexes. Darwinians believed that it was necessary to pass through physical and psychic stages of bisexuality in childhood in order to reach a full state of being male. This was considered "an upward movement out of the domain of nature and into that of culture; and evolutionary process from sexual ambiguity to sexual distinction" (Angelides, 2001, p. 32). Through this process, men became intellectual citizens with social privilege and status. On the other hand, women and Blacks were considered unable to attain this type of sexual and social maturity. They were considered animalistic, something to be controlled and dominated, a measure for which civilized culture was created against (Angelides, 2001). Therefore, women's sexuality – or bisexuality- was not addressed.

In the second half of the nineteenth century, it becomes possible for a select group of women in the Western world become educated and economically independent (Angelides, 2001). This prompted questioning about the scientific "natural order" of sex roles: "Anatomy could no longer guarantee the development of appropriately matched secondary sexual characteristics and behavioral roles" (Angelides, 2001, p. 35). As a result, the definitions of masculinity and femininity came under scrutiny. Recent queer theorists such as Steven Angelides and Randolph Trumbach, among others, argue that the

categorization and/or identification of the homosexual as the third sex came from this crisis of sex/gender roles. In the late 1800s, German psychiatrist Richard von Krafft – Ebing believed that homosexuality was caused by an inversion of the "procreative sex instinct" and this was hereditarily transmitted via relatives who had become ill through disease of the central nervous system (Angelides, 2001, p. 36). However, even with the possibility of homosexuality, bisexually was not something that was not perceived as existing beyond an embryonic state.

In the 1900s, American psychologist James Kiernan and physician G. Frank Lydston continued to believe that sexual inversion was caused by the lack of development out of bisexuality and into fully mature, monosexual, (heterosexual, white) manhood. Therefore, "the more highly evolved the species, the more the individual is divested of a bisexual heritage" (Angelides, 2001, p. 41). Havelock Ellis accepted these theories of sexuality. In addition, like those before him, he believed that gender and racial development were linked to passing through states of bisexuality. Ellis's ideas can be summarized as follows:

> Racialized sexual difference is thereby constructed as the effect of the process of white masculine (self-) evolution, or self-definition, the incomplete achievement of which results in the arrested or maldeveloped species variations of blacks, women, and homosexuals. (Angelides, 2001, p. 45)

As a psychologist, Freud was also heavily influenced by the natural sciences and Darwinist theories despite his efforts to create autonomous psychological theories. Like those before him, he also believed that bisexuality was a necessary part of human development. However, to achieve maximum human potential, men and women proceeded through the psychological process of the Oedipus complex to become healthy

adults with desire for persons of the opposite sex. Freud does not provide for any type of bisexuality outside of infancy (Angelides, 2001).

Sexologists and psychologists in the mid 1900s present the first shift in theories about bisexuality. Sex researcher Alfred Kinsey believed that sexuality and sexual attraction existed along a continuum. He argued, "the capacity of an individual to respond erotically to any sort of stimulus, whether it is provided by another person of the same or of the opposite sex, is basic to the species" (quoted in Angelides, 2001, p. 113). Kinsey's heterosexual-homosexual rating scale gained enormous popularity. This instrument required individuals to rate their sexuality on a scale of 0-6 (0 = exclusively heterosexual; 1 = predominantly heterosexual, only incidentally homosexual; 2 = predominantly heterosexual, but more than incidentally homosexual; 3 = equally heterosexual and homosexual; 4 = predominantly homosexual, but more than incidentally heterosexual; 5 = predominantly homosexual, only incidentally heterosexual and 6 = exclusively homosexual) (Klein, 1993, p. 15).   His scale was the first that allowed individuals to stray from strict dichotomous heterosexual and homosexual categories and maintain, at least in behavior, some form of bisexuality. In *Sexual Behavior of the Human Male*, Kinsey, Pomeroy & Martin state:

> The world is not to be divided into sheep and goats. Not all things are black nor all things white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behavior the sooner we shall reach a sound understanding of the realities of sex. (1948, p. 639)

Sexologists and psychologists Ford, Beach and Hooker followed Kinsey's lead. They also believed that humans had the ability to possess and act on erotic feelings towards

people of the same or opposite sex. For these theorists, "the existence of homosexuality proved the bisexual potential of human beings" (Angelides, 2001, p. 113). However, backlash from studies like Alfred Kinsey stunted progressive research on bisexuality. Perhaps this is one of the reasons why bisexuality continues to remain somewhat invisible into the turn of the century. Bisexuals have been omitted in academic research and excluded from gay and lesbian communities, lesbian feminist communities, heterosexual communities, and communities of color.

There is a tenuous political and social relationship between bisexual women and the lesbian community. In the 1970s, when second wave feminism gained momentum, there was a movement toward women choosing lesbianism for political reasons (Rust, 1995, 2000; Udis-Kessler, 1995). Men were considered responsible for upholding and perpetuating patriarchy and therefore some feminists believed that it was only possible to fight oppression if they chose women as their sexual and emotional partners (Udis-Kessler, 1995). At the time, the popular phrase, "feminism is the theory, lesbianism is the practice" captured the assumption that women who embodied feminist ideals enacted their convictions through lesbian relationships. Those who continued relationships with both women and men were considered traitors or simply not making the correct feminist choice (Udis-Kessler, 1995). Throughout the gay liberation movement, bisexuals were considered "fencesitters," confused, and in transition between identities and therefore unreliable allies (Rust, 1995). Bisexuals were ostracized from the lesbian community because they had an option of choosing an acceptable heterosexual lifestyle devoid of negative social consequences (Hutchins & Kaahumanu, 1991; Tucker, 1995).

Nonetheless, bisexual women persisted and existed in both of these communities even at the cost of denying their bisexuality to peers, co-workers, and acquaintances.

Bisexual women were also ostracized from heterosexual communities (Shuster, 1987). Committing one homosexual act was believed to prove a person homosexual even if it was followed by heterosexual relationships. Therefore, bisexual women experienced homophobia in similar ways to their lesbian counterparts, but without the benefits of the lesbian community for support (Shuster, 1987). Bisexual women were left without any sense of community belonging. Moreover, bisexuals of color faced amplified invisibility. Many nonwhite communities believed that self-identifying as homosexual or bisexual is a "white person's disease" and a betrayal to their culture (Greene, 1997; Rust, 1996). Therefore, they encountered prejudice within their own cultural communities. Concurrently, bisexuals of color encountered racism in gay and lesbian communities that were comprised of a majority of white people. A woman of color who publicly identified as bisexual risked losing social support from several communities: feminists, gays and lesbians, cultural communities, and heterosexual peers (Rust, 1996). Exclusion from communities like this negatively impact health.

In the 1980s, a surge of research brought attention to bisexual identity with aim to recognize bisexuality as a legitimate and "authentic" form of sexuality (Rust, 2000). Previously, many academic scholars acknowledged bisexuality in their research, but only as a deviation from a homosexual or heterosexual identity (Rust, 2000). In 1982, feminist researchers Marilyn J. Freimuth and Gail A. Hornstein argued that research neglects bisexuality because sexual identity is understood based on a strict interpretation of the male/female gender dichotomy that includes biological sex as well as social

constructs (Freimuth & Hornstien, 2000: Rust, 2000). This framework places all people into the category of male or female and correspondingly man or woman. Therefore, all sexual relationships are same-sexed and same-gendered (heterosexual), or opposite sexed and opposite gendered (homosexual) bereft of a space in between for bisexuality (Rust, 2000).

Researchers A. P. MacDonald Jr. (2000) and Jay Paul (2000) came to a similar conclusion about the paradigm of dichotomous sexual identity. They argue that research has addressed bisexuality as a transitional phase rather than a legitimate, and potentially discrete, erotic response to males and females. MacDonald highlights three explanations of bisexuality, based on a transitional model, that re-enforce homosexuality and heterosexuality as the only viable sexual identity categories: 1) bisexuality is interpreted as a transitory phase (perhaps something that is chic or trendy) until a person returns to re-establish their "true" sexual orientation, 2) a transitional phase which involves an individual shifting between heterosexual and homosexual identity – most likely moving from heterosexual to exclusively homosexual (this phase is frequently referred to as "fencesitting" because a bisexual person is believed unable to make a commitment to anyone), and 3) a stage of denial in which case an individual represses their true homosexual identity out of fear of social stigma and isolation (Paul, 2000). In 1985, Charles E. Hanson and Anne Evan elaborate on this analysis. They attribute the lack of research about bisexuality to a cultural fear of the erotic in addition to the prominent dichotomous model of sexuality (Rust, 2000). Hanson and Evan observed that bisexuals were frequently stereotyped as promiscuous due to society's anxiety over individuals that stray from the normative prescriptions of fidelity and enjoy a sexual freedom outside of

monogamous heterosexual relationships. Hanson and Evan's "Law of the Excluded Middle" states that persons are categorized as heterosexual unless there is evidence depicting the contrary, but a person who partakes in one homosexual act is classified as homosexual forever (Rust, 2000). After this one homosexual act, engagement with the opposite sex is considered in opposition to their true homosexual identity therefore rendering impossible to coexistence of same-sex and opposite-sex desire (Paul, 2000). These limited understandings of bisexuality are connected to the exclusion of bisexuals from the numerous social movements and communities previously discussed.

Academic research on bisexuality along with bisexual social movements continued to grow into the 1990s. Major texts in the field of psychology and women's studies such as *Bisexuality: The Psychology and Politics of an Invisible Minority*, edited by Beth Firestein, *Dual Attraction: Understanding Bisexuality* by Weinberg, Williams, and Pryor, and the *Bisexual Option* by Fritz Klein, argued for more in-depth understanding of bisexual identity in the realm of mental health, and also as it pertains to the role of community and bisexual activism. The bisexual movement in the 1990s pressured lesbian and gay organizations to include bisexuality in their mission. With much persistence and hard work, bisexual activists added "B" for bisexual to the popular acronym "LGBT" that currently exists. As research continued into the new millennium, researchers and activists emphasized the importance of multiple identities within bisexual populations. For example, Robyn Och's and Sarah Crowley's edited anthology, *Getting Bi: Voices of Bisexuals Around the World*, highlights narratives from bisexual women and men from various cultural and ethnic backgrounds. Contributors address the diverse meanings and behavior encompasses by bisexuality. More recently, a range of sexual

identities such as polyamory, "a form of relationship in which people have multiple romantic, sexual, and/or affective partners," (Sheff, 2005, p. 252) and BDSM (bondage and discipline, sadism and masochism, also referred to as "kink") have formed alliances with the bisexual community (Mint, 2005). Transgender communities are also strongly connected with the bisexual community (Alexander & Yescavage, 2003). Although little academic research has been conducted on these sexual and gender alternatives, the volume of internet and conference resources speak to the existence of vibrant communities. More research must be accomplished in order to fully explore the intricacies of bisexual identity and behavior as it relates to transgender, polyamorous and other communities.

Feminist theories of intersectionality

Feminist theories of intersectionality aid in exploring women's bisexuality from a personal as well as a sociostructural perspective. Patricia Hill Collins' (2000) theory about intersectionality and interlocking systems of oppression is particularly powerful. Intersectionality permits us to explode binary categories in favor of a more thorough consideration of factors such as race, class, gender, and religion. Collins argues that all oppressions work together simultaneously and that oppression must be addressed at an individual level as well as through larger social structures. Therefore, when we research bisexuality, we need to examine the individual's experience at an interpersonal level and at an institutional level. In order to fully address social inequality, Collins argues that we must consider the manifestation of interlocking systems of oppression. Efforts to minimize one area of oppression, for example racism or homophobia, are not adequate

without addressing how sexism and classism are linked with it. Collins explains,

"Intersectional paradigms remind us that oppression cannot be reduced to one

fundamental type, and that oppressions work together in producing injustice" (Collins,

2000, p. 19). Areas of inequality are not separable – heterosexism, racism, classism,

sexism are continually moving through and by us at an individual level, as well as

through social institutions such as schools, government, and medicine, the sum of which

is greater than the whole.   Her concept of "intersectionality" is a powerful tool to reveal

the "racist and sexist ideologies that permeate the social structure to such a degree that

they become hegemonic, namely, seen as natural, normal, and inevitable" (Collins, 2000,

p. 5). This helps explain why bisexuality has been disregarded while the dominant norm

of heterosexuality persists.

Intersectionality requires a move away from binary thinking that represents

either/or dichotomies in the form of one dominant and one nondominant group, and

towards a "both/and" analysis. Binary thinking "categorizes people, things, and ideas in

terms of their differences from one another," and each term only has significance in

relation to its matching part (Collins, 2000, p.70). Common binaries include:

heterosexual/homosexual, white/black, and male/female. The dominant side of the binary

represents power while the nondominant side is marginalized, manipulated and

controlled. Collins argues that this model is inadequate because we are rarely always

oppressors or always oppressed. Furthermore, it eliminates the possibility of identities

that fall between the binaries – for example, bisexuality. The consideration of

intersectionality allows for a more complex understanding of how we might benefit from

some aspects of our identity (for example, our race if we are white) while being

disadvantaged by other aspects (for example, our sexual identity if we are bisexual). She explains, "all individuals and groups possess varying amounts of penalty and privilege in one historically created system…. depending on the context, individuals and groups may be alternatively oppressors in some settings, oppressed in others, or simultaneously oppressing and oppressed in still others" (Collins, 2000, p. 236). Bisexual women's lives are informed and shaped by varying positions of status and power. Research on bisexual women's health illustrates the way in which sexual minority status negatively influences health even when bisexual women benefit from privilege in some areas in their life such as race and class.

Public Health Research

A nascent body of research addresses bisexual women in the field of public health. A survey of all public health research since 1980 revealed that less than one-tenth of one percent addressed lesbian, gay, bisexual and transgender populations (Boehmer, 2002). Research that focuses explicitly on bisexuals only comprises 9.3% of the total .1% (Boehmer, 2002). Eighty-five percent of this research omits reference to race or ethnicity and most of it focused on sexually transmitted diseases with little attention to other health concerns (Boehmer, 2002). However, almost all of the existing research indicates higher rates of disease in physical and mental health.

Mental health studies show that persons who engage in same-sex behavior and same-sex identity are "at higher risk for mental health disorders, including depression, anxiety, substance abuse and suicide ideation and attempts" (Balsam, Beauchaine, Mickey & Rothblum, 2005, p. 471).

For example, in a comparison study of heterosexual and lesbian, gay and bisexual persons and their siblings, Balsam et al. (2005) found that "sexual minority status was a predictor of both suicidal ideation and attempts, before the age of 18" (p. 474). In addition, lesbian, gay and bisexual persons were more likely report "self-injurious behavior, histories of psychotherapy, and psychiatric medications" (Balsam et al., 2005, p. 474). A community survey that compared the mental health of bisexuals and homosexuals found that bisexuals had worse mental health (Jorm et al., 2002). More specifically, bisexuals measured the highest in terms of anxiety and depression (Jorm et al., 2002). Bisexuals were also more likely to have "current adverse like events, greater childhood adversity, less positive support from family, more negative support from friends and a higher frequency of financial problems" (Jorm et al., 2002, p. 423). The authors propose that the merging of gays and lesbians with bisexual populations in previous research sampling and analysis might actually inflate the reports of poor mental health in gay and lesbian populations.

Sociologists and psychologists have highlighted the mental health issues of bisexual people associated with the challenges of feeling between communities and identities. Invisibility, social stigma, isolation and lack of social support are among the few prevalent concerns. Feminist psychotherapist, Ann Fox, says, "Virtual absence of a bisexual community," and the exclusion from other communities, "create both internal and social impediments to the free exploration, consideration, or adoption of a self-affirming bisexual identity" (1991, p.31). Lesbian psychologist, Carla Golden (1987) found in her study that bisexual women were more conflicted by external forces such as community than by their inner psyche. Many of her participants were lesbian-identified

even though their behavior was bisexual. Golden argues, "Although very often [participants] felt compelled to identify themselves publicly and unequivocally as lesbians whose sexuality was stable and enduring and exclusively focused on women, they privately experienced their sexuality in a more fluid manner" (1987, p. 31). Feminist psychologist Rebecca Shuster (1987) found similar sentiments with her bisexual clients who expressed feelings about a lack of community even when they had more in common with lesbians than heterosexuals. For example, one interviewee explains, "It doesn't make me feel any more a part of the heterosexual group to consider myself a bisexual. I still feel like I'm out on the fringe" (Shuster, 1987, p.58). And another says, "Heterosexual society defines bisexuals based on their lesbianism. [I am] not 50 percent oppressed" (Shuster, 1987, p. 59). Shuster emphasizes the negative consequences of being ostracized by multiple communities. She says, "In relationships with women [bisexuals] grapple with homophobia, lesbian oppression, and internalized sexism… In relationships with men they grapple with heterosexism, their anti-male feelings, and sexism, both external and internalized" (Shuster, 1987, p. 64). In order to maintain good mental health, bisexuals need "permission, recognition, validation, support, and (ideally) community acceptance" (Fox, 1991, p. 34).

The mental health of an individual is also influenced by racial and ethnic community belonging. Frequently, the importance of an individual's sexuality is determined by their cultural understandings of sexual identity in context with their other identities such as those designated by their family, church and peer networks (Bowleg, Craig & Burkholder, 2004; Espin, 1984). Some argue that communities of color are likely "to stigmatize same-sex sexuality more stringently than mainstream Anglo society"

(Diamond, 2008b). Rust (1996) begins to address these issues in her article written for therapists about how to work with bisexuals of color. She explains,

> Each individual's struggle to understand and accept their bisexuality takes place within the context of their particular cultural background. Those who choose to claim a bisexual identity—or any sexual identity—must integrate this identity with numerous other group memberships and identities. (Rust, 1996, p. 53)

Cultural norms will promote certain sexual scripts while prohibiting others (Rust, 1996). Such norms will organize the labels and meanings of an individual's sexual feelings, behaviors and identity development (Rust, 1996). In some cultures, there is less importance placed on the development of a sexual identity compared to, for example, developing a strong identity within the context of family. Rust argues that is critical to appreciate that a lack of sexual identity "is not an indication of psychosexual immaturity or unresolved sexual issues" (Rust, 1996, p. 56). According to Rust, in Euro-American culture, individual autonomy is valued more than family responsibility (Rust, 1996, p. 57). Conversely, for other cultures, family is a source of support, even if it strongly influences or even controls a person's behaviors in ways that are contrary to Euro-American configurations of family. In fact, claiming a bisexual identity might jeopardize an individual's gender role, family support and ethnic identity (Parks, Hughes & Matthews, 2004; Rust, 1996). Strong family affiliation enhances positive ethnic identity, provides support against the prevalence of racism in the United States, and counters the fear of racial genocide (Parks, Hughes & Matthews, 2004; Rust, 1996). In this case, support from a gay, lesbian, and bisexual community, is not a replacement for family.

The strong cultural pull toward a family identity that conflicts with one's sexuality might lead to inner turmoil for some people of color. In Rust's study, participants express the challenges with managing multiple identities (1996). Some feel

as though accepting a lesbian or bisexual identity is a betrayal of their ethnic sense of

self. One Mexican woman explains, "I feel like a traitor to my race when I acknowledge

my love of women. I have felt like I bought into the White 'disease' of lesbianism"

(Rust, 1996, p. 65). One African American-Chicana explains, "[I] decided to stay in the

closet instead of risk isolation and alienation from my communities" (Rust, 1996, p. 66).

However, some bisexual women explain that coming out to different communities makes

them feel stronger. The same African American-Chicana referenced earlier was able to

change her perspective over time. She explained that eventually her 'Outness within

[her] communities is a testimony to…diversity and to the strength [she has] developed

from being raised Latina and African American" (Rust, 1996, p. 68). Another explains:

> Being multiracial, multicultural has always made me aware of nonbipolar
> thinking. I have always been outside people's categories, and so it wasn't such a
> big leap to come out as bi, after spending years explaining my [racial and cultural]
> identity rather than attaching a single label [to it]. (Rust, 1996, p. 70)

Similar sentiments are documented by Seif (1999) who uses intersectionality to

explore the ways in which religious identity collides with sexual identity in the lives of

Jewish bisexual women. One participant, Hannah, conveys that she often understands

her world based on Jewish versus non-Jewish groups, rather than standard race

categories. She does not consider herself white, but understands her race to be something

"other." She explains, "All the time people…ask me 'what are you?' meaning what race

are you. I look a little too swarthy…to be white to them…" (Sief, 1999, p. 5). Her

experience as a Jewish community member informs the other aspects of her identity. She

explains:

> I think my [multiple identities] actually complement themselves. In Jewish
> school…we [had] a lot of conversation about dealing with anti-Semintism and
> oppression. We had teachers who would tell us flat out, people will hate you for

> who you are, and your just have to hold on in your heart that they are the ones who are wrong. So when I came out [as bisexual]…whether it was straight people for hating me for being queer or lesbians for giving me shit about being bi…I already had the tools. (Seif, 1999, p. 5)

This strength is certainly critical to consider when we investigate the relationship between community and health outcomes. For example, what additional "tools" assist bisexual women to remain healthy while others are likely to have higher rates of disease? Managing multiple identities and juggling communities is inherent in bisexual women's lives.

Sexual Health

Existing literature suggests that women who have sex with women and men are more likely to engage in risky sexual behavior than women who only have sex with men or women who only have sex with women. Studies indicate that women who have sex with women and men have more sexual partners than exclusively heterosexual women (Bevier, Chiasson, Hefferman & Castro, 1995; Friedman, 2003; Scheer et al., 2002), and their partners are more likely to be high-risk sex partners (Bevier et al, 1995; Lemp et al., 1995) such as injection drug users (IDUs) (Gonazales et al., 1999; Magura, 1992), bisexual men or someone that they thought was infected with HIV (Bevier et al., 1995; Friedman, 2003; Scheer et al., 2002). Some research indicates that they are also more likely to trade sex for drugs or money and engage in anal sex (Scheer et al., 2002). Kral et al. (1997) found that only a small percentage of women always used barrier protection while giving oral sex to another women, and they did not always use condoms during sexual intercourse with men. Some studies indicate that women who have sex with

women and men are more likely to have an earlier sexual debut and are more likely to have forced sexual contact (Gonzales et al., 1999).

Given these risk behaviors, it is not surprising that women who have sex with women and men are more often to present HIV seropositive than women who had sex only with men (Bevier et al., 1995; Diaz, Vlahov, Greenberg, Cuevas & Garfein, 2001; Shotsky, 1996). In addition, Scheer et al., (2002) found that women who have sex with women and men "were more likely to have serological markers for both hepatitis B virus and hepatitis C virus" (p. 1111). To complicate matters, women who have sex with women are not receiving the necessary social and medical support once diagnosed with HIV or hepatitis. One study in Australia found that bisexual women living with hepatitis C virus were disadvantaged when it came to "income, work status, home ownership, and level of education" and that overall, their needs are not met by health care professionals (Banwell, Bammer, Gifford & O'Brien, 2005, p. 340). A qualitative study with African-American and Latina, low-income, HIV positive women who have sex with women shows that this population is disportionately affected by drug addiction, homelessness and poverty, and racial and cultural stigma due to their quadruple minority status (gender, race, sexual orientation, & low-income) (Arend, 2005, p. 98).

Although most research has overlooked women who have sex with women, the research that exists demonstrates that sexually transmitted infections *are* transmitted between women who engage with sexual behavior with other women. For example, studies show that several STDs are transferable between women such as herpes, trichomoniasis, human papillomavirus, syphilis and HIV (Bauer & Welles, 2001; Marrazzo, Stine & Wald, 2003). In Marrazzo, Stine and Wald's (2003) study of 392

women who have sex with women, they found that herpes simplex virus type-2 infection occurred in 1 in 10 lesbians and "is not predicted by report of sex with men or sexual identity" (p. 890). Most lesbians are not aware of their infection. Furthermore, "sexual transmission of HSV-1 [herpes simplex virus-1] may occur more frequently among lesbians than among heterosexual women" (Marrazzo, Stine & Wald, 2003). Like herpes, genital human papillomavirus (HPV) can be transmitted through skin to skin contact which makes it plausible for transmission between women who engage in direct genital to genital or digital to genital contact (Marrazzo, 2000). HPV was detected in 13% of a sample of 248 women who have sex with women, some of whom had never had sex with men in their lifetime (Marrazzo, Koutsky, Kiviat, Kuypers & Stine, 2001). However, more research is needed to calculate the actual extent of risk of STD transmission among women who have sex with women (Bauer & Welles, 2001). In Bauer and Welles' study, the women in their sample that only had women as sexual partners throughout their lifetime reported a 13% risk of STDs (Bauer & Welles, 2001). The women in this sample reported a low rate of regular STD testing which could mean a disproportionate number of undiagnosed STDs (Bauer & Welles, 2001).

Lesbian women report a low awareness of risk when it comes to STI transmission through female-to-female sexual contact. For example, in the National Lesbian Health Care Survey, "less than a quarter reported that they worried about contracting STDs" (Bauer & Welles, 2001). Some researchers argue that the lack of public health messages about STDs, family planning services or cervical cancer geared specifically towards women who have sex with women may lead to a "false sense of security" for this population (Champion, Wilford, Shain, & Piper, 2005, p. 115). Assumptions about being

at low risk are one of the many reasons that women who have sex with women might not seek health care, and in particular, STI screening (Bauer & Welles, 2001). For example, in one study, the women who identified as lesbian were "only 27% as likely to obtain regular STD testing as women self-identifying as bisexual or heterosexual." (Bauer & Welles, 2001). Marrazzo et al. (2001) found that the participants in their study who reported never having had sex with men were "significantly less likely to have undergone a pelvic examination…had their first pap test at an older age, had fewer pap tests in the previous five years, and reported a longer interval between their 2 most recent Pap tests," than the women in their sample who reported having sex with both women and men (p. 948). Explanations for not obtaining a Pap test ranged from lack of medical insurance, previous poor experiences with receiving a Pap test, assuming they did not need a Pap test because they did not engage in sex with men, and lack of knowledge about where to get a test (Marrazzo et al., 2001). Some women were told by their health care provider that they did not need to obtain a Pap test if they were not sexually active with men (Marrazzo et al., 2001). This is critical misinformation given that "specific genital types of human papillomavirus (HPV), most commonly types 16 and 18, are a cause of cervical cancer, a disease that is largely preventable with periodic Papanicolaou (Pap) test screening" (Marrazzo et al., 2001).

A qualitative study with bisexual minority women diagnosed with an STD found that some women in the sample were not sure if they were at risk of contracting a STD if they had sexual contact with women – they saw women as "clean" (Champion et al., 2005, p. 118). Others had some knowledge about contracting STDs from their female partners and therefore used condoms when they shared sex toys although this protective

behavior was not likely in most cases (Champion et al., 2005). Some women reported that they did not use STD protection when having sex with women because it "takes away the fun" (Champion et al., 2005, p. 119). Others feared that suggesting practicing safer sex would make them appear "dirty" and prompt their partners to question their fidelity (Champion et al., 2005, p. 119).

Dolan and Davis (2003) conducted a study in a large Southeastern city that involved surveying and interviewing lesbian and bisexual women about sexual risk behavior. Although most of her sample was comprised of lesbians, and was focused on "lesbian" experience, I wish to focus on attitudes about bisexuals exhibited by lesbians that are important to consider for my research as well as overall perspectives on safer sex. Sixty-two percent of her sample identified as lesbian, 15% as bisexual and 3% identified as straight but had sexual and romantic relationships with women (Dolan & Davis, 2003). Seventy-nine percent had sex with men in their lifetime, 19% had vaginal sex with men in the past year, 18% had anal sex with a man in the past year, 24 % had oral sex with a man in the past year (Dolan & Davis, 2003). She found that women fit into three categories of risk understanding: essentially invulnerable, socially inoculated, and fundamentally vulnerable. These categories provide some context to the decisions that women make pertaining to safer sex.

Women who considered themselves "essentially invulnerable" believed they were "not susceptible to sexually transmitted infections or HIV by virtue of them being a lesbian" (Dolan & Davis, 2003, p. 30). Women divulged that this was a "known 'perk' of being a lesbian" (Dolan & Davis, 2003, p. 30). Often, these same women believed that "if a woman looks healthy, she is healthy" (Dolan & Davis, 2003, p. 30). Bisexual

women threaten essential vulnerability. Respondents in her study believe that it is bisexual women who bring STDs into the lesbian community, and therefore ruin the ability for lesbians to remain STD-free without practicing safer sex. Dolan and Davis elaborate:

> Many lesbian women who feel that true lesbians enjoy cosmic protection believe that is bisexual women who are the carriers and transmitters of STIs. They may refuse to have sex with bisexual women, or avoid them altogether. For them, bisexual women symbolize risk, transmission, and betrayal. In some circles the stock knowledge includes the belief that bisexual women are unreliable as partners and uncertain in their identity, as well as morally and physically contaminated from their sex with men. (Dolan & Davis, 2003, p. 30-31)

Along with viewing bisexuality as a risk factor, some respondents believed that male ejaculation causes contamination (Dolan & Davis, 2003). This belief seems to appear in conjunction with the idea that the risk of pregnancy goes along with the risk of STD transmission.

Women who believe that they are "socially inoculated" are similar to those who belief that they are essentially invulnerable. These respondents believe that "lesbian women are relatively safe to the extent they can detect, intuit, or sense who among them is infected" (Dolan & Davis, 2003, p. 31). This principle coincides with the strong belief in trust as an indicator of safeness or protection. Many of these women reported that they were risk-free because they trusted their partners to be upfront about their sexual history – and they believed that overall women are trustworthier than men. For example, one participant said, "'This is completely illogical, and I know it, but there is this intrinsic, it's just innate. I trust women far more than I trust men'" (Dolan & Davis, 2003, p. 34). Dolan and Davis explain that women believed that "honesty and communication ward off infection." She continues, "Women speak of these qualities both as character traits and

as behaviors, as things that upright people have as well as things that right-thinking people should do. So long as partners communicate, or communicate well, things should be fine." (Dolan & Davis, 2003, p. 32). Half of the women reported that they did not use protection if they "trusted their [female] partner or were in a long-term relationship [with a woman]'" (Dolan & Davis, 2003, p. 32). One respondent stated, "I believe my communication skills are strong enough, and my trust skills are also strong'" (Dolan & Davis, 2003, p. 32).

Lesbians that were aware of the risk of STD transmission between women were categorized as "fundamentally vulnerable." These women perceived that "risk is ever-present and that lesbian women are as vulnerable as anyone else" and they believed that "risk is real" and that they should "always be cautious" (Dolan & Davis, 2003, p. 33). The women who fell into this category were often involved with the field of public health or had experience as safer sex activists. Some had contracted an STD, and others had friendships with HIV positive men and women (Dolan & Davis, 2003). These women believed, "Lesbian women, like all women, can contract infections" (Dolan & Davis, 2003, p.33). Dolan and Davis argue that "risk-taking and protective actions are taken on the basis of meanings that are at once personal, private, relational, and community-based" (Dolan & Davis, 2003 p. 36). And again, she emphasizes the negative stereotypes of bisexuality and how they influence lesbians' perceptions of STDs. She says:

> Within lesbian communities, as within many heterosexual contexts, STIs may be viewed, for example, as symbols of infidelity, disloyalty, and promiscuity. STIs may be especially stigmatizing for lesbian women because of the idea that lesbians as a group are immune, and the idea that STIs are evidence of bisexuality. (Dolan & Davis, p. 35)

Perceptions of bisexual women as "disease carriers" and as promiscuous persist.

However, a recent study that followed sexual minority women over a period of ten years

found that bisexual women are more likely to pursue monogamous relationships than

lesbians and heterosexual women (Diamond, 2000a, 2008b). The stereotypes about

lesbian and bisexual women and sexually transmitted diseases are linked to the history of

HIV and AIDS in the United States.

Dianne Richardson provides historical context as to why lesbians might perceive

themselves as immune from STDs and in particular, HIV.   The social and medical

reaction to HIV/AIDS explains why lesbian women currently do not perceive themselves

at risk for HIV. Until the late 1980s, there was very little written about women and

AIDS. When the epidemic began, lesbian women were perceived as a high-risk group for

exposure to HIV simply because of their affiliation with the gay male community or as

female homosexuals. In 1982-3, the American Red Cross "advised lesbians to defer

donating blood, as gay men were urged to do" (Richardson, 2000, p. 33). Yet, in the late

1980s, the dominant medical discourse shifted to construct "lesbians as among those least

at risk of HIV infection" even when the rates of infection of women with HIV was on the

rise (Richardson, 2000, p. 34). In the early 1990s, in what could be considered the "de-

gaying" of AIDS, the connection between lesbians and gay men continued to weaken

(Richardson, 2000, p. 37). The shift towards identifying sexual behavior as a risk factor

distanced lesbians from an at-risk population. The definitive sexual behavior for gay men

was anal sex and this was considered a risk. For lesbians, cunnilingus between women

was determined the definitive sexual behavior and therefore they were considered not at

risk (Richardson, 2000, p. 37). Their previous history with men, or sexual behavior such

as "unprotected oral sex during menstruation, sharing sex toys for vaginal or anal penetration and sex involving bleeding" was not measured (Richardson, 2000, p. 38).

Currently, there is still little government data on lesbian/bisexual women with HIV. This is in part due to the fact that there is no category for female-to-female transmission when reporting HIV cases. They are assigned as "other" (Richardson, 2000, p 40). This, Richardson argues, leads to an assumption of safeness. Lesbians and bisexual women, "as a defined population, remain unidentified within official statistics on AIDS and HIV infection" (Richardson, 2000, p. 40). As a result, "no one knows how many lesbians or bisexual women are infected with HIV or have AIDS in the US or anywhere else" (Richardson, 2000, p. 41). Richardson argues that the estimates we have are expected to be low because lesbians are not likely to report sexual orientation to doctors.

Like Dolan and Davis, Richardson argues, "Social group membership is the key to 'risk status.'" She says, "Lesbians may consider themselves to be of low or no risk for HIV infection not only because of their sexual practices, but also because they consider it unlikely that their female sexual partners will be seropositive" (Richardson, 2000, p. 39). Since lesbians are absent in the literature on HIV, they are presumed to be a safe partner choice. On the other hand, like the participants in Dolan and Davis's study, Richardson reports that "women who identified as bisexual were often considered to be less 'safe' as sexual partners because they were presumed to have sex with men" (Richardson, 2000, p. 39). Richardson also states that lesbians will not become sexually involved with a woman simply based on her bisexual identity. Or, if they become sexually involved with

bisexual women, they are more likely to practice safer sex regardless of their bisexual partner's previous sexual history.

Substance Use

Research indicates that women who have sex with women are more likely to engage in substance use (Gonzales et al., 1999) which is linked to higher rates of disease such as STDS, HIV and Hepatitis. Some estimate that women who have sex with women constitute twenty to thirty percent of all American women who inject drugs (Friedman, 2003). Injection drug users who report same-sex relationships were more likely than their heterosexual counterparts to partake in high risk behavior such as sharing injection drug equipment (Friedman, 2003; Magura, O'Day & Rosenblum, 1992) and trading sex for drugs (Bevier et al., 1995; Friedman, 2003). Furthermore, Friedman (2003) found that women who have sex with women are more likely to be recently homeless, to ever have been incarcerated, and to have been institutionalized in a mental health facility. In addition, they are less likely to depend on government services for income, such as welfare, and more likely to exchange sex for money (Friedman, 2003).

Research by Magura, O'Day and Rosenblum (1992) demonstrates how women who have sex with women do not always identify as lesbian or bisexual in drug research. Their study was conducted with a random sample of 39 female IDUs who were interviewed in jail, 38% of whom reported homosexual relationships that were formed and occurred primarily outside of jail. During the structured research interview, only two women reported homosexual activity or identity. However, an additional thirteen reported homosexual behavior during a client assessment interview with a social worker.

None of the women identified themselves as lesbian, and only four self-identified as "gay," "bisexual," or "in the life." During the interviews, women referred to their sexual partners as "girlfriends," and/or used phrases like "going with a girl" or "being married to a girl" (Magura, O'Day & Rosenblum, 1992, p. 2) despite a lack of lesbian and/or bisexual identity. Some participants desired female partners because "women treat each other 'equally'" and "'women usually take care of their girlfriends'" (p. 3). The researchers suggest that the "disinhibiting effects of chronic drug use and the rejection of conventional societal norms" might also be factors that influence the formation of same-sex relationships. The bisexual women in their sample were considerably more likely to share injection equipment and none of the women used latex protection (condoms or dental damns with men or women) for sexual practices.

Several studies report that bisexual women have the "highest rates of alcohol use, heavy drinking and alcohol related problems when compared to heterosexual and lesbian women" (Dobins, 2006). A study with a small sample of African American women in alcoholism treatment centers found that "heterosexual women perceived more sources of family casual male, and total support than did lesbian or bisexual women," however the quality of support from these sources was not significantly different between the groups (Mays et al., 1994, p. 240). "Family, female, and male sources are perceived to be most supportive for heterosexual Black women in seeking treatment, whereas female sources appear more supportive for lesbian and bisexual Black women" (Mays et al., 1994, p. 240). In addition to high rates of alcohol and drug use, a review of the research on tobacco use by Ryan, Wortley, Easton, Pederson and Greenwood (2001) found that lesbian and bisexual populations were likely to have higher smoking rates. A recent

study found that lesbian and bisexual women had smoking rates about 70% higher than

their heterosexual counterparts (Tang et al., 2004). Higher smoking rates among bisexual

youth are also reported by Easton, Jackson, Mowery, Comeau & Sell (2008).

