"Women in Relationships with Bisexual Men"

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Bi Men By Women: the project

- Semi-structured interviews (feminist queer decolonizing standpoint epistemology)
- 78 culturally, geographically and sexually diverse women in Australia aged 19-65,
- Recruited via health services, support groups, queer networks, bi networks, poly networks, snowball sampling
- in monogamous and non-monogamous relationships with bisexual-identifying and/or bisexual-behaving men.
- Some women were HIV-positive or had other STIs
- From the most devastating to the most exhilarating “disclosures and discoveries”
- From “started out knowing” to “changing courses midstream”.
Major Themes

A/ “Border Women and their Border Men”: Identifications and Definitions

1. “You know, the old Kinsey scale”: women talk about their partners’ sexual identities

2. “I Have A Sexuality Too”: women discussing their own sexualities
B/ The Journeys

1. “Starting Out Knowing”: negotiating the beginning of a relationship

2. “Changing Course Midstream”: from closet to confrontation - disclosures and discoveries

3. “We’ve Arrived Where We Started”: reflecting on the journey
C/ Mapping The Landscape

1. “New Rules, No Rules or His and Her Rules”: negotiating how to “do” the relationship

2. “The Problem Is That He’s A Man, Not That He’s Bisexual”: women discussing masculinity, misogyny, privilege and power

3. “What Do We Tell The Kids?”: women's perspectives and experiences of bisexual fathers raising children

4. “Spreading Disease With the Greatest of Ease”: negotiating sexual health issues

http://www.cartoonstock.com/directory/b/bisexual.asp
D/ Borderdwelling as Outsiders Belonging

1. “Minute by minute maneouvring?”: navigating the heteroworlds

2. “Ewww, girl germs”: women’s experiences and perceptions of the gay community and homonormativity

3. “The Priest Told Him to Marry Me and He’d Go Straight”: religion and spirituality in women’s relationships with bisexual men

4. “It’s A Matter of Family Honor and Shame”: negotiating ethnic identity and community codes

5. “When Your Relationship Isn't Recognised by Relationship Counselling”: misrepresentations and erasures in health services
It’s really stupid expecting women to go out there and get support for your relationship when your relationship isn’t recognized by relationship services. You go to the doctor, they have no idea where to send you and have a hard time even talking about it. You go to a women’s health service, “just leave him, that’s it, he’s gay”. You go to a gay health service, “just leave him, that’s it, he’s gay”. You go to a counselor, they think there’s something wrong with you to find yourself in this relationship. Can someone just listen, and maybe I just need to chat and it’s mostly not a problem anyway? (Naomi, 40, hetero, Italian Jewish, Adelaide)
Overwhelmingly, women’s experiences were negative due to:

- invisibility,
- misrepresentations,
- erasures and invalidation,
- pathologization,
- problematization,
- lack of resources.

Bisexual “exclusion by inclusion” or lack of bisexual-specific research, resources and training
1. **Doctors and General Practitioners (GPs), usually as women’s first port of call seeking referrals to more specific services:**

“I told one of the doctors … and he sort of threw his arms up in the air” (Brenda, 65, hetero, Anglo, regional Vic)

2. **Counseling services for themselves, their partners and/or as a couple:**

“I spilled my guts, basically, to all the counselors, and there was nothing” (Sharae, 50, hetero, Anglo-Muslim, outer suburbs Melbourne).

I saw one counselor in the early days and she said to me, “That’s normal, all men have affairs, but you know, men with other men, that’s not normal.” I just retreated from the room and said, “Thank you.” (Barb, 44, hetero, Spanish, Melb)

3. **Attending women with bisexual partners groups and/or their partners attending groups for married gay and bisexual men**

“I wasn't the only one feeling like an alien” (Pat, 37, hetero, Greek, Sydney)

“There’s lots of misogynist comments made. ... I think organizations can’t ignore they might have wives that they love dearly, and they don’t like having women spoken about badly” (Jude, 33, bisexual, Dutch, Canberra, )
4. **Seeking bi-specific social and support groups:**

“We love attending social and activist gatherings. There's such an exhilaration in being with so many people who are so similar in very different ways in this community that other communities don't want” (Lilith, 33, hetero, Italian, Sydney)

5. **Seeking out other health services that address their issues:**

“a service where it was okay to talk about the unspoken things, because it's about shame, it's about betrayal, it's about I'm a lesser person if he's gone off with a man” (Hannah, 55, Scottish, Melbourne).

“open up spaces for women to say, “Well, actually, my partner has sex with men as well and it turns me on” or “I'm not in a monogamous relationship”. (Jude, 33, bisexual, Dutch, Canberra)

6. **Accessing resources such as books, films, internet lists and sites:**

“A documentary that I could watch, that would be great. Websites. Privacy. In your own home. It's educational. It's fact-based. More positive films... bisexuality is mainstream. It's just not in the materials”. (Deanna, 29, bisexual, Italian, Melbourne)
There is a revolution occurring in our consulting rooms, our clients are no longer coming to us because they want to be normal, they are coming to us because they want to be whole. … Our job is no longer to help those who seek our assistance to achieve the cultural ideal, the mythical norm of well-adjusted middle class heterosexual adulthood. (Firestein, Beth, 2007, Ed., *Becoming Visible: Counseling Bisexuals Across the Lifespan*, New York: Columbia University Press).

- a. educating oneself about bisexuality and nonmonogamy;
- b. identifying one's own values and beliefs related to bisexuality and nonmonogamy;
- c. working with the couple's definition of bisexuality and nonmonogamy;
- d. being aware that partners may have varying concerns about bisexuality and nonmonogamy;
- e. addressing infidelity if present;
- f. avoiding assumptions about the ways bisexuality and nonmonogamy will impact the relationship; and
- g. recognizing that opening a relationship is an ongoing process.