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Few therapists are trained to provide affirmative, effective therapy for clients who are sexually nontraditional and from various multicultural backgrounds. The author explores several models that can be used to increase students' understanding of such clients. Pederson's Triad model uses the theory of three conversations at work in the counseling process: (1) the overt verbal and nonverbal expressions between therapist and client; (2) the client's covert internal conversation about the counselor and the counseling process; and (3) the therapist's covert internal conversation about the client and the counseling process. Two additional people, who serve in the roles of pro-counselor and anti-counselor and are of a similar background to the client, give voice to unexpressed feelings of the client. The Klein Sexual Orientation Grid (KSOG), a self-report instrument, allows the identification of seven variables: sexual attraction, sexual behavior, sexual fantasies, emotional preference, social preference. self-identific tion, and heterosexual/gay lifestyle. It demonstrates the fluidity of sexual orientation. A third tool is the sharing of coming out stories of bisexual women and men. Finally, mixed orientation marriages and racially mixed marriages are addressed and 13 specific training techniques for therapists countering biphobia are discussed. Contains 27 references. (KM)



Empowering Multiple Cultural Identities of Bisexual Women and Men

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

On Training Helping Professionals to Affirm Bisexual Women and Men's Multiple Cultural Identities

Sexology and other helping professions have often ignored or misplaced bisexuals. At the same time, social stigma has kept many bisexuals closeted, and fears of rejection from heterosexuals and/or lesbians and gay men, as well as a lack of bisexual visibility all contribute to persons not identifying openly as bisexual. As more bisexuals emerge and seek affirmation, there is a concomitant need for bifriendly psychotherapy training, practice, and research (Hayes, 1991a).

A brief review of the literature in psychology and other helping professions evidences scant attention and clinical or case material in working with bisexual women and men, as well as other sexually nontraditional populations such as transgender persons and lesbians and gay men. The exclusion of sexually nontraditional populations is especially evident in the training of psychotherapists. In a recent survey of clinical and research trends in clinical psychology (Sayette & Mayne, 1990), few if any clinical programs offer schools with a research area in sexuality. Of the schools that do, 15 offer programs grouped under the heading "Sexuality/deviation/dysfunction." There is no listing of schools that offer affirming education and training in working with bisexuals, lesbians, gay men, and transgender persons. Yet, the same study indicates that for clinical psychology programs with specialty clinics, sex therapy is the 15th most popular program



area, offered at 18 schools. In a recent study of Ph.D. students in clinical psychology and counselor education (n=87), Hayes & Pepe (1993) found just under 50% of students in both programs had some training in working with lesbian, bisexual, and gay persons. Yet, many of the students received their training outside their Ph.D. program. At the same time, students in both programs showed low interest in sexuality issues for persons with disabilities, people of color, children & adolecents, and for older persons' sexuality. Hayes & Pepe (1993) hypothesize that the more doctoral level students are trained in their programs on sexuality and cultural issues, the more that students will seek out these areas clinically.

At the same time, in a review of how cross-cultural issues are taught in psychology training programs, Mio & Morris (1990) lament the slow implementation of multicultural training in psychology departments. The helping professions continue to perpetuate cultural biases in part due to the rigid separation of specialty areas and academic turf battles (Pederson, 1988). Bisexual women and men of multiple cultural identities need therapists who are well-trained in sexuality and multicultural counseling and therapy for optimal mental health. To alleviate the rigid compartmentalization of sexuality and multicultural counseling, Hayes & Jackson (1993, in press) developed a graduate level Sex Counseling course at Kent State University for counseling and psychology trainees. The course intensively addresses



sexuality and multicultural issues together to empower therapists to work accurately with client's multiple cultural identities.

They employed Pederson's Triad model of multicultural counseling (Pederson, 1988) as a training strategy to help students understand the world view of bisexual, lesbian, gay, and transgender clients of multiple cultural identities.

The Triad model (Pederson, 1988) is a training model developed by Pederson in Indonesia, where counseling students often referred to the "ghosts" at work in counseling sessions. The triad model emphasizes that there are always three conversations at work in a counseling dyad: (1) the overt verbal and nonverbal expressions between therapist and client; (2) the client's covert internal conversation about the counselor and the counseling process; and (3) the therapist's covert internal conversation about the client and the counseling process.