Nutrition, weight, fitness and body image

Lesbian and bisexual women have higher rates of being overweight and obese

than heterosexual women with lesbian women having the highest rates (Dobins, 2006).

However, bisexual women were more likely to report being underweight (Dobins, 2006).

Bisexual women have patterns of physical activity that are similar to heterosexual women

(Case et al. 2004). Bisexual women had the highest rates of physical activity in one study

(Dobins, 2006). Data on nutrition indicates that lesbian and bisexual women intake fewer

fruits and vegetables than heterosexual women (Valanis, Bowen, Bassford, Whitlock,

Charney & Carter, 2000).

Research indicates that lesbian and bisexual women also negotiate body image

issues and concerns. Although some research argues that lesbians and bisexual women

might have fewer struggles with body image and eating problems than heterosexual

women (Share & Mintz, 2002), others have argued that body dissatisfaction among

lesbian and bisexual women is similar to that of heterosexual women (Beren, Hayden,

Wilfley & Striegel-Moore, 1997). For example, a qualitative study with lesbian women

found that "issues of weight and body image are just as relevant [to lesbians] as for

heterosexual women" (Pitman, 2000, p. 53). Most women said that they felt "too fat,"

and some said they felt "unhealthy and out of shape" (Pitman, 2000, p. 53). They cited

"movies, television, magazines, billboards" and the glorification of thinness by "cultural,

economic, and political institutions" as a strong source of influence on the self-perception of their bodies (Pitman, 2000, p. 54). A more complex analysis explores how lesbians interrupt and understand body image in ways that might still be problematic for health – but within a more specific lesbian framework (Beren et al. 1997). For example, one study found that college age women voiced conflicting messages from mainstream media and the lesbian community about body image. Although they found that sexual relationships with women "encouraged acceptance of one's body," their participants valued a "beauty ideal that encompasses both thinness and fitness" (Beren et al., 1997, p. 432). Furthermore, cultural background also affects women's internalized messages about body image. For example, one woman from Mexico mentions her grandmother always pushing her to "put meat on her bones" (English translation) --- a phrase that represents the importance and value of food in her family and the ideal woman's body as one that is curvy or fleshy (Pitman, 2000, p. 56).

Transgender Health

Throughout their lifetime, many transgender persons experience sexual and romantic intimacy with more than one gender and many consider themselves bisexual. Research indicates that transgender women (men who transition to women) are at a high risk for HIV, substance abuse, and mental health problems (Nemoto, Operario, Keatley, Nguyen & Sugano, 2005). A recent study in Philadelphia with transgender men and women found that transgender people of color have higher risk of HIV infection from unprotected sex (Kenagy, 2005). A study on risk behavior of MTF transgender persons of color in San Francisco found that sexual risk behavior varied depending on whether

the sexual partner was considered a primary or casual partner or a commercial sex work encounter (Nemoto, Operario, Keatley, Han & Soma, 2004). Drug use before sex, HIV positive status and low income were associated with unprotected receptive anal sex (Nemoto, et al., 2004). In addition to sexual risk behaviors, MTFs are also at risk through sharing needs either when injecting drugs or hormones (Lombardi, 2001).

Additionally, in a comparison study between MTF and FTM transgender people, researchers found that there is a significant gender difference in transgender communities: "FTMs were significantly less likely to have used protection the last time they had sex and significantly more likely to have engaged in recent high risk sexual activity" (Kenagy & Hsiesh, 2005, p. 195). Overall, there were high rates of attempted suicide (30%), high rates of forced sex (over 50%), high rates of violence in homes (56.3%), and over half experienced physical (Kenagy, 2005). Over one-fourth of the respondents had been refused medical care because they were transgender (Kenagy, 2005).

Most health science research addresses the MTF community. This might be due to a false assumption that HIV risk is not high among FTMs as well as a lack of public health information, educational campaigns and organizations geared at helping this population (Kenagy & Hsiesh, 2005). Clearly, more research needs to be conducted on the health concerns of FTM population. Moreover, although most research is based on the categories MTF (male to female) and FTM (female to male) it is critical to remember that the transgender community includes a diversity of genders – many that are not captured discreetly in the these categories. Furthermore, many transgender people consider themselves male and female, or neither male nor female (Kenagy, 2005).

Research shows that transgender people need health services that cater specifically to their needs (Kenagy, 2005). Transgender persons deter seeking care due to discrimination and insensitive behavior on behalf of health care providers (Lombardi, 2001). Satisfactory care is obtainable. A survey of patients at university-based sexual health clinic showed high patient satisfaction due to regular meetings with a transgender community advisory board (Bockting, Robison, Benner & Scheltema, 2004). Such collaborations are a model for future transgender- and bisexual-focused health care.

Conclusion

These studies provide valuable data about bisexuality and the health of women who have relationships with women and men. However, sampling and research purpose might bias our perceptions of this population. Participants are often recruited at sexually transmitted disease clinics, or in poor urban areas where there are high rates of drug use, STDs, HIV and less than adequate health care. Women who are in relationships with women and men are less likely to be addressed in national, large-scale health studies that focus on cancer, chronic illness or nutrition or any research on positive health outcomes. Most of the quantitative research on bisexual women's health is derived from subsamples of bisexual women in research on lesbians (Morgan & Thompson, 2006). Frequently, bisexual women are combined with lesbians for one category of analysis or completely excluded (Diamond, 2008b; Rust, 2000). This is problematic given that when bisexual women are examined as a separate population, they have distinct health attributes and characteristics from lesbians and heterosexual women (Rust, 2000, p. 209). In addition, research on self-identified lesbians, gays and bisexuals does not represent all sexual

minorities because "most individuals with same-sex attractions do not publicly identify" as such (Diamond, 2008b, p.27). Furthermore, social and historical context is often lost when race, ethnicity and social class are considered as predictive variables, but not explored for further meaning when it comes to decision-making, available resources for preventative health care, or an individual woman's understanding of her own life and the options she has in it. Some argue that qualitative research with a multidisciplinary perspective is the most suitable method to investigate the multidimensional and intersecting aspects of women's lives (Bowleg, 2008). Currently, there are limited qualitative studies that focus on bisexual women in social science or public health.

The complexities of sexuality require an especially complex approach in research. Furthermore, sexuality identity and behavior change over the course of the life span. Therefore we must take into consideration the variable of time in order to fully capture the dynamic nature of sexuality. Lisa Diamond (2008b) argues that "contextual changes over the life course (such as intimate relationships) can redirect women's sexual development pathways at any point in time" (p. 27). Therefore, "women's sexual development is best explained by interaction between personal characteristics and environmental contexts" (Diamond & Savin-Williams, 2003, p. 130). Some researchers argue that it is critical to explicitly explore sexual identity, behavior and desire as discrete yet overlapping categories (Laumann, Gagnon, Michael & Michaels, 1994). This necessitates examining the congruency of these categories in a person's life. Recent data show that discordance between sexual identity and behavior in men and women can lead to negative health outcomes (Kerker, Mostashari & Thorpe, 2006; Pathela, Hajat, Schillinger, Blank, Sell & Mostashari, 2006; Ross, Essien, Williams, & Fernandez-

Esquer, 2003). This qualitative study contributes to the body of knowledge about

bisexuality and health because it considers the dynamic relationship between all three

aspects of women's sexuality (identity, behavior and desire) as it relates to her social

environment over the course of her life.

Chapter 2

Methods

The proposed study is innovative in its emphasis on a cultural context for bisexual women's life patterns of sexual identity and behavior, and in its qualitative research orientation and interdisciplinary theoretical framework. Rooted in a feminist research paradigm, my research will provide a more complex analysis of sexual identity, behavior and health while working to reduce universalizing concepts of "bisexuality." This interdisciplinary project will contribute to the literature on bisexuality, and women who partner with women and men, in the fields of public health, women's studies, sociology, and psychology, among others. Furthermore, the detail of my qualitative research will provide a foundation to develop questions for future large-scale, quantitative studies.

This project focuses on three primary research domains, each with associated research questions:

1) *Individual Understandings*: How do women come to understand their sexual identity? When and why do they self-identify with a label (heterosexual, bisexual, lesbian) that is congruent or incongruent with their sexual behavior? How is this linked to other aspects of their identity (race, class, religion, etc.)? How does this connect to healthy or unhealthy behavior? Which, if any, public health messages reach women who have sex women and how are they interpreted?

2) *Relationships*: How do relationship dynamics influence sexual health? For example, how do women who have relationships with women and men negotiate sexual behavior with female partners versus her male partners? How do intimacy and power dynamics change based on a male or female partner? What is the role of substance use in relationships with women versus men?

3) *Socio-Structural Influences*: How do environmental factors and community influence the sexual identity, behavior and health of women who have relationships with women and men? For example, how do political atmosphere, economic conditions, racial and ethnic communities,

and religion alter a woman's partner choices, risk behavior or self-identity?

Feminist Research Methods

Feminist research methods and methodology emerged from the need to include women in research endeavors in contestation of "traditional" positivist research methods. Traditional positivist approaches to research are based on a pretense of value-free science and objectivity that requires a distancing between the researcher and the researched (Harding, 2004; Nielson, 1990; Smith, 2004; Wolf, 1996). In such research, women's experiences tend to be inaccurately reflected if included (Nielson, 1990; Wolf, 1998). Hess-Biber, Leavy and Yaiser (2004) argue that feminist scholarship challenges oppressive forms of developing and disseminating knowledge and therefore make way for an epistemology inclusive of women's experience. Feminist researcher Marjorie DeVault (1999) claims that feminist methodology gives researchers the freedom to create research methods that explore new "truths" about people's lives that have been falsely interpreted or completely ignored. Reinharz (1992) adds that feminist research is guided by feminist theory and may be transdisciplinary. This approach to research provides a more complex understanding of women's lives because it draws on various theories and concepts to understand the social context of certain phenomena. Like other feminist researchers (Lewin & Leap, 1996; Rapp, 1999), she claims that feminist research frequently addresses the subjective role of researcher and their special relationships with the people studied. This includes careful attention to the power dynamics between a researcher and the researched – a component of the research process which is frequently unaddressed in more traditional research methods.

There are three significant criteria in feminist research methods (DeVault, 1999). The first criterion involves "bringing women in" to the research process where they have not been included before both as researchers and as participants. Research methods that facilitate personal testimonials from women such as ethnography, interviews, life histories, and narrative analysis contribute to this mission. These methods emphasize the importance of searching out the voices of diverse women in ways that are not universalizing but rather facilitate an understanding of differences between women's lives and experiences. An integral part of this "excavation" is the researcher's self-evaluation and continual process toward discovering limitations, correcting mistakes, and remedying omissions (DeVault, 1999). Previous research observations and processes have harmed and exploited women during the actual gathering of research, as well as its eventual use to justify the oppression of women. This leads to the second criterion: "feminists seek a science that minimizes harm and control in the research process" (DeVault, 1999, p.31). The third criterion builds on the first two. Feminist methodology supports "research of value to women, leading to social change or action beneficial to women" (1999, p.31). As a result, "what makes [research] practice distinctively feminist is its relevance to change women's lives or the systems of social organization that control women." (DeVault, 1999, p.31).

Recent texts about feminist methods allocate substantial discussion to applying theories of intersectionality to all aspects of the research process because previous feminist research often neglected to address the differences between women (i.e. race, class, sexuality and physical ability) while focusing on gender (Hesse-Biber & Yaiser, 2004). Hesse-Biber and Yaiser (2004) suggest that feminist researchers need to ask the

question, "which woman?" when conducting research. Often the category "women,"

when left unproblematized, relies on the experiences of white, middle-class women to

define a norm that represents all women. Hesse-Biber and Yaiser argue, "By using the

universal, essential 'woman,' the dominant paradigm, positivism, [is] left intact and

unquestioned…[and] the dominant group maintain[s] their control of subordinate groups"

(2004, p. 107). Asking 'which women?' brings to the forefront the social structures,

institutions and systems that cause differences in women's lives (Hesse-Biber & Yaiser,

2004). This facilitates the emergence of "multiple truths" and consideration of more than

one social reality (Hesse-Biber & Yaiser, 2004).

Applying intersectionality to the research process can feel like an overwhelming

task (Collins, 2000). However, feminist researcher Lynn Weber (2004) outlines six

themes to consider throughout the research process in order to operationalize

intersectionality. These themes frame the data collection and analysis for my project.

The first theme to consider is that "race, class, gender and sexuality are contextual" and

never static or fixed (Weber, 2004, p. 122). Therefore, it is important to consider how

our research participants or topics are situated within the changes in "economic, political,

and ideological processes, trends, and events" (Weber, 2004, p. 124). Secondarily, "race,

class, gender and sexuality are socially constructed hierarchies of domination" and

thirdly, "they are power relationships" (Weber, 2004, p. 127). Feminist research must

address how dominant groups exert control over others, and the relationship between

these groups. For example, it is not sufficient to address the oppression of bisexual

women of color without attention to how white bisexual women might directly receive

privilege from this inequality. It is also important to consider how affluent bisexual

women of color have advantage due to their class status but have less privilege because of their non-white racial identity. In her fourth tenet, Weber reminds us that our research must consider how intersectionality manifests in the micro and macro aspects of life including the linkages between "broad societal level structures, trends, events and the ways in which people in different social locations live their lives" (Weber, 2004, p. 128). This leads to her fifth point which is that expression of race, class, gender and sexuality is concurrent (Weber, 2004, p. 131). Women do not experience one aspect of their identity in isolation. Rather, aspects of their identity are inseparable. The sixth tenet emphasizes that race, class, gender and sexuality are characterized by the interdependence of knowledge and activism (Weber, 2004). In other words, the knowledge gained from community work about social identities informs academic research. In turn, academic research informs community activism.

These themes offer significant contributions for a framework of feminist research methodology that moves beyond gender as a focus of inclusion. However, Weber's themes would not be successful if they were not applied in conjunction with reflexivity – a concept frequently addressed by feminist scholars over the past several decades (Devault, 1999; Hesse-Biber & Yaiser, 2004; Nielson, 1990; Reinharz, 1992; Wolf, 1996). According to Hesse-Biber and Yaiser, "reflexivity is the process through which a researcher recognizes, examines, and understands how her social background, positionality, and assumptions affect the practice of research" (2004, p. 115). This includes sharing her research processes with her audience and possibly the research participants. This deters "colonizing" research that exploits the participant's experiences and dictates the researchers as "experts."

Most research on lesbian and bisexual women's health does not utilize a feminist research paradigm that initiates intersectionality. Although numerous studies are careful to represent diverse women, the social meaning of that diversity sometimes is left unexamined. For example, extant studies about lesbian and bisexual women of color find correlations between race and negative health outcomes, but fail to explore the social context behind the meaning of "race." Surely, research on lesbian and bisexual women would gain from an intersectional feminist research paradigm. My research contributes to this sophisticated growing body of knowledge. Qualitative methods, in particular, give women the space and time to share the multidimensional aspects of their sexuality.

Qualitative Methods

In order to explore this area of study, this project is based on life history interviews conducted with women who have relationships with women and men. Qualitative research methods such as interviews are useful in researching "hidden" populations that are often marginalized by mainstream research studies (Parker & Carballo, 1990; Sterk & Elifson, 2005). Qualitative methods in contrast to quantitative methods "are tied more closely to the search for meaning…" (Caceres, 2000, p. 246).

> Their main task is not one of measuring trends or proportions, or of ascertaining the presence or the strength and modality of numeric patterns of association, but of developing a theory about the elements and structure of human discourses and practices connected to constellations of meaning that, in turn, may determine or constitute broader social phenomena. (Caceres, 2000, p. 247)

Qualitative methods respond to "how, in which circumstances" and "why" (Caceres, 2000, p. 246). Furthermore, qualitative research methods are effective in bringing visibility to women's voices that are usually over looked and under-researched (Reinharz,

1992). DeVault (1999) argues, "Many feminist researchers suggest that qualitative methods fit especially well with feminist goals. They 'give voice' to women respondents, allowing them to participate in determining the direction and focus of research" (p. 33). My study follows the goals of much feminist research that aims to "'bring in women,' that is, to find what has been ignored, censored, and suppressed, and to reveal both the diversity of actual women's lives and the ideological mechanisms that have made so many of those lives invisible" (DeVault, 1999, p. 30). Often such experiences are difficult to capture in quantitative studies.

Study Location

Interviews were conducted in two cities and their surrounding areas: Atlanta, Georgia, and Boston, Massachusetts. Boston and Atlanta were selected because of their distinct and different political environment. Both cities maintain large lesbian, gay, bisexual and transgender communities; host major events like gay pride, gay and lesbian film festivals; and support large gay neighborhoods and local gay and lesbian newspapers. However, the social, political and historical environment of New England varies from the largest Southern city

Massachusetts is viewed a liberal state even though there are pockets of extreme conservatism. In Massachusetts, gays and lesbians have recently won the legal right to marry. Stories highlighting same-sex marriage appear with regularity in the television media, the local papers, and the national press. It would be a mistake, however, to view the North as devoid of homophobic attitudes. For example, there has been publicity surrounding the annual St. Patrick's Day parade which vehemently does not allow gays

and lesbians to participate with their own float. The recent Massachusetts governor, Mitt

Romney (a republican) publicly denounced gay and lesbian marriage and remained in

opposition to it as he pursued the presidency.

Nonetheless, Boston is home to several large, active bisexual organizations

including one of the nation's most active bisexual organizations for women: the Boston

Bisexual Women's Network (BBWN). According to their website

(http://www.biresource.org/bbwn/), BBWN is:

> …a feminist, not-for-profit collective organization whose purpose is to bring
> women together for support and validation. It is meant to be a safe environment in
> which women of all sexual self-identities, class backgrounds, racial, ethnic, and
> religious groups, ages, abilities and disabilities are welcome. Through the vehicles
> of discussion, support, education, outreach, political action and social groups
> related to bisexuality, we are committed to the goals of full acceptance as
> bisexuals within the gay and lesbian community, and to full acceptance of
> bisexuality and the liberation of all gay people within the larger society.

Founded in 1983, BBWN hosts regular monthly events, a newsletter and an active

listserv. BBWN works in close collaboration with Biversity, a mixed gender bisexual

network of greater Boston. This organization also provides an active listserv, monthly

social events, and online resources for the greater Boston community. Furthermore,

Boston is home to the Bisexual Resource Center (BRC), "an international organization

providing education about and support for bisexual and progressive issues"

(www.biresource.org). In Boston, the bisexual and polyamorous communities overlap.

Poly Boston (http://boston.polyamory.org), Family Tree (http://ftree.contra.org), and

Polynne are three organizations that cater to the polyamorous community within Boston

and the greater New England area. These organizations often share membership, events

and resources with one another.

Such organizations do not thrive in Atlanta even though it is viewed as a pocket of liberalism in an overall conservative South. Same-sex marriages are not legally permitted, and same-sex legal protection and benefits are not mandated by the state. To understand the unique cultural experience of sexual minorities in the Atlanta area, it is helpful to consider research that addresses the specificity of gay and lesbian populations in the South (although it does not explicitly discuss bisexual experience). For example, in the introduction to *Carryin' On in the Lesbian and Gay South* (1997), Howard comments on the three r's that frame gay and lesbian the experiences in the South: race, religion and rurality. He argues, "legally sanctioned racism…statutory segregation, and their legacy distinguish the South from other parts of the nation…Racial categories inform and structure homosexual interactions in profound ways" (Howard, 1997, p. 5). Likewise, he argues, that "religiosity and religious persecution of sexual nonconformists" exists throughout the United States, but "Christianity…particularly Protestant evangelicalism…proves vital in the South" (1997, p. 5). And the third "r," rurality, accounts for gay and lesbians people's migration into larger cities to find others who possess same-sex desire (1997, p. 5). These attributes lead a complexity prohibiting the notion of any "single" Southern non-heterosexual experience (Dews & Law, 2001; Howard, 1997).

Currently, Atlanta hosts a large annual LGBT Pride event and a vastly attended annual Black gay pride event. Both of these include bisexuals (at least in name), but there are not currently any active, visible bisexual organizations. According to the founders of Binet USA, a national bisexual organization with local chapters, there was an active bisexual group in Atlanta but it went defunct (www.binetusa.org). The internet provides

several yahoo groups for bisexual women located in the Atlanta area. However, they are not easy to find and do not extend much beyond a virtual presence. The groups can be found by searching for "bisexual Atlanta" on the yahoo groups website. I enrolled in several of these groups when trying to find bisexual community organizations in Atlanta. Over the course of the two years, most of the groups were not active or simply distributed spam and/or pornographic messages. One exception is the group, "Bi Married Women in Atlanta." This yahoo group is a small, closely moderated social and support group for bisexual women in committed relationships with men. There is some discussion although the group is relatively quiet. The moderator of the group has organized several meet-ups, however no more than three or four women have attended out of the forty or so women that are members of the group. There is an active polyamorous group, Polyamory Southeast (www.polysoutheast.org), which has monthly meetings and a listserv but seems to have very little explicit contact with an organized bisexual group in Atlanta.

Like Boston, Atlanta hosts a variety of religious influences. Atlanta, as a metropolitan area, is thought to escape a lot of the conservatism associated with Southern Christianity. However, it is important to remember that many lesbian, gay and bisexual persons migrate to Atlanta from very conservative, religious rural areas. In addition, there are strong pockets of religious conservativism in the immediate Atlanta area that practice visible anti-gay and lesbian activities. For example, recently there was a billboard on the 75/85 highway connector – the intersection of two major Atlanta highways – that espoused messages from Exodus International, a prominent, national religious organization that boasts the ability to convert gays and lesbians into heterosexuals.

Boston and Atlanta vary in demographic composition. According to the United States Census, Massachusetts is 86.7% white, 6.9% Black, 4.7% Asian, and 7.9% persons of Hispanic or Latino origin (U.S. Census, 2000). More specifically, in Boston, 54.5% of the population is white, 25.3% Black, 7.5% Asian, and 14.4% are people of Hispanic or Latino origin (U.S. Census, 2000). In 1999, the median income in Boston was $39,629. This is lower than the overall median income for the state of $50, 502. Just over 9% of the total state is considered living below poverty whereas within Boston, 19.5% of the population is living below poverty (U.S. Census, 2000). According to the Civil Rights Project at Harvard University, Blacks and Latinos in Metro Boston "continue to lag behind whites economically by dramatic margins" (McArdle, 2003, p. 1). This occurs despite an overall decrease in poverty and income gains throughout the past decade. This leads to geographic segregation based on race. Currently, "Blacks and Latinos are five to six times more likely than whites to live in poverty neighborhoods…and Asians are three times more likely" (McArdle, 2003, p. 1). Overall, whites that live at poverty level are less likely to live in poverty-stricken neighborhoods whereas "44% of poor Blacks, 22% of poor Asians and 52% of poor Hispanics" live in areas that are considered "severely distressed" (McArdle, 2003, p. 1).

In Georgia, there are higher percentages of African American residents, yet there still remains geographic racial segregation similar to Boston. In Georgia, 65.1% of the population is white, 28.7% Black or African Americans, 2.1% Asian, and 5.3% are persons of Hispanic or Latino origin (U.S. Census, 2000). In Atlanta, 33.2% white persons, 61.4% Black or African American, 1.9% Asian and 4.5 persons of Hispanic or Latino origin (U.S. Census, 2000). In 1999, the median household income in Atlanta was

$34,770 and within the state it was $42,433 (U.S. Census, 2000). In 1999, 24.4% of

Atlanta was considered persons living below poverty whereas 13.0% of the state was

persons living below poverty (U.S. Census, 2000). Scholarship about racialized history

of Atlanta has documented, like Boston, how people of color remain disadvantaged even

when there is overall economic growth in the city and/or state. For example, in Atlanta in

the late 1990s, the city Black poverty rate was 35% (Sjoquist, 2000). David Sjoquist

describes the metropolitan area as the "Atlanta paradox." He says, Atlanta is "a paradox

of substantial racial segregation in a community with a reputation of good race relations

and of high inner-city poverty in the face of substantial economic growth" (2000, p. 2).

The distinct histories of Boston and Atlanta, along with the present day politics of each

city, create diverse living experiences for bisexual women who live in their jurisdictions.

Recruitment and eligibility criteria

Theoretical sampling, the deliberate process of including participants that

represent important theories and phenomenon (Patton, 2002), guided recruitment. For

example, I wanted to include women who had an affinity with the label "bisexual" and

were active in the bisexual community. However, I also wanted women who were less

likely to associate with a bisexual label or any label. This diversity would provide rich

data about why or why not some women find strength in associating with a sexual

minority community, and how this might be beneficial or detrimental to a woman's

health. When I originally planned the methods for this project, I had hoped to use

snowball sampling to recruit participants -- the process by which information-rich, key

informants recommend additional participants to be interviewed (Patton, 2002).

However, about 95% of my respondents did not know another bisexual women well. This made it nearly impossible to receive referrals from participants. Therefore, in order to reach individuals based on identity, I recruited from organized groups and listservs that catered specifically to the lesbian, bisexual, transgender and polyamorous communities. My recruitment ads in these areas requested women who identified as bisexual.

On the other hand, I posted several ads on "Craig's list" to recruit women based on same- and opposite-sex behavior. Craig's list is a website that offers free classified advertisements for metropolitan areas for things such as dating and sexual encounters. There is not a category on Craig's list for women who date women and men – or bisexuality. Therefore, I posted an ad under the category "women seeking women," and "women seeking men." On most occasions, my ad was rejected from the "women seeking men" category. On Craig's list the community is permitted to flag a post that they feel is inappropriate so that it is eliminated from the postings. My ad was flagged frequently enough that on all but one occasion, it was eliminated within an hour of being posted. However, no one flagged my post when in was placed under "women seeking women." The wording in my ads varied but was always based on behavior. For example, one ad stated:

> My research is on women who have relationships with women and men whether they choose to identify as bisexual or not. This includes women who might identify as lesbian but still feel attracted to men or have sex with men and women who might consider themselves straight but have relationships with women, etc.

And another said:

> Do you consider yourself straight but at times find yourself attracted to women? A research study at Emory University is looking for women who identify as heterosexual but still think about women as sexual partners, lovers, friends with benefits, one-night stands, etc.

In some cases I added the text:

> An important goal of this project is to include women who are often left out of research such as women of color, women from diverse religions, trans women, women with disabilities, rural women, and women who might not be "out" about their sexual identity or lives.

I received numerous responses from these ads. The respondents from Craig's list were more likely to include women that did not strongly identify with the label, "bisexual," and they were unlikely to participate with any type of bisexual community. I was not very successful at recruiting women who identified as heterosexual yet had attractions or relationships with women. Although I had about 15-20 inquiries from the ad specifically looking for women who might identify as heterosexual, only one of these women followed through with arranging an interview.

Recruiting participants from Craig's list entailed more dialogue with the participants than other forms of recruiting. Because this study could be interpreted as a study primarily about sex, many of the women who responded were unsure about my legitimacy. Other recruiting strategies like snowball sampling or using a key informant to refer respondents, provides some legitimacy to the study and the interviewer (since one person has already met them and hopefully, had a positive experience). With these methods, a researcher is more likely to arrange interviews with participants knowing little about who they are. The participants who contacted me via Craig's list wanted to know more about my credentials before they felt comfortable setting up a meeting with me – even in a public place. I presented my Craig's list respondents with a detailed email about my research project and I told them about my own identity, relationship status, family background, etc. In addition, I offered them an edited copy of my resume. I also suggested that they Google my name, "Dawn Comeau," which provides a listing of my

publications and presentations on sexuality, and a picture of me receiving a fellowship at the Emory School of Public Health. Most of the time, this assured respondents that I was legitimate and in turn, they provided me with more information about themselves. And in fact, this formed the foundation for conversation when we met in person.

I recruited several participants from flyers at local coffee shops in Atlanta. My flyer used similar language to my posts on Craig's list, and therefore recruited women based on behavior.

I also placed ads in the local Atlanta and Boston alternative papers specifically looking for women who identify mostly as heterosexual but have feelings and/or sexual relationships with women. I received about fifteen responses from these ads, but none of these women were interested in arranging an interview after hearing that there was no compensation for participating. In the future, I think offering an incentive would attract more women who cannot afford to take time away from work to conduct an interview – or who are still uncomfortable talking about their same-sex desire but might be prompted to do so for economic gain.

The criteria for this study was that participants were women over the age of 18, lived in the Atlanta or Boston area, and who had engaged in a relationship(s) with both women and men at some point throughout their life. I heard from two women who, after about 20 years of identifying as lesbian, were now self-identifying as bisexual. Shifts in identity such as these, and the complexities involved with such changes, are not always captured in statistical data or other interview data.

Sample

I interviewed a total of 40 participants: 25 participants in Atlanta and 15 participants in Boston. The participants ranged in age from 20 - 52. Women were asked to identify themselves according to the following categories: heterosexual only, heterosexual mostly, heterosexual somewhat more, heterosexual and gay and lesbian equally, bisexual, gay and lesbian somewhat more, gay and lesbian mostly; and gay and lesbian only. Three self-identified as "heterosexual somewhat more," 21 self-identified as bisexual, 4 identified as gay-lesbian somewhat more, 5 identified as gay-lesbian mostly, 6 identified as gay-lesbian only, and one respondent refused to label. Five women self-identified as polyamorous in addition to bisexual. One respondent identified as transgender. It is important to note that many women struggled to pinpoint themselves within these categories of self-identification. Furthermore, some respondents shifted their self-identity throughout the interview process. This is discussed in more detail in Chapter 3.

Approximately half of the sample is comprised of women of color. Thirteen women are Black or African American; 2 are Asian; one is Indian; one is Latina and 4 are mixed race. Most of the women identified as middle-class. However, many of these women discussed their poor or low-income upbringing which continued to influence their current ideas about life. Overall, the women were well-educated. The breakdown of the sample's highest education attainment is as follows: one respondent had not completed high school; 2 completed high school; 8 completed some college; 15 completed college; and 14 were in the process of pursuing or had finished a graduate degree. Religion was an important and influential component to these women's lives. 25 were either raised or

currently practiced some form of Christianity; 5 are Jewish; 3 considered themselves Pagan; and one is Hindu. The remaining 6 respondents did not affiliate with a religion.

Interview Procedures

As mentioned, the data collection involved face-to-face, in-depth life history interviews with open-ended questions. The topics covered aspects of the women's sexual behavior and sexual identity as well as questions about their health, including mental health, sexually transmitted disease (including HIV), substance use and general health. Although the interviews loosely followed the interview guide, each participant led our conversation with the facts about her life that were most important to her. As the interviewer, I often prompted them to provide a more detailed account of their experiences. All participation was voluntary and respondents were able to stop at anytime. Most interviewees were very forthcoming about their life experiences, including some that were very painful. There were only two occasions when respondents were hesitant to share aspects of their life, both of these included women who did not want to discuss the particulars of sexual and/or physical abuse as a young child.

The interviews lasted between one and three hours. Most of the interviews took place in a public location such as a coffee house or a restaurant. However, on some occasions, I met participants in their homes if they were more comfortable speaking to me in a private location. All of the participants signed informed consent forms before beginning the interview. With the respondent's permission, all of the interviews were audio-recorded with a digital recorder. Their name was not on the recording. The recordings were uploaded to a private server of a professional transcribing company who

transcribed the interviews and returned them to me electronically. Identifying

information was removed from the transcripts. The informed consent forms were kept

separate from the interview transcripts in a locked filing cabinet in my home office.

Respondents chose their own pseudonym. If they were uninterested in selecting their

own pseudonym, I chose a name that resembled their name in cultural and ethnic

meaning.

There was no monetary compensation for participation with this study, although I

did buy coffee or pay for food if we met at a coffee shop or restaurant.

Timeline

In the beginning of the interview, after I asked the interviewee some demographic

questions, we composed a timeline of her sexual experiences and intimate relationships.

The timeline included mapping the shifts in their sexual identity, major health issues, and

life-changing experiences. I began by asking the participants to recall the first time they

felt sexual feelings or were became aware of sex. We then proceeded to detail their

sexual partners and relationships through the present day. Participants retold their life

stories using different incremental values. For example, some recounted their

experiences based on their education (middle school, high school, college, post-college).

Others remember events based on the year the experience took place (for instance, "In

1968…"), and others retold their life based on important thematic episodes (for example,

the duration of a marriage, the time they considered themselves Catholic). As a feminist

qualitative researcher, it is important to consider that women from differing cultural

locations will remember and retell their stories using different frameworks. Some

women remember their life in a very linear, chronological order while some might start from the present and move backwards.

As the interviewer, I tried to accommodate all of these narrative styles. Immediately after the interviews, I would spend time filling in notes on the timeline. This was especially necessary when women told their life history by jumping around between the past and present (since I tend to think chronologically it was more difficult for me to follow these narratives). I wanted to have, if possible, consistent chronological data for the participants and at times this required me to go back in fill in details from the remainder of their interviews. Regardless of narrative style, it was not uncommon for us to have finished the timeline and have the respondent realize that there was a major gap in her life history. Sometimes we would rework the timeline to accommodate new memories – and sometimes we would theorize about why there were missing years in her retelling of her life story. Towards the end of the interview, it was helpful for respondents to look back over their timeline and reflect, once again, on their experiences. Women were able to remark on the pertinent themes in their life that became apparent towards the end of our interview. This added rich data to the study.

At the conclusion of the interview, participants were asked if there any additional facets of their life, opinions or perspectives that they would like to share with me. At times, respondents would look over the timeline and fill in a few details about their relationships or their health, but for the most part, they felt we had thoroughly covered their experiences. At the end of the interviews, I also asked participants the following question: "If you were conducting this study and had the opportunity to interview about 40 women who have relationships with women and men: what would you want to

know?" I asked this question for two reasons: first, I wanted to know if there was anything on their mind about (bi)sexuality that I had not captured with my own questions; secondly; it gave me the opportunity to give them some feedback about how the other respondents might have answered their question (if it was a question I covered in my interviews). I found this to be a powerful point in the interview process. It gave me a moment to pause and think about whether I was capturing the concerns that were important to my participants. There were instances where I added their questions as a permanent question to my interview guide. For example, early on in my interviewing, one woman wanted to know, "how do bisexual women deal with their bisexual identity on a daily basis – the tug and pull of being attracted to both men and women?" I began asking all of my interviewees to answer this question. As will be discussed in more depth later, this became a critical component of many of participant's struggle with bisexual identity and behavior. Giving my respondent the authority to come up with her own questioning led to an important discovery in my data.

Data coding and analysis

Grounded theory was used for this project. Developed by Glaser and Strauss in 1967, grounded theory is an inductive approach used for developing theories that are rooted in the data collected during the interview process. The purpose of grounded theory is to develop theory during the research process "through continuous interplay between analysis and data collection" known as the constant comparative method (Strauss & Corbin, 1994, p. 273). Grounded theory facilitates a discovery of patterns of action among actors in the data. This includes examining conditions apparent in the data,

and how conditions are linked to consequences and outcomes. As each new data is collected, it is analyzed and compared against previous data. While reviewing data, certain questions are asked to facilitate the emergence of themes and theories. Some example questions are as follows: "'What is actually happening in the data? What is the basic problem(s) faced by the participants? What's the main story here and why?'" (Strauss, 1991, p.31). Theories are substantiated, altered and reformulated according to the new results. Theoretical findings are always linked back to the data (Strauss & Corbin, 1994).

After the interviews were completed, they were promptly transcribed by a professional transcriptionist. Interview transcripts were entered into Nvivo, a qualitative data management package that allows for data coding, organizing and retrieving.

Coding is a critical component to the analysis of qualitative health research and grounded theory. Coding translates data from raw interview transcripts into ideas that are presentable to outside audiences (Emerson et al., 1995). Coding is the foundation for the budding story to be conveyed by the researcher (Creswell, 1994). For my project, data coding and analysis began after three completed interviews, as advised by experts in the field (Strickland, 1999). Guided by grounded theory, my coding addressed three stages that at times occurred simultaneously: open, axial, and selective coding (Strauss & Corbin, 1990). I began with open coding, "the process of breaking down, examining, comparing, conceptualizing, and categorizing data," (Strauss & Corbin, 1990). I read the interview transcripts and marked the themes with codes. My codes "capture[d] and signal[ed] what is going on in a piece of data" (Emerson, Fretz & Shaw, 1995). The codes represented an idea or intuition present in the data (Emerson, Fretz & Shaw, 1995).

Therefore, the codes are attached to "chunks" of data at the level of words, sentences, paragraphs and/or pages (Miles & Huberman, 1994). If necessary, more than one code was applied to a particular section of data. "As codes recur, the indicators are compared for similarities and differences. Eventually codes are grouped together into categories" (Wuest, Merritt-Gray, Derman & Ford-Gilboe, 2002). Ultimately, coding allowed me to thematically identify, retrieve and resort portions of the data in response to my research questions. This facilitated further analysis and theoretical sampling (Emerson, Fretz & Shaw, 1995; Miles & Huberman, 1994; Morse & Field, 1995).

