Bi *Women Quarterly*

Spring 2022 Bi+ Health
Vol. 40 No. 2

Bi+ED: Eating Disorders and Internalized Biphobia

By Megan Duffy

In June 2020, I was listening to writer and podcast editor Susan Burton discuss her new memoir, *Empty*, on *Fresh Air* with Terry Gross, and wasn't sure I could make it to the end of the interview. I had just finished year five of my tumultuous relationship with eating disorder (ED) recovery. Beginning when I was twelve, I had been binging, restricting, and purging with compulsive exercise, in an endless cycle of food obsession and self-punishment. Over time, what I ate, when I ate, and how long I exercised had become the basic framework of my identity and self-worth. Most people didn't know this, but I did. This was how I saw myself. This was, essentially, all that mattered.

Full disclosure: when I heard the premise of Susan's memoir I did an eye-roll: ah, another memoir about an eating disorder, I thought. Probably the story of a skeletal figure dragging an IV through a sterile clinic. I predicted a skinny woman's anorexic journey, one in which I'd be entirely unable to locate my own disorder; in other words, yet another example to make me feel even more alone. I had read several of this genre already. Did I really need another one? Each one had left me feeling fat and unqualified for membership in the ED community.

Megan, continued on page 26

Dying Well with Friends

By Loraine Hutchins

Is this it?

This week, I had a painful intestinal symptom for several days and wasn't sure it would go away. I'm old enough (73, with chronic health problems) that it scared me. My mother died partly due to intestinal distress, as did my grandmother, her mother, my feminist foremother. I got frightened about what my symptoms meant. I despaired how little I trust modern medicine as a guide or resource. I remembered these lines I wrote earlier this year about mercy.

> Mercy is grace.
>
> Mercy means I am not alone, nor are you.
>
> Mercy means the kindness of strangers, and familiars.
>
> Mercy means being kind to myself.
>
> Mercy is a tenderness hard for me to fathom sometimes when I am most enraged and/or frightened.
>
> Mercy is a balm that calms me.
>
> Mercy surprises me and I am honored by its manifestation.

When I was young, educated, and with white privilege, I took mercy for granted. Since then, I have somatically swum in others' injuries as well as my own, and puzzled—yearned—how to assuage, heal, balance, make just.

Today, I am elderly and disabled, with still some privilege that, yes, protects me. But why am I connecting privilege and mercy; need there be any link?

However, this is where my fear is rooted and, as Dorothy Allison[1] says, we must write through our fears.

I struggle now with asking for what I want because I am ashamed of the limits of my disabilities, immediate everyday barriers that interfere with participating in my community, at its events.

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[1] Lesbian feminist working class writer who wrote *Bastard Out of Carolina*, the hit novel/film, and other poems/essays.

Loraine, continued on page 28

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Editor's Note

March is Bi+ Health Month, so it is fitting that we dedicate our Spring issue to bi+ health. I'm particularly excited about this issue, as it is one of the areas on which I speak and write. Bi+ people experience health disparities due, in my opinion, to the fact that we experience considerable minority stress. Minority stress, in its simplest definition, is the idea that being a member of a stigmatized identity group is stressful. This stress takes its toll on our physical and mental health.

We present content on a wide range of related subjects, among them eating disorders, anxiety, the challenges of navigating the pandemic, trans healthcare, aging, disability, dependency, mental illness, bisexual-biracial identity, and even the specific stress of being a bisexual bisexual health researcher.

We are also delighted to announce the return of our "Research Corner" co-edited by Beverly Yuen Thompson and Nicola Koper. This issue, because of its focus on health, includes several research articles. Future Research Corners will include just one or two short articles presenting current research findings relevant to bi+ people in a style that is accessible to non-researchers.

In addition to all the health-related content, we feature Russian activist Nadja Arontschik in "Around the World." You will also find a review of Canadian TV series *Jann*, artwork by Carol E Moses and Jo-Anne Carlson, and a short News Brief.

Enjoy!

-Robyn

Upcoming in *Bi Women Quarterly*

Call for submissions

Summer 2022
Pop Culture, Take 2

What are your experiences with bi+ representation in popular culture? What has disappointed, disgusted, validated, or inspired you? Have you seen changes take place over time? Share your thoughts, critiques, and recommendations about TV, films, music, and beyond. Submissions due by **May 1, 2022.**

Fall 2022:
Parenting While Bi+

Tell us about your experiences with parenting and/or the journey toward parenting. How has your bi+ identity shaped these experiences? What challenges and hopes do you have, and how have bi+ communities mattered in this part of your life? Submissions due by **August 1, 2022.**

Submission guidelines are online at biwomenquarterly.com. Send your submissions and suggestions for future topics to **biwomeneditor@gmail.com**.

Note: If you do not want your full name published, or wish to use a pseudonym, just let us know.

Tobi reads *BWQ*. Send a picture of yourself reading *BWQ* to *biwomeneditor@gmail.com*. Be creative!

We are an all-volunteer organization (though we do pay our interns!). Want to proofread, edit submissions, host one of our monthly brunches, help us with social media, fundraising, our Etsy shop, or our website? If you're a student, consider an internship. If you're interested in helping out, please contact Robyn: (biwomeneditor@gmail.com).

Bi Women Quarterly has been in continuous publication since 1983. It began as a project of the Boston Bisexual Women's Network (BBWN), a feminist, not-for-profit collective organization whose purpose is to bring women and nonbinary folks together for support and validation. Through support, education, social groups, and the production of *Bi Women Quarterly*, we seek for bisexuals and those with other non-binary sexualities full acceptance within LGBTQ+ communities and in society generally. More broadly, we seek the liberation of people of ALL genders, ALL sexual orientations, and ALL racial and ethnic identities.

AROUND THE WORLD:
Nadja Arontschik, Moscow, Russia

By Nadja Arontschik

I never imagined that my bisexual identity would become the core of my LGBTQ activism. It took me several years and many encounters with discrimination to realize what I wanted. But I am thankful for all the experiences, since they made me grow and made me who I am today.

I want to share my path to and within LGBTQ activism in the hopes of inspiring others and finding allies.

I was born in Gomel, Belarus, but my family moved to Germany when I was 11 years old. Thus, I grew up in a European country, but I have always felt a strong connection to my home.

You could say I was lucky on my journey of accepting my bisexuality. When I realized my attraction was also towards women during my teenage years, my friends didn't really care about it. So, I never gave it much thought.

First, it was only a sexual attraction. I couldn't imagine being in a serious relationship with a girl, which I now understand was the result of the patriarchic and heteronormative society we live in. I was also unaware of my internalized biphobia, which, for example, was reflected in my belief that bisexuality is not as valid as homo- or heterosexuality and in my view that I already "had everything" and thus didn't deserve to be represented by the LGBTQ community.

I remember one situation clearly. I was studying in Germany, and we were returning from a regional LGBTQ gathering. I wanted to become part of an educational LGBTQ project for schools and asked the main coordinator whether it would be okay for me to join since I was "only" bisexual, as if I wasn't whole and would have needed to be a lesbian to be valid and entitled to join. (By the way, the coordinator confirmed that, of course, it was okay.) It hit me only after I became a bi+ activist how self-denying this perception actually was.

During that time, I worked at a university LGBTQ organization and was in charge of organizing small events like seminars and meet-ups. I also joined the above-mentioned educational project called SCHLAU, where we did workshops at schools, teaching about LGBTQ people and sharing our experiences. During one of those workshops, I first came out publicly as bisexual, and immediately received a lot of stereotypical questions from the pupils, e.g.: "Are you always in love with both genders?" or "Do you have to date men and women simultaneously?" I was anxious but also kind of relieved to be able to talk openly about my sexuality with a group of people for the first time. And my colleagues supported me there as well. In 2016, an opportunity for an exchange year in Russia presented itself. I wanted to be a familiar—my native—culture, and make a difference for the LGBTQ community there. While I enjoyed working for the university LGBTQ organization and being part of the SCHLAU project, I still had a strong feeling that my resources would be better used in a place where they were scarce. So I took the opportunity to study in Russia and to contribute to a positive change for the queer community here.