The Triad model makes the second conversation overt (i.e., the client's internal thoughts and feelings about the counselor and the counseling process). This is implemented by adding two additional persons to the counseling dyad who closely match the client in terms of cultural/sexual identities. These persons serve in the roles of pro-counselor and anti-counselor. The anti-counselor voices the client's unexpressed feelings of displeasure and uncomfort about the therapist's lack of cultural/sexual awareness. It is the anti-counselor's role to convince the client that the therapist doesn't know what she or he is doing as well as the anti-



counselor knows the client's cultures. The pro-counselor voices the unexpressed feelings and thoughts of the client when the therapist makes effective, culturally appropriate and affirming interventions.

With three dialogues occuring simultaneously, the training process is intensified because the therapy trainee is able to use both positive and negative cues from the anti- and procounselors to quickly correct mistaken assumptions and interventions, and thereby recover effective interactions with a sexually and culturally nontraditional client. Feedback from students in the course has been excellent in their ability to gain confidence in working more competently with the multiple oppressions faced by bisexual, lesbian, gay and transgender persons with multiple cultural ident ies. (Hayes & Jackson, in press).

Bisexual Basics for Empowering Clients

A sampling of research and theory addressing the needs of bisexuals includes Klein, Wolf, and Sepekoff (1985), who created the Klein Sexual Orientation Grid (KSOG). Departing from Kinsey's (Kinsey, Pomeroy, Martin, 1948) unidimensional scale of sexual orientation, which focused exclusively on sexual behavior, the KSOG is a self-report instrument that allows the rater to identify seven variables of sexual orientation based on the person's past, present, and ideal conceptualizations. With the KSOG model, the seven variables comprising a person's sexual orientation



are:

- (1) Sexual Attraction (gender(s) you are/were attracted to)
- (2) Sexual Behavior (gender(s) you had/have sex with)
- (3) Sexual Fantasies (gender(s) you had/have fantasies about)
- (4) Emotional Preference (gender(s) desired for emotional support)
- (5) Social Preference (gender(s) you prefer to be with socially)
- (6) Self-identification (how you label your sexual orientation)
- (7) Heterosexual/Gay Lifestyle (community involvement/affiliation)
 This model affirms all sexual orientations and is particularly
 useful for bisexual-identified persons because it demonstrates the
 potential fluidity of sexual/affectional orientation over the
 lifespan. Use of the KSOG helps bisexual women and men to define
 and embrace their identity as bisexual, and allows persons of other
 sexual orientations to break the dominant culture myth of
 monosexuality: that there is only an either-or dichotomy of
 sexual orientation (heterosexual or lesbian/gay).

Another important tool in nurturing bisexuals' multiple cultural identities is the use of coming out stories of other bisexual women and men. Recently, the publication of Bi Any Other Name: Bisexual People Speak Out (Hutchins & Kaahumanu, 1991), portrayed the stories of over 70 bisexual persons of varied gender identities, cultural and ethnic backgrounds, spiritual/religious affiliations, social class identities, and ages, demonstrating the diversity of cultural identities within bisexual communities. Recent research by Klein & Wolf (1985); Fox (1992); and Rust (1992,



1993) demonstrates the multiple cultural identities of bisexual persons across multiple cultural identities.

The last ten years have seen an emergence of bisexual cultures in the United States and internationally (Hayes, 1991a). Reynolds and Pope (1991) discuss the importance of looking at multiple oppressions in counseling. For bisexuals, this means being aware of both lesbian/gay and heterosexual cultures, and accounting for connections between oppressions. For example, the interface of oppression between bisexuality and one's gender, ethnic/racial background, age, religious/spiritual affiliation, level of ability/disability, marital/partnership status, social class, and other cultural identities in addition to sexual orientation. example, persons with membership in dominant culture(s), such as heterosexuals, white people, and able-bodied persons, have individual, cultural, and systemic power and priveleges over person in nondominant, targeted cultural groups (bisexuals, lesbians, and gay men, people of color, and persons with disabilities). So, for a bisexual Latina living in the United States, multiple oppressions are at work in the forms of sexism, biphobia and heterosexism, and racism. An integral function of the therapeutic process is helping clients to examine how multiple oppressions impact their identities across cultural variables. By valuing each cultural identity as well as the ability to overcome oppression, a bisexual person with multiple cultural identities is affirmed therapeutically.