Determining and applying concise codes to sections of data inspires and shapes a researcher's thinking and reflection about their research (Emerson, Fretz & Shaw, 1995). Participants do not always use terminology that is identical to the categories and concepts used in public health discourse (Morse & Field, 1995). Therefore, some of my codes are words or phrases that are used colloquially by the participant, or a term chosen by me to capture the essence of a section of data. A code taken directly from the participant's language is referred to as an *in vivo* code (Strauss, 1987). Some codes are straightforward category labels, and others are more complicated and take the form of metaphors (Miles & Huberman, 1994). Like other qualitative researchers have documented in their own coding processes, my coding was primarily descriptive early in the research process, and more inferential as research progressed (Miles & Huberman, 1994). In addition, my codes changed over time. As more data was collected, codes were revised, new codes were added, and some were discarded (Miles & Huberman, 1994).

Ultimately, it was beneficial to organize codes in a relational structure according to the research question. For example, a prominent phenomenon in the data was assigned a code which indicates a broad category, such as "sexual identity," and instances or examples of the phenomena are the subcategories, for example, "bisexual," "lesbian attracted to men," or "mostly heterosexual" (Miles & Huberman, 1994). Therefore, the visual layout or listing of my codes represented the relational aspect between the different categories and subcategories (Miles & Huberman, 1994). Codes were compiled and organized into a coding book or "tree" by theme. Each new interview was read for existing codes, and as new codes developed they were added to the tree. The coding tree exists in Nvivo so that all data is attached and organized by multiple codes for later organizing, sorting and theory making.

The results from the data analysis are discussed in Chapters 3, 4, and 5. In particular, data illuminate dynamic relationships between a woman's sexual identity and behavior that change over the course of her lifetime. In addition, the meaning of women's relationships with same-sex and other-sex partners are infused with cultural stereotypes of gender. This influences her ability to sustain relationships with same-sex and other-sex partners as well as decisions about practicing safer sex. This data lead to important discoveries about the health of women who have relationships with women and men.

Chapter 3

"I had no idea this wasn't normal":

Heterosexual identity and same-sex behavior

Studying women's sexuality over the life span allows us to examine the shifts in women's sexual identity and sexual behavior. It provides a picture of sexuality that is less static and more fluid like the experiences of many women (Diamond, 2008a, 2008b; Horowitz & Newcomb, 2001; Peplau, Spalding, Conley & Veniegas, 1990; Worthington, Savoy, Dillon & Vernaglia, 2002). Furthermore, it shows the failure of sexual identity categories to fully capture a woman's sexual behavior, sexual desires and relationships (Diamond, 2003, 2008a, 2008b; Harper, Jernewall & Zea, 2004; Horowitz & Newcomb, 2001). For example, several women in my study reported lengthy periods of time in their lives when they identified as heterosexual while engaging in same-sex behavior. For these women, same-sex behavior did not negate their heterosexual identity and they outwardly rejected a bisexual or lesbian identity. A unique combination of factors provides heterosexual women with an opportunity to have same-sex relationships while concurrently denying bisexual identity.   Before I introduce the data, it is important to review some of the societal forces that shape heterosexual identity as well as the situations that create the opportunity for same-sex behavior.

The presumption of universal heterosexuality is so strong that most women in the United States do not question their sexual identity (Diamond, 2008a, 2008b). Heterosexuality is maintained and protected by heterosexism, "the belief that heterosexuality is the only acceptable sexual orientation" (Baslow, 1992, p. 80). Heterosexism is created by and through institutions such as the law in order to ensure its

predominance (Baslow, 1992). In addition, heterosexism is an "ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationships, or community" (Herek, 1995, p. 321). As a result, heterosexuality and homosexuality are viewed as separate and discreet categories and often the *only* options for sexual identity (Diamond, 2008b; Hartman, 2005). This dichotomy eliminates the room "for the variations, mixtures, and fluctuations that actually occur" in between hetero- and homosexuality (Bradford, 2004, p. 9). It is difficult for women to perceive of a legitimate sexual identity beyond these two categories (Morgan & Thompson, 2006). Women who are attracted to other women must negotiate the "gains" associated with a heterosexual identity versus the "losses" due to homosexual identity. Participating in heterosexual rituals augments familial support, economic gains, and overall societal approval (Worthington, Savoy, Dillon & Vernaglia, 2002). On the other hand, women who choose same-sex relationships in a heterosexist society risk losing familial ties, economic support, friendships and religious community (Fox, 2004).

In addition to heterosexism, women of color also confront the meaning of sexuality in their own racial/ethnic communities and racism in society at large. Research about non-white women in same-sex relationships shows that the costs of coming out are potentially greater for women of color (Parks, Hughes & Matthews, 2004). As discussed in Chapter 1, some research shows that ethnic-minority communities in the United States stigmatize same-sex relationships more than in Anglo communities (Collins, 1990; Diamond, 2008b; Espin, 1984). Others argue that there is not substantial data to support this claim (Greene, 1997). Regardless, the manifestations of homophobia or biphobia are particular to each woman's cultural values and traditions. Among African Americans,

same-sex sexuality is often associated with long-standing cultural stereotypes of African Americans as hypersexual and morally bankrupt (Diamond, 2008b; Greene, 1997).   As a result, some African Americans feel pressure to conceal their same-sex attractions in order to maintain an "image of normalcy" to outsiders (Diamond, 2008b; Greene, 1997;). Some African American youth internalize these ethnic-community norms and interpret their same-sex desire as an illness or a moral failure (Collins, 1990; Diamond, 2008b; Mays & Cochran, 1988). The aforementioned research is useful in understanding the challenges women who identify as lesbian or bisexual face when negotiating their sexuality, racism and the norms of their cultural communities. However, we know very little about how these same factors affect women who maintain a heterosexual identity while having sex with women. This chapter addresses these issues.

The social acceptability of friendship between females is one way in which women are able to develop same-sex sexual relationships without altering their heterosexual identity.   Research shows that "bisexual women have friendship patterns that are distinct from those of lesbian women as well as those of bisexual men" (Galupo, 2006, p. 37). Findings from qualitative studies with bisexual women indicate that same-sex "friendships are the site of emotionally intense and potential sexual/romantic relationships" (Morgan & Thompson 2006, p. 12). Studies show that friendships between women are a place for "discovering, exploring and developing same-sex attractions and related sexual identities" (Weinstock, 2006, p. 135). In most cases, sexual intimacy is not expected (Diamond, 2002; Morgan & Thompson, 2006). Certain environments may provisionally enhance the prospect of same-sex encounters that might be avoided under other circumstances (Diamond, 2008a). Studies show that emotional

intimacy or "falling in love" with a friend can operate as both an antecedent and consequence of sexual acts between two female friends (Morgan & Thompson, 2006). These "spontaneous" sexual relationships do not necessarily prompt questioning about their sexual identity (Weinstock, 2006). Such is the case for a subgroup of women in my study. The women discussed in this chapter exhibit the powerful desire to remain heterosexual despite intense, long-term emotional and physical relationships with women.

Although studies have focused on non-gay identifying men who have sex with men (Harawa et al., 2008), there has been little research on the incongruence between sexual identity and behavior in women and virtually none on women of color. The two cases presented in this chapter include two women, Sharon and Nina. They are women of color who pursued same-sex relationships with close friends without altering their heterosexual identity. These two cases are selected for in-depth analysis because women like them are not included by most public health or social science research. Such women tend to be absent from most studies on gay, lesbian and bisexual identity because they do not affiliate with any of these groups despite their same-sex behavior. They are also missing in research on heterosexual populations because same-sex behavior between women is rarely considered important to heterosexual identity (Diamond, 2003). I have spent time focusing on each woman in-depth in order to fully explore the web of experiences that inform her decisions about sexual identity and behavior and how these decisions are informed by her social location in multiple communities. Furthermore, their experiences can inform future data collection as well as public health interventions and preventions.

Sharon

Sharon is a twenty-seven year old, African American woman who identifies as bisexual if she "has to." Presently, she lives with her female partner in Atlanta, after a lengthy online and long-distance relationship. She believes that the label "bisexual" does not capture the complexity of her sexuality. Furthermore, she does not like the stereotypical images linked to bisexuality that deem her promiscuous, confused, and/or "wanting her cake and eating it too." Sharon dated males throughout her middle school, high school, and college years. She describes herself as very much "in love" with the idea of having a wedding with the perfect man. However, looking back at her life, Sharon highlights a lengthy period of time when she strongly identified as heterosexual while pursuing a sexual relationship with her best friend since adolescence, Toni.

The foundation for Sharon and Toni's sexual relationship was their shared history throughout middle school and high school. Sharon references their deep emotional bond as the basis for their sexual connection even though they did not begin a sexual relationship until college. This experience is similar to women in other studies whose sexual relationship grew out of emotional intimacy (Morgan & Thompson, 2006). However, it was the geographic disconnection from their families and from each other that facilitated their same-sex behavior. Sharon and Toni attended colleges in different states. They could not endure being apart so they traveled to visit each other on the weekends. Sharon explains,

> When [Toni] went off to college…I was really depressed and she was sad and I was like, 'I'll miss you,' you know…so I would go visit her all the time, like once a month, you know, which is kind of excessive to visit your best friend.

Over a period of six months, their relationship slowly shifted from platonic to romantic.

Sharon had not previously felt attracted to Toni, but their emotional intimacy grew into

sexual desire for one another. Sharon explains,

> My, um, first relationship, the girl, the girl, the first girl I was in a relationship with [was my] best friend from seventh grade…I'd never looked at her and thought, 'mm, I like her.' It never crossed my mind but I did really care about her a lot. I liked her, and we had been through so much, I mean from seventh to like you know, college you know…

> Like even before we actually had sex or before we even like did anything, there was a really strong emotional something there…to lead to that because it was never, I was never just like physically attracted to her like, 'boom,' you know. It was more of a buildup of emotional stuff.

Sharon describes their sexual relationship as something that built up over time. As an

adolescent and teenager, her friendship with Toni fell well within the realm of social

acceptability. In fact, close female friendships are normative in the United States

(Diamond, 2002, 2008b; Rust, 2000). Research on female friendships indicates that

"sexual intimacy can be an outgrowth of socially acceptable emotional intimacy"

between women (Rust, 2000, p. 214). Furthermore, it creates the opportunity for women

to be physically intimate without assuming a lesbian identity (Rust, 2000). Some

research shows that it might be easier for women to explore sex with other women

because it occurs in the context of emotional intimacy which is more aligned with their

socialized cultural ideals about sex (Morgan & Thompson 2006).

Sharon and Toni's repertoire of sexual behavior grew along with their emotional

intimacy. At first, Sharon was very opposed to the idea of oral sex. It made her feel

uncomfortable and she thought it was "disgusting." However, she was comfortable with

digital penetration because it resembled her heterosexual experiences. She says, "For a

while really all we did was kiss. And then um, probably after six months of that it

probably led to, like, sex." She was able to perform and receive oral sex with Toni once

they "fell in love." She explains,

> It took a while for the oral sex, 'cause that, that was just like kind of beyond like
> my grasp. You know, like, I didn't even, I, I was just like, 'no, I'm not doing
> that,' like 'ew,' but like the um, fingering stuff was more, it was more familiar
> you know. 'Cause you did it with a guy, so it's easier to start doing that and then
> like I guess after my feelings for her kind of grew to like more intimate slash love,
> whatever, level, then the oral sex came 'cause it was more, it kind of brought that
> wall down of like that being weird or gross or something.

Previous to falling in love, it was beyond Sharon's "grasp" to have oral sex with Toni.

However, their emotional connection overpowered the stigma associated with sex

between women as long as it was not adversarial to her heterosexual identity. This

enabled Sharon to feel less "weird" or "gross" about their sexual acts.

Sharon's affluence provided the opportunity for her relationship with Toni to

flourish. Her parents provided her with ample financial resources so that Sharon and

Toni could travel to see each other. She says,

> Any money that I got, I would be like, 'oh [I have to go visit her]' and it started to
> become like more than once a month, it would be like you know, once every week
> or once every two weeks or something, or I would have her fly home, and she
> would fly home but not go home, she would come to my apartment.

Reflecting back, Sharon believes that the amount of time they spent together should have

alerted their parents to the sexual nature of their relationship. She describes their visits as

"excessive" and beyond the norms of most female friendships. Furthermore, in Sharon's

perspective, the cost of maintaining their relationship was also alarming. She explains,

> Like, we're paying, like, three or four hundred dollars in tickets, you know, I
> might call my mom, like, 'can I borrow [money]?' My mom should've known.
> Like, I always tell her, like, you should've known something was wrong. You're
> spending, like, four hundred dollars a month to send me to be with someone for
> two days, you know, whatever, a friend, a friend who I could just see when she
> comes home, you know. When I think back it's kind of insane, but at the time it
> made perfect sense…

Although Sharon believes her relationship with Toni was not a "normal" relationship between women, her parents did not express concern. Her parents supported their relationships because for them it appeared within the cultural norms of female friendship even if it included extensive financial expenditures.

The opportunity to keep their relationship private and within the confines of Sharon's apartment helped compartmentalize their relationship away from their family and friends. Research suggests that there is widespread antigay violence on college and university campuses (Worthington et al., 2002). Harassment and hate crimes against lesbian, gay and bisexual people are perceived as common among the student body (Worthington et al., 2002). This is particularly destructive for college-age students because they heavily rely on their peer networks for support and validation. Unlike most first year college students, Sharon's parents paid for her to have an off-campus apartment so that she did not have to live on-campus in a room with other students. Therefore, she had the time and space to explore a sexual relationship with Toni without the suspicion or scrutiny of her college friends or resident advisor. She says,

> I had an apartment…I had no idea like this wasn't normal. So, um, [my parents] paid my bills and stuff, my…since I didn't have the dorm situation, I had an apartment, it was, it made it a little more easy… we didn't have to explain to anyone, like when, why, what, so that was how that whole thing kind of just, it just happened…

Her financial situation optimized the prospect for a sexual relationship outside of social norms to occur. The privacy of her apartment allowed them to avoid homophobia from fellow students. Moreover, if their relationship was detected by others, public scrutiny might categorize them as a gay, lesbian or bisexual. The seclusion of her apartment

enabled Sharon interpret her relationship with Toni was something that "just happened" but not an indicator of her sexual identity.

Sharon's affluence facilitated the opportunity for her same-sex behavior while identifying as "straight." However, her interpretation of that behavior, along with her cultural background, prohibited her exploration of a bisexual identity. Sharon did not believe that her same-sex behavior predicted her future relationships or sexual identity. For Sharon, her same-sex relationship with Toni was behavior *only*. It was not representative of her core being. She says,

> I was thinking…what happened between me and my best friend was an incident between us because we cared about each other so much, I didn't really put into context that this could be who I am, I put it more onto just her, it was just her, 'cause I was like I see other girls, I don't [find them attractive]. I was in love with her…so I, I just wrote it off like I didn't deal with any of the issues with myself because I'm like [It's] my best friend, that I just happen to love, like what's wrong with that.

Sharon believed she was a heterosexual woman "that just happen[ed] to love" and have sex with her best friend. This allowed her to avoid "dealing" with any issues that arose regarding her identity. She was not bisexual because she was not attracted to other woman. Other research has found similar results. For example, in some studies women reported falling in love with "the person, not the gender" (Diamond, 2008a, 2008b). Sharon liked Toni because of her character and personality not because she was a woman. Consequently, she did not interpret her behavior as indicative of her identity. She was not bisexual but rather just attracted to one woman. Sharon even considered their relationship "normal" albeit not something everyone did. She says, "You know I totally thought that [our relationship] was normal. I mean, I knew it wasn't like typical but I was fine with that."

Sharon justified her heterosexual identity based on the fact that her sexual encounters with Toni were never premeditated. Moreover, she considered the sexual aspect of their relationship to be temporary and dismissed its seriousness. Her sexual relationship with Toni is an "accident." She says,

> Every time we had sex it was an accident. It wasn't, it was never like come on, we gotta, you know, be with [each other] tonight. It was always just like, we're gonna go hang out and then we'd end up having sex.

After each time they united, Sharon put the experience behind her as something that was no longer pertinent to her life. She says,

> And I, and I honestly considered myself to be [heterosexual] because I honestly thought that you know, it was like, like I said it was the last time [we would have] sex, it was always an accident type thing…And we would always say, 'this is the last time.' It was always the last time, like, 'No more. This is it.' And then we'd do it again. For like two years, it was, it was all an accident.

For two years, Sharon considered her sexual relationship with Toni an accident. Some research suggests that sexual experiences between women actually serve to re-affirm their heterosexual identity (Morgan & Thompson, 2006). Sharon's cultural belief system and family dynamic made it difficult to contemplate a non-heterosexual identity.

Like many females in the United States, Sharon was expected by her family to adhere to traditional gender roles and sexual scripts. This included marriage to a man and normative heterosexual wedding rituals. These rituals provide resources and opportunities to heterosexuals that help maintain their unearned advantages as well as their societal and material dominance over non-heterosexuals (Worthington et al., 2002). Such rewards made it difficult for Sharon to deliberate a non-heterosexual identity. Since childhood, Sharon fantasized about marrying a man. She says,

> I wanted the wedding, I wanted it, I wanted, I wanted like all this stuff that I had planned out, I mean I was picking up magazines, books and internet stuff you

know, like that's what I wanted. I was thinking about the wedding, the engagement party, what we were gonna eat, you know. I wanted the ring…

Sharon craves the material wealth and comfort connected to heterosexuality. In the above quote she outlines her material desires for a wedding without referencing the emotional significance of marrying a man. Instead, she focused on the tangibles associated with heterosexuality. She "wanted the ring."   Sharon says that it was an unspoken understanding between her and Toni that they would each marry a man and maintain heterosexual lifestyles. Their relationship was always secondary to any heterosexual partnership. She says, "I felt like as soon as I meet a guy that I really like, then I'm just gonna be with him and then I, we'll probably break up anyway because we're not together together, so we'll stop." This provided Sharon with another opportunity to circumvent a lesbian or bisexual identity. She assumed that sex with Toni would halt once she met the "right guy."

Sharon's views on sexual relationships were influenced by her religious and ethnic community. At the time of our interview, Sharon still struggled with coming out in the African American community.   She believes that African Americans are more prejudiced against gays, lesbians and bisexuals than members of white communities. She says,

When you're looking at my community, like, black people are just not open. Like when I tell like non-black people they're more like oh, okay, but when I tell black people it's like "why?" you know. They look at me like…bad. I just realized…my own community it's a little bit, it's harder. Like I'm very, very uh, cautious about saying anything to black people.

Her sentiment supports previous research on the attitudes of gay and lesbian people of color toward their community's acceptance of sexual minorities. Some researchers believe that "lesbians and gay men of color tend to perceive their ethnic community as

not only rejecting their sexual orientations and antagonistic to those who overtly label themselves as lesbian or gay but also being more tenaciously antagonistic than the dominant culture"(Greene, 1997, p. 44). This sentiment persists without the support empirical knowledge. In fact, a recent study found that it might not be race or ethnicity but religion that mediates homophobic attitudes in communities of color (Schulte & Battle, 2004).

Religion shapes and forms Sharon's perspective on sexuality. As research suggests, "religion and sexuality are inextricable intertwined because virtually every religion regulates sexual behavior among its membership and dictates specific values regarding sexuality" (Worthington et al., 2002, p. 507). Sharon's religious community does not tolerate homosexuality. Her Godfather is the pastor of her childhood church and as an only child, she considers the church community to be "family." She says, "I'm an only child. I mean friends and cousins and people of that nature serve as brothers and sisters for me, so people in the church serve as really close family, [and] friends." For Sharon, claiming a bisexual identity would result in stigma, isolation and hurt and outright rejection from her religious community. Such loss can "have a profound effect on a person's sense of connectedness or belonging" in the world and may not be worth it (Greene, 1997). For this reason, Sharon and Toni did not consider disclosing their relationship or a non-heterosexual identity. Sharon explains, "we didn't – [we] weren't open about it, we weren't talking about it, it was like, if we don't talk about it, it doesn't exist or something. It was weird."

The support of Sharon's family was vital to her survival. Family support is critical for women of color to remain healthy in a racist society that perpetuates

pejorative stereotypes and attitudes towards non-whites (Greene, 1997). Often times, family is "the primary social unit and a major source of emotional and material support" for women who color (Greene, 1997, p. 44). Coming out to family members risks losing this support as well as becoming an "embarrassment to the community" (Greene, 1997) Sharon did not want to reveal her same-sex relationship to her mother and risk losing her love and support. She says, "I never planned on ever telling her." However, her mother found a love-letter Toni wrote to Sharon that discussed some of the intimate details of their relationship. She was shocked and devastated to discovery that her daughter was "bisexual." At the time, Sharon was engaged to marry her long-term boyfriend. Over the course of several months, this discovery caused Sharon to question her feelings for her fiancé and her sexual identity. She says that she was forced "to get real honest with herself." She terminated her engagement and also ended her relationship with Toni. However, she did not change her sexual identity. The consequences were too great while she was depending on her family's emotional and financial support.

For years, Sharon suppressed her same-sex desires. She began to explore her bisexuality when she moved to a new city and state. Once again, a geographic move away from her family facilitated same-sex behavior albeit still embroiled in her heterosexual identity. She says,

> I didn't just start dating women, you know, I didn't just say, 'Oh, I'm free!' and start running through the streets or anything….I was taught, more or less programmed to like look at men and men were approaching…they would approach me. Women don't really approach other women, so I would go months, weeks, years, I mean, I, I didn't think about like women at all…

Her socialization as a heterosexual woman taught her not to approach others for romantic relationships. Rather, it was their job to approach her. This element was mute in her relationship with Toni since their relationship grew out of a long-standing friendship.

However now it becomes a deterrent to securing same-sex partners. Over time, Sharon

visits gay neighborhoods and establishments. She has the opportunity to explore a

bisexual identity without the punitive effects from her family or friends. She also begins

to question the tenets of her religion that denounce homosexuality. In part, this is

prompted by her relationship with Toni – and Toni's relationship with the church. She

reflects,

> I thought, 'man that's really bad that you can't be religious and be yourself,' so
> and I saw the turmoil [Toni] was going through, where she like kind of really
> hated herself, you know. I don't think that religion is worth that to me, so I, that's
> when I started kind of pulling away from going to church and being a part of that
> community as much. I guess, I more or less I resented it because I felt like it was
> hurting so many people.

Ultimately, Toni strategically adopts a bisexual identity when it assists her with meeting

other women. However, she fails to fully identify with the label "bisexual" because it

lacks the complexity to accurately describe the significant relationships in her life.

Nina

Nina is a twenty-six year old, Black Jamaican woman, who spent most of her life

in the United States and the majority of her childhood in Atlanta where she now resides.

She is just beginning to contemplate calling herself "bisexual" despite numerous same-

sex encounters since college. When we met, she was living with her male partner who

was about to become her fiancé. However, Nina is in love with a female partner with

whom she was involved for about a month. She is sexually active with both partners. In

the week before our interview, Nina's boyfriend discovered that she was having a

relationship with a woman. Nina was distraught at his confrontation and felt confused

about her options. She felt in love with her girlfriend, but was hesitant to relinquish her

relationship with her boyfriend. When we first began our interview, Nina described her

same-sex experiences as "an encounter." However, as we began talking she revealed a

lengthy history of same-sex relationships. For years, Nina adhered to a strict

heterosexual identity while maintaining long-term sexual and emotional relationships

with women. Like Sharon, the opportunity for a same-sex relationship was facilitated by

a geographic move away from her family and close emotional intimacy with a female

friend. And like Sharon, the ideology of Nina's conservative family and peer network

may have prevented her from identifying as lesbian or bisexual. Furthermore, like

Sharon, Nina's first experiences with women confirm her heterosexual identity rather

than prompt a shift towards a homosexual or bisexual identity. However, unlike Sharon,

there are moments in Nina's relationships with women that prompt questioning about the

meaning her same-sex desire although not enough to undo her heterosexual identity.

Nina first experienced same-sex desire in high school. The conservative climate

of her social network prevented her from sharing her same-sex attractions with anyone.

Homosexuality was considered a sin among her school peers, religious community and

her family. Like Sharon, she perceived the environment in her Black high school as

prohibitive of same-sex relationships. Nina explains,

> I was from an all Black school and that [same-sex relationships] is such a no-
> no…I mean, I don't know how it is in the white community, but I know when I
> went to college, I went to a white college…it is way more open than going to a
> Black high school. So no, I would never even think to myself that I was bisexual
> or homosexual or anything like that when I was in high school 'cause that's
> horrendous. Adam is meant for Eve and that is what I was told and that is what I
> was supposed to do. And I was attracted to men so I automatically just thought I
> was heterosexual.

The anti-gay sentiments in her high school were enmeshed with religious values that

condemned homosexuality – a sentiment that has been documented by other researchers

(Bowleg, Craig & Burkholder, 2004; Greene, 1997). As a result, some adolescents believe that they are the only person in their community with same-sex feelings. This sense of isolation affects the timing and provides the context of their sexual identity development (Savin-Williams, 1995, 1996). Nina suppressed her same-sex desire until she departed her high school community.

Like Sharon, Nina had an opportunity for same-sex intimacy in college when she moved away from her family and religious community and found emotional intimacy with a female friend. Nina's first sexual experience with a woman was her roommate freshman year. She lived in a woman's dorm where the residents formed very close friendships. She described their dorm as a place where "no one closed their doors" because they had such a close community of women. However, Nina comments, "we closed our door." This privacy enabled them to discover their physical relationship. Their relationship started with kissing and grew to eventually include oral sex with Nina as the recipient. Nina did not consider herself to be bisexual and did not tell anyone about her same-sex encounters.

Nina's interpretation of her relationship with her roommate facilitated the incongruence between her heterosexual identity and bisexual behavior. She regarded her roommate as a friend with whom she just happened to have sex. She attributes her same-sex sexual behavior to a higher sex drive than other women – not sexual identity. She just "really like[d] sex." Being "freaky" is well within the realm of her heterosexual identity. This relationship "worked" for her until she realized that her roommate had stronger feelings for her than she was able to reciprocate. Her roommate wanted a

committed, monogamous relationship. Nina did not want to stop dating men. She

explains,

> I mean she said that she loved me and I think that's really what freaked me out
> and it really scared me and…I still liked men. I was just like – but I still like
> penises… a lot, so I think maybe I just like – maybe I'm just extra freaky. This is
> what I'm thinking. Maybe I just really, really like sex. You know, I just like to
> be touched. I don't know what it is. So we talked about it and how much she
> really cared about me and she didn't like it…'cause I dated a lot of guys. I wasn't
> like a whore, I just dated a lot. (Laughter)

For Nina, a serious relationship with a woman required an absence of attraction for men.

She is either attracted to women *or* men but both attractions can not occur concurrently.

This is a symptom of the dichotomous approach to sexuality in the United States that

promulgates that the only options for sexual identity are heterosexual or homosexual

(Collins, F.J., 2000; Rust, 2000). The power of the heterosexual/homosexual dichotomy,

in addition to the heterosexism in Nina's communities, renders the option of bisexuality

invisible. As a result, Nina's relationship with her roommate – and the rejection of it -

confirmed her heterosexuality.

Nina maintained her heterosexual identity throughout her next affair with Lindsey

who was also a college roommate. Lindsey was a white woman and their relationship

involved intrigue across racial categories. Sharing the intimate details about their racial

identity created a foundation for their sexual relationship. She explains,

> She never had – was close to a black person. I was never close to a white person.
> So we were automatically fascinated with each other, asked each other all kind of
> crazy stuff. She'd be like, 'Hey, do Black people really like hot sauce?' I'm like,
> 'Yeah.' (Laughter)

> And she – she was fascinated by me. She's like – I was the first Black person she
> met that wasn't 'ghetto.' So we hit it off. We talked, I mean, a lot. I mean we
> would stay up 'til the wee hours of the morning talking…

Nina and Lindsey's distinct racial identities presented an opportunity to connect through difference while it was their sameness in social class that provided an opportunity to build on that connection. Nina was the first Black person that Lindsey met that was not "ghetto." However, their connection across race was not understood or accepted by their peer networks.

> My Black friends [were] just like, 'Why the hell are you always hanging out with this white girl? What is your problem?' They never understood it, but I just really took with her. I really felt comfortable with her. I really felt like I could be myself with her.

Encountering negative attitudes about interracial friendships and relationships remains common on college campuses (Mills, Daly, Longmore & Kilbride, 1995). Nina's peers did not understand her close friendship with a white woman. Their sexual intimacy remained concealed despite the visibility it drew due to their interracial friendship.

In Nina's first same-sex relationship, she attributed their sexual relationship to her own high sex drive. In her second same-sex relationship, she believed Lindsey's high sex drive was responsible for their sexual behavior. She says:

> She kissed me. But I thought it was – I mean Lindsey, just Lindsey. She's always – I mean she's a kind of chick that will streak down the hallway. You know, that's just how she was. She was kind of wild, very funny, being the life of the party type of person…So I didn't think anything of it, but then I started living with her. Then it was totally different. I mean she would kiss me all the time. But, you know, it seemed like it was friendship.

Like Sharon, she perceived her same-sex encounters as behavior only. Lindsey "was kind of wild" but not bisexual. She says, "It seemed like it was friendship." Research on bisexual women and friendships disputes the socially constructed distinctions between the categories of "friend" and "lover" (Arseneau & Fassinger, 2006). In particular, the norms defining the boundaries of these categories might not apply to the experiences of

bisexual women (Arseneau & Fassinger, 2006). For Nina, sexual behavior with Lindsey does not transform their friendship into a romantic relationship. However, it does prompt Nina to reconsider the meaning of her same-sex desire.

For Nina, like Sharon, oral sex becomes a marker of the significance of her same-sex attraction. With her first partner, Nina only received oral sex and justified this behavior by thinking that "she just liked to be touched." With Lindsey, Nina initiated oral sex and enjoyed it. Consequently, Nina realized that her attraction for women might not be a phase. This causes Nina to feel scared of her "true" sexual orientation. She says,

> And one thing led to another and (long pause) that's when I really knew. That's when I knew right then and there. I was like uh-oh. I'm in trouble now because I enjoyed that [giving oral sex] a little bit too much and did things that I never thought that I would do that I never did with [my previous roommate]. Like, not only did I receive, but I gave willingly with no problem and that's when I knew and that's when I started getting scared. That's when fear started setting in. And I mean afterwards when we were going to sleep, you know, I tried to put it off, you know, the next morning as I was drunk. I was high. That's what it was. That's all it was.

When Nina "gave willingly" to her roommate she became more conscious of the sexual enjoyment she felt with women. Her expressions such as "uh-oh" and "I'm in trouble now" indicate her realization that her feelings for women might no longer be fleeting but something that is important to her core being. As a result, she feels scared. She tries to blame her behavior on excessive alcohol and drug use. Despite this moment of consciousness, she does not contemplate a bisexual identity. She remains adamantly heterosexual. In fact, I asked Nina if she discussed her sexual identity with any of her female sexual partners in college. She responded, "No, that would have indicated that we were bisexual and we weren't bisexual." Nina continues to experience moments like these throughout her relationship with Lindsey.

After a while, Nina realized that her feelings towards Lindsey involved more than just "wild" or "kinky" sex. In addition, Nina's attraction for Lindsey becomes representative of her feelings about women in general. She explains:

> That's when I first realized that – when it dawned on me that kissing a woman was so totally different than kissing a man. It's so, so, so, so, so different. But I couldn't put – I guess I couldn't really come to grips with it. I was – I was in denial. Just like maybe she just kisses better. But no. All women I've kissed, kiss better than men, so – (laughter).

Nina's awareness about her same-sex desire is more conscious at this moment in time. She is no longer successful at completely denying her same-sex attractions. However, she "couldn't really come to grips with it." As a result, she suppressed any conscious questioning of her sexual identity and continued to identify as heterosexual.

Nina cannot reconcile her simultaneous attraction for both women and men. In her framework for understanding sexuality, attraction to more than one gender is not compatible. As a result, her sexual desire for woman becomes increasingly terrifying because it means that it will replace her relationships with men rather than coexisting. She continued to date men in hopes for a better male sexual partner so that her attraction for women decreases. She explains,

> I was still freaked out because I hadn't met a guy then which I had a sexual experience that even came close or could go as long, for as many hours as –
> Yeah. Yeah, women don't stop. That was the issue. With me, 'cause I was like, 'Oh, it's so much better with women.' And I kept thinking that except I still liked men. It's just better with women, but different.

The homophobia in Nina's peer network increased her desire to pursue relationships with men and deny her attraction for women.

Nina's friends in college frequently and openly made disparaging comments about bisexuals and lesbians. In particular, Nina remembers traveling with a group of her

friends. They stayed in the same hotel room together which entailed openly getting dressed and undressed in front of each other. Such nudity heightened Nina's awareness about her attraction to women. At one point in time, a video appeared on television that included two girls kissing. Her friends were outspoken about how "gross" it was and condemned that type of behavior. Nina panicked about her own identity – she had felt aroused by the video. Occasions like this prompted Nina to aggressively pursue male sexual partners to prove her heterosexuality. Nina did not have other female friends who were bisexual or lesbian – or friends who were even open to discussing same-sex sexuality.

Nina explored same-sex behavior in college, but not same-sex identity. Like Sharon, it took Nina several years after graduating from college to explore a bisexual identity despite reoccurring relationship with women. At the time of our interview, she considered identifying as bisexual but remained skeptical about the label. She is very guarded about her attraction for women. Outside of her sexual partners, I was the second person with whom she discussed her same-sex relationships. Like Sharon, she feels pressured to marry a man and participate in heterosexual rituals. The potential loss of family and community approval is too great for her to openly adopt a non-heterosexual identity. At the end of our interview, she remained unsure about the future of her relationships; both with her boyfriend (the man she anticipated marrying) and her girlfriend (with whom she feels passionately in love).

Conclusion

Public health and social science literature rarely address the complexities of women who identify as heterosexual and pursue relationships with women. For both Nina and Sharon, sex with women does not prohibit a heterosexual identity. The pervasive norm of heterosexuality in US culture, endorsed through family ideals, peer networks, religious beliefs and romantic relationships, dissuades these women from forming a non-heterosexual identity. However, their emotional intimacy with a close friend and a geographic move away from influential family and peer networks facilitate same-sex behavior. All of these factors are entangled with their cultural meanings of gender, race/ethnicity, sexuality, and religion. Many sexual identity models assume that the sexual identity process is linear with the ultimate goal of openly adopting their "true" homosexual identity. It is important to consider that for some women, same-sex behavior is an acceptable part of their heterosexual identity. Furthermore, the lack of a homosexual or bisexual label does not necessarily indicate denial of a "true" identity or psychological unsteadiness. The system of beliefs that deem "coming out" mandatory to good health is based on research with white, middle-class populations (Smith, 1997). Research shows that the choice to obscure same-sex sexuality does not necessarily indicate "self-hatred" for women of color (Smith, 1997). Research shows that for some women of color, "exercising control over the disclosure of a stigmatized aspect of her identity that she can control may be adaptive" in oppressive conditions (Smith, 1997, p. 288). As a result, "The dynamics of acts based on self-hatred and those that are conscious strategies for survival is not always clearly distinctive" (Smith, 1997, p. 289).

Sharon and Nina's choice to identify as heterosexual is the result of a dynamic process influenced by their racial, ethnic, religious and familial identities.

Sexual identity is fluid and changes over the lifetime and it works together with the multidimensional components of a person's life. It is important to validate a woman's sexual identity as she experiences it rather than pre-determine her ultimate sexual identity category. Future research on women who identify as heterosexual and have same-sex relationships should explore the acceptability of same-sex encounters as a part of heterosexual identity. For Sharon and Nina, their cultural experiences informed and defined their heterosexual identity and this was not negated by sexual experiences with women. Ultimately, they reach a point of questioning their sexual identity, but it was not until after years of same-sex experiences. Some argue that the differences between heterosexual and bisexual identity might be greater than we imagine (Diamond, 2003). The cases introduced in the next chapter outline a different experience. Unlike Sharon and Nina, the women in the next chapter identify as bisexual before engaging in sex with women. The contrast of these two phenomena illustrates the wide range of possibilities in women's sexual identity and behavioral processes.

Chapter 4

Bisexual identity without same-sex behavior

According to Frable and Collins, identity is "the individual's psychological

relationship to particular social category systems (Frable & Collins quoted in Collins,

F.J., 2000, p. 222).   Savin-Williams argues that sexual identity is "an individual's

enduring sense of self as a sexual being that fits a culturally created category and

accounts for one's sexual fantasies, attractions, and behavior" (1995, p. 166). In the

United States, these components of sexuality are typically funneled into two identity

categories: heterosexual and homosexual. As a result, bisexuality as a sexual identity

category has remained ambiguous. Beth Firestein provides the following working

definition bisexuality. She states,

> Broadly conceived, bisexuality means of or pertaining to one's experience of
> erotic, emotional, and sexual attraction to person's of more than one gender…the
> capacity…to love and sexually desire both same- and other-gendered individuals.
> (Firestein, 1996, p. xix-xx)

A social constuctionist approach to sexual identity contributes to the aforementioned

definitions because it addresses the reciprocal relationship between an individual and

society. Horowitz and Newcomb (2001) explain:

> Social constructionist perspective holds that the process of identity development
> is a continual, two- way interactive process between the individual and the social
> environment, and that the meanings the individual gives to these factors influence
> the development of self-constructs and identity. (p. 1)

Accordingly, social context influences an individual's ability to make meaning of their

sexual behavior, fantasies and attraction and ultimately their sexual identity. This

meaning, in turn, changes the social context of sexuality. The ever-transforming

relationship between the individual and society create the opportunity for individuals to

develop their own definitions of sexual identity regardless of whether their behavior conforms to societal notions of that identity category. Diamond argues, "Sexual identities represent self-concepts [that] depend on individuals' own notions about the most important aspect of their sexual selves" (Diamond, 2008b, p. 12). For some women in my study, the most important component of their sexual selves is their bisexual identity even in the absence of same-sex sexual behavior. Their attraction to women serves as sufficient for a bisexual identity. The focus on this chapter is on attraction, regardless of overt sexual behavior, as a critical dimension of sexual identity.