BiPanRussia event poster

In Moscow, I found several LGBTQ organizations and started volunteering for two of them. My activism journey started with running small errands, providing support at events, then helping with interpretation and coordinating volunteers, and later organizing international events for up to 400 people. It was important to me to see the work from all sides and to value every member of the team. In my opinion, to really understand something you must experience it, which is why I took on every task no matter how small (or big) it was.

After gaining knowledge and expertise in a wide range of areas, I felt that I still was missing something in which I could specialize and become an expert. It took me a few years to figure out what it would be, even though the choice might seem obvious now.

I was often faced with biphobia. Sadly, most of the unacceptance came from the LGBTQ community. Since my main experience was in Russia, I am talking about the situation here. But I doubt that it would have been different in Germany. The overall circumstances are, of course, immensely better in European countries. But nevertheless, bi-erasure is present in the German LGBTQ community at an almost equal level to Russia.

One of my major experiences of discrimination is connected to my previous relationship. My ex-girlfriend, who is a lesbian, couldn't accept me for who I am, and kept blaming and judging me for my attraction to men. At that time, for the first time in my life, I started doubting whether it was truly okay for me to like both women and men. After ending that unhealthy relationship, I had to learn to accept myself again. But I am convinced that it also made me reflect and analyze myself more, resulting in embracing my bisexuality on a deeper level than before.

By that time, I had already founded my initiative BiPanRussia. I had a supportive community, monthly online and offline support groups I facilitated, and get-togethers for movie screenings or play evenings where I could chat with like-minded people without being judged. Now the initiative is three years old, and I consider it one of my greatest achievements. Not only have we managed to grow in these short years, to organize all the aforementioned events, and prepare two exhibitions about bisexuality that have traveled across Russia, but we also launched the [first-ever website about bisexuality]() in Russian on September 23, 2021!

This website covers the latest news about bisexuality. It is simultaneously educational, informative, and entertaining. We have a glossary of bi+ terminology and a library with publications and videos. We have an archive of every article on bisexuality published in Russian newspapers in the last 10 years. And we have an interactive map of every existing bi+ initiative in Russia as well as a monthly schedule of events across the country.

For me, this major achievement is only the beginning. Right now, we are still a small organization. I am the head, and I coordinate four or five volunteers who each take on different tasks. I want to expand the organization and make it more structured and sustainable. In the long run, I would like to build a network of bi+ organizations in Russia and unite them in the fight for bisexual rights. I also would love to be more internationally connected and hope that in the future we will have cross-border projects with other bi+ organizations around the world.

I want to dissolve the stereotypes in the LGBTQ community about bisexual people. I want to change how we are perceived. I want people to understand what kinds of struggles we face and that we need increased visibility and acceptance.

Nadja

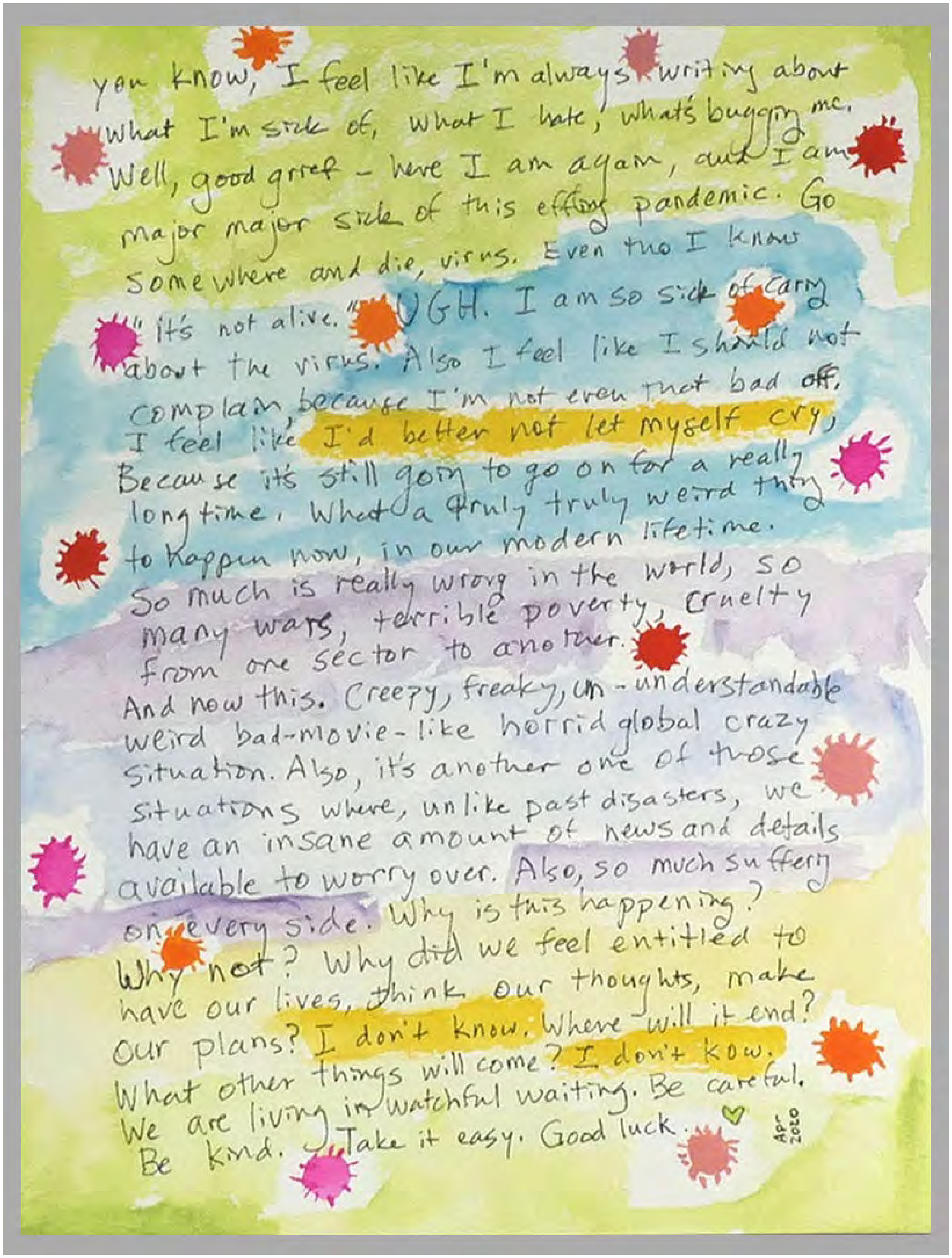
I have tried many things in my life in general and within LGBTQ activism. What I have learned is that if I don't completely stand behind what I do, if I don't love it with my whole heart, I will not last long. I will burn out or get bored. Now I have found my niche, and I am grateful to all the people who were part of that journey. I love what I do, and I plan to continue it for many years to come.

If you would like to connect or collaborate on projects with BiPanRussia, feel free to write Nadja on Telegram or Signal at @NadjaRainbow or contact her via email at bipanrussia@gmail.com. She would love to collaborate with you.