Research also indicates that there are specific issues for



couples when one partner identifies as bisexual. Matteson (1991) states that for couples dealing with a partner's bisexuality:

The most threatening thing is the emotional intimacy, not the sexual intimacy. If anybody experiments enough to get beyond the immediate jealousy issues, then the issue really isn't sex, it's the threat that your partner will love someone else.

In working with mixed-orientation marriages or couples, Matteson uses the metaphor of working with interracial families, in which the individual must deal with two cultural identities. Lourea (1985) advocates use of the PLISSIT model for working with bisexual persons and their partners, and the importance of bisexuals and their partners connecting with others in similar situations for support. The PLISSIT model, developed by sexologists as a diagnostic tool for evaluating the need for sex counseling and therapy, evidences four stages that are contained within a reverse pyramid; that is, most clients are in need of permission and/or limited information from therapists, few clients are in need of intensive therapy, as follows:

P- Therapist Gives Permission for New Behaviors

LT- Imparting of Limited Information

SS- Use of Specific Suggestions

IT- Intensive Therapy

Lourea (1985) identifies six major areas for counseling couples with a bisexual member:

(1) Homophobia



- (2) Question of Choice
- (3) Insecurities
- (4) Monogamy versus Open Relationships
- (5) The Effect on Children
- (6) Coming Out.

Effective counseling and psychotherapy with bisexuals also includes awareness, knowledge, and skills in using the following concepts toward optimal healing:

Bifriendly. Lesbian, bisexual, gay, and heterosexual persons who actively nurture, support, and celebrate bisexual women and men and the emerging bisexual cultures.

Biphobia. The irrational fear and/or hatred of same-sex and opposite-sex attractions, fantasies, and/or behaviors in self or others. It is manifested in internalized (self-hatred, shame, guilt) and externalized forms (other's hatred/anger, violence, and discrimination directed at bisexual women and men) (Hutchins & Kaahumanu, 1991).

Bisexual Coming Out Process. A growing body of authors posit a separate bisexual coming out process that has similarities to lesbian/gay identity development, but important differences in multiple oppressions, including age and relationship history in terms of gender ratterns. (Lourea, 1985; Golden, 1987; Schuster, 1987; Reynolds & Pope, 1991; Evans & Wall, 1992; Fox, 1992; Rust, 1992; 1993).

Bisexual Identity Development. Golden (1987) states that a



bisexual identity may have more stigma than a lesbian identity, in part due to the lesbian/gay community's unsurety about bisexuality. Rust (1993) sees sexual identity formation as "an ongoing dynamic process of describing one's social location within a changing social context." Therapists help bisexuals in their identity development in the following ways: By completing a thorough sex and relationship history; by not presuming or labeling a client's sexual orientation for her or him (in many cultures, bisexuals and lesbians/gays/transgender people exist, but they are not labeled as such within the culture); by acknowledging other social systems in the therapeutic context, such as family of origin and family of choice; by working through multiple oppressions and thereby honoring multiple cultural identities; and by encouraging clients to be active in the bisexual/lesbian/gay/transgender communities and liberation movements.

Heterosexism. Power plus prejudice used by heterosexuals (knowingly or unknowingly) in societies, through individual and institutional actions, that deny basic human rights and dignity of lesbian, bisexual, and gay persons. Members of the targeted group (lesbians, bisexuals, gay men) are denied priveleges and power by dominant group members (heterosexuals).

Homophobia. The irrational fear and/or hatred of same-sex attractions, fantasies, and/or behaviors in self or others. It is mainfested in internalized forms, such as self-hatred, shame, and



or guilt, and in externalized forms, such as others' hatred/anger, violence, and discrimination directed at lesbian, bisexual, and gay persons (Pharr, 1987; Blumenfeld, 1992).

Monosexual. A person who is exclusively attracted to one gender. Monosexuals are at risk for incorrectly assuming a dichotomy of sexual orientation, that is, that everyone is either heterosexual or lesbian/gay.

Finally, there is a need for a comprehensive list of techniques that therapists can implement in affirming the multiple cultural identities of bisexual women and men.