Thus far, public health research has largely focused on sexual identity and sexual behavior while sexual attraction and desire have remained unexplored. Some researchers, when attempting to define same-sex behavior for research, argue that sexual attraction is not a critical dimension. Brogan and colleagues state, "We prefer not to include attraction or desire in our combined definition because few significant health or psychosocial outcomes are likely to correlate with this dimension" (Brogan, Frank & O'Hanlan, 2001, p. 112). Yet, the components of same-sex sexuality that is most likely to be reported *are* same-sex attraction and desire (regardless of actual sexual behavior). For example, Laumann, Gagnon, Michael and Michaels (1994) asked survey respondents in a national representative study to rate the following statement: "I find the idea of sex with the same sex appealing" (p. 293). More women agreed with this statement than reported participating in same-sex behavior or a non-heterosexual identity. This indicates that a large percentage of women attracted to women might not be included in research that is based only on sexual identity or behavior (Diamond, 2008b). This underestimates the important role that attraction plays in determining future sexual

partners, future sexual behavior and general mental health.   It also assumes that sexual

behavior is the solitary method of sexual identity exploration. Worthington and

colleagues argue, "Although there may be a bias toward behavioral exploration in

modern society, cognitive forms of exploration among individuals are possible and may

be the preferred form of exploration" (Worthington et al. 2002, p. 516). Research shows

that women may identify as bisexual before pursuing same-sex behavior (Blumstein &

Schwartz, 1999; Knous, 2005; Rust, 2000; Savin-Williams, 1996). This chapter discusses

women who embrace a bisexual identity and same-sex attraction and desire without

engaging in sexual contact with women.

The two cases presented in this chapter focus on women who adopt a bisexual

identity without same-sex behavior. Laurie identified as bisexual five years ago without

ever having been in a sexual relationship with a woman. Melanie has sporadically

contemplated a bisexual identity for about six years and she too has not had sexual

contact with women. Both women began to self-identify as bisexual through sharing

their same-sex desires with their friends. The ability to openly discuss their sexual

attractions to other women affirmed their bisexual identity. They both sought sexual

relationships with women, but have not succeeded. Women like Laurie and Melanie are

likely to be overlooked in research based only on sexual behavior. Moreover, women

like Laurie and Melanie are dismissed from studies on bisexual identity because they

have only had sex with men.

Laurie

Laurie is a twenty-one year old, mixed race woman who identifies her own special "type" of bisexuality. Her mother is Filipino and her father is white. As will be discussed later, her racial identity development is linked to her sexual identity development. Laurie was raised in an upper-middle class family of non-practicing Catholics. She attended Lutheran schools through high school, and recently graduated from college. She is currently pursuing a master's degree. Laurie recognized her attraction to women while in high school amongst a very supportive peer network. She adopted a bisexual identity, at this time, along with several of her female friends. This occurred before she was sexually active with either men or women. Throughout high school and college she had several long-term sexual relationships with men that were sometimes polyamorous. For example, she was involved in a relationship with a male bisexual couple. Throughout her life, she has been presented with ample opportunities for sex with men, but it has been difficult to find female sexual partners. At the time of our interview, she had not had sex with a woman. Laurie formed her bisexual identity by discussing her same-sex desire with her supportive peer network, including her boyfriends.

Laurie began to formulate her bisexual identity in high school. As a teenager, her social network considered same-sex attraction a "normal" part of sexuality. Research on lesbian, bisexual, gay and questioning youth shows that adolescence is a time when some young women might feel more freedom to explore same-sex sexuality (Weinstock, 2006, p. 135). Weinstock argues,

> Increased media attention to same-sex images and great societal recognition and
> acceptance of sexual minorities may actually make it easier for adolescent girls

and young women to engage in same-sex sexual experimentation within their friendships and to do so at younger ages. (2006, p. 135)

In high school, Laurie realized that her attraction for girls was more than sexual exploration or a "phase" en route to a homosexual or heterosexual identity. She explains,

I recognized that I was attracted to women definitely by the time I was in high school, probably like – I probably started realizing it when I was like – I don't know – the middle of high school, like 15, 16. And it wasn't a sudden realization or anything like that. I just kind of decided that those feelings were real and not generic.

For Laurie, "generic" feelings about sexuality describe the type of same-sex attraction exhibited by girls who very publicly expose their bisexuality because it is trendy or chic. This does not speak to Laurie's experience as she seriously pursues her same-sex desire. She says,

A lot of my high school years were spent like realizing that it was like a real thing and that it was a real attraction and it wasn't something passing. And I feel like it was just more a process of like more time allowing me to become more comfortable with the idea.

Laurie's sexual identity process is cognitive and is not supported by physical same-sex experiences. She adopts a bisexual label through her own internal process as well as dialoguing with her friends and boyfriends. Laurie's bisexual identity develops through and with her peer network. She shares with her friends about her same-sex desires, and they in turn, confide in her about their own same-sex desires. This dialogue finesses Laurie's concept of bisexuality and how the label applies to her "type" of bisexuality. She explains,

And I remember having this conversation with this girl…in high school, and we were talking about it and she was like, 'Yeah, well, I'm attracted to girls but I'm definitely more attracted to guys.' And I remember very, very strongly identifying with that – at that time. I was probably like 16 or 17 years old, very strongly. Like I was like, that describes me exactly.

Research shows that it is a common misconception that "'bisexual'… implies a need for similar degrees of sexual experience with both genders, and similar degrees of attraction" (Weinberg, Williams & Pryor, 1994). However, more attention to individual meanings of bisexuality show that there are many different possibilities for bisexuality and some people are more attracted to one gender than the other (Rust, 2000). Laurie understands sexuality falls along a continuum. For her, being more sexually active with boys than girls is still an acceptable definition of bisexuality. Laurie's dialogue with her friend allowed her to conceive of a sexual identity beyond the heterosexual/homosexual binary.

Even though Laurie was comfortable with her bisexuality, she does not have an opportunity to act on her attraction for girls. Unlike her friends, she is unable to find a female sexual partner. She explains that even her friends who are not "as bisexual as she is" have the opportunity to have sex with women. She says, "You know, a great number of my friends really admitted to, you know, liking girls and did [sexual] things with girls…a lot more than I ever did." However, Laurie has many opportunities to pursue sexual relationships with men. She has sex with her first boyfriend at age sixteen. Her boyfriend's parents were lenient about monitoring their time together. She says, they "didn't mind me coming over" and as a result, they would have long periods of unsupervised time together in his room. This gave them ample space and time to have sex. Although secure with her bisexual identity, she says, "In practice…I've dated a lot of guys."

In college, Laurie's desire to engage in same-sex behavior grows stronger but still no opportunities evolve for sex with women. She says, "By the time I got to college, I was more ready to do things with girls and then nothing happened. (Laughter)." Like high

school, Laurie is able to openly discuss her sexuality with her peer network. Of

particular importance are her discussions about her bisexuality with her college

boyfriend. He is very accepting of her same-sex attraction; and her dialogue with him

validated her bisexual identity despite the absence of female sexual partners. She says,

> It [my bisexual identity] didn't have anything to do with experiences because I didn't have any with women but (pause) it probably had a lot to do with talking with [my boyfriend] about it and I don't remember that either of us said anything particularly insightful but just the fact that we were able to talk about it a lot.

Like her discussions with her female friends in high school, the conversations with her

boyfriend help solidify and confirm her bisexual identity. Laurie and her boyfriend

frequently discuss bringing new sexual partners into their relationship. However, they

are unable to find a person to whom they are both attracted and who is willing to

participate. She says,

> [For] a year and a half, maybe something over a year, [in] that relationship [I] was – I think at that time, I was coming to identify as bisexual and we never did anything with other people while we were seeing each other but we talked about it a lot…

Although they never had sex outside of their relationship, it was the idea alone that

finally determined their break-up. Laurie's boyfriend eventually rejected her attraction to

women even though she remained committed to their monogamy. This was a change

from his original support of her bisexuality. She explains,

> We ended up essentially breaking up over it [my bisexuality] because he felt this what he viewed as irrational jealousy. I mean we constantly, constantly talked about polyamory and nothing happened.

This is an example of the consequences of same-sex attraction regardless of behavior.

Attraction alone can have enough impact to terminate a meaningful relationship. These

consequences can influence mental health status as well as alter future sexual behavior.

In the year preceding our interview, Laurie decided to date mostly men. Although she had a strong desire to date women, she is deterred by the biphobia on Craig's list when she uses this venue to meet female partners. Craig's list has one classified section for women looking for women as sexual and romantic partners. The website is based on same-sex behavior rather than identity. As a result, it invites women who are looking for all types of relationships and sexual encounters with other women but it is dominated by lesbians. All of my respondents who used Craig's list referenced the open hostility exhibited by lesbians towards bisexual women. Research shows that bisexual women experience discrimination and hostility from the lesbian community albeit some believe it is less overt than decades past (Hartman, 2005). One study showed that "almost every woman could recall at least once when a lesbian friend refused to date her because of her bisexuality" (Hartman, 2005, p. 71). Ads posted by lesbians on Craig's list are imbued with stereotypes about bisexual women as promiscuous, disease carriers, traitors, confused, fence-sitters and "dirty." These beliefs are detrimental to bisexual women who, as one research study found, "revealed a strong need for affiliation with the lesbian community and reported rejection by lesbian women as their greatest difficulty" (Bradford, 2004, p. 19). One study on bisexual women found that they understood the pejorative treatment they received from lesbians because they too "have to create community within a sexist, heterosexist, and homophobic society" (Hartman, 2005, p. 73). This was a "mitigating factor in bisexual women's feelings of betrayal" (Hartman, 2005, p. 73). Laurie views the prejudice against bisexual women as the personal choice of lesbians. However, their biphobia discourages Laurie from meeting a female partner online. She says,

> There's all of the ads that are posted by lesbians who don't want to date bisexuals and who want to date lesbians and (pause) I mean I certainly understand why they feel that way and it does hurt me a little bit and it's saddening but it's not something that I would get into an argument about, you know, with someone about their personal choice. I would just say that the 'women for women' section seems to be a lesbian forum and a lesbian community and everything else is just on the periphery…

Laurie interprets Craig's list as a virtual community aimed primarily towards lesbians with everyone else relegated to the "periphery." The legitimacy of lesbian visibility in these arena and the illegitimacy of bisexuality is the result of the heterosexual/homosexual dichotomy that dominants our understandings of sexual identity. Nonetheless, it is the absence of belonging that shapes Laurie's notion of bisexuality.

Like the conversations with her peers and boyfriends, Laurie's online dialogue provides an opportunity for her to reflect and deliberate the parameters of her own sexual identity. She concludes that her self-concept and bisexual identity does not mesh with the women who post on Craig's list even if they are bisexual. She says,

> I went on like one date with some girl but (pause) I was scared off – I was put off of answering woman for woman ads for the following reasons…One, because I'm bisexual and not lesbian and, two, because my identification as a bisexual is more of an individual thing and I support the community but I don't feel like I'm a part of it or not in a social network sense. I mean I think I include myself as part of it but like I don't feel that involved in it and so that made me apprehensive about entering – it felt like entering a community and I felt – I didn't feel ready to jump in and also just when I looked through ads, I didn't really see anyone that I was interested in.

Above, Laurie emphasizes that her identification as a bisexual is more of an "individual thing." For her, the ads on Craig's list were representative of a "community" that did not fit her needs. This is compounded by the fact that she didn't see anyone who she was "interested in." Although she says, "I think I include myself as part of [the community],"

she simultaneously rejects belonging to it.   Later in the interview she reveals that her

perception of the bisexual community is of a group of activists rather than an opportunity

to create friendships or meet potential partners. She says, "I mean when I think about a

bisexual community or 'the' bisexual community, I think of it as populated by, you

know, activists' actions and by activists and not so much a social community." She

rejects the "community" on Craig's list and refines her definition of bisexual community.

Thus, Laurie minimizes the harm done by lesbian prejudice by claiming her own sense of

sexual identity.

Some research documents that bisexual persons create positive outcomes from the

rejection they receive from gay and lesbian communities (Hartman, 2005). For example,

one study argued that it was not important for bisexuals to feel accepted into the lesbian

community. Instead, bisexual women were "happy within their smaller communities of

like-minded people [that] they could work with personally and politically" and "most

people felt comfortable within more specialized-identity politics movements" (Hartman,

2005, p. 73).   This is similar to Laurie's experience. Laurie does not have any bisexual

friends that live in Boston. However, she does maintain a close network of virtual

"bisexual" friends that are like-minded.   Her virtual community of female friends unites

around a particular "type" of bisexuality.   Laurie explains,

> I mean I think that the other bisexual girls that I know… I have like online
> friends… I've met lots of girls who I feel, you know, are very similar to me and
> it's a very specific kind of understanding of one's own sexuality and I mean it's a
> particular identity.

This identity includes a primary sexual affection for men without minimizing or denying

their emotional and physical affinity for women or "girls." Yet, even within these

demarcations, Laurie struggles to capture the sophisticated meaning of her sexual

identity. She says,

> I mean where, like I described, like we basically have relationships with guys but like we just talk about girls all the time and when we do hook up with girls or like when one of us does, I guess I should say like, I don't know. It's not a big deal and just – there's a very specific way that we talk about sex. I don't know.

Above, Laurie mentions that one of the foundations for her type of bisexuality is the way

in which they talk about sex. This continues a pattern in Laurie's life: discussion about

sexual identity is enough to substantiate her identity. It does not necessarily require

sexual acts. Sexual identity is a social category which exceeds overt sexual acts. Laurie

elaborates,

> It's just a specific way that we view interactions, you know, with the people that we know. I mean specifically, we just talk about sex a lot and (laughter)(pause) it's – like we all – like one of them specifically that I'm thinking of is married to a guy and another one's like is…in a long-term relationship with her boyfriend and the fact that we're always in relationships with guys doesn't preclude anything and none of us make that assumption.

In Laurie's network of friends, they never make the "assumption" that partnering with a

man precludes sexual desire for women. In dominant culture, other-sex relationships

render bisexuality invisibility (Bradford, 2004). Laurie is able to find visibility and

validation for identity through virtual networks with other bisexual women who also find

their sexuality unrepresented in dominant culture.

Laurie's choice to identity with the label "bisexual" is only appropriate if she

reinvents the definition to suit her own lifestyle. She deliberated the term "bisexual" for

a lengthy period of time before deciding it was worthy of use. She explains her process

below. She says,

> And it's nice to be able to, you know, take that term [bisexual] and kind of expand it for, you know, people that I encounter into, you know, a more human term and

not just a label and I think for a long time it was – I mean I always saw that possibility but it was kind of weighing the pros and cons of like, you know, is the label stultifying or is there – I mean of course there's a potential for growth but is it – again, is it viable. Is it something that I want to engage in?

The term "bisexual" does not encapsulate who she is but rather indicates a starting point for sharing and understanding her same-sex sexuality with other women. She is aware of the limitations of the term yet also knows that using it allows her to connect to women like herself. She continues,

I mean the reason why I was able to accept that term [bisexual] is because I was able to take some positive things out of it. I mean it is nice to start meeting other people who identify in a similar way and talk with them and like talk about what are actually shared experiences.

Accepting the term "bisexual" makes her identifiable to other women who share her same sense of sexuality. This facilitates Laurie's sexual identity process which is centered on her dialogues with other women about sexuality. This diminishes her isolation as a bisexual woman who does not have close friendships with other bisexual women or a same-sex sexual partner. Moreover, Laurie's validation and legitimacy as a sexual minority is important given that her racial identity, like her sexuality, is often misunderstood and underrepresented in community, popular culture and her immediate social network.

Laurie's racial identity development parallels and informs her sexual identity process. The dichotomous norms of the United States (heterosexual v. homosexual and White v. Black) require bisexual and biracial women to ascertain and define their own ethnic and sexual identity in opposition to dominant categories of race and sexuality (Collins, J.F., 2000). Studies show that the skills acquired to negotiate one "bi" identity assist with understanding the other "bi" identity in oppressive culture (Bradford, 2004;

Collins, J.F, 2000). Tania Israel (2004) comments that the social and psychological location as a bisexual and biracial person is an experience beyond categories. The prefix "bi" assumes a shared duality between two parts. Israel argues, "I am not half anything. I embody the complexity of my family histories, the context of my upbringing, and my unique psychological makeup" (2004, p. 179). For Israel, the relationship and understanding between her "bi" identities is directional. More specifically, she first became comfortable with her sexual identity and then used that experience to inform her racial identity development. She says, "I found that being bisexual helped me exist more comfortably in a biracial identity…Looking at my ethnicity through a bisexual lens, I saw a more integrated self" (Israel, 2004, p.180). Laurie's uses similar coping mechanisms to establish existence in her racial and sexual identity communities.

As a child, Laurie considered herself "white." In fact, she saw no difference in her racial ethnicity than someone who was from "Sweden." This is similar to studies conducted with middle-class biracial Americans who report that they viewed themselves as "white" throughout childhood even if they appeared phenotypically Asian (Collins, J.F., 2000). Laurie says,

> That's kind of tough because I don't – my father's white and my mother's Filippino and I don't really identify as either. When I was growing up, when I was very young, I didn't realize that I was considered mixed racially. I knew, you know, that my grandparents were from the Philippines but I just thought of it as like your grandparents being from Sweden or something like that. So I didn't understand that I wasn't white so I didn't – so because of that experience, I feel like I know what it is to be white…

Being "white" is a racial category that feels comfortable for Laurie. It is an authentic part of her identity. Her mixed race heritage does not eliminate that part of her identity regardless of how other people perceive her. Laurie remembers a vivid moment in her

childhood when she was confronted about her racial identity for the first time. She

explains,

> You just don't think about it and so I didn't think about it and actually I remember
> in kindergarten the first time someone ever commented on it. This one kid asked
> me if I was Chinese and I just thought he was crazy and I just didn't understand
> what he was talking about…

Laurie has been ostracized by both Filipino and white communities. Laurie's

mother distanced herself from Filipino traditions and does not speak Tagalog. As a

result, Laurie did not inherit a sense of Filipino culture and community. Her lack of

familial experience with Filipino culture and knowledge causes other Filipinos to

question her ethnic legitimacy. The few Filipino students at Laurie's high school cast her

as an outsider to their community. In Laurie's experience, they associated her with the

oppressive group, the "white man." She says, "When I try to, you know, identify myself

as Filipino…people are like 'No, you're not.'" She explains,

> I just remember this one time in high school. There were – I don't remember
> there being a lot of Filipino kids in my school but there were, you know, a number
> and I hung out with a couple of them. I just remember one day that – I don't even
> remember what they were talking about and I just said "we" and this girl just
> looked at me and said "What do you mean 'we'?" And it was basically like
> "What do you mean 'we,' white man?" I mean it was very embarrassing.

An underlying tenet of Laurie's racial and sexual identity processes is social interaction

with peers albeit in very different contexts. Laurie is forced to confront her self-concept

of racial identity in the face of hurtful comments and rejection from other children. Her

sexual identity, on the other hand, is formulated within her own timeframe and within a

supportive environment.

Currently, Laurie is more comfortable with her sexual identity than her racial identity. As discussed above, she has clarified her sense of bisexual identity. However her racial identity is still in process. She says,

> I haven't really had a huge change in like how I identify racially but I just kind of – I mean I say I see myself as mixed but like I don't know. I don't know what you would call it. I'm still at the same stage like I can't really identify myself anywhere [racially]. I mean it's a pretty common complaint and especially when you're part Asian which is kind of the invisible minority and white is like you're even more invisible, I guess.

Laurie understands that she is invisible because she is mixed race and because Asian Americans, in general, are considered an invisible minority within the United States culture. This distinct social location prevents Laurie from thinking about her racial identity at times, and at other moments it heightens her feelings of "otherness." She says,

> 'Cause I don't think of myself as being white and I don't think of myself as being…and I don't – it's just weird. *(Pause)* I mean I guess I just see myself as like some kind of other. I mean I don't know. I don't know how to describe it. I don't think anyone does. But it's strange.

Although above, she says that she does not consider herself as white, later in our interview she says otherwise. At this point in our conversation, Laurie says that for the most part she sees herself as a member of dominant groups: white and heterosexual. She continues,

> That's part of what's difficult about being bisexual for me or a large part of what's difficult about it is that much like I basically see myself as white but I don't really. I mean I basically see myself as straight or like having not that mindset but like, you know, kinda just thinking along the same thing and I don't know how really to put it but then I realized that I don't think the same way as a straight person at all and it's just kind of like every time you realize it, you're just reminded of it. I mean and it's very, very much similar to the racial issues.

Within our dialogue, Laurie constructs and grasps at the meaning of her identities. She draws parallels between her racial identity and her sexual identity but realizes that she is

much more cognizant of her sexual identity. She struggles to explain the relationship

between these two parts of her identity and how it plays out in her day-to-day life. She

says,

> I mean and that's kind of the same situation [negotiating racial identity] I find
> myself in as when – I mean I don't think of myself – well, no, I'm much more
> conscious of being bisexual because I've like identified that way but, you know,
> not thinking about it, you know. I'm just going about my day. Like – I don't
> know. I do think about it a lot, like being at work with like all the straight people
> is like a little stifling…

Ultimately, Laurie lacks the precise language or cultural categories to validate or describe

her existence as a biracial and a bisexual person. Consequently, her identity is formed in

resistance to and within racial and sexual identity categories that are assumed to be polar

opposites and mutually exclusive. This process is informed by her individual experiences

as well as social phenomenon. This supports research on biracial-bisexual identity which

argues that "the key concept of biracial-bisexual identity is self-definition" (Collins, F.J.,

2000, p. 241). Furthermore, biracial-bisexual identity mandates a subjective process. It

is "a personal construction, individually tailored to fit an individual's experiences and

anticipated future states" (Collins, F.J., p. 242). This process of shifting and moving

between categories is unlike the process owned by people who fit concretely into racial

and sexual identity categories. Thus, the norm for biracial and bisexual individuals is to

be ever-fluctuating between binaries in order to validate the entire scope of their identity

matrix.

Laurie is still constructing her sexual and racial identities. At the time of our

interview, Laurie had recently started dating a man with whom she hopes to develop a

serious relationship. She is monogamous with this partner, but is concerned that it will

impede her opportunity to consummate her same-sex desire. She says,

> Well, I've never been in [a relationship] with a woman so my concern, I guess, is that I won't be in one and I'll just end up with some guy and like won't have had that experience and it is frightening to think that that could happen.

Laurie's bisexual identity will continue to evolve as she explores her new monogamous relationship. It is likely that she will continue to develop her bisexual identity through online communities with women like herself regardless of her sexual behavior.

Melanie

Melanie is a twenty-seven year old, African American woman who lives in Atlanta. She identifies as bisexual but has not yet been sexually active with women. Since adolescence, Melanie internally questioned her sexuality, but was not comfortable sharing her attraction for women with her peers or family members because due to their homophobia. Melanie was raised in a middle class, Baptist family. Recently, she has been attending Messianic Judaic services and believes this may be the faith of her future. Throughout her life, she has been "accused" of being gay. Her gender identity has also been questioned by family and friends. Growing up, she felt very comfortable as a "tomboy" but her mother admonished her gender nonconformity. In high school, Sharon was sexually involved with several men. However, she felt insecure and inhibited by her large body size and this prevented her from pursuing a meaningful relationship with men that she found attractive. She explains, "I was a fat kid…I would never bring attention to my almost 300-pound body." As a result, she had casual sexual relationships with men without emotional intimacy. She says that it took her years to realize that this "didn't work" for her.

As a child, Melanie received negative feedback from her friends and family about her gender nonconformity. Melanie remembers one particularly painful time when her mother confronted her about her gender identity. Melanie explains,

> I remember…we were going to the grocery store, my mom and I, and I had on these pants that were too big and this big old coat and I pulled a hat on and I go, 'Mom, if anybody ever says that, you know, your son's cute, just say, 'Yep, that's my boy.' And she turned around and she's like, 'Do you want to be a boy?' and I mean, I got smacked and I was just like, 'Well, no, but, you know, I thought if I were a boy, I'd be a cute one.' You know, I still – it was totally innocent – totally innocent – but that pretty much stuck with me. I'm not allowed to dress like a boy.

Melanie faced more punitive encounters in high school. For example, she says, "Oh, when I was in high school, I got in trouble for going into the girls bathroom and it was just a tomboy phase." Melanie liked her tomboy persona but it was not welcomed in her family or in her high school. Her boyish appearances caused those close to her to interrogate her heterosexuality.

Melanie's gender nonconformity incited questions about her sexuality. Research shows that people often wrongly assume that "men and women who do not conform to traditional gender-role stereotypes must be gay or lesbian" (Greene, 1998, p. 42). Furthermore, heterosexuals perceived as lesbian or gay are "the targets of homonegative prejudice and violence" (Worthington et al., 2002, p. 509). Some research on people of color claims that "reproductive sexuality is viewed as the way of continuing the groups' presence in the world" (Greene, 1998, p. 42). As a result, an individual's heterosexuality is of immense value to the entire group and a lesbian or bisexual identity may be seen to threaten its sustainability. This is considered a cause for the hyper-vigilance over heterosexuality in some communities of color. The scrutiny over Melanie's identity was

disarming and violating. In particular, she struggled with her mother's accusations. She

says,

> When I was 16, my mom asked me if I liked girls. I remember flipping out on her [and] trying to jump out of a moving car. I was so mad!

Another time when she was in high school, a classmate harassed her about her sexuality.

Melanie explains,

> I remember walking down the hall of our high school and this girl was like, 'She's a dyke and I know she is. She has to be.' There's nobody else in the hallway but me. [And I thought] who could she possibly be talking about?

Melanie knew from a young age that it was not acceptable to have same-sex attractions.

She says, "I fought so hard to prove my sexuality." Such harsh scrutiny from important

social networks is devastating to women of color questioning their sexuality. Research

shows that peers and "family [are] regarded as the primary social unit and a major source

of emotional and material support" (Greene, 1997, p. 44). Even an accusation of non-

heterosexuality, as in Melanie's case, risks losing critical familial ties.

Melanie believes that the culture of her Black, middle-class neighborhood, in

conjunction with the prevailing conservative religious values, created a homophobic

environment. She explains,

> Blacks are not real open to homosexuality and bisexuality. They're just not open period. And also being a part of a middle class neighborhood and also being the Bible belt and so many things working against me…that wasn't a good environment for me to try that move [to come out as bisexual]. In the Black community, it isn't discussed period whereas I perceived like in other communities, like in a white community, it's discussed. They talk about it. Even if they're making fun of it or talking down about it, it's at least discussed. It's a non-issue in the Black community. It's just a non-issue. It's not one of your options.

Melanie perceives discrimination to exist in white communities as well as Black

communities. She argues that at least in white communities the identity is visible even if

it is deplorable. In her experience, non-heterosexual identities are not even "discussed" in Black communities. This prohibits Melanie from conceiving of an identity outside of heterosexuality. However, this provides stark contrast to Melanie's next communal experience, prison, where same-sex relationships are expected and necessary for survival.

Melanie entered the criminal justice system when she was nineteen. She was charged for armed robbery with her two male friends who robbed a restaurant at gun-point. Melanie says that she did not know her friends intended the crime. Her sentence was short because she was a first time offender. However, Melanie's prison experience altered her gender and sexual identity. Melanie was acutely aware that she must take on a male gender identity and a same-sex relationship in order to survive incarceration. Pollack's research on women in prison shows that upon entering the prison system, identities are transformed. She states,

> The process of entry involves a dehumanizing sequence of shedding one's outer identity and becoming a 'number'…Even women who have long criminal histories, including several probation terms, report that their first trip to prison gave rise to fears of homosexual rape, guard brutality, and loss of friends and family. (Pollack, 2002, p. 69-70)

Research shows that the organizing framework of a women's prison culture is that of a surrogate family (Kunzel, 2008). Therefore women's relationships with each other exist as pseudo family or intimate dyads (Ferraro & Moe, 2003). Such relationships "are very important means by which women cope with incarceration and meet their emotional, practical, and material needs" (Ferraro & Moe, 2003, p.88). Furthermore, same-sex relationships are thought to potentially minimize sexual coercion that exists in prison (Struckman-Johnson et al., 1996). Melanie quickly learns the culture of prison requires a different approach to her gender and sexual identity.

In prison, Melanie adopted a masculine gender identity. This identity was determined for her by other inmates. In fact, the "whole system" classified her as male soon after entering the institution. She explains,

> The whole like system or whatever had pegged me as a Boi – B-o-i. They called me "Boi." That was my nickname. Yeah, they called me Boi and like all the studs and bulldaggers would call me their little brother. I'm like, 'Well, what the..? But they called me little brother.

It was more comfortable for Melanie to adopt a masculine identity than a feminine identity given her previous tendency to dress and act like a boy. She says, "since I'd always been comfortable being a tomboy, it wasn't a role that I had to try that hard to play like." In this setting, gender identity is closely tied to sexual identity. For Melanie, that meant securing a "feminine" female partner. Often times, the relationships between women in prison will adhere to male-female gender roles and heterosexual norms (Kunzel, 2008). Women who exhibit male traits are known as "butches" or "studs" whereas more feminine inmates are considered "femmes" (Kunzel, 2008). Women who engage in intimate relationships may not identify as lesbian or bisexual and many of these relationships do not involve sexual intimacy (Ferraro & Moe, 2003). Prejudice against lesbians in prison has revealed that they are likely to experience harsher circumstances, a lack of privileges and worse conditions (Kunzel, 2008). Furthermore, parole has been denied based on sexual orientation and gender noncomformity (Kunzel, 2008). This deters women from adopting a lesbian identity regardless of public same-sex relationships.

Melanie identified as heterosexual despite strong opposition from other inmates. She was told that engaging in same-sex relationships was an inevitable part of prison experience. Melanie tried to resist these norms. She says,

I walked in like, 'I'm straight. I'm straight. I'm straight.' Nobody believed me and there was this one girl I'll never forget. She was like, 'It may not have happened yet but it's gonna happen. It happens to everybody.' And I'm like, 'what are you talking about?' She was like, 'Everybody likes girls. All girls like girls. Different scale but all girls like [girls]. She was like, 'It's gonna happen. Don't even worry about it. You'll know.' And I'm like, 'That's never gonna happen to me. I'm never gonna kiss a girl,' you know.

At first, Melanie resisted prison norms that mandated same-sex relationships. However, she was a target for potential sexual violence because of her young age and lack of previous time in prison. Consequently, she selected a female partner as a "girlfriend" in order to ward off unwanted solicitations from other women. Their relationship was not sexual but rather served as a mechanism for protection. She explains,

Me and Noelle were trying to fight off the – like, you know, defend ourselves 'cause we were really young and really small. Like we were only like 19, 20 [years old]. Everybody else was like 35 and 40 and so we were like, 'Let's just tell everybody we're a couple so that, you know, nobody will try to hit on us.' We held hands. We would kiss, you know, and it was more for show than for personal pleasure…

When Noelle was transferred to a different facility, Melanie initiated another relationship. Like her relationship with Noelle, this one was also absent of physical sexual contact. She explains,

There was this other girl named Linda and me and her – she was like, 'Oh, I like you' and I'm like, 'Oh, I like you, too, you know,' and so she's like, 'So you want to be a couple?' I'm like, 'Yeah, let's be a couple.' So we were a couple so that was my second girlfriend and, you know, we didn't do anything.

Throughout this entire time period in period, Melanie did not believe she was gay or bisexual. The regulation of her sexuality through the prison system required her to adopt a male gender identity and a female "sexual" partner for survival despite the rules and regulations that forbid sex from occurring between inmates. Reflecting back, Melanie says that even if she genuinely felt attracted to another woman in prison, she would not

act on her desire. She had an intense fear of the "system" and avoided punitive measures at all costs. She was not accustomed to such a harsh environment after being raised by a middle class, loving family. Furthermore, she believed that her incarceration would be short and that it was not indicative of her future, unlike other inmates who had been incarcerated for decades. If she followed the rules and maintained good behavior, she would be released with ample time to rehabilitate her life. She was not willing to risk her freedom by engaging in sexual behavior with women beyond what was necessary to survive the criminal justice system.

Melanie's authentic same-sex desire surfaced after she was released from prison and escaped the vigilance of her family and childhood friends. At age twenty-three, Melanie lived with a heterosexual female friend. Her roommate was comfortable walking around their apartment without clothes on. Her nudity aroused Melanie. This prompted the first moment in which Melanie genuinely realized her attraction for women. She explicates,

> [My] female roommate – this is when I had the undeniable realization that this [same-sex attraction] was a reality for me. She took a shower and she went in the living room which is where she lived and I was in my room going back and forth to the kitchen doing whatever and I came out of the kitchen…to ask her a question and I came around the corner and she had – I guess she had shaved herself then.
>
> And she had the towel pulled up and I caught full view and I was just like – and that turned me on so much. I'm like, 'Oh, my God. There's nothing I can do about it. It's undeniable. It's reality. Face it. You like girls.' And I've never had that reaction for a male. I don't care what part of his body he showed to me.

At this time, Melanie recognizes that her bisexuality is a part of her core being. She understands that is "undeniable." She also recognizes that it is distinct from her attraction to men. She continues, "And I was like, 'Oh, God. I'm not gonna do anything

with it right now but, oh, my God, you know.' And that was just undeniable."

Nonetheless, she is unwilling to act on her discovery. Melanie's roommate was not

tolerant of homosexuality or bisexuality. Melanie risked losing her roommate's

friendship as well as their extended peer network if she disclosed her sexual desire.

Ultimately, it is a change in peer network that provides the opportunity for Melanie to

explore her same-sex sexuality.

Like Laurie, Melanie's self-identification as bisexual was facilitated by

discussions about her bisexual feelings. She developed a new peer network when she

enrolled in college and was exposed to a diverse group of people. It is through

conversation with like-minded peers that assists her bisexual identity rather than actual

sexual encounters with women. She says,

> I started going to [college] and that's where I met up with this girl …and she was
> bisexual and her sister was bisexual and so it was really comfortable for me to
> talk about what I thought might be the case [her bisexuality] with them and so I
> got to explore a lot of myself like just through conversation…I think [that] was
> when I got more and more comfortable with saying it to myself. I realized, okay,
> I can deal with that. I like girls. That doesn't mean I have to do anything about it.
> I'm just gonna, you know, not do anything about it. Be all right. That lasted for
> quite a while.

It is an important part of Melanie's identity process to validate her bisexual identity

without having to "do anything about it." Over time, Melanie becomes more comfortable

with sharing her bisexual identity with others who are likely to accept her sexuality. She

attributes her newfound openness to her close friendship with a gay male and her move

away from the Black community. She says,

> [Attending college], I think that's when I really started to blossom like sexually
> 'cause – well, as far as bisexually, because I got there and no longer was I
> surrounded by Black people and there was this guy named John and he was
> openly gay and…so I told John and…[he] seemed to be accepting of it so I didn't
> mind saying it and I got really open with just saying it and I fell into the trap of

saying, 'Hi, my name's Melanie and I'm bisexual,' you know, and I mean I just really fell into that trap– but I still didn't do anything.

Emotionally and intellectually, Melanie is comfortable with her bisexual identity.

However she remained hesitant to engage in physical intimacy with a woman.

Eventually, her religious beliefs cause her to rescind her bisexual identity.

Melanie was a member of a conservative Christian church that did not tolerate homosexuality. As previously discussed, religion is a strong mediator of moral values in her life – values that are enforced through her family and friends before college. Homosexuality was condemned. Consequently, when Melanie sought mental health services at her church they counseled her to renounce her same-sex desire. She says, "I started going to therapy…but my therapy [was] with the church. That means that I stopped saying that I was bisexual because I had been sanctified, cleansed." Religious affiliation provides many women of color with strong familial and communal ties and the support necessary to exist and thrive within a dominant racist culture. In some instances, it is not worth risking these support networks for a non-heterosexual identity. Although Melanie continued to socialize with gays and lesbians, she rebuffed her bisexual identity. Like in her adolescence, her sexual identity is questioned by those around her but this does not altar her self-identification. She explains,

> [A] gay female…she introduced me to like all her gay friends and they're like so, 'How do you – what are you? Gay? Bisexual? What's up with that?' And I'm like, 'I'm straight.' They're all like, 'Whatever,' you know. Nobody ever believed me, especially in the community. They're all like, 'What the hell,' you know. And I went to gay clubs with them and I just felt totally comfortable, like I know who I am so it doesn't really matter what's going – I'm not worried about anybody else's sexuality 'cause I know who I am.

However, Melanie once more decides to become more public about her bisexual identity when she travels to Germany. Again, moving away from her religious and ethnic communities allow her to explore a non-heterosexual identity. She explains,

> I went to Germany 'cause I just had to get as far away…and being in Germany, it's just like, 'Wait a second. You mean it's okay to be like openly gay here?' You know and I didn't do anything in Germany but I was definitely more open about it and when I got back, I just – it just opened my eyes, like, 'You know what? They are gonna be people like they're gonna come and they're gonna go and if they don't like you for you, I have – I mean pardon the language, fuck 'em, and that was really my mentality, you know.