Links to BiPanRussia:
Website: https://bipanrussia.com
Intagram: https://www.instagram.com/bipanrussia
YouTube: https://www.youtube.com/channel/UCIF-nD-1s7iDGFOA3wv3Kg8A

Virus Time

By Carol E Moses



you know, I feel like I'm always writing about
what I'm sick of, what I hate, what's bugging me.
Well, good grief - here I am again, and I am
major major sick of this effing pandemic. Go
somewhere and die, virus. Even tho I know
"it's not alive." UGH. I am so sick of caring
about the virus. Also I feel like I should not
complain because I'm not even that bad off.
I feel like I'd better not let myself cry,
Because it's still going to go on for a really
long time. What a truly truly weird thing
to happen now, in our modern lifetime.
So much is really wrong in the world, so
many wars, terrible poverty, cruelty
from one sector to another.
And now this. Creepy, freaky, un-understandable
weird bad-movie-like horrid global crazy
situation. Also, it's another one of those
situations where, unlike past disasters, we
have an insane amount of news and details
available to worry over. Also, so much suffering
on every side. Why is this happening?
Why not? Why did we feel entitled to
have our lives, think our thoughts, make
our plans? I don't know. Where will it end?
What other things will come? I don't kow.
We are living in watchful waiting. Be careful.
Be kind. Take it easy. Good luck. ♡
Apr 2020

Carol E Moses is a visual artist living in Massachusetts. Moses does painting, drawing, and portrait photography/interview series. Find Carol online at carolmoses.com.

Bi/Trans Healthcare Risks

By Robyn Walters

Long-term *BWQ* readers may recall that I am a nonpracticing bi-woman elder. Some may also recall that I wasn't always recognized as female. That said, all my healthcare providers in the past quarter century have known I'm a postoperative female, but none know of my bisexual leanings. That detail is not germane to my chronic kidney disease, arrhythmia, and skin cancer issues and care.

Early on, however, there was risk in my medical life. Transition brought its own risks.

I began hormone replacement therapy at age 61, not long after going to court to legally change my name. I was aware of the deep vein thrombosis risk of an estrogen regimen, but that applied mainly to smokers. I did lose an online friend to that problem. Being a heavy smoker, she developed DVT, and a clot broke off and reached her heart. She did not survive a severe heart attack. It was later that I learned of the breast cancer risks from HRT. I was faithful in having my annual mammogram experience but have reached the age at which Medicare no longer allows women to have mammograms. Really? As a healer with the Distant Healing Network, I certainly see healing requests from older women with breast cancer. But my primary care physician (PCP) says I may have a "diagnostic" mammogram only if I find a problem in the monthly self-examination that I most often forget to do. So far, so good—I think. Definitely a risk.

The biggest medical risk has been the four-hour surgery that restored much of my body to the form it should have had at birth. That was a risk I was more than willing to take on my sixty-third birthday. Recovery led to the only medical discrimination I have ever experienced.

Three weeks after surgery and a week home, two abdominal suture wounds became infected, and we drove to the Bremerton Naval Hospital to see my relatively new PCP. He treated me with disdain and told me to go back to the surgeon two hundred miles away. After my PCP refused to treat me, we walked to the Emergency Room, from where I was immediately sent to surgery for removal of necrotic flesh.

When I reported the Naval Hospital doctor for his behavior, I learned that he had been harassing lesbian nurses as well. One can hope that his federal career was cut short.

Since military hospitals were directed to stop serving older retirees, we have been seen by civilian doctors, first in the Seattle area and then on Maui, where we now live. Never has there been a problem or even a hint of discrimination for me or my husband, who is also trans. The medical personnel here are truly supportive.

I really appreciate doctors who live up to their Hippocratic oath and all medical providers who care for all people no matter their background.

Robyn Walters is a trans-elder whose interests range from amateur radio and scuba diving to LGBT support, perpetual college classes, editing her husband's 50+ novels and stories, writing, and helping to proof BWQ issues.

Vitamin B+

By Robyn Ochs

"Where do you get your Vitamin B+?" This was the opening question at the digital brunch on December 5th, 2021.

The research is clear: bi+ people face significant identity stress. We are misunderstood, erased, and gaslighted. All too often, our very existence is denied. That given, where do we find affirmation and validation? Where do we find nourishment for our identities?

Here's what was shared by brunch participants:

Spending time with bi women friends.

Hanging out with a group of bi and otherwise queer friends.

Watching shows with positive bi+ and queer portrayals such as the reboot of *One Day at a Time*, *Schitt's Creek*, and *Good Trouble*.

Reading books with a bi+ main character and young adult books with bi+ and queer characters. Examples given were: *That Inevitable Victorian Thing*, by E.K. Johnston, and *Untamed*, by Glennon Doyle.

Watching short films or web series that are lesbian-themed.

Watching queer content on YouTube.

Reading *Lesbian Connection*.

Mentioning bi things to folks who may or may not be part of this community.

Having bi-colored hair and wearing queer pride t-shirts.

Wearing my BI-dentity very openly: bi pride earrings, pins, t-shirts, having a bi decal on my car, etc.

Participating in bi groups and events; marching with the bi group in my pride parade.

Attending Bisexual Organizing Project's BECAUSE Conference.

Writing. And dreaming.

Writing for *Bi Women Quarterly*.

Attending these digital brunches! From this group!

Here's food for thought: Where do you get *your* Vitamin B+? Are you getting enough to thrive? If not, what will you do to increase your intake?

Robyn Ochs is the editor of Bi Women Quarterly.

Personal Reflections on Twenty Years as a Bisexual Bisexual Health Researcher, or: Why I Need a Nap

By Wendy Bostwick

I am, yet again, flooded with anxiety as I prepare for my talk. How long have I been doing this? How often have I talked about bisexual women's health, cataloging the list of poor outcomes and traumas? The ways in which the denial of our very existence does profound damage? And why does it seem to get harder every time I do it? I take many deep breaths, but my voice still shakes as I start the presentation. I am nervous, yes. But also, angry, sad, and tired. Profoundly tired.

When I started researching and discussing bisexual women's health over twenty years ago, I felt like a voice in an apparent wilderness. Where were the bisexual people in the burgeoning field of "LGBT" health research? Where were the women? I kept searching the literature, like a good little graduate student, and found that we only counted when it came to sexual behavior and sexual risk—on our backs, we were the bridge. But were we nothing more than vectors? What about all the other complexities of health? Mental health, physical health, and the whole spectrum of health behaviors? What about the ways in which our social environments, including those that deny, dismiss, ridicule, and disregard bisexual people affect our health? What about, indeed. I quickly learned that this erasure and disregard permeated scientific and health research as well, with very few exceptions.

Committed as I was (am) to making bisexual women visible in health research, and the world, I never stopped to consider how being a part of the population I was studying would come at a cost…my assumption was always that "insider" status as a bisexual woman would make things easier. Or, at least, would bring with it a tacit knowledge that would make me a better researcher. Yet as time has passed, doing this work has become more difficult, not less, and the inextricability of me and the work feels ever more cemented.

I talk often about the high rates of depression, anxiety, trauma, suicidality, sexual abuse, and assault, all of which occur at the highest rates among bisexual women. These issues are not abstract or hypothetical to me. I am what I study. And while I personally am privileged to have the support I need (shout out to all my therapists! And Xanax!), I cannot repeat this laundry list of numbers and devastating statistics without taking up and taking in the sheer terribleness of what I'm aggregating and re-telling. Behind all those numbers are people. Innumerable harms and sorrows, which with every recitation wear away at whatever protective coating I may have once had. Which wend themselves in, around and through my nervous system. The truth hurts. And the pain is real.

Yet I cannot *avoid* discussing this litany of very real health disparities because part of the work is making these findings known—to future and current nurses, doctors, psychologists, sex therapists, etc., etc., etc. The stark and often grim information I relay is a pleading of sorts: "Please know this, please believe this, please take this AND US seriously." I should not have to beg you to acknowledge that we matter. That I matter. Yet often, after 20 years, it feels as if this is what I am (still) doing. This truth hurts as well. This is the pain of being and breathing.

And so, here I stand, invited to speak, apparently—once more—the token bisexual speaker, addressing a group supposedly committed to LGBT health (but I guess, hey, better than no invite or speaker at all. So, progress…??). My voices shakes. And I am sad for all the truths I must speak, angry that I must speak them again and again and again, as if always for the first time. And I am beyond tired….