Training Techniques for Therapists Countering Biphobia

- (1) Never assume a person's sexual orientation.
- (2) Use bi-sensitive language. Serial bisexuals have alternating male and female partners over time; concurrent bisexuals have sex separately with men and women during the same period in life, and simultaneous bisexuals have sex with at least one same-sex partner and one opposite-sex partner a: the same time. (Zinik, 1985).
- Obemystify bisexuality and challenge "mythinformation" by substituting accurate information. Educate that bisexuality is not just a phase, that bisexuals don't sleep with anything that moves, that bisexuals are not immature, that bisexuals are trustworthy, that bisexuals don't spread sexually transmitted disease more than any other sexual orientation,



- that bisexuals are neither hypersexual nor asexual, and that some people mislabel themselves bisexual (or lesbian, gay or heterosexual) to hide their true sexual orientation.
- (4) Acknowledge gender differences between bisexual women and men, including the effects of sexism. Patriarc' continues to adversely affect bisexual women and men. Bisexual men have priveleges and power solely based on their gender that is unavailable to bisexual women. A recent feminist anthology written by bisexual women of multiple cultural identities is an excellent resource: Closer to Home:

 Bisexuality & Feminism (Weise, 1992).
- (5) Always include bisexuals and the "B" word. Invisibility is a critical issue for bisexuals, along with lesbians, gay men, and transgender persons. It is important to know bisexual role models and examples of bisexuals across cultures.

 European-American, Asian/Pacific Islander, African, Latino, and Native American Indian cultures all have evidenced bisexuality.
- (6) Support bisexual groups and periodicals, and have current bisexual resources/contacts available. BiNET is the primary organization in the United States, (Bisexual NETwork of the U.S.A.), and there are both an International Directory of Bisexual Organizations and a magazine humorously entitled, "Anything That Moves."
- (7) Acknowledge cultural differences and ethnic/racial groups'



- varied receptivity for coming out due to the effects of racism and how it affects people of color who identify as bisexual (or lesbian/gay) (Dworkin & Gutierrez, 1992).
- (8) Encourage bisexuals to build alliances with lesbian, gay, transgender, and heterosexual allies committed to social justice for all (Evans & Wall, 1991).
- (9) Affirm the bidirectionality of the bisexual coming out process; that both previously identified heterosexuals and lesbians/gay men come out as bisexual. (Fox, 1992; Hutchins & Kaahumanu, 1991; Rust, 1992, 1993).
- (10) Encourage bisexuals to be visible, vocal, and out as a demonstration of mental health, pride, and as role models for persons of all sexual orientations.
- (11) Recognize that bisexuals, like lesbians, gay men, and transgender persons, are at greater risk for certain mental/physical health issues due to heterosexism (Isolation, violence, youth suicide, family-of-origin cut-offs, chemical dependency, etc.).
- (12) Acknowledge the ongoing debate between essentialists and social constructionists regarding the development of all sexual orientations (Udis-Kessler, 1990; Rust, 1993).
- (13) Use Pederson's Triad Model (1988) to train therapists how to be nondefensive and how to recover quickly from inaccurate cultural assumptions during the counseling process with bisexuals (and other sexual orientations) of multiple



cultural identities (Pederson, 1988; Hayes & Jackson, in press).

Conclusion: Bisexuals as Bicultural Bridge Builders

When multicultural trainer and therapist Paul Pederson (1993) lectures, he discusses two key phrases that shape his view of the richness of multicultural interactions between humans. He implores us to remember that (1) complexity is our friend, and that (2) behavior is not data. These two phrases summarize the need empower bisexual women and men in their multiple cultural identities. Bisexuality is indeed, complex, and it is also a gift. understanding the worldview of bisexuals, all sexual orientations can coexist on equally valid ground. At the same time, many people hear the word bisexuality and assume that bisexuality (like being lesbian or gay) is only about sex. Again, behavior is not data. Bisexuality is about love, justice, and the deepest human yearning to be true to one's self. Limited either-or conceptualizations of sexuality are an outmoded way of categorizing human sexuality. Instead, it's time for psychotherapists, researchers, and educators to listen to and honor the multiple cultural voices of bisexual women and men, who often serve as bridge-builders between the lesbian/gay and heterosexual communities. Our ethical responsiblity as helping professionals and as social scientists is a vision of affirmative diversity that celebrates all sexual orientations and cultural identities.



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