Melanie does not want to deny her bisexuality any longer. She hopes to remain open and honest about her sexual identity to the people in her life. She continues,

> Like that's when I just started really like, you know what? I like girls and that's the bottom line and I'm never gonna keep that from anybody else again. The next person I date is gonna know this. It's not gonna be a secret.

Melanie is currently in the process of searching for a female sexual partner. She has dated several women, but has not found someone with whom she has an emotional and physical connection. She says,

> You know, it's funny that now that I finally have my head on straight about what I want in a relationship, everything that's coming at me now is purely sexual…you know, no emotion - all sex relationship offerings and I'm like that's good for now, you know, but what happens after now…

Melanie feels comfortable using her bisexual identity to meet women online. And the opportunity for casual sex with women is abundant. This is similar to her earlier experiences with men who often were only interested in her for sexual exploits. Now, Melanie is looking for a long-term emotional as well as physical connection with a female partner. She is waiting for this relationship to develop.

Conclusion

Laurie and Melanie self-identify as bisexual even though they have not had sex with women. A primary component to progression of their understanding of their sexual identity is the ability to dialogue with other bisexuals about sexuality. This social process is the core existence of their simultaneous same-sex and other-sex attractions. Friends who share similar feelings about sexuality validate their non-normative sexual desires. This process, while at times challenging, can be transformed into a positive attribute in other areas of their life. For example, Laurie's understanding of her sexual identity helps her negotiate aspects of her racial identity. However, some research shows that grappling with bisexual identity can benefit individuals beyond race and sexual identity development.   For example, Bradford found that the participants in her study "related having gained strength, self-acceptance, and independence from the experience of coming to terms with a bisexual identity in this culture" (Bradford, 2004, p. 17). As a result, "They were more self-reliant than they might have otherwise been" (Bradford, 2004, p. 17). The positive outcomes of the process of rejecting cultural norms and creating individual understandings of identity categories needs further exploration in social science and public health. This mandates research that addresses bisexual identity regardless of sexual behavior. As discussed in this chapter, bisexual identity, in and of itself, requires a unique identity process in relationship to family structures, social categories, and intimate relationships. An important component to this process is the meaning of gender as bisexuals negotiate their identity in relationships with men and women. All of these factors are important considerations for health.

Chapter 5

Conceptions of gender – gendered relationships:

"Men just have a different way of looking at things"

The women in my study described their relationships with women and men using

gender stereotypes that are prominent in United States culture. This replicates findings

from a seminal study on bisexuality by Weinberg, Williams and Pryor (1994). They

comment:

> In a group that often sets itself against societal norms, we were surprised to
> discover that bisexual respondents organized their sexual preferences along the
> lines of traditional gender stereotypes…gender is the building material from
> which they put together their sexuality. (p.57)

There has been little additional research that approaches how gender influences

relationships, sexual behavior and sexual attitudes among non-heterosexual populations.

Diamond argues, "Sex researchers have not devoted much attention to figuring out

exactly how gender structures individuals' experiences of desire and what exactly we

respond to when we become aroused by a man versus a woman (2008b, p. 126). This

chapter explores this area of study.

The term "gender" is used to capture the way in which society "organizes

understandings of sexual difference" (Shaw & Lee, 2004, p. 1). Masculinity and

femininity are socially constructed gender role categories that dictate "cultural ideals

about who men and women are and who they're supposed to be" (Johnson, 1997, p. 61).

These standards are based on personality traits that depict women and men as "opposite

sexes" (Johnson, 1997, p. 61).   Some argue, "Gender roles run so deep in popular culture

that women and men are portrayed almost as members of different species" (Tiegs,

Perrin, Kaly & Heesacker, 2007, p. 449). Men are considered "aggressive, daring, rational, emotionally inexpressive, strong…in control of themselves, independent, active, objective, dominant, decisive, self-confident, and unnurturing" (Johnson, 1997, p. 61) Women, on the other hand, are considered soft, gentle, "unagressive, shy, intuitive, emotionally expressive, weak, dependent…and nurturing" (Johnson, 1997, p. 61). Gender roles polarize the sexual expectations for women and men and create the "sexual double standard" which limits women's sexual behavior and encourage men's sexual repertoire (Tiegs et al., 1997).

Researchers argue that the "general public's belief in the sexual double standard is pervasive" (Marks & Fraley, 2006, p. 19). The sexual double standard encourages permissive male sexuality and aims to preserve women's sexuality. (Browning, Kessler, Hatfield & Choo, 1999; Crawford & Popp, 2003; Greene & Faulkner, 2005; Hynie & Lydon, 1995; Jackson & Cram, 2003; Marks & Fraley, 2006; Milhausen & Herold, 2001; Tiegs et al., 2007) Men are expected to initiate sex with insatiable pursuit and are respected for having numerous sexual encounters (Tiegs et al., 1997). For men, sexual behavior is received with praise and reward and encouraged as recreational activity (Hynie & Lydon, 1995). The identical sexual behavior for women "brings derogation and disrepute" (Marks & Fraley, 2006, p. 19). Women are expected to be the "gatekeepers" of sexuality. They are responsible for keeping men at a distance in order to preserve their purity and sexual reputation (Tiegs et al., 1997). Women's sexual experiences are only socially acceptable if they occur in the context of long-term committed relationships like marriage (Hynie & Lydon, 1995).

Some studies argue that gender roles are enacted in other-sex relationships in powerful ways but less is known about how this compares to same-sex relationships. Within the scope of heterosexuality, "Women know that they are expected to be expressive and supportive" and "men know that they are expected to be withdrawn and preoccupied with sex" (Tiegs et al., 2007, p. 449). As a result, some "women prefer emotional intimacy to sexual intimacy and the reverse is true for men" (Tiegs et al., 2007, p. 450). Research shows that the sexual double standard submerges women's sexual desires and discourages discourse about female bodily desire (Jackson & Cram, 2003). If women express sexual yearning, they risk being labeled "sluts" and "whores" whereas sexually active men are upheld as "studs" (Jackson & Cram, 2003). But how does the conception of gender roles and the sexual double standard shift when people have the potential to experience sexual and emotional intimacy with both women and men?

Existing research on bisexuals defines two "camps" regarding bisexuality and gender. Some argue that bisexuals maintain a "heightened appreciation for both genders" while others "disregard gender altogether" (Diamond, 2008b). Research shows that those who had a heightened appreciation for both genders were likely report deep-seated differences between men and women. For some, their experiences with men and women followed traditional gender roles (Weinberg, Williams & Pryor, 1994). These women found that "gender-linked characteristics play[ed] an important role in triggering their desires, even though they respond[ed] to both female-specific and male-specific traits" (Diamond, 2008b, p. 183). In fact, experiencing the differences between women and men prompted an increased appreciation for each gender. Diamond explains,

> For some women, being with one gender tended to heighten their appreciation of the distinct characteristics of the other. The hardness of a man's muscles made

them appreciate the softness of a woman's breasts and belly; women's smaller size made them appreciate a man's height. (2008b, p. 124)

Bisexuals reported stronger connections to partners of the same gender because they had more in common and intimacy was easier to achieve (Weinberg, Williams & Pryor, 1994). On the other hand, the bisexuals who disregarded gender in their partner choice described "person-based attractions." They often recited the phrase, "it's the person, not the gender" to describe the basis for their sexual partner choice (Diamond, 2008b). For these individuals, attractions were based on gender-neutral personality traits and characteristics. In my study, gender was a significant factor in partner choice and sexual behavior for the majority of women.

The respondents in my study expressed gendered understandings of relationships with women and men that are steeped in cultural stereotypes. Repeatedly, men are described as "physical" whereas women are portrayed as "emotional." Men are perceived as "hard," "raw," and "foreign" and women are considered "intimate," "soft," and "gentle." Furthermore, men are perceived as goal-oriented and interested in achieving an orgasm regardless of women's pleasure. Women suggest that men are unable to be emotionally intimate like women. Moreover, several respondents reported better sex with women because they inherently know how to touch other women's bodies. Female partners were better communicators, spent more time focusing on their needs, and were interested in a holistic experience of sex rather than only reaching climax. On the other hand, some women reported an appreciation for sex with men because it was "easier" to negotiate than the emotional dynamics with women. Furthermore, as some women grew older, they began to recognize that women were not as emotionally savvy as they once believed and men were in fact able to achieve

emotional intimacy. At this point in their lives, they were more capable of person-based attractions.

Emotional differences between women and men

Overall, respondents considered female partners to be more emotional than male partners and this resulted in different approaches to same- and other-sex relationships. Some women felt the need to be "in control" of their feelings and actions with male partners whereas they were able to "let their guard down" with women. For example, Leslie has two different approaches to sex with men and women. Currently, Leslie is a twenty-one year old, Korean and Bostonian who sometimes identifies as bisexual but who prefers not to label herself. Her sexual persona and sexual relationships are influenced by the sexual double standard and gender role stereotypes in unusual ways. She considers her own emotional and sexual prowess to be more like a male. Her friends refer to her relationship approach as a "dude mentality." This is similar to results from a study that explored women's resistance to the sexual double standard. They found that women adopted male-like descriptors such as "stud" as a "subversive appropriation of active male sexuality" (Jackson & Cram, 2003, p. 118). A large component of Leslie's "dude mentality" is her ability to have sex with men without emotional involvement in ways that men are encouraged to do, stereotypically. This contrasts the perspective of her Catholic upbringing and societal norms that define women as overly emotional and devoid of purely sexual desires. In the following passage, Leslie talks about having sex only for the sake of pleasure and without any relational ties.

> Like I kind of like developed like a [male] complex that like I was just gonna
> have sex with whoever I wanted to. I didn't want to have a relationship with

anybody. Like I was gonna be like a total dude. And like all my friends tell me I have like dude mentality in relationships now. And so like, like I just like don't - you know what I mean? Like cause I act like a dude when I'm in a relationship. And they're like (laughs)... Like really bad, like I mean like - and like at this point I wasn't like overly like careful about like protection, and like I was just kind of like having a lot of drunken nights and like I'm just gonna have sex with you because I want to, and that's just what I'm gonna do.

Leslie frequently initiates her sexual encounters. She is aware from the beginning that the purpose of the encounter is a "one night stand." Her approach to sex is different than her other female friends who feel that sex builds an emotional connection. She says,

I think that as far as - I don't know, I think - I think I realized like more that like sex is like enjoyable, and that it's just something that happens between two people. I don't think I've ever really developed like a strong emotional connection to someone just through having sex with them. And so - and I know like a lot of - like a lot of my girlfriends say that like once like if I have sex with someone then like I feel like emotionally attracted to them, and I was like no, not really, and they're like it's cause you have dude mentality. But like I was just like no, I really just don't, it's just like sex to me. Like if I - if I seek you out, and it's gonna be a one night stand and I know this from the beginning, like I'm not gonna develop an emotional connection to you.

Although Leslie is able to remove herself from emotional attachment to her male partners, she does not escape the powerful social norms that stigmatize her behavior as "really bad." Women's resistance to the sexual double standard has been considered "tenuous and fragile" (Hynie & Lydon, 1995, p 120). Leslie might be able to distance herself emotionally from her sexual encounters but she is also putting herself at risk for STIs and HIV/AIDS.   Research on the attitudes of condom use find that women who are "contraceptively prepared" for sexual encounters are considered socially unacceptable (Hynie & Lydon, 1995). In fact, it was more socially acceptable for women to have unprotected sex than to be contraceptively prepared for sex with men (Hynie & Lydon, 1995). Leslie's "dude mentality" is one way to resist restrictive sexual roles however it puts her physical health at risk and she does not fully escape social derogation.

Interestingly, Leslie's sexual approach with women is more congruent with traditional notions of gender.

Leslie reports a much stronger emotional bond with women than men. Leslie has a physical attraction for men but it is more likely to be within the realm of a friendship than a romantic relationship. In fact, her intense emotional connection with women causes her to question her sexual identity. She says,

> Just because like I think that - honest - I don't know like necessarily whether I'm a lesbian, just because I - I just think that it would be easier, it's easier for me to like develop like a relationship that's like emotionally valuable with a woman….Comparable to a guy. Like with guys I tend to be like their friend. Like I'm like let's just be buddies. Like why can't we just be friends? Like what's wrong?

Although Leslie enjoys one-night stands with her male sexual partners, it does not match the pleasure she feels with women when there is an emotional *and* physical connection. Sex with women is less "intimidating." She explains,

> I've never really like had like really amazing sex with a guy, and I have with a girl, and so I think that's probably where my bias stands right now….

> I don't know, I think that it's just a lot more emotionally driven with women than it is with men, and I think that it's a lot more pleasurable, I guess, with women than with men. Just because it's a lot - it's a lot less intimidating, I think, too, in a way. It's a lot softer, and it's just a lot less intimidating and a lot less like so rambunctious, I guess.

Like many participants in my study, Leslie associates sex with women as "softer" whereas sex with men is "rambunctious." The perception of men as sexually aggressive causes concern for women and their physical safety (Tieg et al., 2007). One study found that women needed to "be in control" in order to circumvent the possibility of being hurt (Teig et al., 2007). Likewise, bisexual women reported unequal power in their sexual relationships with men and women. They expressed a greater "need for control" with

male partners (Weinberg, Williams & Pryor, 1994, p. 54). Leslie expresses a similar viewpoint. Sex with women, on the other hand, is much more comfortable. She says,

> I think that like - probably just the - I think there's just a certain comfort level, like all the times I've had sex with women it's been very comfortable, and it's been very like soft, and like soothing, and just very kinda like releasing, almost. And it's a lot less like of like a power thing, like whereas like I don't feel like I need to be in control the whole time when I'm having sex with a woman, whereas like when I'm having sex with a guy I feel like I need to be in control the whole time. And I think there's a lot less fear, too, like having sex with like a woman, because it's less likely that they're gonna hurt you in some way, whereas like with a guy like, physically, I mean, there's more of an opportunity for that to occur.

Leslie describes sex with women as a process that is "soft" and "releasing." She is able to let go of some of her fears and make herself more vulnerable emotionally and physically. Leslie adopts a male persona during her sexual encounters with men that prohibits emotional connection. Her sexual persona with women is much more aligned with stereotypical gender roles that deem women as emotionally and physically "safe."

Several women suggest that men approach sex differently than women. Kate, a twenty-seven year old, white, bisexual and polyamorous woman who lives in Boston, is married to a man and has a secondary relationship with a woman. A recent shopping experience of hers illustrates her understanding of gender differences. She believes that men and women might have similar objectives when it comes to sexuality but that they have different approaches. Like stereotypical gender roles, Kate believes men are more aggressive about making sexual advances and women are slower and more emotional during sexual pursuit. She explains:

> I think that there are differences in the way that men and women approach sex emotionally. Actually [my girlfriend] and I were just talking about this while we were camping. While we were there [we] got body painted, and the person who did the body painting hit on us in this incredibly sleazy way. And afterwards we said a woman wouldn't have done it like that. She might still have done it, but she wouldn't have done it like that. And we were talking about ways that women

tend to leave a lot of openings for you to say 'yeah, that sounds great,' or 'no I don't want that at all.' Whereas a lot of guys from how they've been conditioned, which is not their fault, will just try to go on ahead with their thing without ever giving you an opportunity to say 'yes' or 'no.' They just want you to sort of go along with it. So I think that is the difference, but it's not really a physical difference.

According to Kate, women are more likely to leave "openings" for one another to say "no" or "yes" to sexual requests whereas men are more likely to prod ahead. However, she excuses male behavior because they have been "conditioned" by society to act this way.

Several women in my study questioned the trustworthiness of men. This is linked with their ability to form emotional connections with men. For most of them, these same issues did not exist with women. Angelica, a forty year old, white and Cherokee Atlantan, does not like to identify with a sexual identity label but she says she will refer to herself as bisexual if necessary. For twenty years, she has been in long-term relationships with women who identify as lesbian but none with men. Currently, she is hoping to become involved long-term with a man. She questions the ability to achieve emotional intimacy and trust with men however she feels confident about achieving a sexual connection. She says:

> I want to know [about] the differences in emotional fulfillment of the two relationships. I wonder if you can get the same thing from men as you can from women and vice versa. I wonder if it's structured the same. Sexually you can work it out, I know this. But emotionally it seems like it might be a lot harder.

Angelica's past experiences tell her that men are not trustworthy. She says,

> You know I think my biggest thing is I don't think men are trustworthy. That's the biggest issue for me with men. And that they're so, they can be quite a bit more self-involved then women so I think they are a little bit less giving in relationships. That's an understatement. As far as the way I feel I just wonder if it's really possible. I know it's possible, I just feel like there are not as many men that are good stuff out there as women can be. That's all.

Overall, Angelica thinks that men are not capable of "giving" as much in a relationships as women. Furthermore, she suspects that there are not as many "good" men out there as there are good women. This makes it more difficult to locate a male partner with whom she feels satisfied.

One study that followed women over a period of ten years found that sixty percent of women who identified as lesbian had some sort of sexual contact with men (Diamond, 2008b). There are several women in my study who had sex with men while identifying as lesbian. Liz is a thirty-two year old, white woman who lives in Atlanta, identifies as lesbian, and occasionally has sex with men. However, like Angelica, she is hesitant to trust to her male partners. She explains,

> Men just have a different way of looking at things but maybe with a woman -- I can read women better. I just felt more comfortable and I could trust women. There's not that many men that I could trust. I think it's just easier to open up to women.

Jenny, is a twenty-six year old, Jewish woman who mostly identifies as lesbian although she acknowledges her potential to be in relationships with men. Jenny's gut reaction is to say that women are more trustworthy. However, in reality, she has met women that are untrustworthy too. She says, "I definitely like have trust issue with guys and it's not rational because, like, you know, girls are the same."

Several women in the study believed women were more emotional than men however this did not decrease their satisfaction in their other-sex relationships. For example, Dena is a thirty-seven year old African American woman who lives in Atlanta, identifies as bisexual, and is "out" to her husband and several close friends. She has sporadically been involved with a female friend over the past eight years. Their

relationship is mostly emotional with the exception of several sexual interludes.

Although she maintains great respect for her relationship with her husband, she

experiences a stronger emotional and physical bond with her female partner. She says:

> Physically, I think for me being with a woman is…it's more involving. It actually involves the emotional and the physical whereas I guess I find being…having sex with a man is…doesn't really involve emotional that much, at least not for me. It's just, sex with a woman is more gentle. I just keep thinking involving.

In Dena's experience, the emotional aspect of sex is tied to the physical act when she is

with women whereas there is not always an emotional component to sex with men. She

continues,

> You know, I just feel like it's [sex with women] more…it's deeper. And I guess that's still speaking on the emotional. It's like the emotional is not separate…whereas with my male partners, it's just been pretty much just more, the word that popped in my head was 'raw' and I don't…not raw in a bad sense, just you know, just sex for sex, you know and it wasn't like an emotional connection there.

Dena clarifies that the physicality of sex with men is "not raw in a bad sense" yet she sees

clear differences in her intimacy with females and males. The emotion is "deeper" with

women. For some women, an intense emotional connection can be cumbersome.

Shelly is a fifty-one year old, white Bostonian woman who recently started to

identify as lesbian after terminating a twenty-seven year marriage with her husband.

Although she is not sexually involved with her husband any longer, they maintain a close

co-parenting relationship and friendship. Her husband is understanding and supportive of

her decision to separate from him and pursue a relationship with a woman. She describes

the relationship with her female partner as "more feeling" whereas the relationship with

her husband is "more doing." Shelly's friends forewarned her that the emotional

connection between female lovers is much more intense than other-sex relationships.

This ethos became a reality for Shelly during her first relationship with a woman. At times, the emotional component of her same-sex relationship is overwhelming. She says,

> A relationship with a woman is just really emotionally intense, like too emotionally intense. There's too much, too much. It's not a chance to balance out…But it's that, that's just the…she [my female partner] is a real, 'Let's talk about our feelings. We've gotta talk,' which means you've gotta hear about my feelings and it's a little too much for me but it is, I think, a difference…I think that's how women tend to be. Lots more emotional…both the good side of sharing and the kind of dredging that you can get into that can become a little overbearing.

For Shelly, the emotionality is welcomed, but it can also become burdensome. She recognizes the benefits of verbally processing her relationship with her female partner even though it frequently feels like it involves listening, at length, to her partner's feelings. On the other hand, her relationship with her husband is based on logistics. They do not spend time discussing the emotional dynamics of their relationship. She says,

> It's hard to have dinner [with my girlfriend] without us having to reanalyze our relationship again. I don't think I ever analyzed my relationship with [my husband]. I don't really need to spend my life analyzing my relationship. You know? And he and I, now we get along fine and we get the kids and we bring them home and, you know, we don't every day look at each other and say, 'Well, this is a bizarre situation. What's our relationship really now?' I don't know what it is but [my husband] doesn't have to ask me every day. You know, she does…I mean with [my female partner] it's more feeling and less doing. With [my husband], it's more doing and less feeling,

With her husband, the "doing" involves intimacy through family activities like traveling, camping, and other family outings. Currently she has her "feeling" needs met by her female partner and her "doing" needs met by her (soon to be ex) husband. This works for Shelly. She comments, "it's a perfect match for me to have a feeling piece and a doing piece." Shelly's heightened appreciation for her husband's lack of emotional

intensity is supported by other research that found being with one gender increases the appreciation of the other gender's stereotypical traits (Diamond, 2008b).

Men are easier

Several women in the study believe that relationships with men can be easier than relationships with women. This, in part, is because of the perceived physical nature of relationships with men. At times, a less emotional relationship, as described by Shelly, is desirable. Eleanor, a forty-five year old, white woman who lives outside Boston, has recently fallen in love with a woman and is in the process of separating from her husband. For her, the ability for women to be more emotionally intimate has a negative side. She believes women are catty and "nasty" to each other. Men do not so characteristically express this behavior. She says,

> What I like about men – I like men. Men are easier than women in a lot of ways. I grew up not liking women because they're nasty.
>
> Men are easier to be with. I like men. I love men. Men are fun. Men are easy, easygoing. They don't take things too personally. They just roll with the punches. I always loved working with men. I love flirting with men. I love to flirt with men. I do. I'm very physical with men. I love men. I've always hung myself on men. I love it. Isn't that funny? And yet I never really enjoyed sex with men. There was something missing. There was this undercurrent of, 'I'm not in the right place.'

For Eleanor, the fact that men do not "take things personally" makes them easier companions. It even allows her physical freedom and flirtation with them. However, this does not equate to a better sexual relationship with men. For other women, there are times when sex with men is easier to accomplish than sex with women.

Faith, a thirty-two year old white woman who lives in Atlanta has recently started to identify as bisexual after a long period of identifying as lesbian. Like Eleanor, she

perceives differences between men and women. However, she is able to achieve sexual

satisfaction with both genders. She has started to pursue men again and finds that in some

ways, it is easier to negotiate her relationships with men. She says:

> I still kind of sort of have this tendency to view men as just more of physical benefits without a whole lot of emotional attachment. It, it almost seems easier sometimes with men if I'm not really up for an emotional involvement…[I] look to them more for that kind of no strings [attached].. I don't think the sex is as good…But yet it's not as much of a hassle…For me.

For Faith, there is a trade off. Better sex with women is more work whereas less

satisfying sex with men is easier and more attainable. This is similar to the results in

Diamond's (2008b) study. She found that "well-defined social scripts make it easy to

progress quickly from male-female friendship to sexual activity" without necessarily

engaging in emotional attachment (Diamond, 2008b, p. 112). It is easier for Faith to

locate a male sexual partner because gender socialization encourages them to become

sexually involved with women quickly and without emotional commitment. As a result,

sex can be based on physical yearnings. Daisy has a similar perspective on the

differences between men and women. Like Faith, Daisy believes that sex with women is

more sensual yet there is value in quick sex with men that "gets the job done." She

explains,

> I think women are slower and take their time more and it's not just like out to do the deed kind of thing. Whereas there are times when just doing it and getting it done are good too.

Ella also perceives sex with men as easier and "uncomplicated." Her perspective

includes masturbation as well as actual sexual contact with men. She says:

> Y'know, like, what's the goal here? It's easier for me to come faster if I'm alone and I'm thinking about having sex with a man. It's just so simple, you know? I think having sex with men can be very uncomplicated sometimes, and sometimes that's just what you want.

Faith, Daisy and Ella recognize gender differences between women and men and these differences are beneficial to their sexual needs. Some of these women articulate favorable opinions of men based on stereotypical gender characteristics. These gendered dynamics impact the quality of sex with same-sex and other-sex partners.

Quality of sex

Research conducted with bisexual women found that women associated sensuality with their female partners and "sex" with male partners (Weinberg, Williams & Pryor, 1994). Women perceived men to be more genitally focused and quick to move from kissing to intercourse (Weinberg, Williams & Pryor, 1994). They reported a softer and gentler quality to their sex with women (Weinberg, Williams & Pryor, 1994). Furthermore, some reported that they did not feel the need to orgasm when having sex with women. The intimacy of touching and caressing was very satisfying (Weinberg, Williams & Pryor, 1994). These experiences are tied closely to the idea that women are emotional and men are physical.

Women in my study believe that sex with women is more sensuous than sex with men. Melanie, for example, is a twenty-seven year old African American woman who lives in Atlanta. She has recently begun to explore sexual relationships with women but she has not had oral sex or digital penetration. However, she has already established strong beliefs about the varying ways women and men approach sex. Females are "slower" and not goal-oriented like men. She explains:

> Yes, it's [sex with women] more sensuous. It's more, it's slower. You know, instead of, okay, okay, the…you know, the physical, like are you wet? Okay,

then we can do it, you know. It's not that at all. Like with men, it's like the goal, you know, and with women, it's like the process is the goal, not the end result.

Mona, a twenty-three year old mixed race woman, who identifies as a "bisexual lesbian" finds that sex with men is focused on the build up to their orgasm while sex with women is more erotic. She says:

Well with men you tend to end up leading up with the big finale or so. I think women's bodies are just so different that touching everything's erotic when you touch. All you have to do is just touch someone almost anywhere and it's erotic whereas with men, I mean you might have a couple extra spots, but it's really not, it's just everything seems more intimate [with a woman] and like even just using your hands. If you just use hands on a girl, even that seems more erotic or even delicate I guess you could say… in comparison to using your hands with a guy.

She continues,

So it's just (pause) and just because they [women] are just so much more curvy, there's I don't know, it's just more sensual I think. I mean you can always try to be sensual with a guy, but it just it's almost [sensual with a woman] without trying to be sensual.

Above Mona implies that there is something intrinsic about the sensuality of women. She references women's bodies as "different" and with greater ability to respond to touch in a multitude of ways beyond heterosexual intercourse. The same sexual acts, like "using your hands" are more erotic with female partners. Furthermore, she mentions that women are more "curvy" which makes the overall bodily experience softer than sex with male bodies. These differences result in more sensual sex with women where as men are more focused on orgasm or "the big finale."

Vera, a respondent who says she feels more like a lesbian than a bisexual woman, articulates a similar experience to Mona and Melanie. She is a twenty-one year old white woman who is married to man but involved with a girlfriend. She says that her experience with sex with men is more about "getting the job done." Similar to Melanie

and Mona, her sexual encounters with women are more intimate and include more

foreplay. She says:

> Women just seem so - foreplay is a thing guys don't understand. With girls you
> have to have a lot of foreplay…With guys it's really getting the job done. I mean,
> there is some intimate moments. With girls, though, it's just much more delicate
> and intimate and - and there are boobs. And who doesn't love boobs?

When I asked Vera to elaborate on her attraction for women, she tells me more about

how women's bodies in addition to their approach to sex, is arousing. She says,

> Yeah. I - well, she [my girlfriend] tells me I'm pretty. Like I get the soft side and
> the romantic side. And I get the girl. Which is - the attraction part is just so
> amazing. And so I - I feel special. I just feel lucky.

She continues to articulate the ways in which women's bodies, personalities and

spirituality, contribute to increased sensuality. She explains,

> Eyes, eyes, breasts, voice, smile, hair, the way they walk, the things they say, their
> passions - I mean, they're just so much more passionate and more alive than guys
> are, it seems. And like [my girlfriend] is so passionate about music and tattoo. I
> mean, you should see her talk about her favorite bands, and I don't even like her
> favorite bands. Her eyes light up and her soul - you just see her soul shining
> through her eyes. And - and then there are nipples and boobs and vaginas and
> belly buttons and tiny toes.

On the other hand, there are specific qualities about her husband that are very attractive,

too. She says:

> [My husband] is the most amazing person to talk with. And he is the kinkiest guy
> in the entire world, but you would never know it because he seems so straight-
> laced, but he's really kinky. And he's fun. And he has these little voices that he'll
> do sometimes that I just love. And he's so complex. Not that women aren't,
> because women are infinitely complex. But he's so complex and sarcastic, and - I
> feel more awkward talking about penises than I do vaginas. I'm like, penises,
> uhh, they're strange things, and I just poke it and it grows, it's so weird. But I like
> his penis. It seems like a friendly little creature that just - like a little happy puppy
> dog that lives in his pants. And whenever I look under the covers and he'll - it'll
> just wave at me, and I'll just - I'll laugh hysterically, cause it reminds me of a
> happy little puppy dog that just wants to hump your leg. And I get the happy
> puppy dog from [my husband]. And I'm pretty sure that [my girlfriend] doesn't
> have a happy puppy dog.

Above, Vera describes her intellectual connection to her husband as "complex" and his

sexual prowess as "kinky." Unlike her description of her female partner's body, she

refers to her husband's body and his penis as "strange." His genitalia are something

foreign and creature-like. These words are in stark contrast to the descriptors used for her

girlfriend's body. Nonetheless the unfamiliarity of her husband's body is also attractive.

Her fondness towards her husband is like one towards a pet, a "happy puppy dog." So

although his penis is compared to a different species, the strangeness can be as equally

attractive as the familiarity of women.

     Jill, a thirty-one year old Jewish woman who identifies as bisexual and

polyamorous says that male bodies are foreign compared to women's bodies. And, like

Vera, she finds both her male and female partners desirable despite these differences.

She explains:

> At one point, a friend of mine said this to me and I was really scandalized when she said it. Not scandalized, but – but she was like, 'I just don't think I could be with a woman for the rest of my life. I think I would just miss having sex with guys too much, like physically, like penis.' I can definitely see that. I think that would be hard. But at the same time, I'm like, 'Boys are weird and they're foreign and they're icky.' [Laughter] 'I don't understand." [Laughter] 'They do weird things.' [Laughter]

> [With men] there's a certain lack of body awareness…That's really hard. So it's sort of like a little bit more just kind of – I don't want it to sound like it's painful, but just more like brute strength rather than subtle finesse, and that's very sad to me. [Laughter]

Jill enjoys sex with her male partners but realizes that it is more about "brute strength"

than "subtle finesse." She enjoys having sex with a penis and does not wish to relinquish

this part of her experience of sexuality. At the same time, she feels "sad" that men have a

"certain lack of body awareness."

For Eleanor, her first experience with a woman has been more physically intimate than her experience with her husband. This becomes evident to Eleanor in the day-to-day living and affection expressed between her and her female partner. An example is the time they spend together cuddling at night. When I asked her about the differences between her female partner and her husband, she responds:

> Well, I can start with women first. That's easier for me right now. I think one of the things that's so significant for me is I love sleeping next to her. Her skin is just so soft, and she smells good. It's her skin. She just smells good. I don't know. I love curling up with her, and I love – here's a difference with men. It's like you can't have a man sleep behind you without that thing poking you in the butt (laughter) and it's very annoying, so I don't have that anymore. It's very nice, and I sleep absolutely glued to her when we're together at night, completely and totally glued…we sleep completely naked. That's another thing, I never slept – I always slept with clothes on with men, really, most of the time.

Like Vera, Eleanor describes male anatomy as something foreign. She calls her husband's penis, "that thing" that is "very annoying" when it is "poking" her in "the butt" while she is trying to sleep. It is easier for Eleanor to sleep naked next to her female partner whereas clothes protected her from unwanted sexual advances from her husband. Several respondents interpret male affection as a means to an end with the ulterior motive being sexual intercourse. They express disappointment that gentle touching needed a sexual outcome. Eleanor says:

> I guess what I like about being with a woman, [my girlfriend is] a very physical person. She just loves to just touch, and in a way, and some ways that isn't all sexual. She's just a physical, touching, hugging person, and my experience with men, and I have to say with all men, and maybe I've just not been with the right one, but I've been with twenty, so I don't know – is that they'll touch, but it's gotta be sexual. There's a sexual side to it.

Eleanor questions her generalization about men only initiating affection for the goal of sex. But, her experience with twenty male partners confirms her suspicion that men are only affectionate when they want sex unlike her female partner's sensual touch.

Women's greater sense of sensuality was attributed to their instinctive understanding of each other's bodies unlike men who needed instruction. This "natural" ability for women to read other women's bodies was the basis for a strong connection. For example, Jill says, "I feel like with women it's much easier. I feel like I know exactly what to do. (Laughs) Yeah." Darcy believes that a woman's touch is inherently different than a man's approach towards a woman's body. She says:

> Well, I mean, the body is different. The way [women] touch you. The way a woman kisses is different. And even like I guess the connection…that you have with a woman when you are sleeping with them seems different because they're more, they know different areas and are aware of it and how to touch it and how to talk to you and communicate to you, which makes it different. Plus a man, for the most part, is blind unless you tell them what to do. So with a woman, most of the time I've experienced that you really don't have to give them much guidance through it.

These sentiments support previous research on bisexual women that finds "a person of one's own sex was more knowledgeable about their sexual responsiveness than a person of the opposite sex" (Weinberg, Williams & Pryor, 1994, p. 51). Participants feel more comfortable with female partners because of their ability to give them pleasure without much discussion on how to do so. For some, this translates into an easier time climaxing. Participants attribute the ability to orgasm easier with women to more foreplay, more oral sex, more rubbing and grinding, and better communication than with their male partners. For example, Daisy says, "Well, okay when I'm with a woman I can have an orgasm without the use of a vibrator, but when I'm with a man, I can't."

However, there are two women whose sexual experiences with women are less stereotypical. For example, Maria, a twenty-eight year old, Latina who lives in Atlanta, identifies as bisexual with hesitation. She is unsure if she "likes" the label bisexual because she does not like the idea of living with discrimination and prejudice due to her

sexual orientation. Furthermore, her sexual experiences with women have been disappointing. Primarily, she wants female lovers who are softer and gentler than men. However, several of her previous female sexual partners have wanted to replicate restrictive heterosexual gender roles. Maria finds this disturbing because she is attracted to the freedom from traditional sex roles that open up the sexual possibilities between two women. She explains,

> I think there are a lot of woman, especially who have been with men, who want you to have sex with them as if you are a man. They want you to use toys. They want you to put on a strap-on. They're very much into penetration… The one thing that women love is foreplay, and when you're with another woman, that's all it is. And that's the last thing that they wanna do. That has been amazing to me.

Maria craves sex with women because of the possibility for lengthy, involved foreplay. This is a critical aspect of her same-sex desire. She says,

> That's how I always knew that I wanted to be with women, because I wasn't into penetration. And I keep hooking up with women who like penetration, and who want to penetrate me… And I'm like, do you remember what it feels like to be penetrated, because it feels good, but there are so many other things.

Maria believes that the need for bisexual and lesbian women to mimic heterosexual gender roles is an attempt to normalize same-sex sexuality. She explains,

> I actually feel as if women forgot what women are. I think that has been the most shocking thing for me, is they forgot why they were with women. Somehow, in this naming and categorizing and all of that, I guess it's a way of normalizing something that's socially unacceptable. The way they do that is by role-playing and all of that.

There are other women in my study who feel that there are not enough stereotypically "masculine" components during same-sex encounters between women.

Claudia, a white, Jewish, thirty-five year old woman who lives in Boston, identified as a lesbian for almost ten years but is now in a relationship with a man and

identifies as bisexual. In the past, her gendered experience of sex between women is the opposite of Maria's. Claudia desired more penetration from her female partners. However, she did not feel comfortable asking female partners to fulfill her desires. She was afraid that they would accuse her of wanting to have sex with a man. Her attraction to women would not be considered authentic she wanted stereotypically male acts like penetration. She says,

> I was afraid to ask for much penetration a lot from women because I was afraid of what they would think of it; that they would think that that meant that they weren't [enough]– that I wanted to be with a man.

In her experience, the desire for penetration calls into question her lesbian identity even when she was in a committed relationship with a woman. The risk of being thought of as a "bisexual" within the lesbian community can result in open hostility and stigma (Rust, 1995). The strong link between penetration and "maleness" prevents Claudia from exploring and satisfying her sexual desires with women.

Emotional intimacy over the lifetime

There are several women in my study whose view of relationships with men changed throughout their lifetime. Specifically, these women had long-term relationships with women and identified as lesbian despite their continued attraction for men. One of these women, Mona, is only twenty-one. However, the other two examples are women who are in their forties and fifties. They recently terminated long-term relationships with women and are interested in pursuing intimacy with men. Unlike their earlier beliefs, now they are more confident that they are capable of emotional intimacy as well as physical intimacy with male partners.