I guess now is the point in the story where I'm supposed to share my stunning moment of clarity, where I share that I've come out the other side, hopeful and somehow at peace. But really, I'm not a silver lining/glass half-full type of person. Or even a glass half-empty type. More like a there's-a-glass-shattered-on-the-ground type. Is there hope for me? Is there a way to separate myself from the pain of what I know, of who I am, and what my research entails? Who knows.

Here is what I can say, though, especially to those who may find this exposition a bit… self-absorbed. I am hopeful for the field of bisexual health research. I am stunned and amazed by the many, many young and emerging health researchers, advocates, activists, and allies who continue to do necessary and sophisticated work. Making visible the complexity and richness of the bisexual community and how we understand health, bringing attention to those in bi+ communities we have often done a poor job representing or have silenced altogether: men, people of color, people with disabilities, trans and non-binary people, singularly and at the intersections. As this next generation highlights the resilience, affirmative experiences, and unique joy to be found in bisexual people and bisexual spaces, I feel buoyed and encouraged. And you should as well.

Now if you'll excuse me, I really do need a nap.

Wendy Bostwick is a researcher living outside of Chicago. In her spare time, she enjoys dogs, crossword puzzles, and good beer.

Options

By Elle Tee

On my 28th birthday, I drank a margarita the size of my head and then sat sick in the parking lot because I couldn't stand the sight of my burrito. I don't like birthdays. Well, not birthdays in general really; just mine.

Twenty-eight is not a milestone year. No new, fun, previously forbidden legal gates have opened to me. But it's five years of living in D.C. Five years of the grind, the fun, the mundane, and the crazy.

In five years, I have had three psychotic breakdowns. The first primarily depressive. The second mostly numb. And the third and most recent, anxious. Writer Andrew Solomon has described anxiety as the feeling when you trip, and you're mid-air, with the sidewalk coming impossibly fast toward your teeth. Except it's this feeling in suspension. Over and over and over. For moments or weeks or months. Waking up becomes gasping for air at the thick surface of a dark molasses pool. Tripping at 11 pm and then again at 2:01 am, and 4:05 am, and 7 am, until you give up sleeping. And yet the sidewalk still comes and comes and comes. Numb from medication and frayed nerves with singed edges, I stayed catatonic on my couch for two weeks. And then I quit my job. Again.

This summer, I ate a two-and-a-half-pound bag of licorice and binge-watched all six wonderfully terrible seasons of *Sex and the City*. I got lucky and landed a good, low-stress job, and experienced a breathtaking trip to Europe with my beautiful spouse. I quit all my medication cold turkey and stopped drinking too much. My mind began to quiet for the first time in a long time. I rolled through the motions and did as little as was required of me.

Yet deep in my gut, I continue to carry an incredible amount of shame. I have failed repeatedly to start and keep up with a job in a particular field. Many of my college classmates have radically outpaced me. I often burden my friends, no matter how kind and supportive they are, with my obsessive need for reassurance. I am both too much and not enough. I know this.

Poet Nayyirah Waheed suggests a kinder pathway to success:

you do not have to be a fire
for
every mountain blocking you.
you could be a water
and
soft river your way to freedom
too.
—options

What I have learned in these five years is this: I can neither obey the whispers of my mental illness nor ignore them. I cannot plunge forward with my ambitions unchecked, charge through the mountain, and pretend it won't break me. I also cannot ignore the desire for more in my life—some of the hope of that confident, wishful 23-year-old who moved here—and only work the nine-to-five, watch Netflix, go to happy hours, and expect nothing more of myself.

Growth is possible for me, and it starts at the place of gratitude and self-forgiveness. Maybe not at the pace I want. Or a culture of burnout wants. But at the pace I need. Of a soft river. Carefully navigating the banks and bends, until I reach the other side of the mountain.

Elle Tee is a bi+ plant mom living with an anxiety disorder in the Washington, D.C., area.

These posters are among many on the wall of an elementary school gym where Robyn dances every Sunday.

Consider surrounding yourself with people, images, quote, music, artwork, and objects that inspire, empower, and validate you.

Flaunting Bisexuality's Good for Your Health

By Anna Kochetkova

One of the most common phrases in the arsenal of my experiences has been, "You're confusing me!" This doesn't only invalidate me but also makes me feel a little crazy and hot-angry. I often take on the responsibility of other people's confusion (and/or their refusal to listen and accept), and it has taken its toll on my mental and physical health.

Although it took me decades, I thankfully did two things:

I created an online community called @biandprejudice on Instagram, which helped me gather like-minded queer folk around me, enabling peer support, kind and safe human connections, and exchange of shared experiences.

Around the same time, I also found the right-for-me somatic therapist who is both childhood trauma- and LGBTQIA+ issues-informed. With her support, I started feeling safety in my own skin, taking steps towards reclaiming my body, sexuality, and life, making it mine.

With the help of the group support of my new and old friends and strangers and weekly one-on-one meetings with a trusted therapist, I created a bubble of safety that has been supporting my physical and mental health.

Creating @biandprejudice connected me with numerous bi+ community leaders across Australia and overseas, helped me acquire a book deal and share my story, and offered an opportunity to speak at a national bi+ conference—all of which nurtured the growth of my confidence in being myself.

I started to feel that I was worthy and deserving of being alive (something that I have struggled with all my life). Moreover, I started to adore my sexuality. And it was time to "flaunt" it.

Bisexuality seems to grant me this magical capacity for diversity and love, even in the face of early childhood adversity and later societal mistrust. I started to "flaunt" my sexuality every chance I got.

Straight people never get funny eyes or awkward questions when they hold hands or make out in public. Why should I be any different? Over time, this was no longer a question. I was a proud bisexual.

Finding my somatic therapist helped create a safe space for me to "fall apart," because sometimes we have to break before we shine—this helps us unlearn old beliefs and ideas and gently grow new self love and self trust. With aligned help, the "falling apart" doesn't have to suck. For me, when things felt too much, I could park my boat in a safe harbor and cry for an hour in my pillow fort my therapist built for me. I have since adopted the same fort-building strategy at home when I need to hide from the world. I retreat with kindness and let my nervous system calm down before I emerge victorious and energized, eager to take on the world.

We cannot offer safety to others or create impactful and lasting change while we are feeling afraid, stuck, depressed, anxious, alone, or unwell. And most societies do a good job keeping us unwell while we are often shamed for how we feel. Sometimes we adopt harmful coping mechanisms or let our health worsen before we collect all that is left in our beautiful bisexual bodies and seek out help. It's rarely a straightforward journey: I changed therapists four times before I met my current safe haven. My work with my therapist helped me settle all that came up to the surface while I was writing my book, Bi & Prejudice, sharing intimate stories from my bisexual "becoming."

For me, as a childhood trauma survivor and an introvert, solitude remains my favorite way of being. However, as a social being, I am unable to escape my animal urge to connect. With the help of aligned groups of people and my somatic therapist's support, I feel empowered to correct people when they mislabel me, have enough energy within me to educate those who are willing to change, and to stay grounded when triggered and rattled by the world.

Needing support isn't about being sick. We simply shouldn't do life on our own. It takes a village. It doesn't mean we need to seek romantic relationships (though that's also an option) but that we deserve to be heard, loved, and held when life gets tough.

Bisexual women experience the tough frequently. And we are often unable to reach out for the support everyone should have access to, because we are indoctrinated into carrying everything on our shoulders and remaining silent, nice, and polite.

Flaunting our sexuality is good for our mental health, because being honest and living our truest and most beautiful life keeps us healthy and empowers our gifts. Feeling safe in our own skin is a huge advantage. And often, safety comes from within. Life will always be full of challenges and dangers—in some worlds more than others, but when we feel safe within, we make better choices, connect with more aligned people, and create the life we are born to live.

So, what can you do for yourself today to flaunt your bisexuality and inspire more women to live truer and more beautiful lives? Let's inspire our daughters, mothers, sisters, and friends together—they may be trying to find help right now.

Anna Kochetkova is a Russian-born Australian author and poetess, and a passionate bi+ activist based in Sydney. Anna is the author of Bi & Prejudice*, one person's story connecting the dots of identity and sexuality across years, continents, and cultures, and the creator of the @biandprejudice Instagram space, which helps celebrate multisexual attraction and human diversity.*

How I Was Outed to My Family… by Europe's Most "Queer-Friendly" Government

By Fiona Petras

Before moving away from my home country, I went for a regular health checkup in which I was asked by the doctor to confirm my sexual orientation—a question asked, of course, in a very binary fashion. Did I like men, women, or both? "Both," I said, choosing to pick my battles and avoid biting the hand that fed me. I answered the questions dutifully, informing her that I hadn't been involved with a man sexually in quite a while (she noted it down, nodding), nor had I been involved with a woman that year—at which point she felt the need to confirm whether I was sure I "liked both." We've heard it all before.

I didn't even question the other things she asked me, i.e., whether I was trans, whether I had ever been involved in an orgy, or whether I had ever partaken in chemsex. These, I thought, were simply questions she *had* to ask everyone, considering it was important within this context to know my sexual history. It was not until I mentioned it in passing to my straight friends over a year later that I was shocked to learn they had never been asked such things by an OB/GYN. It was also at that moment that I recalled she had, in all likelihood, completely disregarded the fact of my bisexuality, anyway. It was not so much her assumptions about my (apparently very exciting) sex life that shook me, but rather the fact that straight people were assumed not to ever partake in such things. This is when I realized that heteronormativity and monosexuality harm everyone, even cishet people of all genders.

As a result, bi+ and monosexual folk alike are being deprived of essential medical health advice. It would not be a far cry to assume that the same nuances in mental health issues for bi+ patients are being disregarded by professionals in Malta and around the world. A 2020 online campaign carried out by the Allied Rainbow Communities (ARC) NGO revealed that an anonymous contributor had been advised by their therapist to avoid dating bisexuals since they are unreliable. All this is still happening in what is supposedly the most queer-friendly country in Europe for the sixth year running.

With the release of its Rainbow Europe 2021 map, ILGA-Europe announced that "for the sixth year in a row, Malta continues to occupy the number one spot on the Rainbow Europe Map, with a score of 94%." In the aptly rainbow-colored bar measuring respect for human rights and equality in 49 countries, the European nation sits proudly atop the column, glowing dark green to indicate its apparent superiority over the rest of Europe. It remains perched comfortably far even from its runner up, Belgium, which sits at 74%.

That's a surprisingly stark chasm, especially for a small and staunchly Catholic island-country in the Southern Mediterranean basin which only legalized divorce in 2011, allowed sale of the morning-after pill in 2016, and still maintains a total and complete blanket ban on abortion with no legal exceptions. So, what sets LGBTQI+ issues apart, and are these findings reflective of the real situation on the Maltese islands? Are government employees and other professionals given the tools required to ensure the physical safety and improved mental health of queer people in Malta? Just as importantly, has the concept of bodily autonomy and general mental and physical health awareness trickled down to individual people going about their everyday lives, whether directly related to LGBTQI+ issues or not?

ILGA-Europe explains that to create its country ranking, each respective country's laws and policies are assessed using a set of criteria divided into six categories: family; hate crime and hate speech; civil society space; asylum; equality and non-discrimination; and legal gender recognition and bodily integrity. In April 2015, Malta passed world-first legislation that protects intersex infants and children from non-consensual medical interventions through the Gender Identity, Gender Expression and Sex Characteristics (GIGESC) Act, which recognizes the right to bodily integrity and physical autonomy—in stark contrast to the country's position on reproductive rights, but a massive step forward, nonetheless.

There is no denying that Malta has in recent years taken a leap forward to become a world leader in certain aspects of LGBTQI+ related policy and legislation. Marriage equality was legalized in Malta in 2017, following which several practical changes were made to accommodate various family set-ups. When discussing Malta's impressive turnaround, there has been a tendency to focus on policy and legislation, and ILGA-Europe is clearly no exception.

But what about practical changes on the ground and in people's day-to-day lives? What about the mentality of the Maltese public themselves? Some queer Maltese nationals from the sister-island of Gozo have expressed feeling much more hesitant to reveal their sexual orientation or gender identity when returning to rural areas, which has certainly taken an additional toll on their mental health compared to their "mainland" peers. Socio-economic and regional background aside, the reality in Malta is far removed from the seemingly progressive legislation that has been put in place.

In 2019, a transgender woman was attacked by a man while waiting for the bus as he hurled homophobic slurs at her. Earlier that year, Malta had been named the best European destination for LGBTQI+ travelers and the Malta Tourism Authority (MTA) had taken this opportunity to highlight the Maltese people's "reputation for kindness and excellent hospitality." We Maltese do indeed tend to pride ourselves on our warm and familiar culture; however, it seems our capacity for compassion continues to regress—or perhaps it was always merely a fantasy we told ourselves.

Following the legislative changes in 2016, the MTA embarked on a campaign to promote Malta to LGBTQI+ tourists in the United States and Canada. Fast forward to 2021, and English *X Factor* star Lucy Spraggan took to Facebook to describe how she had to cut her holiday in Malta short following a series of events in which she and her girlfriend had been continuously harassed. Her decision to choose Malta as a holiday destination had been influenced by its reputation as a progressive and LGBT-friendly country. The public's reaction to this story was not entirely sympathetic, with several individuals claiming that she was just seeking more publicity.

This begs the question: is Malta truly the bastion of equal rights and mental and physical health that it claims to be, or is it merely economically expedient to appear so? A country where conversion therapy promoters are given platforms to air their opinions because it attracts more viewers. A country where racism and xenophobia are not merely implicit but proudly displayed in public with little to no repercussions, where a migrant worker from the Ivory Coast was gunned down in a drive-by shooting by two members of the Malta Armed Forces. A country where an undocumented worker was abandoned on the side of the road by his employer after falling two stories from a construction site, and his first reaction upon being aided by passersby was to beg not to be arrested. Where in 2020, a pregnant woman's passport was confiscated after her abusive partner claimed she was seeking an abortion abroad. Where in November 2021, Maltese onlookers in Valletta were filmed egging on a foreign national to take his own life while professionals attempted (thankfully successfully) to talk him off the ledge. This is the same country which has violated the non-refoulement principle (which establishes that those who seek asylum may not be returned to a country in which there are reasonable grounds to believe they will be subjected to persecution) in dealing with the refugee crisis, preferring to bicker with Italy and return asylum seekers to Libya over protecting human life.

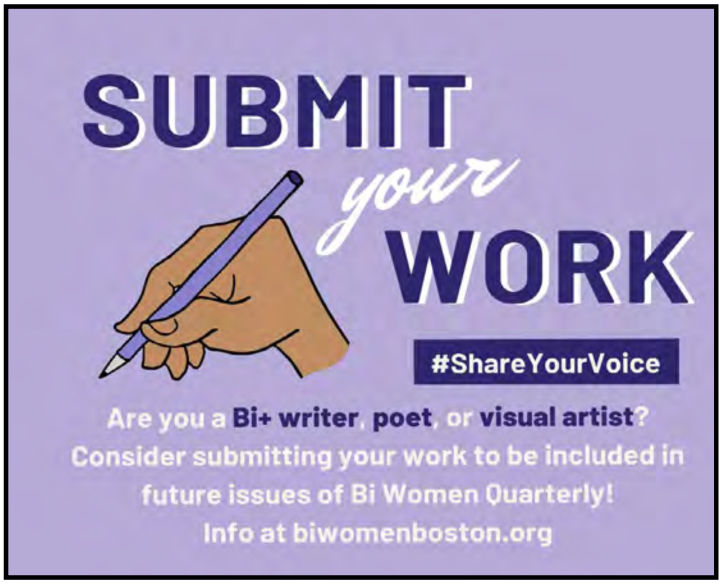
Am I now meant to believe that this country gives a damn about queer people, much less bisexual visibility, if it cannot deliver on these intersectional issues?