For example, Mona identified as a lesbian when she met her husband. She still feels like the label "lesbian" most accurately describes her. However, she says that lesbians "aren't too fond" of a married woman claiming a lesbian identity. Similar views are expressed in other research studies on non-heterosexual women (Diamond, 2008b). Therefore, she uses the label bisexual almost as a default. Mona is not attracted to many men but believes that her husband has certain characteristics that make him desirable. She explains,

> He's one of the only gentlemen left in the world which in itself is a little weird. Because it's hard to get used to. But the thing that really threw me was the rationale that I said to myself is that he's really intellectual, he's really sweet, he loves me a lot. And I really love him. And he's not a woman. What the hell is going on? And I really thought about it and I said to myself, well there's no reason to throw this away just because he's not a woman. If this is something really true that's supposed to work, then I'm going to give this a try and we can work through what's going on somehow. And because he knew all about [my lesbianism], we've been very open about it. And just because you want to be with a woman, doesn't mean you still can't get sexual pleasure with a male partner.

Mona anticipated falling in love with a woman. However, she realized that it was not worth "throwing away" a satisfying emotional and physical relationship with her husband simply because he was a man. Research on non-heterosexual women finds that some women described their sexual relationships and attraction for men as a "fluke" (Diamond, 2008b). In other words, they were only able to proceed with an other-sex relationship because they happened to find a "good" man, not because they were attracted to me in general (Diamond, 2008b). Mona feels more like a "lesbian" but is also fulfilled by her sexual intimacy with her husband because of his endearing personality and character.

Like Mona, Jo, is surprised by her newfound feelings for men. She is a fifty-one year old white woman who lives in Atlanta and has spent most of her life identifying as a lesbian. In her early twenties, she had several long-term committed relationships with

men but never believed that they had the ability to be emotionally available. Since then

her long-term committed relationships have been with women because of the emotional

intimacy. She says,

> Well, I would say, I would use to have said you know [I would choose] women,
> period, cause that's why women are with women, so they can have emotional
> support but you know the truth is, I was with women that really weren't that
> emotionally supportive for me…

Jo's experience with women shows her that gender stereotypes are not always true. In

fact, several of her relationships with women have not been emotionally satisfying.

Currently, she is pursuing a relationship with a man. She is receptive to male partners

again because she has seen her friends' husbands grow and become emotionally mature

over the years. This gives her hope that men of her age are emotionally available. She

says,

> You know I think my [heterosexual] girlfriends, in relationships, I watched their
> relationships evolve with their husbands, their significant others and I watched the
> men go from…my girlfriend use to say, [my husband is] not, you know, he's not
> as deep as a penny. Like I don't know where she got that, that saying… but it
> was, you know, he's not deep as a penny. You know now, he's just like this
> really kind of evolved person and, and it's because he's grown and they've grown
> in each other's love because these two love each other. Okay, I mean you
> know…they've been together since they were 17, you know they're like 42 or 43
> now and you know and there's never been any question that they were in the right
> place or not, you know…I, I, it was just like, there was just this new awareness.
> That there are men out there that can really connect on a soul level, on a heart
> level…

Jo's perceptions of other-sex relationships shift as she witnesses the duration of

heterosexual marriages. Now, she believes that men are capable of a "heart" and "soul"

connection. Jo is currently dating a man that "feels amazingly emotionally supportive."

However, his energy is more "protective" than previous female partners. She explains,

> So now I mean I'm in this long distance relationship with this man and when we,
> when I feel connected to him…it feels amazingly emotionally supportive. Why?

> Maybe it's because I just haven't felt anything like that from a man in so long… and the energy is so different, you know it, it feels really protective, which you know is a thing that men do, that women don't typically do I guess. You know, and so, so I guess it depends on what you know really, what kind of support you're going for or what kind is coming at you.

Above, Jo talks about the support she feels from her recent male partner. It does not manifest in similar ways to the emotional connection she has felt with previous female partners but it is appropriate for her at this time in her life. She suggests that support is satisfying based on what "you're going for." It can take different forms but be equally satisfying. Jo moves away from the stereotypical image of men who "scratch their balls and watch football," towards accepting men as capable of emotional depth. She says,

> I think I was thinking that I wanted…that I could have a more normal, rounded, whole relationship with a man…I had decided that there are men out there that are emotionally available, that…can have a heart-to-heart conversation,. They don't all have to, you know, scratch their balls and watch football. You know, so, so it was like I got a, got a clue somehow, you know, I, because for a long time I would've thought that those men didn't exist.

Jo's new discovery of men who are capable of emotionally intense relationships ramps up her desire for male partners. She concludes, "[I want] a man right now, period, period, the end!"

Devon a forty-nine year old, white lesbian who lives in Atlanta has also recently engaged in a relationship with a man despite her skepticism of male emotional intelligence. She says that it is challenging to connect with men on an emotional *and* physical level. She says,

> Oh my God, all that testosterone, and oh God, I don't know what to tell you. I just think they're weird. I can't relate to them that well really… Guys are just kind of shut down to me.

Devon struggles to figure out her son's masculinity as well. Although her son is in a

relationship with a woman, it is difficult to imagine that he is romantic like she is

accustomed to in her own relationships with women. She explains,

> They're just, I don't know. They're like big kids. Even my son. My god, he's
> almost 30 and he plays video games, and I know he loves his girlfriend and has
> sex and all that, but I can't see him snuggling up on the sofa for eight hours
> watching black and white movies. I love that stuff, so I don't see how I could
> ever get that from a guy….

Nonetheless, Devon recently had a relationship with a man who challenged her notions of

stereotypical gender attributes. She explains,

> He just seemed like he was the most, just the best person, and he was so different
> than guys I had met. He was very affectionate, and he loved his kids, and he was
> very thoughtful, like with anything, holidays, and just the way he bonded with his
> kids and all that. This was a guy that could cry and have emotion, and he was a
> nice looking guy, so I don't know.
>
> He's probably the closest I ever came to feeling emotionally connected to [a
> man]…He was very emotional, and I don't see a lot of guys that are like that… I
> mean, I am just more emotionally connected to women.

Like Jo and Mona, Devon was surprised by her male partner's capacity for emotional

connection. She remains adamant that her primary emotional connections are with

women. However, she is capable of satisfying relationships with men who are different

than the "other guys" who fit stereotypical gender roles.

Different but equal?

Although uncommon, several women in my study reported that they were

attracted to personality traits rather than gender-specific characteristics. These "person-

based attractions" describe people who "can respond erotically to anyone with a desirable

personality or with whom they have a strong connection, regardless of that person's

gender" (Diamond, 2008b, p. 172).   Previous studies and first person narratives on

bisexuality also attest to this phenomenon (Leland, 2000; Ochs & Rowley, 2005; Ross &

Paul, 1992; Tucker, 1995). Sarita, a twenty-one year old Indian American, exemplifies

person-based attractions. She says,

> I don't think it's really that I'm attracted to men and women. It's just that I'm
> attracted to certain people and they happen to be men and women if that makes
> sense.

Similarly, Maria feels like her attractions are "beyond gender." She says:

> I felt that I wasn't with women because I like women because I'm attracted to
> women, but because I cliqued with that one girl. And gender had nothing to do
> with it. I felt like I was beyond gender.

It is common for participants to have contradictions in their statements about

attraction and its relationship to gender. For some, they are able to recognize times when

gender is not a salient factor and other times when it is a determining factor in their

behavior and identity. Ella begins by telling me that she does not have a gender

preference for her partners yet concludes our conversation with ideas about distinct

gender attributes. She says:

> I don't have a preference. I'm very into the individual, and there can be very cool
> women, and very cool men. And I guess---I mean, to be fair to the study---I
> mean, that's true; I'm very into---It's the person that's important to me, not the
> gender, really. But when I think about my past experiences with just people, I
> feel like I tend to have better friendships with men.

However, the more that Ella contemplates the role that gender plays in her relationships,

she wavers about who she would prefer as a sexual partner. She says,

> If I really am bisexual…and I'm waiting for the right person to come along… But
> when I think about it, I just really like the idea of being with a woman. Does that
> make sense? I mean, they can both be a pain in the ass, men and women, in
> different ways. There are times when I'm just like: 'Thank God I don't have to
> date men!' And then I'll be hanging around lesbians, and I'm like: 'They are so

> mentally ill, I can't stand them. This is just so unhealthy and bizarre, I can't deal with it.'

In other words, Ella sees that the men and women in her life, and their respective communities, have strengths and weaknesses. As a bisexual woman, she can equally imagine herself in relationships with women and men. However she likes the idea of a long-term partnership with a woman despite her ability to have better friendships with men.

Later in our conversation, Ella talks more about the different relationships she has with women in men. In particular, sexism is an obstacle to her intimacy with men. Her worldly experience informs her perspective. She says:

> I don't generally find men very attractive. I find them generally very cognitively simplistic and just absurd. I spent the year in Japan, where in the East it's very obvious and very clear that woman are secondary humans, and whatever…They go through the motions of claiming that they see women as equal… And I'm finding that in the West, these men, it's just superficial…it's just not all men, but just a massive majority, in my opinion.

It is difficult for Ella to find men attractive because so many of them have revealed sexist beliefs to her. This prompts her to focus on finding a woman for a partner instead of a man. Partnering with a woman allows Ella to visibly work against sexist systems that view women as inferior and that denigrate lesbianism. She explains:

> Because if I met the right woman, that'd be great. If I met the right guy, that'd be great, too. But the right woman would be really great. Part of me just really likes the idea of walking down the street hand and hand with a woman. I mean, this is a man's world, and it's a heterosexual man's world---Well, not heterosexual man's, but---Yeah, a heterosexual man's world, and it's a heterosexual world. So it'd be great to be a lesbian. Y'know? It's just so, like, 'Fuck you!' just constantly to everybody, and everything. That's not the only reason why I would do it, of course; that'd be sick. But I mean, that's just like this great empowering feeling, of being with a woman.

Ella is empowered by same-sex relationships because they resist the oppression of

women and defy the privileging of heterosexuality. Within this context, Ella struggles

with how she could find both women and men attractive. Her bisexual identity is an

enigma. She says,

> And there were times when I've really questioned it, as I've just been walking
> home or whatever it was, when I've been completely stumped at how I could be
> bisexual. How could I possibly love and like men and women at the same time?
> They're so physically different; mentally, the way they perceive life, their roles,
> and everything---is just so different. And I would try to answer it, just a few
> times, and then I'm like: You know what? I can't answer it, nor do I care to. I
> don't have to know why; I just do.

Ella resigns to a lack of understanding about her bisexual identity. However, such

questioning is common among most of my participants.

Several other women report that gender is not the defining factor in their sexual

relationships and/or partner choice. For example, Patricia, a forty-three year old

Bostonian, who identifies as bisexual and is married to a man, does not always attribute

the difference in her sexual relationships to gender, but rather to sexual style. Patricia

believes that women who have sexual experience are more likely to have sex like a man

whereas women with fewer sexual partners are more inclined to be "nice and soft."

Unlike previous respondents, she does not believe that women have an instinctive ability

to please each other sexually. When I asked her if she felt women and men were

different sexually, she responded:

> Yes and no…That depends on the woman, too. It depends on whether she's
> experienced or not. I mean if a woman isn't experienced, she doesn't know -- I
> mean it's funny, because I love how everybody says wow, you know, you're a
> woman, and you like -- you know what a woman likes and feels….And that's not
> true….That is not true. And if you've got somebody who's either hesitant and not
> sure what to do, and…I don't know, girlish let's say. More loving, and nice and
> soft and all that. But then you get somebody who's a little more experienced,

and…And it's very much like having sex with a man….So it just depends on the person.

Patricia references the popular drama about lesbians, "The L Word," to describe her perception of sex with women and men. There is a scene in one episode in which characters debate whether women are capable of "fucking" each other or if "fucking" is reserved for men. Patricia explains,

> So, at one point, they had this guy move in with them, this male roommate…and he would put cameras in the house, and they didn't know it…He was talking to the girls about sex…and about how lesbian sex isn't fucking or something like that. And [the main female character] said, 'What are you talking about? I like to fuck.' And then they showed this scene with her, with this woman, in bed. And she is obviously on top…and it looked like fucking.
>
> So I thought that was great. Because that kind of hit home with me…Don't define [fucking] as just being [with] a penis.

For Patricia, sexual acts are not aligned with a person's gender or genitalia but rather their sexual experience and desires. The scene with women fucking in "The L Word" represented her experiences with female sexual partners. This leads her to conclude that "it's just a connection between two people" that generates "good sex" regardless of gender.

Like Patricia, Miranda, a forty-one year old, bisexual, Jewish woman from the South, believes that the key factor in sexual interludes is the "spirit of the person" and their style of seduction, and not their gender. She says,

> I think it's more about the person. It's more about the, what would that word be? I don't want to sound spiritual, but about the spirit of the person. I think it's more about how they are in the bedroom than the genitalia.

Miranda believes that biologically men might be driven to have sex more frequently. However, gender roles are blurred during sexual play. She says:

> I mean, I do think you tend to have more intercourse, of course, when you're with a man…than with you're with a woman…But I don't think, it can be…I think it's more sometimes about the fantasies and roles and what people like in the bedroom than [gender]. Does that make any sense?

She continues:

> I mean the women or men, some are more passive, some are more aggressive. Some are more creative, more open, more…this is loving or this is sex. And I don't think that has to do with a gender.

Part of Miranda's perception of sex involves her belief that sex outside of committed relationships is a healthy choice. Furthermore, sexual intimacy does not depend on deep emotional connection outside of pure arousal. She explains:

> I mean, I feel kind of strongly about this one, okay. And I don't think the world views sex this way... I think it's okay just, if you're not in a committed relationship, okay, if you're not in a committed relationship then I think it's okay just to have sex for sex. And that sex still can feel loving at that time. Or it might be something that's your fantasy that someone might say, and so I think it's more about that. If you find that right connection with someone and they're two consenting adults, okay, and they're being honest about diseases, seriously, and taking a very, at least at that moment to have some open conversation, then I don't see the difference between male and female. It's more about that person and how they're about in the bedroom…It's not just about in the bedroom. It's that whole seduction.

For Miranda, there are not significant gender differences between her sexual partners. Either a male or a female have the ability to fulfill and act out sexual fantasy. In the bedroom, gender is lost through intense sexual contact and seduction.

For Hope, a thirty-seven year old African American woman living in Atlanta, it is not gender that is most important when choosing a partner, but a person's capability to accept and feel comfortable with her bisexuality. She explains:

> I don't want to hide who I am because if I end up being with a guy long-term, I'm still going to be attracted to women. If I'm with a woman I'm still going to be attracted to guys and…I'm not going to date both at the same time. It's going to be either/or, you know? But both of them are going to have to be able to handle that, and not everybody can handle that.

In her previous experience, it has been challenging to find same-sex and other-sex

partners who accept her bisexuality.

> There's been guys from my past that I've told… he just really was like - he didn't take it well. Mainly because he said he…because he was really more into me and everything, but he said…'Oh, my God, I can't believe that you'd prefer to be with a woman than with me.'…So with me it's really all about…I want to be with someone who can handle that. That part. Because I'm just not going to hide. Or want to kind of keep secret or anything like that.

Hope, Miranda, Patricia and Sarita are capable of person-based attractions. The lure of a

person is determined by sexual style, open-mindedness, friendship and camaraderie.

Conclusion

Overall, the respondents in the study view women as more emotional than men

and subsequently this influences their approach and their understandings of same-sex and

other-sex relationships. Respondents report that women's bodies feel comfortable

whereas male bodies are "foreign." For some women, this creates a heightened

appreciation for both genders. Sometimes sex with men is "easier" and more enjoyable.

Other times, women feel able to trust women more than men and this creates a safer

space for long-lasting, sexual and emotional intimacy. Some women see past the gender

differences between women and men. They describe their attractions to be about "the

person, not the gender." Women negotiate their relationships with women and men in a

culture that perpetuates a double standard--women are the gatekeepers and protectors of

sexuality whereas men are encouraged to pursue sexual conquests.   The role of gender

socialization and the adoption of traditional gender roles influence the safer sex practices

of the women in my study. In the next chapter, I will address the respondents'

perceptions of safer sex with women and men and their strategies for protection from

STIs.

Chapter 6

Sexual health:

Women having sex with women

Sexually transmitted infections, though often associated with heterosexual transmission, are contracted through women-to-woman sexual contact (Bauer & Welles, 2001; Marrazzo, 2000; Marrazzo, Stine & Wald, 2003). Often women are unaware of this risk. Among those women research has found some for whom this knowledge does not translate into practicing safer sex strategies. Dolan (2005) argues:

> According to the health belief model, when one is aware of risk and protective factors and is aware of being susceptible, and the benefits of reducing risk appear to be greater than the cost, an individual will take protective actions…The benefits to utilizing safer-sex procedures sound good, but the costs appear prohibitive. (2005, p. 83)

Dolan's conclusion is based on the results from her survey with 162 lesbian women of which 70 completed in-depth qualitative interviews about sexual behavior. The women in her sample reported high risk behaviors. Ninety-three percent reported performing oral sex on a menstruating woman without using a dental dam or other barrier methods (Dolan, 2005). Eighty percent of her respondents never used a dental dam or a barrier method with their female partner when she was not menstruating (Dolan, 2005). Another study reported that women regularly had sex without using barrier methods about 50% of the time (Stevens, 1994). This included behaviors such as: "unprotected oral, vaginal, and anal sex with women as well as sharing dildos and other sex toys" (Stevens, 1994, p. 1570). Anecdotal evidence from sex educators in lesbian and bisexual communities supports these reports of low rates of dental dam usage (Munson, 1996).

Research shows that women have an overall dislike for safer sex methods between women. This finding is similar to research studies that report that heterosexuals and gay men also loathe safer sex precautions. Dolan found that women had a "prevailing belief that safer sex among women is too bothersome" (2005, p. 63). Dental dams were considered "not fun" when women took the time to experiment with them (Champion, Wilford, Shain & Piper, 2005; Dolan, 2005). They described dental dams as cumbersome, intrusive, and difficult to use (Dolan, 2005; Stevens & Hall, 2001; Stevens, 1994). Other women described safer sex between women as "stupid," "confusing," and "too much trouble" (Dolan, 2005; Kral, 1997). In addition, dental dams and other barrier methods resulted in decreased pleasure (Dolan, 2005). Women wanted to "feel" and "taste" their partner during their sexual experience (Dolan, 2005). Latex barriers were perceived as a "wall" between female partners that prohibited intimacy and "eroticism" (Stevens & Hall, 2001, p. 442). This decreased arousal as well as the "closeness" they felt with female partners (Stevens & Hall, 2001). Moreover, women reported that suggesting safer sex methods is stigmatized within lesbian and bisexual communities (Dolan, 2005). According to Dolan, "women said they were offended if a partner asked them to use protection, because it made them feel somehow unclean, as if they were suspected of having an infection" (Dolan, 2005, p. 64). Other women who took the initiative to suggest using safer sex methods were accused of having a disease (Dolan, 2005). The mere suggestion of practicing safer sex resulted in the "questioning of a partner's honesty" or was interpreted as an "admission of their own guilt" about a negative health diagnosis (Dolan, 2005; Stevens, 1994). One way or another,

conversations about safe sex frequently resulted in negative judgment about women who were precautious (Dolan, 2005).

Women employed several strategies for safer sex that did not involve barrier methods. For instance, they asked their partners about their sexual histories in order to screen out people who might have STIs (Dolan, 2005). Higher numbers of previous sexual partners as well as male sexual partners were considered high risk factors (Dolan, 2005; Stevens & Hall, 2001). Women did not consider screening for risk factors such as sharing needles during injection drug use and/or sex with gay or bisexual men (Stevens, 1994). If they kept the number of their own sexual partners to a minimum, they believed they were at low risk (Dolan, 2005). Women said that "avoiding sex with an infected person would eliminate the risk" of STIs even though their methods to determine if a person was infected were unreliable (Dolan, 2005, p. 78.) For example, women based the extent of their sexual intimacy on the degree of "trust" they had of sexual partners (Dolan, 2005). In fact, some "women claim[ed] that safer sex [was] unnecessary when they [felt] comfortable or connected with a partner" (Dolan, 2005, p. 78). Stevens argues:

> If sexual relating felt mutual and loving, behaviors were presumed safe…Women explained that they could 'tell' if a potential sex partner was not safe…They trusted their impressions of intimate partners and were insulted at any notion of intuitive fallibility. (1994, p. 1570)

Women have a strong desire to rely on their sense of trust and intuition as a basis for their decisions about safer sex. Yet research shows that many women are dishonest with their sexual partners about their health status (Dolan, 2005).

Some argue that public health campaigns, including safer sex education at the college level, have neglected to address the risk of disease transmission between women

who have sex with women. As a result, the idea of "cultural immunity" persists in lesbian and bisexual communities. Women who have sex with women falsely assume that they are a part of a "no risk group" (Stevens, 1994). Moreover, the concept of sexual identity is so powerful that women relied on identity as an indicator of safety even when a woman's sexual behavior was discordant with her identity (Stevens, 1994). For example, women who identified as lesbian, and had sex with men and women were presumed to be safe sexual partners. Women who identified as bisexual were deemed "unsafe" even if they only had sex with women or had very few male partners (Stevens, 1994).

This chapter addresses women's perceptions of safer sex with female partners and the lack of safer sex precautions they used. Women reported relying on women's sexual histories, communication, appearance and trust, as a method of determining whether a person is a "safe" sexual partner. The different perspectives women have about safer sex with male partners versus female partners are discussed. Then, women's use (or lack of use) of dental dams is addressed. Several women discuss the challenges of negotiating sexual behavior with a positive STI status or their partners who have sexually transmitted diseases such as herpes. In my study, polyamorous women reported the most knowledge about barrier methods for sex with women and they are most likely to use these methods to prevent STIs.

Dental Dams: Knowledge, Access, Pleasure

Research found that "when comparing safer sex with men to safer sex with women, taking action with male partners seems more clear-cut and necessary" (Dolan, 2005, p. 64). My study has similar findings. Women clearly articulated the need for

consistent condom use with male partners while disregarding the need for barrier

protection with women. Currently, dental dams are the most effective method for

preventing the transmission of STIs between women. Dental dams are a square piece of

latex measuring from 6 x 6 inches through 8 x 12 inches. They come in different flavors

such as banana, vanilla and strawberry.   They are placed over the genitals or anus during

oral sex to prevent mouth to genital or anal contact. Dental dams are sold at some sex

shops and adult book stores; however they are not available at most drug stores or other

locations that typically sell contraceptives. There is a wide variety online; however this

requires initiative and forethought which prevents access during impromptu sexual

encounters. Dental dams average about $1.50 a piece. Only three of my participants

used dental dams on a regular basis. An additional two participants used them once or

twice in their lifetime, and the remaining participants either lacked knowledge of dental

dams or did not desire to use one.

There are several reasons why the women in my study did not use dental dams.

First, many of them did not know that dental dams existed. Secondly, those who were

aware of dental dams did not know how to locate or purchase one. Third, they did not

like the idea of using latex during oral sex due to the undesirable taste and sensation.

Respondents claimed dental dams "ruined the moment" of sexual intimacy and sexual

pleasure. The barriers to having safer sex with women were amplified when combined

with the mistaken belief that women are not at risk for spreading diseases and infection to

each other through sex. The lack of knowledge about disease transmission between

women resulted in a false conception of "immunity" from STIs (Champion et al., 2005;

Dolan & Davis, 2003; Stevens, 1994). In addition, they do not worry about getting

pregnant from women and this minimized the urgency of safe sex with female partners.

Safer sex with men but not women

The majority of participants insisted that they practice safer sex consistently with

men, but this same adamancy did not translate into their experiences with women. They

express relative ease with using condoms as a means of protection against STIs and

pregnancy. Sharon explains:

> So if there was no condom, there was like no sex, like I was like, I was really like
> hard on that because the worst thing in the world would to be turn up to be
> pregnant, to me, that was like the end of my life, you know, so, yeah… So if I
> didn't have a condom or he didn't have a condom, we weren't gonna have sex.

Although Sharon successfully uses barrier protection when she has sex with men, she

does not use a dental dam with female sexual partners. Likewise, Nina is resolute about

condom usage with men but does not have safer sex with women. She says,

> I was always [safe with men]. I wasn't with women. I don't think I've ever had
> 'safe'… I've never used a dental dam or yeah, I never did that.
>
> Yeah, I know there is…they [dental dams] exist. I remember when I first started
> seeing them I was like, 'stupid.' I remember thinking that, but I understand, I
> mean, why, but I never did with women. With men, it was very…it's automatic.
> It was, 'of course you're gonna wear a condom. Are you crazy? Or you will not
> be having sex with me.' It was pretty much like that with men, but women, to this
> day, I haven't. I guess I should. I thought about it.

Nina's first impression of dental dams is that they are "stupid" which is in stark contrast

to her perceptions of condoms as something that are "automatic" during sex with men.

The idea of having sex without a condom is "crazy." Faith is also more careful with male

partners. She says,

> I mean I would say in general I'm a lot more safe with men. I mean I know I could probably get a sexually transmitted disease just as easily from a woman perhaps but I am more concerned about it with men.

One respondent remarked that sex with women was a welcomed relief after having sex with men. With women, she felt "free" because she did not have to worry about practicing safer sex or pregnancy.

Gwen, who is currently monogamous with her husband, reflects back on her sexual experiences with women. She is one of the few participants who received safer sex education (from the "safer sex sluts") yet still finds it difficult to practice safer sex with women. Dental dams are tedious and unappealing. She says,

> They used to be these little four inch by four inch piece of plastic that doesn't cover anything and even if you're trying to use it, it's not, 'cause it's made for your mouth, it wasn't made for anything else. And I saw the safer sex sluts a few times; I knew the right politically correct thing to do, and da da da da, but…I was lazy and didn't wanna do it, whereas with a man, it was obvious, you know? Condoms have been around forever, that's what you do. It's obvious. So there would be an internal struggle to try to do the politically correct or the right or the safe thing versus what I felt like doing. And I never sort of had that with men.

Gwen knows that she "should" use dentals when having sex with women but finds it difficult because of their shape and size. She has an internal struggle: should she do the "safe" or "right" thing or enjoy sex without protection? This is distinct from her approach with male sexual partners. With men, using condoms is "obvious" because they have "been around forever" and that is "what you do."

Role of knowledge and dental dam use

Several respondents lacked knowledge about safer sex methods between women. Some women are aware that dental dams exist as a method of safer sex but it remains an abstract possibility. On other words, they theoretically know that they should use dental

dams but they do not attempt to use them in "real life." Sarita, a college sophomore who has only had sexual contact with women and not with men, has not used dental dams and does not know much about them. She says, "I've heard [them] but I'm not exactly sure [how to find them]." Melanie has not had sex with women yet but knows that diseases can be transmitted between women during sexual behavior. Like Sarita, she lacks the knowledge to locate dental dams. She says, "I can't find dental dams anywhere. I honestly have never seen one and don't know what they look like 'cause I can't find them anywhere."

Maria does not know how to have safer sex with women and this has deterred her from performing oral sex on women (although she has received oral sex from women). She says:

> I've received, but I've never given. And I think part of that is the fear, because I've never really done it. I'm concerned about safe sex, because I don't know how to have safe sex with women. And I think that's part of the reason why I don't have sex with women. I don't know how to have safe sex.

Maria believes that she is keeping herself "safe" because she is only receiving oral sex from women rather than performing oral sex on women. She is unaware that she is able to contract STIs through receptive oral sex from female partners. To complicate matters, Maria has been diagnosed with genital herpes. She chooses not to reveal her health status to her partners which puts them at risk.

Several women stated that they "should" be more careful about having sex with women but the idea of a dental dam was too foreboding. Jenny was involved with the safe sex organization on her college campus and is highly educated about safer sex practices. Her knowledge does not translate into practice. She says,

> I mean, I had, you know, like I said, I ran the safe sex organization, um, on campus and I knew what those things [dental dams] looked like and they were like so thick. There was no way I was going to--I've never used one except to like play with it.

When Miranda first started dating women she was under the impression that she did not have to worry about STIs. As time went on, she became more informed. She says:

> Yeah, it's like --- when you're with women, you have this thing where yeah, you think it's much safer but I've found out [it's not]. You know, initially, first time around I thought it was much safer [with women] because I just didn't – I was trying to read up on it or something….I just didn't really think, you know, but as time passed I realized that that was --- probably not such a smart thing [to have unprotected sex with women].

Faith is also aware that sex between women can be risky. I asked her if she practiced safer sex with women. She responds,

> [I] would probably think about it, I, uh, presently it might cross my mind. If any other women brought it up, it was like, it just never a factor and I can't really imagine, I mean I've never used a dental dam but I can't imagine [it is a] pleasant experience. And I would kind of think why bother….So uh, no, was never really, I was never safe with the women that I was with.

Like Faith, Liz knows how to use a dental dam but never has used one. Using a dental dam, she says, "ruins" the sexual experience. She explains,

> To be honest I have never practiced with them, I mean I know to use dental dams, but it ruins it. I know it's bad, but I have only had sex with I think about 3 women since I've been 30. I don't know at what point…it's not something they teach you in high school, in sex ed. If it was another person wanting to do that [have safe sex] and that's the way they felt, I be like okay. I think it's something that most women don't know much about.

Liz references the lack of sexual education in high school about sex between women as the reason she has not implemented safer sex practices with women. She is one of the few participants who mentioned that she would be willing to try safer sex methods if her partner was interested. This might be difficult given the rate at which women feel uncomfortable talking about safer sex and dental dams.

Conversations as a means of safer sex

Several women relied on conversations with their partners about their sexual histories as a basis for determining their decisions about safer sexual behavior. One study found that "collecting sexual…histories from potential sex partners was [a] strategy "for safer sex and "sometimes the primary line of defense against HIV" (Stevens, 1994. p. 1572). Leslie, for example, believes that women are more likely than men to reveal their sexual histories. She says:

> [I] don't worry [about safe sex with women]…I think that if I am in a relationship or about to have sex with a woman they will tell me if there is something up.

Leslie believes that her female partners are more likely to disclose information about their sexual health. This reassures her that female partners are "safe." I asked Leslie, "Have you ever had safer sex with women?" She replies, "No." She explains,

> Not really, because like I've had like, I think it's like easier to have the conversation like with a woman as far as like what their past like sexual experiences are...I've never really used - had like safe sex with like women.

Research finds that "talking about specific sexual behaviors did not come automatically or easily for most [women]" (Stevens, 1994, p. 1576). They were "too shy to ask questions and 'felt funny' talking about sex" (Stevens, 1994, p. 1576). When I pressed Leslie and other respondents to tell me more about the conversations they had with their sexual partners before engaging in sexual acts, they were bereft of specific strategies to explicate sexual histories. This supports research that found women are "vague" in their "descriptions about how they collected histories from sex partners" (Stevens, 1994, p 1572). Daisy, for example, struggles with how to talk to female partners about their

sexual history. I asked her, "So, when you're sexually intimate with other women are you concerned about STDs?" And she responds, "Yeah, but it's not really anything that usually comes up in conversations, so…It's hard to figure that one out."

My own conversations with respondents evoked laughter and discomfort. When I interviewed Ella, she was adamant about not using dental dams and passionately put an end to this part of our conversation. I asked Ella if she used dental dams, and she exclaimed, "No, no, no!" Marianne responded in a similar manner to Ella. She said, "No, I don't actually! I don't (laughter)!" Although, in theory, conversations with sexual partners might help reduce the risk of STIs, it seems unlikely that the women who reported this approach were comfortable being upfront about questioning a person's sexual history. Moreover, in some cases they are not knowledgeable enough about STIs or safer sex procedures to ask the right kind of questions. As a result, they devise other ways to assess the safety of their sexual behavior such as judging a person on their appearance.

Appearance as a method of safer sex

Several respondents based their decisions about sexual behavior based on the appearance of a potential partner. Melanie, who as I discussed earlier has not yet had sex with women, describes herself as "anal" about her sexual health with a man which includes consistent condom use. Yet she does not intend to use dental dams with her female partners. I asked her, "Do you imagine the first time you have sex with a woman that it'll be with a dental dam?" She answered,

> No. (Long Pause). No. You know, I'm hoping it'll be within the next 24 hours. That's probably not gonna happen but I'm not gonna find a dental dam in the next 24 hours. That, I know it is not gonna happen so…

Melanie is hoping that her first sexual encounter will be soon after our interview. She

has tentative plans to meet an online acquaintance. She does not have access to dental

dams. Her strategy for protection is to avoid partners who do not look "clean." She says:

> I'm so anally protective of my sexual health. You know, if you even look
> remotely like…I'm just like, 'Ew,' so yeah. I mean …some people just don't
> look clean and they could be but if they don't look it…I'm just, you know, I
> watch their practices…Like does this person look like…Do they bathe on a
> regular basis? Do they bathe more than once a day?

Melanie is not the only participant who relies on looks as a method of protection. For

example, Jenny, who I mentioned earlier ran the safe sex organization at her college, is

not concerned about safe sex between women. She explains, "With women, really. It's,

like, the odds [of contracting a STI] are so slim." She follows up by saying, "I mean, if I

saw a girl and she looked like she had an issue obviously I wouldn't [have sex with her]."

Similarly, Vera, who is currently searching for a female sexual partner for a relationship

outside of her marriage to a man, relies on appearance as an indicator for safeness. She

says:

> I haven't really worried about it [safe sex]. I mean, I would stop and scream if
> there was a giant boil or something down there. I would say wait, wait, wait, I
> think we should discuss safe sex now.

In the above passage, Vera claims that she is not worried about safe sex but that she

would "scream if there was a giant boil" on her sexual partner's body. However, Vera

does not take into consideration that many STIs are not visible and/or remain

asymptomatic.

Mona is more educated about the potential to contract STIs from female partners.

Like Vera, Mona is interested in having sexual relationships with women while married

to her husband. She explains her concerns in the following passage:

> One of my big things is… I mean I don't want to get anything, but especially don't want to bring anything to [my husband] because we're committed, but I'm the one going out [side of our relationship]…Just because it doesn't look like they have anything doesn't mean they're not having any viral shedding or anything. The last thing I want is to get herpes and not realize it.

Mona realizes that she cannot rely on appearance as an indication of safety. For example, she knows that herpes is often asymptomatic and can be transmitted without any open lesions. Her solution to this problem is to choose partners that are also "friends" in hopes that they are trustworthy and open about their sexual history. Several women believed that if they avoided one night stands that they were unlikely to contract an STI from their partner. "Friends" are deemed immunity from negative health risks. For example, when I asked Vera if she practiced safe sex with her girlfriend she said, "No. I don't know. It's not like we're strangers…like meeting in a back alleyway." Claudia has used a dental dam on a few occasions, but only with casual relationships. She says, "Well, I have to admit with women I've almost never practiced safe sex unless it was a one-night stand which we don't do very much."

Negotiating partnerships with STIs

Approximately one third of the participants in my sample reported having a sexually transmitted infection currently or at some point in their life. Three women spoke openly about having herpes. The other reported Chlamydia, Gonorrhea, and Human Papillomavirus. Several women were diagnosed with Bacterial Vaginosis that was possibly acquired from sex with a female partner. This is not considered an STI; however it can be caused by the transmittance of bacteria from one person to another during sexual contact. Women spoke about the challenges of negotiating STIs with new

sexual partners as well as strategies for taking care of themselves while in a relationship with a partner who has an STI. Natalie, an African American woman who primarily identifies as heterosexual but has had one sexual relationship with a woman, contracted herpes from a long-term, committed male partner. She expresses much shame around her herpes diagnosis. It began with the doctor that diagnosed her. She says:

> It was an older white guy and he was like…he made me feel so bad about myself and I was devastated. He was like, 'You got herpes' because I actually had it on my mouth as well…or no, it was in my throat, and I'm like what the heck? I mean he was like, 'That's not strep. You have herpes.' The doctor just made me feel so bad about it that it took me a long time to deal with it… It's an awful thing to live with.

At the time, she was scared to tell her partner. She was afraid that he would accuse her of infidelity. However, when she did, he revealed to her that he was the one who gave it to her. She explains:

> When I told him he was like, 'Shit. I'm so sorry.' He goes, 'I thought but then I wasn't sure' and I'm like, 'What? How could you?' He's like, 'I'm so sorry. We'll use a condom from now on.' What good does it do me now? I'm gonna have this for the rest of my doggone life, and I didn't understand it at the time. I thought it was one of those things you'd get a shot and it would go away…

Contracting herpes has prompted Natalie to become a lot more careful with practicing safer sex with men and she has become more informed at STIs. She explains:

> Because of it…I've paid a whole lot more attention to my sexual behavior and how responsible I am with it, not that I'm cutting myself off but I'll carry condoms, you'll have condoms. If you don't have a condom and I don't have a condom we're not doing anything, plain and simple. I've not had anything since then and I've read everything I could possibly read about it…

Natalie did not tell her current male partner that she had herpes until they had been together for two years. She insisted that they use condoms during those two years. In addition, he was diagnosed with Hepatitis C which prompted her to have safer sex (even though the risk of transmission is considered low). She disclosed her herpes status to her

doctor and to her partner when she was pregnant because she was concerned about putting her baby at risk during a vaginal delivery. Shortly after her disclosure they stopped "really paying attention to whether we used a condom or not." If she is about to have an outbreak, they will avoid sexual contact. Natalie's strategy for minimizing the likelihood of transmission of herpes to her male partner has not translated into her sexual experiences with women.

Natalie has one female sexual partner. They have only engaged in sexual contact three times and their future contact is unpredictable. She is unaware of the need of practicing safer sex or how to go about doing so. Natalie has not told her female partner about having herpes. She says:

> I do have to admit that when it comes to sexually thinking about being with women it never occurred to me that I could actually transmit something to them or I get something from them. I think it's just more of like…more and more recently I'm like…it's never crossed my mind. I don't know. I guess I kind of just, unless it's penetration you're not getting anything.