During this year's national census, my worst suspicions were confirmed. At face value, the questionnaire had all the indicators of inclusion, taking into account gender and sexual minority respondents and reassuring participants that despite being grouped by household, the privacy of each resident would be respected under the EU's General Data Protection Regulation (GDPR). Some weeks after filling out the survey, however, my sister texted me with an urgent heads-up: someone from the census had called my house and asked my father to confirm that I was indeed bisexual. Up until this point, he'd had no idea. I had so many questions. Why were they calling my house with the same questions I'd already answered online? Why was my privacy as an adult household member being violated, and why were my safety considerations being completely disregarded?

While I am lucky enough to have open-minded parents, many aren't so fortunate. My experience wasn't unique, as ARC received similar complaints and recommended reporting such grievances directly to the Census. I did so, of course, but the damage has already been done. I was furious. The decision on how, when, and whether to come out to my parents had been stolen from me—all because those hired to carry out these phone calls had either been improperly trained or were so insensitive as to completely ignore procedure. I had been outed to my father by the most queer-friendly government in Europe.

No country will ever be able to completely eradicate discrimination, which is why the fight for equality is never over. But a pattern has started to emerge in Malta. When a government claims to stand for queer liberation but fails the most basic ethical implementation of its policies, it is at best incompetent and at worst deceitful. When a country continues to trudge forward in its regressive policies on immigration and asylum, gender equality, and reproductive rights, it is not truly progressive. When a government enacts policies at the very top but neglects to implement a bottom-up approach to mental health and non-discrimination to ensure that such changes are welcomed and led by the public, these changes are superficial at best. And lastly, when queer liberation is highlighted particularly in times of national crisis or, conveniently, when a new corruption scandal emerges, this is not merely a coincidence; it is blatant pinkwashing.

Fiona Petras is a bi+ writer from Malta who has previously contributed to Bi Women Quarterly *and set up the Facebook page Call Us Bi, Our Name.*



Bisexual Discussion Groups Support Mental Health

By Tania Israel

Bisexuality can feel isolating. You may not know any other bisexuals, or at least, you may not *know* that you know other bisexuals. You don't quite feel like you fit into the LGBTQ community, even though the B is right there in the acronym. You're not sure how your straight friends would react if they knew you were bisexual. Although there are more bisexual media characters and role models than there used to be, they don't always make it look easy or acceptable to be bi. The isolation and lack of visibility make it difficult to fully accept yourself, to feel whole. You long for connection, for other humans who can speak to the lived experience of being three-dimensional bisexuals, and who can witness your journey.

Imagine what it would be like to live in a world where everyone was bisexual. Where you didn't have to come out over and over again. Where you didn't have to justify calling yourself bisexual. Where you weren't confronted with hostility due to your bisexuality. Where you could grapple with your questions about polyamory and internalized stigma without worrying that you're not representing the community in a positive enough light. What if you weren't in a world like that 24/7 (because, after all, you might miss your monosexual friends and family), but what if you could drop into this world once a month? What if you could occasionally feel completely normal and validated and seen and accepted as a bisexual person? What if you could be in dialogue with other bisexuals? What if you could be in bialogue?

I co-founded Bialogue Santa Barbara in 2016. I had been blessed with opportunities to connect with other bisexuals around the U.S., and I felt inspired to bring that sense of bisexual community back home. Now in its sixth year, we gather monthly (formerly in person, these days on Zoom) to talk and listen to one another. Our loose structure begins with a check-in (name, pronouns, what's going on for you bisexually); the facilitator identifies topics from the check-in to initiate discussion; we share thoughts and feelings and experiences; and we check out, often with a word or phrase about what we're taking away from the conversation. It's so simple, and yet so powerful.

Our conversations have focused on topics of coming out, navigating health care, relationships, family, and caregiving, to name a few. As a group, we've raised the visibility of bisexuality in our local area by speaking at Pride, wearing "B" buttons at LGBTQ gatherings, and listing our group in community calendars. Some people come to the group saying it's the first program they've ever seen that's specifically for bisexuals. Notably, Bialogue is the most diverse group I belong to—we cover a wide range in terms of gender, age, culture, [dis]ability status, and socioeconomic status.

At a recent Bialogue meeting, I asked what people got out of our gatherings. Here's some of what was shared:

> "I don't have to explain myself; people get it immediately."
>
> "There's beauty in connectivity."
>
> "It feels comforting, secure, validating."
>
> "I don't allow myself to be my whole self in the rest of the world."
>
> "It's deeper than a social group because we get underneath the things that are different and connect on the things we have in common."
>
> "It's not a therapy group, but it's very therapeutic."

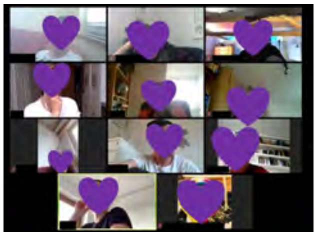
Over the years, Bialogue attendees have reflected on the benefits of the group: it supported their coming out process; feeling whole in this group helped them to make a career move; simply knowing the group exists is validating. The word "validating" comes up a lot. Personally, the group has deepened my connections with people I already knew and has bestowed new friends. Plus, seeing Bialogue members around town reminds me that there are other bisexuals in my community.

Because I am a researcher of bisexual psychology, I am aware of the elevated risk of depression, anxiety, suicidality, and substance use among bisexuals, and I know that social support can help shield people from the impact of stigma on mental health. As a member of Bialogue, I have witnessed this power of connection. Discussion groups cannot completely alleviate the health disparities bisexual people experience, but they are a powerful tool that can be implemented by individuals, grassroots organizations, or service providers to meet some of the most crucial needs of bisexual people: support, community, and visibility.

Tania Israel is a Professor of Counseling Psychology at UC Santa Barbara, where she directs Project RISE. Her expertise on bisexuality has been solicited by the Institute of Medicine, the National Institutes of Health, and the White House. Her TEDx Talk on bisexuality has been viewed over 100,000 times, and she Tweets bisexual haiku (#biku) @tania_israel taniaisrael.com

Credit: Will McClintock

Why we love our bi+ support group



Collectively written by the group's members

Who we are:

We are a group of people in Germany who identify with various different labels (or no label at all), are between 20 to 59 years old, come from various origins and professions, and live different relationship styles. Some of us found our orientation a long time ago, some of us have just recently started questioning and exploring it. With this article we hope to inspire many of you to start a local group as well – it's easy and fun!

Voices from our group members:

"It's just important to have people who can remind you that you are just fine the way you are and there's nothing wrong with you and nothing you need to explain to others."

"It feels liberating to see how diverse we all are. It's okay to be me."

"I talk with many lesbians, but with certain topics we reach a limit. I can only discuss these with other bi+ people."

"The group members give me strength. I can stand up for myself when facing weird comments, because I know that they've got my back."

"Often, what I take with me after our meetings is not necessarily specific information or advice – but rather a certain feeling."

"Our group feels like home. I am publicly out and have sorted everything for myself. I just like to hang out with like-minded people."

"It's a feeling of belonging, of community in which I definitely feel 'queer enough'."

"In the beginning I didn't have words to talk about bi+ sexuality. Now I know many different ways to express what I'm feeling."

"It gives me so much to know that I'm not alone."

"I always thought I had to choose once for a lifetime: man or woman. The many life models I got to know through the group give me freedom. Any model is accepted here."

"Before, I used to read a lot on queer blogs. In the group I realized how I appreciated getting to know people and being able to exchange with them directly. I have met so many interesting people and I share beautiful memories with them – Pride events, going to the cinema, and our weekend getaways on a farm. I'm glad to have a group of people in my life who view gender and relationships more openly than many people in our society."

"The group is a blessing for me. At 59, I've only ever known lesbians or straights. I feel so encouraged and inspired."

"I love having a group to celebrate Pride with. Last year we went to the first Bi+ Pride in Hamburg. A few of us went around our city the night before Bi Visibility Day drawing chalk messages and putting up stickers: 'Love is love' and 'There are more bisexuals than you think.' I feel like I have a team who's in it with me to raise bisexual visibility and have fun doing it."

What do we do?

We meet bi-weekly for 1.5 hours (in person or online; some of us go to a local pub later on) and talk about bi+ and queer topics. We meet in a private room and decide each time on a facilitator. We explain the setting and rules to any newcomers and then have an introductory round in which everyone says how they are doing and whether they have any specific topics to discuss, e.g. What are your experiences with... Do you have advice for me on... So I went to this queer party and it was... I watched a movie recently and noticed... Do you ever wish… The facilitator makes a note of these topics, decides what to start with, and makes sure everyone is heard and every topic addressed. We close with a round where everyone can say whatever they want (e.g. how they feel now, what they took out of the conversation, etc.)

We do this primarily for ourselves, but many of us – especially those who are out and proud – also engage in activism (plan and participate in Pride events, increase visibility by representing the B in queer networks, supporting queer events, etc). For some of us, it's fine to attend three meet-ups a year, while some of us come very regularly. We also meet now and then to hang out together, and many friendships have formed. In our chat group we share links to queer resources, memes, events, videos, articles, series, movies, and so on.

What it would take YOU to start a group in your region

- Advertise a short group description (e.g. on websites of local queer organizations or a national bi+ organization), collect the contact of interested people and wait until your defined minimum number of people is reached.
- Meet up all together and get to know each other. Define what you expect from the meetings, give them some sort of structure and define rules (e.g. on confidentiality).
- Do a couple of meetings.
- Review: what did you like about it, what would you change? (e.g. frequency, topics, location, time)
- Make sure bi+ people can easily find you on websites / social media.
- Connect with other bi+ or queer groups and exchange experiences.

Where's My Boat?

By Lila Hartelius

Let me take you on a boat ride through the landscape of my ruminations on a question that's been simmering in my mind since I first discovered published research suggesting bi+ women's health outcomes are poorer than those of heterosexual women and lesbians respectively: "why?" This landscape's been shaped by my experiences and observations and others' anecdotes. I should say "waterscape," because I'll invite you to peer into a vast ocean and a few boats we'll pass. I'll try to keep this conversational, but my intellect will undoubtedly interject. Please bear with us.

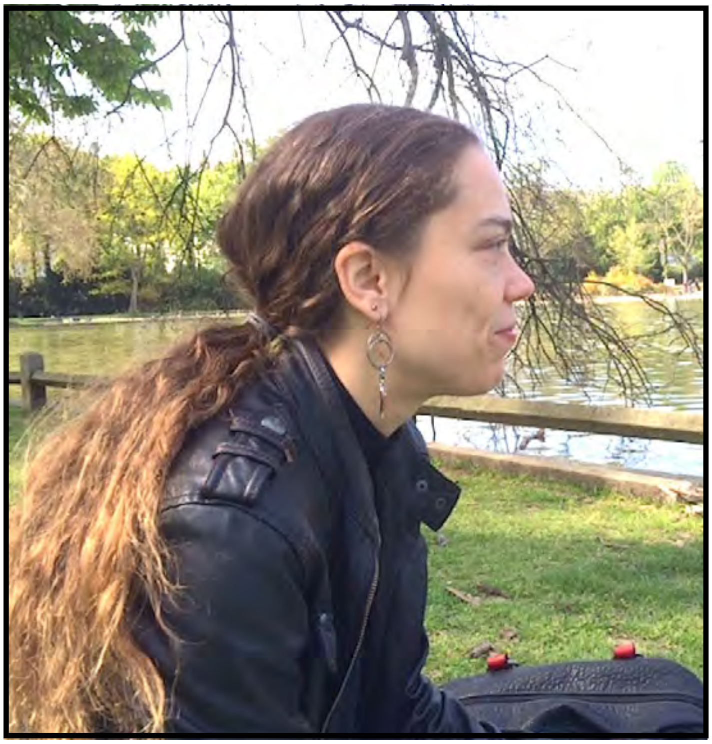
1. Steeped in the "ocean" of society

First stop: a few unsettling "swells" which have led me to some "aha"s.

Swell #1: Chatting with a friend. Topic of bisexuality arises. Friend makes biphobic comment. I'm confused: *should* I call them my friend? I speak up. It was an innocent oops. I should be happy, but something's missing. I don't know what.

Swell #2: Chatting with another friend. Topic of bisexuality arises. Friend makes biphobic comment. I'm baffled: this is happening *again*? I speak up. They argue the comment's not offensive. I explain my point. Useless. I give up, hurt, exhausted.

Swell #3: Chatting with a third friend. Topic of bisexuality arises. Friend makes biphobic comment. This is getting old. I speak up. They reply, "Oh, I didn't know that. Huh." Life goes on, but my mind's stuck at swell #1. Now I know what was missing. Do they understand this isn't just about the comment? Do they know about health risks specific to bi+ women? Are they ever going to connect the dots?



"Aha" #1: All three scenarios reflect the biphobia and bi-invisibilization polluting the societal "ocean" we're steeped in. With so much material to convince people that detrimental bi+ stereotypes are truer than they are, and so few widely-visible examples to the contrary being taken seriously, it's understandable someone who knows little about bi+ identities and experiences might unknowingly say something biphobic, not recognize health risks specific to bi+ women or how biphobic comments might contribute to those, or be hesitant to accept one bi+ woman's words against society's.

"Aha" #2: These comments, innocent as they may have been, could be considered microaggressions. Added up over time, they could favor development of chronic stress in bi+ women exposed repeatedly to them—which wouldn't bode well for health outcomes in bi+ women. Personally, I do feel that encountering biphobia—and the emotional labor of educating others on bi+ topics—has adversely impacted my self-image as a bi+ woman and my mental health.

Intellect:

Bi+ women are incredibly diverse. Many factors—intersecting identities, variations in personal resilience—undoubtedly influence a bi+ woman's susceptibility to developing chronic stress from repeated exposure to microaggressions. But harmful bi+ stereotypes and bi-invisibilization may be negatively affecting bi+ women's health outcomes. This should be investigated further.

2. A "boat" to call *home*

Now that we've explored some of what's percolating in the water, I'd like to show you a couple of must-see boats I've been pondering.

Boat #1: Someone on a podium speaks to people dressed in rainbows: "I was afraid, ashamed. But when I finally understood and accepted myself, I felt liberated from a weight I didn't know I was carrying." Listeners murmur in recognition. The speaker continues: "I had to tell someone. I couldn't live alone with this truth anymore. The isolation was killing me. The first time I came out, I was so relieved. The more people I came out to, the more I started finding people like me. One thing led to another, and now that I've found this beautiful community, I feel like I've found my family, my home. We're all still sailing rough seas, but having you here makes the sailing smoother." The crowd breaks into applause, hoots, and whistles.

We've just seen the boat many call the LGBTQ+ community. Like any good boat, it protects its passengers from the potentially dangerous force of ocean waves. Well, *some* of its passengers. Bi+ women are often among the exceptions to this rule. You know that story the person at the podium told? OK, nobody's story is perfect, but hear me out. Where bi+ women seem to diverge from this narrative is at the part about community. Pretty important, right? Finding support and experiencing psychological safety among people who just "get" you might help buffer effects of minority stress. Community. Yeah, pretty elusive to some of us bi+ women—or at least, that's an idea I've been pondering.