Like many women, Natalie is aware that male penetration is a risk but she is unaware that sex with women also has risks. This knowledge is necessary as she continues to pursue same-sex relationships if she wishes to minimize the risk of giving or receiving STIs.

Several women discussed being in a relationship with female partners who have STIs. Previously in this chapter, I discussed Faith who recently started having relationships with men after years of identifying as a lesbian. She said earlier that she is more likely to be concerned with the transmission of diseases with male partners. Her perspective remains in light of her long-term relationship with a female partner who contracted herpes when she had an affair (with another woman) outside of their "monogamous" relationship. Faith explains:

> One of my female partners did have herpes, yeah. She had herpes and we continued, I mean…it was like the last year of our relationship. I think she, I think she cheated on me during the relationship and contracted it. And she lied to me about it, but I think that's…suddenly for her to have problems you know, a year and a half into our relationship, I think she contracted it from another woman. Her and I continued to have sex, we were just careful not to whenever she had breakout and so I… I've never contracted it.

Faith expresses a higher level of trust for women than men, yet her actual experience with women indicates that they are dishonest. Faith is unable to fully confront her partner's dishonesty. Reflecting back on her relationship, Faith realizes that her partner's explanation for contracting herpes is not logical. She says,

> She all of a sudden she had herpes…Like a year and a half into our relationship…And she blamed it on, she said that she was involved with a man before she was in, before her and I got together and she said that he must've given it to her and it just didn't show up…all that time. But she had an affair with a woman during the time we were together. And I think that's where it, I think, you know, I, I, should've broken up with her at the time, I think I just didn't acknowledge to myself that that [she was lying] so we continued on in the relationship. We were just very careful not to have sex when she had a breakout.

> I probably should've asked a lot more questions. And I didn't 'cause it was just like you know, I just didn't want to deal with that aspect of you know, her cheating on me and that's probably how she got it.

Confronting loved ones about their sexual history challenges the intimacy in women's relationships (Dolan, 2005; Stevens, 1994). It brings to the forefront the risk of dishonesty and the implications for negative health outcomes. Like the respondents discussed previously, Faith was unable to initiate important conversations about her partner's sexual behavior. Look back, she "should've asked more questions" about her partner's behavior in order to maintain her own health. Even when women are aware that sex between women can put them at risk, they are unlikely to take precaution through safer sex methods such as dental dams (Dolan, 2005). As Faith explains, she relied on her partner's body awareness as an indicator of safer sex. She says, "We were just very

careful not to have sex when she had a breakout." This method is not full proof since herpes can be transmitted when it is asymptomatic.

Sarita, a college sophomore, also negotiated sex with a partner who has a STI. Her girlfriend was diagnosed with human papillomavirus (HPV) after they had sexual contact together. She says,

> [My girlfriend] actually went to a gynecologist and she has had multiple partners so she went to the gynecologist and got a test, like an STD test, and the doctor told her that she had HPV. But, so, she, I think she had symptoms but they went away and so that's why she told me to go to the gynecologist and I'm planning to do that pretty soon.
>
> I think there's a very slight chance that I would have gotten it from her because it's harder to contract it that way but she said to just do it anyway…

Coping with STIs between female partners is particularly challenging when the "culture of immunity" perpetuates the inaccurate belief that sex between women is "safe" and that the likelihood of disease transmission is almost impossible. Sarita's sexual contact with her girlfriend put her at risk for HPV. She was urged to go to the doctor for a screening but has not pursued that step. Sarita's belief that it is difficult to obtain HPV from a female partner decreases her urgency to obtain an STD screening.

Polyamory and safer sex practices

Women who identified as polyamorous were the most knowledgeable and most consistent with practicing safer sex with women and men. Nevertheless, safer sex is difficult even for the most experienced and educated participants. May is a thirty-one year old, white, bisexual woman, who identities as polyamorous, and is very concerned about safer sex. Both she and her husband have relationships with men and women outside of their marriage. This requires strict guidelines about safer sex practices in order

to protect each other from contracting diseases. She requires her new partners to be
screened for STIs before considering sexual contact. In addition, she still uses barrier
methods as protection with men. She says,

> For any new partner, I make sure -- I mean you have to. I make sure that they are
> tested for HIV and any other kind of STDs that they can test for in any situation.
> If they're willing to go that mile, then I'll talk to them about becoming more
> involved. And then at that point, we still use condoms. [My boyfriend] and me,
> we're bonded. We've been that way for a while, like since almost the beginning.

Above, May describes her precautions with new sexual partners. In addition to her
husband, she has a serious boyfriend with whom she is "bonded." A couple becomes
fluid bonded when they have decided it is safe to exchange bodily fluids. Couples cease
safer sex when they are bonded. May has a more serious commitment to her boyfriend
than her other casual male sexual partners with whom she uses barrier methods. She
trusts her boyfriend to be honest about his potential risks for STIs.

It is difficult for May to maintain a sense of complete safety in her sexual life.
For example, practicing safer sex with women is not as easy. May does not use barrier
protection with female partners. She says,

> We tried. It's not really easy for us. I mean like you hold it, and it [the dental
> dam] ends up being flipped around, or it's just not very easy. I know that they
> have like the clips and all that. It's just not as easy.

Worrying about safer sex can be very consuming for May and her husband. It requires
constant diligence and open dialogue on a regular basis. Even with all of their dialogue,
knowledge and "agreements," sometimes their behavior is risky. She says,

> And he [my husband] and I have talked about [safer sex]. And it's like so -- like,
> that's something that's so important to us. And I become insane about it almost,
> like you're just trying to protect yourself and your partner, because you care about
> yourself and the person in your web. But it just becomes like this whole, like oh
> my goodness, overwhelming at times, what is okay and what's not okay. And in
> the heat of the moment, things slip. And oh, yeah. It's a lot.

When safer sex becomes complicated, May resorts to testing to restore confidence in her

safety. She says, "So we just make sure that everybody is tested. I have current testing

results. And then go from there." Her other strategy for safety is minimizing her number

of sexual partners in comparison to other polyamorous people who are in her social

network. She says,

> And so I don't really bring on a lot of new partners. I mean there are people that
> bring on lot of new partners all the time. And like they have friends of friends.
> And it's a very incestuous kind of thing going on. And I just -- I can't. I have to
> know for sure that they're STD free, and then even talk about it. Okay.
>
> If they're not, then we're not going there. You know what I mean? We're just not.
> Like that's -- and they know. I mean and for the most part, people that I've talked
> to are very willing to do that. It's all about their sexual health too.

May believes that the members of the polyamorous community are openly concerned

about their sexual health. This is unlike the culture of immunity in the lesbian

community that deters honest conversations about sexual histories due to the negative

moral judgment towards those who have numerous sexual partners. Therefore, in her

opinion, partnering with other polyamorous people minimizes STIs because they are

more likely to openly discuss their sexual histories without being stigmatized.

Kate, a white, twenty-seven year old polyamorous bisexual woman, has a similar

approach to May when it comes to safer sex. She developed a set of ground rules with

her husband that guides their extramarital relationships. She says, "Probably our most

important basic rule, though, is no assumptions…Safer sex for everything, except under

sort of certain specific circumstances." Kate relies on dialogue with her sexual partners

to minimize sexual health risks and this is "not a perfect system." She says,

> If you want to do oral sex with someone or intercourse with someone, you need to
> find out about their history and if they have any health concerns in that regard,

and that we need to communicate with each other about it before intercourse, if that happens….It's not a perfect system; people could lie to us.

Kate has one female partner with whom she is bonded and they are permitted to share bodily fluids. This was carefully negotiated with her husband. She explains:

> So we have negotiations whereby, for example, I'm fluid-bonded with Julia because we've been together for two years, and she's agreed to be bound by certain agreements about what she's going to do with other people, so that we can sort of maintain a level of safety with that.

Kate's own STI status complicates their approach to safer sex. Several years prior to our interview, she was diagnosed with HPV. She is not sure how she contracted HPV and was unaware of how to protect her partners from transmission. Recently, she has become more careful about safer sex to ensure she does not transmit HPV to her partners. She explains,

> Well, I would say that what I consider to be safer sex has changed. So because of the acting group that I was involved with that did some sex education stuff, I knew all along about using condoms for intercourse. I didn't use anything for anything else for quite a while. When I was 23, I found out that I have HPV, which at that point I've slept with a lot of people in my life, and there is no way that I could tell where it was from. And I don't think that anybody sort of maliciously knew that they had it but didn't tell me. Most people just don't even know they have it, and so many people have it, it's incredibly prevalent.
> So that was when I started to do things like use barriers for oral sex

Like May, and the rest of the participants in my study, Kate comments on the difficulty of using a dental dam with female partners. In fact, the challenge with using dental dams has actually shifted the focus of some of her sexual behavior. She makes the following comment about using dental dams with her female partner. She says,

> It's annoying. I actually do a lot less oral sex with women now because of that. It's like trying to get off wearing a wetsuit. Using gloves on hands is not as problematic or disruptive, so usually I do that more now. We use Saran Wrap because it's not quite as bad, but it's still not great.

Two participants, in addition to Kate, discussed using Saran Wrap instead of dental dams. However, this method was seen as less than ideal.

Conclusion

The women in my study who were knowledgeable about safer sex between women did not implement effective safer sex practices. Aside from the actual physical inconvenience of using a dental dam – they are considered too small and cumbersome – women believe that they prevent sexual pleasure. There have not been effective safer sex campaigns to educate women about the risk of STIs with their female partners or methods to prevent contracting STIs from sex with women. This includes the need to address additional methods of safer sex beyond the use of dental dams. For example, some safer sex experts suggest using Saran Wrap, a condom cut down the middle, or cut latex gloves, as barrier methods for oral sex. Other precautions include filing fingernails to prevent small cuts and lesions during digital penetration so that if there is an infection, it is less likely to be transmitted. Or things such as checking hands and mouths for sores. For example, some suggests dipping hands into lemon juice before sexual play (Munson, 1996). If any part of the hand stings, then partners are aware that there might be an open sore through which a disease can be transmitted (Munson, 1996). In this scenario, it is best to use latex gloves during sex. Furthermore, safer sex education focuses on HIV but less attention is paid to herpes, HPV or other STIs (Munson, 1996).   The polyamorous community has successfully opened up dialogue about STIs, but women in bisexual and lesbian communities report "the need for safer sex to become more acceptable" (Stevens, 1994, p. 1576). Safer sex education can be improved if the complicated aspects of sexual

identity, behavior and community are considered for public health programming. These factors will be addressed in the next chapter.

Chapter 7

Sexual fluidity, health and directions for future research

To date, there has been limited research on women who have relationship with women and men. The invisibility of persons who have relationships with more than one gender is rooted in a history that validates only heterosexuality and homosexuality as salient sexual identity categories. This has been consistent across fields such as psychology, sociology and public health, to name a few. More recently, research in the social sciences has addressed the importance of bisexuality as a legitimate sexual identity. In public health, research about bisexuality has also emerged. Some of this research has focused on issues pertaining to identity, but the most current research examines the implications of same-sex behavior for health regardless of a person's sexual identity. This includes studies that analyze negative health outcomes associated with discordant sexual identity and sexual behavior. For the most part, this research has focused on the experiences of men and HIV. Less is known about women whose sexual behavior is incongruent with their sexual identity. This study fills the gap in this area of research.

This qualitative study, based on the lives of forty women who have relationships with women and men and claim a range of sexual identities, highlights critical dimensions to women's sexuality. Women openly discussed the shifts in their sexual identity over their life course during in-depth interviews. They ranged in age from 20 to 52 and shared vastly different experiences of sexual identity formation. They revealed complex details about their sexual behavior that are difficult to capture in quantitative research. During our interview, many women spoke of same-sex desires in ways that

they have not been able to do with intimate partners, spouses, friends and family. For some, same-sex attractions were evident during adolescence. Others did not feel attracted to someone of the same-sex until their forties. Several of my participants adopted a sexual identity that they thought would be consistent throughout their life course. However, changes in their environment, such as moving to a new city and meeting new acquaintances, altered their self-identification. In some cases, this caused new sexual behavior but not a shift in sexual identity. This was pertinent for women who claimed a heterosexual identity while pursuing same-sex relationships.

Several women in this study identified as heterosexual while pursuing long-term, intense physical and emotional relationships with women. They maintained clandestine relationships with female partners under the protection of social norms that encourage women to form close female bonds. Family and friends did not suspect their relationships as sexual but rather considered their interactions within the realm of friendship. In addition, financial affluence provided these women with a private space, such as their own apartment, to explore same-sex sexuality without the vigilance of close ties. This usually occurred in a different geographic location than the one in which they were raised. For these women, same-sex desire did not negate their heterosexual identity. The women in my study felt very comfortable as heterosexual women who happened to have relationships with other women. Future researchers should not assume that same-sex desire, attraction, or behavior indicates a "hidden" lesbian (or bisexual) identity that will eventually surface. Recently, there has been a trend toward measuring "discordance" between sexual identity and behavior as a variable to indicate health outcomes. The definition of discordant is "incompatible" or "in disagreement." The concept of

discordance assumes that something is out of sync when a woman who identifies as heterosexual has sex with a woman. The respondents in my study suggest the contrary. They perceive their same-sex relations as concordant with their heterosexual identity. This phenomenon needs further investigation. It is important to explore the possibility of same-sex behavior in studies about heterosexuals, and more specifically as a legitimate part of heterosexual identity.

On the other hand, some respondents in my study strongly identified as bisexual despite their lack of same-sex relationships. This finding diverges from identity development models that require same-sex behavior to exist before reaching a "valid" non-heterosexual identity (Horowitz & Newcomb, 2001). For these respondents, the magnitude of their attraction for women is enough to self-identify as bisexual in the absence of same-sex sexual behavior. Discussions with other women who identify as bisexual validate their own bisexual identity. Through the experiences of other women, they refine and redefine their own concept of bisexuality. The women in this study illustrate that coming to terms with an identity that is stigmatized, such as bisexuality, assists with negotiating other identity challenges. Sometimes this includes new understandings of their gender and racial identity. Currently, identity development models tend to focus solely on one aspect of identity without attention to intersectionality – the web of interactive identities that compose women's lives. We will gain a more comprehensive understanding of women's experiences if future research addresses the interaction between women's multiple identities as they develop throughout their lifetime.

Women's sexuality is influenced by the social context in which they live, including the societal stereotypes about gender. The sexual double standard relegates women as the "gatekeepers" of sexuality while men are encouraged to pursue sexual liaisons. The experiences of the women in my study illustrate these sexual mores. Regardless of sexual identity, women perceived gender differences that are aligned with traditional notions of femininity and masculinity. The majority of women described their encounters with men as "strong," "hard," and "unemotional" whereas their female partners were considered "soft," "safe" and emotionally available. Gendered attributes influenced their sexual pleasure. Men were "goal-oriented" and needed instruction on how to sexual satisfy women. Female partners, on the other hand, were considered more intuitive about sexual pleasure because they had a "built in" understanding of women's bodies. Some women became less convinced of these stereotypes as they became older. Relationships with unemotional women, and befriending emotional men, lead them to believe that their original ideas about the differences between women and men were not necessarily accurate.

Decisions about safer sex are also based on gender. Overall, women reported awareness about the importance of practicing safer sex with men for protection against STIs and pregnancy. This was linked to their suspicion of men who had the potential to be "dangerous" and untrustworthy. On the other hand, women in my study were not concerned about safer sex between women. Only three respondents used safer sex methods with their female partners. Overall, respondents had little knowledge about the risk of transmitting diseases and infections while having sex with women. Moreover, most the respondents are unaware of the barrier methods to protect against STIs. Dental

dams were the most frequently referenced method for protection. The majority of women did not know where to purchase dental dams or how to use them. Moreover, they were not motivated to use dental dams because they thought they were awkward and cumbersome and likely to diminish sexual pleasure. The improbability of using dental dams is augmented by the respondents' false sense of security about having sex with women. This is described as a "culture of immunity" by researchers who document the low level of awareness about STIs in the lesbian community and the belief that women who partner with women are exempt from STIs. Future public health campaigns need to inform women who have sex with women about the risk of disease transmission as well as methods of prevention. A more sophisticated understanding of women who have relationships with women and men will help devise and implement safer sex campaigns as well as other health promotion initiatives that address this population. This will be discussed in more detail later in the chapter.

Future research: the model of sexual fluidity

This study shows that sexual identity, behavior and attraction, when examined as separate entities, do not provide a complete representation of women's sexuality. These dimensions must be considered as distinct yet inseparable aspects of a person's life that work together, in conjunction with societal notions of sex and gender, to create a complex picture of women's sexuality. This includes addressing the shifts in sexual identity and behavior over the course of women's lives. Recent scholarship has focused on discordance between identity and behavior as a variable to measure health outcomes. As previously discussed, this method is limited when addressing heterosexual women who

have sex with women. It is also lacks the ability to address bisexual populations because

bisexual behavior is so difficult to define. We are able to determine bisexual identity

through self-definition (asking participants if they identify as bisexual), but how do we

define bisexual behavior? People who self-identify as bisexual express a wide range of

sexual behavior and sexual partner choice. Is the definition of bisexual behavior

simultaneous sex with women and men? Or do we define bisexual behavior as sex with

both women and men over an established time period but not necessarily something that

occurs simultaneously?   Furthermore, how do we consider the role of monogamous

relationships? If a bisexual woman is married and only having sex with her husband, is

her sexual identity discordant with her sexual behavior? Or, if a woman is single and

bisexual, and only has sex with women, is her identity and behavior incongruent? If we

define bisexual behavior as sex with women and men regardless of whether the sex

occurs simultaneously or not, married monogamous bisexual women and bisexual

women who only have sex with women, will be considered discordant. It is problematic

to categorize all of these women in the same category because their life experiences and

the implications for health are dissimilar. Researchers must be careful about defining

discordance and making assumptions about the behaviors that it measures. One way to

capture the relationship between a woman's sexual identity and behavior that is inclusive

but not limited to discordance is through Diamond's model of sexual fluidity. Her

approach is useful to consider as we move forward in this area of research.

Diamond (2008b) developed the concept of sexual fluidity during her ten year

longitudinal study with lesbian, bisexual and "unlabeled" women. The results from her

study show that women change identity labels and behaviors over time. She argues that

"sexual fluidity" captures a woman's ability to move between sexual identity categories as well as between relationships with women and men. Fluidity does not replace the existing dimensions of sexuality (identity, behavior and attraction) but rather adds a new component. In the following section, I will briefly address the four main tenets of sexual fluidity and illustrate how the findings from this study substantiate her model. In addition, I suggest ways in which to build on the model to advance future research on women who have relationships with women and men.

The first component to Diamond's model of sexual fluidity is that "women, do in fact, have a general sexual orientation" (Diamond, 2008b, p. 86). Diamond defines sexual orientation as "a consistent, enduring pattern of sexual desire for individuals of the same sex, the other sex, or both sexes, regardless of whether this pattern of desire is manifested in sexual behavior" (2008b, p. 12). A woman's general orientation can be towards women, men or both women and men. Sexual behavior or a sexual act does not necessarily change a woman's general sexual orientation. Sexual fluidity allows women to have a "primary" attraction without discounting what some might consider conflicting desires. This aspect of sexual fluidity is illustrated by the respondents in my study. For example, Sharon and Nina (discussed in Chapter 3) self-identify as heterosexual while their life circumstances offer them the opportunity to form strong physical and emotional bonds with women. Similarly, Abigail, a fifty-one year white woman married to a man, also expresses a general orientation towards men despite her attraction to women. She says,

> I think in a primary situation... in a primary situation, I would probably, especially sexually, prefer a man long-term…simply because the very make-up of women, either personality or physical makeup, might simply be that I might be more

interested in men than a woman…I think I'm probably attracted to men more than I am a woman.

Vera, a twenty-one year old white woman, captures her lesbian orientation in a discussion with friends. She explains,

My friends told me. 'Vera, you're not bi, you're a lesbian.' And I went, 'No, I'm not, I'm bi.' And they're like, 'No, Vera. Think about it. Do you have any male crushes?' And like for days I thought about this. And to this day I have come up with two. So I thought, 'I guess they are right. I really am a lesbian.' So that kind of completely shook my world.

This aspect of Diamond's model validates the continued use of sexual orientation as a category of analysis. Her study, like mine, shows that it is applicable to women's lives. However, it cannot be treated as a rigid concept. Rather, sexual orientation needs to be viewed "as multidimensional and dynamic" (Diamond, 2008b, p. 256). This leads to the next characteristic of sexual fluidity.

The second component to Diamond's model is that in addition to a general sexual orientation women possess a capacity for fluidity. Fluidity is a woman's "sensitivity to situations and relationships that might facilitate erotic feelings" (2008b, p. 84). Fluidity can "trigger either same-sex or other-sex attractions" based on environmental cues. For example, a woman might be more likely to have a same-sex relationship if she develops close bonds with other women. A same-sex relationship might be prompted by meeting the right woman at the right time. For example, Eleanor, a forty-five year old white woman in this study, just began her first relationship with a female. She met her current partner at a community event. Previously, she had not considered a same-sex relationship. However, this scenario "triggered" her same-sex desire. Claudia, on the other hand, primarily considered herself a lesbian. However, when she was exposed to a more "heterosexual" work environment she met her current partner who is a man.

Although she might have always had attractions for men, it was her work environment and meeting the "right" guy that prompted her other-sex relationship.

Diamond contends that women who become aware of their "fluidity," and their potential to have relationships based on situational factors, are less likely to endorse and/or adopt sexual identity labels. They reject the idea of "fixed sexual selves" (Diamond, 2008b, p. 86). Many of the women in my study support this finding. For example, Angelica does not like to label herself. She has been in relationships with women for twenty years but still resists calling herself a lesbian. She says,

> I think lesbian sounds like a disease. I just hate the word, I think it sounds ugly. It doesn't sound good…I mean it really, to me it really, to me it's just not about how it's a man and a woman, it's how the relationship [is] working for you, you know…It wasn't important for me to label myself…I don't care for conformity, I hate it.

Leslie also dislikes the idea of labeling her sexuality. She explains,

> I don't really like to identify. I mean, I know that's like the big thing that like I don't like to identify, just because like I am – I don't really – I'm not really sure at this point…Like I am attracted to both sexes. I enjoy relationships with both sexes. I'm just not really – so I guess that falls into the category of bi…I mean if someone like asked me to like identify myself than I would say 'bi.'

In the past, "ambivalence about labeling one's sexuality has been treated as a sign of maladjustment, confusion, or inauthenticity" (Diamond, 2008b, p. 86). As a result, respondents who were "unlabeled" were eliminated from research samples and their experiences were dismissed. It would be useful to add questions that provide space for patterns of sexual fluidity to emerge in research studies rather than excluding women who do not fit into current sexual identity.

The third component to sexual fluidity theorizes that the duration of a woman's attractions and relationships are influenced by facilitating factors in her environment (Diamond, 2008b, p. 84). As a result, "sexual attractions triggered by fluidity may be

temporary or long-lasting, depending on how consistently a woman encounters the facilitating factors" (Diamond, 2008b, p. 84). These situational factors determine the length of same-sex or other-sex attraction. For instance, a heterosexual woman who does not anticipate same-sex feelings might pursue a relationship with a woman if she develops a stable-intense, mutual bond with a female. This experience might not occur if her attractions for this woman are not reciprocated or if she does not fall in love with the woman. The opposite scenario might be true for lesbians. Devon, a lesbian in this study, had a short-term relationship to a man that was triggered by facilitating factors. In general, she is not interested in having relationships with men. However, she became involved with an other-sex relationship due to a friendship that formed through work. Their relationship might have lasted for a long period of time except for the fact that he was married and unwilling to leave his wife. According to Diamond's model, Devon might have experienced a lengthier relationship with this man if he was available for a more committed relationship. Devon is an example of someone whose sensitivity to other-sex relationships was triggered by interpersonal facilitating factors. Diamond does not directly address how facilitating factors are defined by larger cultural institutions. It would benefit future research to approach facilitating factors through a micro as well as a macro level of analysis.

Intersectionality accounts for the ways in which social structures create group membership and then oppress and privilege people based on whether they are members of the group in power (Collins, 2000). For example, in the case of sexual identity, women receive privilege from their heterosexual status and relinquish privilege if they identify as lesbian. In the example of race, African American women experience a loss

in status and power because Blacks are oppressed whereas white women have more access to power and wealth. As a result, intersectionality explains the ways in which oppression limits some women's options for sex and sexuality while others benefit from sexual freedoms. My data illuminate this interaction between intersectionality and sexual fluidity. Natalie, a forty-year old African American woman who primarily identifies as heterosexual, is an example of this dynamic process.

Natalie's socioeconomic status limits the facilitating factors that have the potential to enrich her same-sex relationships. She currently considers herself among the working poor. She lives with a male partner who is a drug user that does not financially contribute to the household. She supports three children in addition to her partner. She does not disclose her same-sex desire to her male partner because she knows that he would not tolerate bisexuality. Nonetheless, Natalie has secretly attempted to meet other bisexual women online throughout the past several years. She has met one woman online with whom she has socialized and had one sexual encounter. However, they do not have any private space or time away from her children to explore the sexual side of their relationship. They both live with their male partners in small apartments that do not provide space for privacy. Natalie cannot afford to pay for a hotel room or a babysitter to watch the children so that she can spend unmonitored time with her "girlfriend." Furthermore, she spends most of her time working to support her family which leaves little time for recreation. Natalie expresses a strong desire to have sexual contact with her female partner, but realizes that she cannot afford to make it happen.   Natalie's limited access to time alone with her girlfriend is very different than the women in the sample whose middle-class status gives them the opportunity to move away to colleges and

universities at their parents expense and have the time and space to discover sexual relationships with women. Future research with women who have sex with women would benefit from a closer analysis of multilevel facilitating factors that work to limit or create sexual fluidity.

The fourth factor of the model states that women fall along a continuum of sexual fluidity (Diamond, 2008b). Diamond argues, "Just as women have different orientations, they have different degrees of sensitivity to the situational and interpersonal factors that trigger fluidity" (2008b, p. 84). As a result, "two women may be exposed to the same set of potential 'triggers,' [and] one will experience the development of unexpected same-sex attractions whereas the other may not" (Diamond, 2008b, p. 84). There were women in my study who experienced similar "triggers" with different results. For example, recall Melanie in Chapter 4 who was exposed to gay and lesbian friends and a gay-friendly environment on multiple occasions before exploring her same-sex attraction. Other women, like May, were exposed to similar environments and acted on her same-sex desire almost immediately. Or take, for example, Hope and Jo, who "came out" as lesbian in Southern communities that were intolerable of homosexuality. Yet Abigail, who also resides in a rural Southern town, has not yet acted on her same-sex desire.

In order to improve the health of women who have relationships with women and men, we need to address sexual fluidity in conjunction with sexual identity, behavior and attraction. Diamond argues, sexual fluidity needs to be "at the center rather than on the margins of our understanding of female sexuality and its development over the life course" (2008b, p. 90). Currently, women experience discrimination and prejudice from those who do not understand sexual fluidity. Diamond argues,

Many of the women in this study expressed embarrassment when explaining changes in their sexual feelings, relationships, or identities because they had internalized the prevailing cultural message that such experiences were highly atypical.

For some women in this study, this meant keeping their bisexuality a secret. For example, Claudia says, "I never told any[one] I was bisexual because shades of gray aren't easy for straight people." Jo only revealed her bisexuality after establishing a close relationship and trust with a person. She explains,

I mean I would have had to have been really connected with somebody having a conversation to say you know, 'I know it's not politically correct but I really do feel like I'm bisexual.' And I would say, you know, and 'it's because I'm attracted to the person, not the genitalia.' But you know somebody that's totally gay, they don't get that. Or somebody that's totally straight, course some people think there's no such thing [as bisexuality]…

Faith is hesitant about sharing her bisexuality with her close friends. Her lesbian friends, in particular, criticize Faith about her recent attractions for men. She explains,

I was so deeply involved in the lesbian community and, or the gay community and you know, most of my friends…were you know, gay and lesbian and so when I started having attraction and feelings for a man again after so many years, they didn't really take it well at all… I mean…my friends were not really cool with it, so I, I had issues with it myself and I think I just tried to you know, kind of hide it or you know, [Laughter] not deal with it for a while.

Hope has a similar experience as Faith. She says:

Not all of my friends, not all of my lesbian friends know that I also am still attracted to men. Mainly because a lot of them - there are a lot of lesbians and gay men who think people who are bisexual are confused, you know?…I just keep it separate. I don't say anything to them one way or the other…They think you should choose to be with one or the other. Either you're going to be straight or gay.

Ella sums it up with the following statement. She says, "I guess it's really hard being bi, because you get so much resistance from almost everyone." Resistance to bisexuality from lesbian and gay communities as well as heterosexual people exemplifies prejudice

against women who do not have static sexual identity trajectories. Validating the concept

of sexual fluidity and bisexuality through research and community action has the

potential to improve the health of women who have relationships with women and men.

Considering the concept of fluidity will also help us understand sexuality outside

of the realms of community. In particular, it has the potential to advance our

understandings about women who seek casual sex with women through the internet.

I found a large percentage of the respondents for this study by posting an ad on Craig's

list (as discussed in Chapter 2). These respondents also used Craig's list to find other

bisexual women. The women discussed the sexual nature of the ads on Craig's list and

the numerous postings for women looking for sex with women "without strings

attached." In many cases, the women emphasize the need to be clandestine and

"discreet." These ads often include picture of their breasts, legs, and genitalia but not

their face. The text in the ads is very sexually explicit. The following ad is one example:

> It's getting late and I want to lick a shaven sweet pussy tonight. The thought of
> sucking wine out the core of your navel while you lay back and watch a girl on
> girl flick makes me quiver. I need a size 7-10 woman to please on a regular., Not
> looking for it in return. I love the smell of a sweet pussy on my face and would
> not mind taking care of the right woman on all levels... I like Bi-woman who want
> the best of both worlds. (www.atlanta.craigslist.org/w4w)

And here is another example of a posting on Craig's list. This posting is more direct

about the time of the sexual encounter. There are three pictures of her in lingerie

attached to the posting (although not included here). She writes:

> Do you want to feel a woman's touch this MONDAY morning? Nice round ass,
> dd breasts, and a wet juicy..... I'm a pillow princess seeking an agressive[*sic*]
> FEMME this morning. I want to be massaged, teased, rubbed, and pleased. I want
> to feel your breasts against mine....I want to be rubbed and and explored before
> you yum yum!
>
> You MUST be Attractive, Disease, Drama, Drug free (420 ok), No larger than

> size 16, White Femme preferred, but open, Shaven and smell good and must I say it...NO MEN (www.atlanta.craigslist.org/w4w)

Another woman posts the following ad:

> Check out the pics and let's make this happen tonight, no games or spam please. You must have a full nude body and face pic. If I don't respond it just means I'm not interested. (www.atlanta.craigslist.org/w4w)

It appears that these women do not identify as lesbian or bisexual yet they actively pursue sexual contact with women. Many of them explicitly mention that they are "attached" therefore want someone "discreet." Some respondents in this study were aware of groups of women who connected with each other on Craig's list, arranged to meet for drinks in a hotel lobby, and then went upstairs to the hotel room to have group sex. Another mentioned that similar outcomes result from women meeting other women on phone lines. All of these incidents, although mostly anecdotal, indicate that there is more casual same-sex behavior occurring between women than is acknowledged by society and the key players in public health. This population remains hidden but is worth further exploration. Research about finding sexual partners online has mostly focused on men having sex with men with scant attention to heterosexuals. These studies indicate that people who seek sex partners online may be at greater risk for STIs and HIV (Bolding, Davis, Hart, Sherr & Elford, 2005; Bolding, Davis, Sherr, Hart & Elford, 2004; Bull & McFarlane, 2000; Elford, Bolding, Davis, Sherr & Hart, 2004; McFarlene, Bull & Rietmeifer, 2002). Research about the role of the internet and sexuality need to include women who solicit sex from women online. This needs to include a gender analysis.

In this study, women spoke at length about the gender differences between their male and female partners. However, less attention was dedicated to exploring the meaning of one's own gender identity and how that influenced sexual relationships. Yet,

as exemplified above, there are indications that women's sexual behavior is often outside of traditional gender roles. Future research should consider the ways in which self-perceptions on gender influence a woman's sexual identity and her sexual behavior. Some research suggests, "Women and men demonstrate stereotypical difference to the degree that they identify with socially defined gender roles" (Teigs et al., 2007, p. 449). In future studies, it would be useful to ask women about their self-perception of gender and explore how their gender conformity (or lack of gender conformity) informs their sexual partnerships. One study finds, "both genders appear to experience much more sexual freedom from society's gender roles once they enter a relationship" (Tiegs et al., 2007, p. 454). This is an interesting concept to pursue. A woman's adoption of gendered traits might shift her relationship dynamics as well as her decisions about sex. Women who have relationships with women and men are an ideal population with whom to explore gender differences because they have means for comparison between men and women.

Public health concerns

To promote better health for women who identify as bisexual, as well as those who participate in same-sex relationships without a bisexual identity, we need a multifaceted approach to public health campaigns. This requires programs based on identity, behavior and the real life implications of sexual fluidity. Research and interventions based on community have been a typical approach for public health campaigns. This method has gained some success in gay and lesbian communities. For example, the high rate of lesbian with cancer was the impetus for several organizations and non-profits that focus specifically on educating lesbians about cancer and providing

support for those who are diagnosed with the disease (see for example, the Atlanta Lesbian Health Initiative, http://www.thehealthinitiative.org). Similar efforts are difficult to achieve for bisexuals since there is not an organized community in Atlanta. There is not a central location or organization from which to disseminate important health information. Respondents in this study felt discouraged by the lack of a bisexual community available for support and information. For example, I asked Faith if she looked for a bisexual community in Atlanta. She says, "I tried, there's been times when I tried to seek out like more of the bisexual community and never found it." I asked Melanie, "Do you think there needs to be a bisexual community?" She responded:

> Yeah and not one [a community] in a sense of we all like males and females so we should all have sex with each other's males and females but in a sense that, you know, I like what I like when I like what I like and that's just who I am and it's not the easiest thing and it'd be nice to talk to somebody who understands…Like-mindedness. I think the like mind, the meeting of the minds.

Like most of the participants in this study, Melanie is looking for someone who understands life as a bisexual because it is "not the easiest thing." She specifies that this is not about meeting sexual contacts but rather for emotional support. Vera also hopes for a community for bisexuals. However, she has not been able to find one. She says,

> I was…looking for a bisexual community, because there's just really nothing out there. I mean, there are no books, there are no - well, there's one book…and that was really helpful, but it's just a book. It's not a community. And it's crazy…I wanted a community that was mine. And it's hard to find one in the middle.

Vera wants a community that is "hers." The need for face-to-face contact, connection and sharing lived experience cannot be replaced by a book about bisexuality. Dena expresses a similar sentiment. She believes that there are bisexual people in Atlanta but that most of them choose to remain "hidden" about their sexuality. She explains,

> I think there are a lot of bisexual people. I don't know if we formed a community. But if they are, they're very hidden. So, you know, 'cause I guess I think community, I think of like the married [and bisexual] boards that I'm on, you know, or like a community where you support one another or... there are places where you can go for support or discussion or to hang out, you know, to hang out or socialize. Whereas, I don't...it seems like there are a lot of little undercover things...it's like everything is like hidden and undercover.

It is difficult for Dena to locate other bisexual women because they are not "out" about their same-sex desires. Some respondents are aware of lesbian community events and meeting places but they do not feel welcome. The women in my study did not benefit from community health initiatives or programs geared towards the lesbian community.

In Boston, there is an active and well-organized bisexual community, including Fenway Community Health center which focuses on LGBT concerns. At Fenway, the "BiHealth Program" is a community-based approach to "meet the range of mental and gender health support needs of bisexual people" (Ebin & Van Wagenen, 2006, p. 167). This program addresses individuals based on sexual identity and behavior and "in tandem" when appropriate (Ebin & Van Wagenen, 2006). Services include support groups for mental health issues, safer sex outreach, STD and HIV prevention, in-house sex-positive workshops, and phone counseling. Only three women in this study were aware of these resources. The remainder of respondents in Boston did not feel like they "belonged" to this type of community or were simply unaware that it existed. In recent years, Fenway's funding, which comes primarily from the state of Massachusetts, has been directed toward services for men with a reduced amount geared towards the health of bisexual women. Better funding would enable Fenway to reach more women. However, any efforts made to improve the lives of bisexual women will need to be wide spread through additional communities as well.

Bisexual activists have made great strides in their fight for bisexual inclusion in the lesbian community. This needs to continue with an emphasis on how bisexual women share some of the same concerns as lesbians but more importantly how they also have distinct needs and health concerns. Interestingly, prejudice against bisexual women persists in the face of research that shows a high percentage of women who claim a lesbian identity have recently had sex with men (Diamond, 2008b, Dolan, 2005). Diamond's study shows that a significant percentage of lesbians are likely to pursue sexual relationships with men in their lives (2008b). Outright rejection from the lesbian community prevents bisexual women from receiving important information about their health from community venues. All of the women in this study spoke of discrimination and open hostility toward bisexual women from lesbians. As a result, most women did not feel welcome in the lesbian community unless they hid their attraction for men. For example, Maria says, "When I said I was bisexual, lesbians didn't want anything to do with me." Ella was told by one lesbian, "I don't date drug addicts or bisexuals." The lesbian community needs to actively work against the biphobia that exists in the lesbian community. Lesbian communities that accept sexual fluidity as a realistic and healthy sexual choice will be better suited to address the needs of women who have relationships with women and men regardless of sexual identity.

In addition, efforts to reach women who have relationships with women and men should be made through public health campaigns that already address heterosexual women. As evident in this study, many heterosexual women have emotional and physical relationships with women in addition to men. This should be recognized among professionals that conduct research and health promotion with heterosexual populations.

For example, information about safer sex can be disseminated through these avenues. Heterosexuals can also benefit from safer sex messages that are geared towards women who have sex with women if it is presented in an inclusive manner. The same preventive measures for safer sex between women can be applied to oral sex between heterosexuals. The health educators at Fenway Community Health declare:

> Services for gay and lesbian people and services for straight people are also services for people who are bisexual…the inverse is true too—services for bisexual people are also services for people who are straight and gay and lesbian. (Ebin & Van Wagenen, 2006, p. 174)

In other words, the same information about safer sex, if inclusive of a variety of sexual identities and behavior, can reach people in an array of communities with a range of experiences.

Health outreach for women who have sex with women and men must take place online. Ninety-five percent of the women I interviewed did not have another bisexual friend. Yet all but one respondent searched for other bisexual women online. Recent research has showed success with health promotion and prevention campaigns on the internet especially with isolated groups (Bolding et al., 2004; Breshnahan & Murray-Johnson, 2002; Hill & Weinett, 2004; Orevec, 2000; Rhodes, 2004; Shaw et al., 2006). Important health information for women who partner with women and men should be disseminated through yahoo groups and websites that are easy to find through search engines like Google. This information should address women based on identity as well as behavior. Furthermore, it is feasible to reach women who have relationships with women and men through chat rooms and websites dedicated to dating and relationships. Craig's list is one website that would reach women searching for female sexual partners.

The material distributed for women must be sexy and eye-catching as well as informational.

Safer sex promotion for women who have relationships with women and men

The respondents in this study reported that dental dams inhibit pleasure, ruin spontaneity, and are uncomfortable to use. Their perspectives on dental dams are similar to popular opinions about condoms. For example, one study about condoms showed that "any artifice that interferes with the pleasure of sex is likely to be avoided or accepted reluctantly" (Randolph, Pinkerton, Bogart, Cecil & Abramson, 2007, p. 844). Recent recommendations from sex educators suggest that sexual health "promotion campaigns should work to emphasize the pleasure-enhancing aspects of" safer sex (Randolph et al., 2007). Some argue, "Pleasure – and even sex itself – has been noticeably absent from much of the dialogue surrounding STI and the spread of HIV/AIDS" (Philpott, Knerr & Maher, 2006, p. 2029). It is important that pleasure remain the primary foundation for safer sex campaigns because it is one of the main reasons why people seek out sexual activity (Abramson & Pinkerton, 2002; Philpott, Knerr & Maher, 2006). This approach is supported by the WHO working definition of sexual health. It states:

> Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences…(www.who.int/reproductive-health/gender/sexualhealth)

Safer sex programs geared toward women who have sex with women would benefit from an emphasis on pleasure. This would help overcome the negative perceptions of dental dams as pleasure-blockers. Public health interventions would gain success from making

dental dams appear as sexy as possible, like campaigns that devise "erotic ways of sexing up" condoms (Philpott, Knerr & Boydell, 2006, p. 24).

Current campaigns for condom use have been built on "scare tactics that emphasize adverse consequences of sexual acts" (Philpott, Knerr & Maher, 2006, p. 2028). Future initiatives for safer sex between women should provide accurate information about disease and infection without promulgating fear and shame. In conjunction with the emphasis on pleasure and safer sex, women need to be informed that disease and infections are transmitted between women. Several women in this study reported contracting a STI from a female partner. In addition several respondents were diagnosed with a STI and then had unprotected sex with female partners putting them at risk for infection. Disseminating this knowledge will help women make informed decisions. Furthermore, as part of safer sex education, it is important to openly acknowledge that women's sexuality is fluid and that this is appropriate. The shame and derogation women feel about unfixed sexual identity leads to secrecy. This prevents women from being open and honest with friends, family and health care practitioners – all of whom are important sources of support for health and well-being.

Conclusion

The women in my study exemplified sexual fluidity in many different forms. Sexuality is not static in many women's lives. In fact, a woman's sexual identity is likely to shift several times throughout her life course based friendships, peer networks, social environment and familial ties. Prominent researchers of bisexuality, Weinberg ,Williams and Pryor (1994), state:

> Instead of assuming that sexual identities represent enduring sexual 'truths,' it may be more productive to think of identity as 'the choice of a particular perspective from which to make sense of one's sexual feelings and behaviors…(1994, p.)

Sexual fluidity is one such perspective to capture the ways in which women make sense of their sexual identity. Yet fluidity is not widely accepted or recognized by lesbian and gay communities or heterosexual populations as something that is "normal" or "healthy." This has a major impact on the health of women who partner with women and men throughout their lifetime. More research on women who have relationships with women and men that authenticates the complicated and dynamic interaction between sexual identity, sexual behavior, and attraction, as well as sexual fluidity, will enhance our understanding of women's lives.

Chapter 7

Sexual fluidity, health and directions for future research

To date, there has been limited research on women who have relationship with women and men. The invisibility of persons who have relationships with more than one gender is rooted in a history that validates only heterosexuality and homosexuality as salient sexual identity categories. This has been consistent across fields such as psychology, sociology and public health, to name a few. More recently, research in the social sciences has addressed the importance of bisexuality as a legitimate sexual identity. In public health, research about bisexuality has also emerged. Some of this research has focused on issues pertaining to identity, but the most current research examines the implications of same-sex behavior for health regardless of a person's sexual identity. This includes studies that analyze negative health outcomes associated with discordant sexual identity and sexual behavior. For the most part, this research has focused on the experiences of men and HIV. Less is known about women whose sexual behavior is incongruent with their sexual identity. This study fills the gap in this area of research.

This qualitative study, based on the lives of forty women who have relationships with women and men and claim a range of sexual identities, highlights critical dimensions to women's sexuality. Women openly discussed the shifts in their sexual identity over their life course during in-depth interviews. They ranged in age from 20 to 52 and shared vastly different experiences of sexual identity formation. They revealed complex details about their sexual behavior that are difficult to capture in quantitative research. During our interview, many women spoke of same-sex desires in ways that

they have not been able to do with intimate partners, spouses, friends and family. For some, same-sex attractions were evident during adolescence. Others did not feel attracted to someone of the same-sex until their forties. Several of my participants adopted a sexual identity that they thought would be consistent throughout their life course. However, changes in their environment, such as moving to a new city and meeting new acquaintances, altered their self-identification. In some cases, this caused new sexual behavior but not a shift in sexual identity. This was pertinent for women who claimed a heterosexual identity while pursuing same-sex relationships.

Several women in this study identified as heterosexual while pursuing long-term, intense physical and emotional relationships with women. They maintained clandestine relationships with female partners under the protection of social norms that encourage women to form close female bonds. Family and friends did not suspect their relationships as sexual but rather considered their interactions within the realm of friendship. In addition, financial affluence provided these women with a private space, such as their own apartment, to explore same-sex sexuality without the vigilance of close ties. This usually occurred in a different geographic location than the one in which they were raised. For these women, same-sex desire did not negate their heterosexual identity. The women in my study felt very comfortable as heterosexual women who happened to have relationships with other women. Future researchers should not assume that same-sex desire, attraction, or behavior indicates a "hidden" lesbian (or bisexual) identity that will eventually surface. Recently, there has been a trend toward measuring "discordance" between sexual identity and behavior as a variable to indicate health outcomes. The definition of discordant is "incompatible" or "in disagreement." The concept of

discordance assumes that something is out of sync when a woman who identifies as heterosexual has sex with a woman. The respondents in my study suggest the contrary. They perceive their same-sex relations as concordant with their heterosexual identity. This phenomenon needs further investigation. It is important to explore the possibility of same-sex behavior in studies about heterosexuals, and more specifically as a legitimate part of heterosexual identity.

On the other hand, some respondents in my study strongly identified as bisexual despite their lack of same-sex relationships. This finding diverges from identity development models that require same-sex behavior to exist before reaching a "valid" non-heterosexual identity (Horowitz & Newcomb, 2001). For these respondents, the magnitude of their attraction for women is enough to self-identify as bisexual in the absence of same-sex sexual behavior. Discussions with other women who identify as bisexual validate their own bisexual identity. Through the experiences of other women, they refine and redefine their own concept of bisexuality. The women in this study illustrate that coming to terms with an identity that is stigmatized, such as bisexuality, assists with negotiating other identity challenges. Sometimes this includes new understandings of their gender and racial identity. Currently, identity development models tend to focus solely on one aspect of identity without attention to intersectionality – the web of interactive identities that compose women's lives. We will gain a more comprehensive understanding of women's experiences if future research addresses the interaction between women's multiple identities as they develop throughout their lifetime.

Women's sexuality is influenced by the social context in which they live, including the societal stereotypes about gender. The sexual double standard relegates women as the "gatekeepers" of sexuality while men are encouraged to pursue sexual liaisons. The experiences of the women in my study illustrate these sexual mores. Regardless of sexual identity, women perceived gender differences that are aligned with traditional notions of femininity and masculinity. The majority of women described their encounters with men as "strong," "hard," and "unemotional" whereas their female partners were considered "soft," "safe" and emotionally available. Gendered attributes influenced their sexual pleasure. Men were "goal-oriented" and needed instruction on how to sexual satisfy women. Female partners, on the other hand, were considered more intuitive about sexual pleasure because they had a "built in" understanding of women's bodies. Some women became less convinced of these stereotypes as they became older. Relationships with unemotional women, and befriending emotional men, lead them to believe that their original ideas about the differences between women and men were not necessarily accurate.

Decisions about safer sex are also based on gender. Overall, women reported awareness about the importance of practicing safer sex with men for protection against STIs and pregnancy. This was linked to their suspicion of men who had the potential to be "dangerous" and untrustworthy. On the other hand, women in my study were not concerned about safer sex between women. Only three respondents used safer sex methods with their female partners. Overall, respondents had little knowledge about the risk of transmitting diseases and infections while having sex with women. Moreover, most the respondents are unaware of the barrier methods to protect against STIs. Dental

dams were the most frequently referenced method for protection. The majority of women did not know where to purchase dental dams or how to use them. Moreover, they were not motivated to use dental dams because they thought they were awkward and cumbersome and likely to diminish sexual pleasure. The improbability of using dental dams is augmented by the respondents' false sense of security about having sex with women. This is described as a "culture of immunity" by researchers who document the low level of awareness about STIs in the lesbian community and the belief that women who partner with women are exempt from STIs. Future public health campaigns need to inform women who have sex with women about the risk of disease transmission as well as methods of prevention. A more sophisticated understanding of women who have relationships with women and men will help devise and implement safer sex campaigns as well as other health promotion initiatives that address this population. This will be discussed in more detail later in the chapter.

Future research: the model of sexual fluidity

This study shows that sexual identity, behavior and attraction, when examined as separate entities, do not provide a complete representation of women's sexuality. These dimensions must be considered as distinct yet inseparable aspects of a person's life that work together, in conjunction with societal notions of sex and gender, to create a complex picture of women's sexuality. This includes addressing the shifts in sexual identity and behavior over the course of women's lives. Recent scholarship has focused on discordance between identity and behavior as a variable to measure health outcomes. As previously discussed, this method is limited when addressing heterosexual women who

have sex with women. It is also lacks the ability to address bisexual populations because bisexual behavior is so difficult to define. We are able to determine bisexual identity through self-definition (asking participants if they identify as bisexual), but how do we define bisexual behavior? People who self-identify as bisexual express a wide range of sexual behavior and sexual partner choice. Is the definition of bisexual behavior simultaneous sex with women and men? Or do we define bisexual behavior as sex with both women and men over an established time period but not necessarily something that occurs simultaneously? Furthermore, how do we consider the role of monogamous relationships? If a bisexual woman is married and only having sex with her husband, is her sexual identity discordant with her sexual behavior? Or, if a woman is single and bisexual, and only has sex with women, is her identity and behavior incongruent? If we define bisexual behavior as sex with women and men regardless of whether the sex occurs simultaneously or not, married monogamous bisexual women and bisexual women who only have sex with women, will be considered discordant. It is problematic to categorize all of these women in the same category because their life experiences and the implications for health are dissimilar. Researchers must be careful about defining discordance and making assumptions about the behaviors that it measures. One way to capture the relationship between a woman's sexual identity and behavior that is inclusive but not limited to discordance is through Diamond's model of sexual fluidity. Her approach is useful to consider as we move forward in this area of research.

Diamond (2008b) developed the concept of sexual fluidity during her ten year longitudinal study with lesbian, bisexual and "unlabeled" women. The results from her study show that women change identity labels and behaviors over time. She argues that

"sexual fluidity" captures a woman's ability to move between sexual identity categories as well as between relationships with women and men. Fluidity does not replace the existing dimensions of sexuality (identity, behavior and attraction) but rather adds a new component. In the following section, I will briefly address the four main tenets of sexual fluidity and illustrate how the findings from this study substantiate her model. In addition, I suggest ways in which to build on the model to advance future research on women who have relationships with women and men.

The first component to Diamond's model of sexual fluidity is that "women, do in fact, have a general sexual orientation" (Diamond, 2008b, p. 86). Diamond defines sexual orientation as "a consistent, enduring pattern of sexual desire for individuals of the same sex, the other sex, or both sexes, regardless of whether this pattern of desire is manifested in sexual behavior" (2008b, p. 12). A woman's general orientation can be towards women, men or both women and men. Sexual behavior or a sexual act does not necessarily change a woman's general sexual orientation. Sexual fluidity allows women to have a "primary" attraction without discounting what some might consider conflicting desires. This aspect of sexual fluidity is illustrated by the respondents in my study. For example, Sharon and Nina (discussed in Chapter 3) self-identify as heterosexual while their life circumstances offer them the opportunity to form strong physical and emotional bonds with women. Similarly, Abigail, a fifty-one year white woman married to a man, also expresses a general orientation towards men despite her attraction to women. She says,

> I think in a primary situation... in a primary situation, I would probably, especially sexually, prefer a man long-term…simply because the very make-up of women, either personality or physical makeup, might simply be that I might be more

> interested in men than a woman…I think I'm probably attracted to men more than I am a woman.

Vera, a twenty-one year old white woman, captures her lesbian orientation in a discussion with friends. She explains,

> My friends told me. 'Vera, you're not bi, you're a lesbian.' And I went, 'No, I'm not, I'm bi.' And they're like, 'No, Vera. Think about it. Do you have any male crushes?' And like for days I thought about this. And to this day I have come up with two. So I thought, 'I guess they are right. I really am a lesbian.' So that kind of completely shook my world.

This aspect of Diamond's model validates the continued use of sexual orientation as a category of analysis. Her study, like mine, shows that it is applicable to women's lives. However, it cannot be treated as a rigid concept. Rather, sexual orientation needs to be viewed "as multidimensional and dynamic" (Diamond, 2008b, p. 256). This leads to the next characteristic of sexual fluidity.

The second component to Diamond's model is that in addition to a general sexual orientation women possess a capacity for fluidity. Fluidity is a woman's "sensitivity to situations and relationships that might facilitate erotic feelings" (2008b, p. 84). Fluidity can "trigger either same-sex or other-sex attractions" based on environmental cues. For example, a woman might be more likely to have a same-sex relationship if she develops close bonds with other women. A same-sex relationship might be prompted by meeting the right woman at the right time. For example, Eleanor, a forty-five year old white woman in this study, just began her first relationship with a female. She met her current partner at a community event. Previously, she had not considered a same-sex relationship. However, this scenario "triggered" her same-sex desire. Claudia, on the other hand, primarily considered herself a lesbian. However, when she was exposed to a more "heterosexual" work environment she met her current partner who is a man.

Although she might have always had attractions for men, it was her work environment

and meeting the "right" guy that prompted her other-sex relationship.

Diamond contends that women who become aware of their "fluidity," and their

potential to have relationships based on situational factors, are less likely to endorse

and/or adopt sexual identity labels. They reject the idea of "fixed sexual selves"

(Diamond, 2008b, p. 86). Many of the women in my study support this finding. For

example, Angelica does not like to label herself. She has been in relationships with

women for twenty years but still resists calling herself a lesbian. She says,

> I think lesbian sounds like a disease. I just hate the word, I think it sounds ugly. It
> doesn't sound good…I mean it really, to me it really, to me it's just not about how it's
> a man and a woman, it's how the relationship [is] working for you, you know…It
> wasn't important for me to label myself…I don't care for conformity, I hate it.

Leslie also dislikes the idea of labeling her sexuality. She explains,

> I don't really like to identify. I mean, I know that's like the big thing that like I don't
> like to identify, just because like I am – I don't really – I'm not really sure at this
> point…Like I am attracted to both sexes. I enjoy relationships with both sexes. I'm
> just not really – so I guess that falls into the category of bi…I mean if someone like
> asked me to like identify myself than I would say 'bi.'

In the past, "ambivalence about labeling one's sexuality has been treated as a sign of

maladjustment, confusion, or inauthenticity" (Diamond, 2008b, p. 86). As a result,

respondents who were "unlabeled" were eliminated from research samples and their

experiences were dismissed. It would be useful to add questions that provide space for

patterns of sexual fluidity to emerge in research studies rather than excluding women

who do not fit into current sexual identity.

The third component to sexual fluidity theorizes that the duration of a woman's

attractions and relationships are influenced by facilitating factors in her environment

(Diamond, 2008b, p. 84). As a result, "sexual attractions triggered by fluidity may be

temporary or long-lasting, depending on how consistently a woman encounters the facilitating factors" (Diamond, 2008b, p. 84). These situational factors determine the length of same-sex or other-sex attraction. For instance, a heterosexual woman who does not anticipate same-sex feelings might pursue a relationship with a woman if she develops a stable-intense, mutual bond with a female. This experience might not occur if her attractions for this woman are not reciprocated or if she does not fall in love with the woman. The opposite scenario might be true for lesbians. Devon, a lesbian in this study, had a short-term relationship to a man that was triggered by facilitating factors.

In general, she is not interested in having relationships with men. However, she became involved with an other-sex relationship due to a friendship that formed through work. Their relationship might have lasted for a long period of time except for the fact that he was married and unwilling to leave his wife. According to Diamond's model, Devon might have experienced a lengthier relationship with this man if he was available for a more committed relationship. Devon is an example of someone whose sensitivity to other-sex relationships was triggered by interpersonal facilitating factors. Diamond does not directly address how facilitating factors are defined by larger cultural institutions. It would benefit future research to approach facilitating factors through a micro as well as a macro level of analysis.

Intersectionality accounts for the ways in which social structures create group membership and then oppress and privilege people based on whether they are members of the group in power (Collins, 2000). For example, in the case of sexual identity, women receive privilege from their heterosexual status and relinquish privilege if they identify as lesbian. In the example of race, African American women experience a loss

in status and power because Blacks are oppressed whereas white women have more access to power and wealth. As a result, intersectionality explains the ways in which oppression limits some women's options for sex and sexuality while others benefit from sexual freedoms. My data illuminate this interaction between intersectionality and sexual fluidity. Natalie, a forty-year old African American woman who primarily identifies as heterosexual, is an example of this dynamic process.

Natalie's socioeconomic status limits the facilitating factors that have the potential to enrich her same-sex relationships. She currently considers herself among the working poor. She lives with a male partner who is a drug user that does not financially contribute to the household. She supports three children in addition to her partner. She does not disclose her same-sex desire to her male partner because she knows that he would not tolerate bisexuality. Nonetheless, Natalie has secretly attempted to meet other bisexual women online throughout the past several years. She has met one woman online with whom she has socialized and had one sexual encounter. However, they do not have any private space or time away from her children to explore the sexual side of their relationship. They both live with their male partners in small apartments that do not provide space for privacy. Natalie cannot afford to pay for a hotel room or a babysitter to watch the children so that she can spend unmonitored time with her "girlfriend." Furthermore, she spends most of her time working to support her family which leaves little time for recreation. Natalie expresses a strong desire to have sexual contact with her female partner, but realizes that she cannot afford to make it happen. Natalie's limited access to time alone with her girlfriend is very different than the women in the sample whose middle-class status gives them the opportunity to move away to colleges and

universities at their parents expense and have the time and space to discover sexual relationships with women. Future research with women who have sex with women would benefit from a closer analysis of multilevel facilitating factors that work to limit or create sexual fluidity.

The fourth factor of the model states that women fall along a continuum of sexual fluidity (Diamond, 2008b). Diamond argues, "Just as women have different orientations, they have different degrees of sensitivity to the situational and interpersonal factors that trigger fluidity" (2008b, p. 84). As a result, "two women may be exposed to the same set of potential 'triggers,' [and] one will experience the development of unexpected same-sex attractions whereas the other may not" (Diamond, 2008b, p. 84). There were women in my study who experienced similar "triggers" with different results. For example, recall Melanie in Chapter 4 who was exposed to gay and lesbian friends and a gay-friendly environment on multiple occasions before exploring her same-sex attraction. Other women, like May, were exposed to similar environments and acted on her same-sex desire almost immediately. Or take, for example, Hope and Jo, who "came out" as lesbian in Southern communities that were intolerable of homosexuality. Yet Abigail, who also resides in a rural Southern town, has not yet acted on her same-sex desire.

In order to improve the health of women who have relationships with women and men, we need to address sexual fluidity in conjunction with sexual identity, behavior and attraction. Diamond argues, sexual fluidity needs to be "at the center rather than on the margins of our understanding of female sexuality and its development over the life course" (2008b, p. 90). Currently, women experience discrimination and prejudice from those who do not understand sexual fluidity. Diamond argues,

Many of the women in this study expressed embarrassment when explaining changes in their sexual feelings, relationships, or identities because they had internalized the prevailing cultural message that such experiences were highly atypical.

For some women in this study, this meant keeping their bisexuality a secret. For example, Claudia says, "I never told any[one] I was bisexual because shades of gray aren't easy for straight people." Jo only revealed her bisexuality after establishing a close relationship and trust with a person. She explains,

I mean I would have had to have been really connected with somebody having a conversation to say you know, 'I know it's not politically correct but I really do feel like I'm bisexual.' And I would say, you know, and 'it's because I'm attracted to the person, not the genitalia.' But you know somebody that's totally gay, they don't get that. Or somebody that's totally straight, course some people think there's no such thing [as bisexuality]…

Faith is hesitant about sharing her bisexuality with her close friends. Her lesbian friends, in particular, criticize Faith about her recent attractions for men. She explains,

I was so deeply involved in the lesbian community and, or the gay community and you know, most of my friends…were you know, gay and lesbian and so when I started having attraction and feelings for a man again after so many years, they didn't really take it well at all… I mean…my friends were not really cool with it, so I, I had issues with it myself and I think I just tried to you know, kind of hide it or you know, [Laughter] not deal with it for a while.

Hope has a similar experience as Faith. She says:

Not all of my friends, not all of my lesbian friends know that I also am still attracted to men. Mainly because a lot of them - there are a lot of lesbians and gay men who think people who are bisexual are confused, you know?…I just keep it separate. I don't say anything to them one way or the other…They think you should choose to be with one or the other. Either you're going to be straight or gay.

Ella sums it up with the following statement. She says, "I guess it's really hard being bi, because you get so much resistance from almost everyone." Resistance to bisexuality from lesbian and gay communities as well as heterosexual people exemplifies prejudice

against women who do not have static sexual identity trajectories. Validating the concept

of sexual fluidity and bisexuality through research and community action has the

potential to improve the health of women who have relationships with women and men.

Considering the concept of fluidity will also help us understand sexuality outside

of the realms of community. In particular, it has the potential to advance our

understandings about women who seek casual sex with women through the internet.

I found a large percentage of the respondents for this study by posting an ad on Craig's

list (as discussed in Chapter 2). These respondents also used Craig's list to find other

bisexual women. The women discussed the sexual nature of the ads on Craig's list and

the numerous postings for women looking for sex with women "without strings

attached." In many cases, the women emphasize the need to be clandestine and

"discreet." These ads often include picture of their breasts, legs, and genitalia but not

their face. The text in the ads is very sexually explicit. The following ad is one example:

> It's getting late and I want to lick a shaven sweet pussy tonight. The thought of
> sucking wine out the core of your navel while you lay back and watch a girl on
> girl flick makes me quiver. I need a size 7-10 woman to please on a regular., Not
> looking for it in return. I love the smell of a sweet pussy on my face and would
> not mind taking care of the right woman on all levels... I like Bi-woman who want
> the best of both worlds. (www.atlanta.craigslist.org/w4w)

And here is another example of a posting on Craig's list. This posting is more direct

about the time of the sexual encounter. There are three pictures of her in lingerie

attached to the posting (although not included here). She writes:

> Do you want to feel a woman's touch this MONDAY morning? Nice round ass,
> dd breasts, and a wet juicy..... I'm a pillow princess seeking an agressive FEMME
> this morning. I want to be massaged, teased, rubbed, and pleased. I want to feel
> your breasts against mine....I want to be rubbed and and explored before you yum
> yum!
>
> You MUST be Attractive, Disease, Drama, Drug free (420 ok), No larger than

> size 16, White Femme preferred, but open, Shaven and smell good and must I say it...NO MEN (www.atlanta.craigslist.org/w4w)

Another woman posts the following ad:

> Check out the pics and let's make this happen tonight, no games or spam please. You must have a full nude body and face pic. If I don't respond it just means I'm not interested. (www.atlanta.craigslist.org/w4w)

It appears that these women do not identify as lesbian or bisexual yet they actively pursue sexual contact with women. Many of them explicitly mention that they are "attached" therefore want someone "discreet." Some respondents in this study were aware of groups of women who connected with each other on Craig's list, arranged to meet for drinks in a hotel lobby, and then went upstairs to the hotel room to have group sex. Another mentioned that similar outcomes result from women meeting other women on phone lines. All of these incidents, although mostly anecdotal, indicate that there is more casual same-sex behavior occurring between women than is acknowledged by society and the key players in public health. This population remains hidden but is worth further exploration. Research about finding sexual partners online has mostly focused on men having sex with men with scant attention to heterosexuals. These studies indicate that people who seek sex partners online may be at greater risk for STIs and HIV (Bolding, Davis, Hart, Sherr & Elford, 2005; Bolding, Davis, Sherr, Hart & Elford, 2004; Bull & McFarlane, 2000; Elford, Bolding, Davis, Sherr & Hart, 2004; McFarlene, Bull & Rietmeifer, 2002). Research about the role of the internet and sexuality need to include women who solicit sex from women online. This needs to include a gender analysis.

In this study, women spoke at length about the gender differences between their male and female partners. However, less attention was dedicated to exploring the meaning of one's own gender identity and how that influenced sexual relationships. Yet,

as exemplified above, there are indications that women's sexual behavior is often outside

of traditional gender roles. Future research should consider the ways in which self-

perceptions on gender influence a woman's sexual identity and her sexual behavior.

Some research suggests, "Women and men demonstrate stereotypical difference to the

degree that they identify with socially defined gender roles" (Teigs et al., 2007, p. 449).

In future studies, it would be useful to ask women about their self-perception of gender

and explore how their gender conformity (or lack of gender conformity) informs their

sexual partnerships. One study finds, "both genders appear to experience much more

sexual freedom from society's gender roles once they enter a relationship" (Tiegs et al.,

2007, p. 454). This is an interesting concept to pursue. A woman's adoption of gendered

traits might shift her relationship dynamics as well as her decisions about sex. Women

who have relationships with women and men are an ideal population with whom to

explore gender differences because they have means for comparison between men and

women.

Public health concerns

     To promote better health for women who identify as bisexual, as well as those

who participate in same-sex relationships without a bisexual identity, we need a

multifaceted approach to public health campaigns. This requires programs based on

identity, behavior and the real life implications of sexual fluidity. Research and

interventions based on community have been a typical approach for public health

campaigns. This method has gained some success in gay and lesbian communities. For

example, the high rate of lesbian with cancer was the impetus for several organizations

and non-profits that focus specifically on educating lesbians about cancer and providing

support for those who are diagnosed with the disease (see for example, the Atlanta

Lesbian Health Initiative, http://www.thehealthinitiative.org). Similar efforts are difficult

to achieve for bisexuals since there is not an organized community in Atlanta. There is

not a central location or organization from which to disseminate important health

information. Respondents in this study felt discouraged by the lack of a bisexual

community available for support and information. For example, I asked Faith if she

looked for a bisexual community in Atlanta. She says, "I tried, there's been times when I

tried to seek out like more of the bisexual community and never found it." I asked

Melanie, "Do you think there needs to be a bisexual community?" She responded:

> Yeah and not one [a community] in a sense of we all like males and females so
> we should all have sex with each other's males and females but in a sense that,
> you know, I like what I like when I like what I like and that's just who I am and
> it's not the easiest thing and it'd be nice to talk to somebody who
> understands…Like-mindedness. I think the like mind, the meeting of the minds.

Like most of the participants in this study, Melanie is looking for someone who

understands life as a bisexual because it is "not the easiest thing."   She specifies that this

is not about meeting sexual contacts but rather for emotional support. Vera also hopes

for a community for bisexuals. However, she has not been able to find one. She says,

> I was…looking for a bisexual community, because there's just really nothing out
> there. I mean, there are no books, there are no - well, there's one book…and that
> was really helpful, but it's just a book. It's not a community. And it's crazy…I
> wanted a community that was mine. And it's hard to find one in the middle.

Vera wants a community that is "hers." The need for face-to-face contact, connection

and sharing lived experience can not be replaced by a book about bisexuality. Dena

expresses a similar sentiment. She believes that there are bisexual people in Atlanta but

that most of them choose to remain "hidden" about their sexuality. She explains,

> I think there are a lot of bisexual people. I don't know if we formed a community. But if they are, they're very hidden. So, you know, 'cause I guess I think community, I think of like the married [and bisexual] boards that I'm on, you know, or like a community where you support one another or… there are places where you can go for support or discussion or to hang out, you know, to hang out or socialize. Whereas, I don't…it seems like there are a lot of little undercover things…it's like everything is like hidden and undercover.

It is difficult for Dena to locate other bisexual women because they are not "out" about their same-sex desires. Some respondents are aware of lesbian community events and meeting places but they do not feel welcome. The women in my study did not benefit from community health initiatives or programs geared towards the lesbian community.

In Boston, there is an active and well-organized bisexual community, including Fenway Community Health center which focuses on LGBT concerns. At Fenway, the "BiHealth Program" is a community-based approach to "meet the range of mental and gender health support needs of bisexual people" (Ebin & Van Wagenen, 2006, p. 167). This program addresses individuals based on sexual identity and behavior and "in tandem" when appropriate (Ebin & Van Wagenen, 2006). Services include support groups for mental health issues, safer sex outreach, STD and HIV prevention, in-house sex-positive workshops, and phone counseling. Only three women in this study were aware of these resources. The remainder of respondents in Boston did not feel like they "belonged" to this type of community or were simply unaware that it existed. In recent years, Fenway's funding, which comes primarily from the state of Massachusetts, has been directed toward services for men with a reduced amount geared towards the health of bisexual women. Better funding would enable Fenway to reach more women. However, any efforts made to improve the lives of bisexual women will need to be wide spread through additional communities as well.

Bisexual activists have made great strides in their fight for bisexual inclusion in the lesbian community. This needs to continue with an emphasis on how bisexual women share some of the same concerns as lesbians but more importantly how they also have distinct needs and health concerns. Interestingly, prejudice against bisexual women persists in the face of research that shows a high percentage of women who claim a lesbian identity have recently had sex with men (Diamond, 2008b, Dolan, 2005). Diamond's study shows that a significant percentage of lesbians are likely to pursue sexual relationships with men in their lives (2008b). Outright rejection from the lesbian community prevents bisexual women from receiving important information about their health from community venues. All of the women in this study spoke of discrimination and open hostility toward bisexual women from lesbians. As a result, most women did not feel welcome in the lesbian community unless they hid their attraction for men. For example, Maria says, "When I said I was bisexual, lesbians didn't want anything to do with me." Ella was told by one lesbian, "I don't date drug addicts or bisexuals." The lesbian community needs to actively work against the biphobia that exists in the lesbian community. Lesbian communities that accept sexual fluidity as a realistic and healthy sexual choice will be better suited to address the needs of women who have relationships with women and men regardless of sexual identity.

In addition, efforts to reach women who have relationships with women and men should be made through public health campaigns that already address heterosexual women. As evident in this study, many heterosexual women have emotional and physical relationships with women in addition to men. This should be recognized among professionals that conduct research and health promotion with heterosexual populations.

For example, information about safer sex can be disseminated through these avenues. Heterosexuals can also benefit from safer sex messages that are geared towards women who have sex with women if it is presented in an inclusive manner. The same preventive measures for safer sex between women can be applied to oral sex between heterosexuals. The health educators at Fenway Community Health declare:

> Services for gay and lesbian people and services for straight people are also services for people who are bisexual…the inverse is true too—services for bisexual people are also services for people who are straight and gay and lesbian. (Ebin & Van Wagenen, 2006, p. 174)

In other words, the same information about safer sex, if inclusive of a variety of sexual identities and behavior, can reach people in an array of communities with a range of experiences.

Health outreach for women who have sex with women and men must take place online. Ninety-five percent of the women I interviewed did not have another bisexual friend. Yet all but one respondent searched for other bisexual women online. Recent research has showed success with health promotion and prevention campaigns on the internet especially with isolated groups (Bolding et al., 2004; Breshnahan & Murray-Johnson, 2002; Hill & Weinett, 2004; Orevec, 2000; Rhodes, 2004; Shaw et al., 2006). Important health information for women who partner with women and men should be disseminated through yahoo groups and websites that are easy to find through search engines like Google. This information should address women based on identity as well as behavior. Furthermore, it is feasible to reach women who have relationships with women and men through chat rooms and websites dedicated to dating and relationships. Craig's list is one website that would reach women searching for female sexual partners.

The material distributed for women must be sexy and eye-catching as well as informational.

Safer sex promotion for women who have relationships with women and men

The respondents in this study reported that dental dams inhibit pleasure, ruin spontaneity, and are uncomfortable to use. Their perspectives on dental dams are similar to popular opinions about condoms. For example, one study about condoms showed that "any artifice that interferes with the pleasure of sex is likely to be avoided or accepted reluctantly" (Randolph, Pinkerton, Bogart, Cecil & Abramson, 2007, p. 844). Recent recommendations from sex educators suggest that sexual health "promotion campaigns should work to emphasize the pleasure-enhancing aspects of" safer sex (Randolph et al., 2007). Some argue, "Pleasure – and even sex itself – has been noticeably absent from much of the dialogue surrounding STI and the spread of HIV/AIDS" (Philpott, Knerr & Maher, 2006, p. 2029). It is important that pleasure remain the primary foundation for safer sex campaigns because it is one of the main reasons why people seek out sexual activity (Abramson & Pinkerton, 2002; Philpott, Knerr & Maher, 2006). This approach is supported by the WHO working definition of sexual health. It states:

> Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences…(www.who.int/reproductive-health/gender/sexualhealth)

Safer sex programs geared toward women who have sex with women would benefit from an emphasis on pleasure. This would help overcome the negative perceptions of dental dams as pleasure-blockers. Public health interventions would gain success from making

dental dams appear as sexy as possible, like campaigns that devise "erotic ways of sexing up" condoms (Philpott, Knerr & Boydell, 2006, p. 24).

Current campaigns for condom use have been built on "scare tactics that emphasize adverse consequences of sexual acts" (Philpott, Knerr & Maher, 2006, p. 2028). Future initiatives for safer sex between women should provide accurate information about disease and infection without promulgating fear and shame. In conjunction with the emphasis on pleasure and safer sex, women need to be informed that disease and infections are transmitted between women. Several women in this study reported contracting a STI from a female partner. In addition several respondents were diagnosed with a STI and then had unprotected sex with female partners putting them at risk for infection. Disseminating this knowledge will help women make informed decisions. Furthermore, as part of safer sex education, it is important to openly acknowledge that women's sexuality is fluid and that this is appropriate. The shame and derogation women feel about unfixed sexual identity leads to secrecy. This prevents women from being open and honest with friends, family and health care practitioners – all of whom are important sources of support for health and well-being.

Conclusion

The women in my study exemplified sexual fluidity in many different forms. Sexuality is not static in many women's lives. In fact, a woman's sexual identity is likely to shift several times throughout her life course based friendships, peer networks, social environment and familial ties. Prominent researchers of bisexuality, Weinberg ,Williams and Pryor (1994), state:

> Instead of assuming that sexual identities represent enduring sexual 'truths,' it may be more productive to think of identity as 'the choice of a particular perspective from which to make sense of one's sexual feelings and behaviors…(1994, p.)

Sexual fluidity is one such perspective to capture the ways in which women make sense of their sexual identity. Yet fluidity is not widely accepted or recognized by lesbian and gay communities or heterosexual populations as something that is "normal" or "healthy." This has a major impact on the health of women who partner with women and men throughout their lifetime. More research on women who have relationships with women and men that authenticates the complicated and dynamic interaction between sexual identity, sexual behavior, and attraction, as well as sexual fluidity, will enhance our understanding of women's lives.

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