I've witnessed many women apparently experiencing restorative, soothing effects from enjoying camaraderie with other women. Heteronormativity and biphobia have made this sense of ease and warmth in socially bonding with other women harder for me to access. I'm often more comfortable in women's spaces and more at home with the *idea* of queer women's spaces than generic ones. My attempts at finding community with other queer women—in person and online—have often been in spaces dominantly referred to as lesbian, where most of the participants have been lesbians. It's in these spaces that I've experienced the most frequent biphobia within the LGBTQ+ community. I've found truly bi-inclusive spaces for queer women and spaces specifically for bi+ women to be comparatively rare.

Intellect:

Encountering biphobia in the LGBTQ+ community—including from other queer women—may add to stress many bi+ women experience from biphobia in heteronormative society. The internet is a breeding ground for some particularly toxic biphobia, notably within lesbian culture. Greater anonymity online can make it easier to voice feelings one wouldn't normally express in person. While venting in itself may be healthy, when it contains biphobic remarks accessible to a wide public which may include bi+ women seeking support or community, the results can be harmful. A need for spaces specifically for lesbian community is valid. It's also important to recognize the diversity of the bi+ spectrum. There are myriad reasons a bi+ woman might gravitate toward lesbian spaces or content creators.

Bi+ women's experiences around finding community certainly vary. However, because identity, love, sexuality, and intimate partnerships are so important for so many people, feeling a sense of belonging within social spheres where it's safe to talk about these could have a significant impact on one's stress levels and stress regulation capacities.

Yeah, and I'd be surprised if I were the only bi+ woman asking, "Where's my boat?"

Boat #2: People dressed in white lab coats encircle an ordinarily-clothed person. They palpate, stethoscope, check charts and screens, ask questions, nod, type, scribble.

We're in luck today; this is a rare sighting. You could call this boat the health care community of the patient. Who's the patient? Probably not a bi+ woman.

Intellect:

In the presence of a risk factor as potentially significant as a dearth of a sense of supportive community, access to relevant health care that includes trusting relationships with competent health care professionals would be highly important for bi+ women.

Agreed. My experiences, and anecdotes I've heard from other bi+ women, suggest this is another "boat" that seems to elude many of us. For some, it's feeling unsafe coming out as bi+ to a doctor. For others, it's a practitioner making inappropriate or offensive comments or never mentioning health risks specific to bi+ women.

Intellect:

Bi-invisibilization and a perpetuation of harmful bi+ stereotypes at a societal level surely contribute to an apparent lack of bi-specific competence even in health care professionals who've undergone LGBTQ+ competence training. A trusting relationship with even one health care professional is arguably an important factor in positive health outcomes, perhaps due to possible stress-buffering effects of the trusting relationship.

We've reached the end of our boat ride. I guess this means I need to anchor—I mean, summarize. Um, intellect, can you come back for a sec?

Intellect:

In summary, potential development of chronic stress from experiencing repeated biphobic microaggressions, plus possible stress from difficulties finding community, may contribute to poorer health outcomes among bi+ women.

Whew! Back on dry land. After you.

Now that you've had a tour of my musings about bi+ women's health, let me leave you with four elements I consider important in improving bi+ women's health outcomes:

—More **research** to better understand relationships between risk factors and health outcomes for bi+ women

—More **visibility** and awareness-raising—within the LGBTQ+ community and in society generally—regarding bi+ women's identities, experiences, and struggles

—More **funding** of projects and organizations offering relevant support, resources, and community-building opportunities to bi+ women (e.g. the Boston Bisexual Women's Network)

—More widespread **training**, within LGBTQ+ competence training for health professionals, on health risks specific to bi+ women.

Intellect:

Sustainable, collective, strategic actions working to foster beneficial change at systemic levels can positively impact bi+ women's health outcomes. As individuals, we can each participate in such actions in ways aligned with our personal strengths, values, and interests.

Together we can build "boats" of community to help bi+ women sail the "ocean" of society more smoothly and in better health.

Lila Hartelius is a neurodiverse, bilingual (English & French), multidisciplinary queer artist and writer who is honored to have had the opportunity to be a EuroBiCon workshop leader. She loves cats, creative and expressive arts, ecological intelligence, and brain-friendly approaches to anything from folding laundry to becoming an Olympic ice skater.

The Research Corner Is Back!

After a hiatus, we are bringing back the Research Corner to *Bi Women Quarterly*. We are looking forward to using this section to overview current academic research on all things bi+, such as mental and physical health, wellness, culture, advocacy, and more. We see this as an important way to make sure that the bi+ research conducted by universities, governments, and non-governmental organizations, is accessible to the community that it discusses. Research can help us learn about risks and challenges, as well as strengths of individuals, and communities. In turn, this can help us understand our bodies and identities, and foster advocacy for such communities.

The Research Corner is co-edited by Dr. Beverly Yuen Thompson, Professor of Sociology, Siena College, New York, USA, and Dr. Nicola Koper, a biology Professor at the University of Manitoba, Canada. The Research Corner will feature a variety of writers.

Most Research Corners will feature one or two short articles. Because the theme of this issue is bi+ health, this issue includes several. We hope you find these articles helpful, and we welcome your feedback and suggestions for future issues.

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Dr. Beverly Yuen Thompson is a professor of sociology at Siena College, in Albany, New York. She teaches courses on deviant behavior, media, social movements, gender, race, and embodiment. She earned her Ph.D. in sociology from the New School for Social Research, in New York City, for which she wrote a dissertation on the Global Justice movement and the direct-action tactics the activists utilized during mass demonstrations at the WTO, IMF, and World Bank meetings in 1999-2001. Beverly earned a master's degree in women's studies from San Diego State University, for which she wrote a thesis on bisexual and mixed-race identity overlap, which resulted in several publications. Most recently, Beverly has published articles and two books about women in the tattoo subculture, digital nomads, media representation, and reproductive rights. Beverly enjoys traveling (pre-pandemic) and taking up random hobbies, such as learning to fix up her house, crafting in resin and concrete, collecting reptiles, and growing plants. You can find her on social media platforms.

https://www.youtube.com/c/SnakegirlProduction
https://www.instagram.com/snakegrrl/
https://www.tiktok.com/@snakegrrlx
https://www.facebook.com/snakegirl/

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Dr. Nicola (Nicky) Koper is a professor of conservation biology at the University of Manitoba in Winnipeg, Canada. She studies how wildlife is affected by human activities, and what we can do about it. In addition to leading Canadian and international research programs about environmental conservation, she works on communicating results of academic research to the public, to make sure that research can be understood and used by anyone who can benefit from it. To help teach folks about science, Nicky has founded kids' bird conservation festivals, written books for kids and adults, written articles for magazines and newspapers, and has been featured in radio and film documentaries. As a bi/pan professor, she works to make the university a welcome, inviting, and joyful space for students and other members of the university community.

A Growing International Bi+ Community

By Daphne Hermsen

For many bi+ people globally, communities in which they feel safe and understood are nonexistent or hard to find. However, over time, growing local and international bi+ communities have started to emerge. You can see bi+ organizations and initiatives holding diverse events for Bi Visibility Day, celebrated annually on September 23rd. Some of these events even have an international line-up. Moreover, in the past couple of years a worldwide team of bi+ activists has been seated on the board of The International Gay & Lessbian Association World via their Bisexual Steering Committee, supporting ILGA World's work. Although bi+ visibility is increasing on several international levels, opportunities to meet each other are limited. Online platforms offer possibilities for this. With the efforts of Robyn Ochs, Barbara Oud, and Bi+ Nederland, five international online meet-ups have been organized with bi+ people from all around the world. These meet-ups are a safe space for bi+ people from all walks of life to come together and share their stories and experiences, which is extremely important since their stories are often ignored or not taken seriously.

The invisibility of bi+ people's experiences is very apparent in the lack of research, from local to international, about bi+ people. Over the past couple of decades, a growing body of research can be found about sexual and gender diversity, but unfortunately bi+ people are almost always underrepresented. So, I asked bi+ people from all around the world "What would you like to see in international bi+ research?" Responses came from 108 people from 25 countries. Even though Europe was the most represented with 73 responses, people from six different continents replied.

Australia
Belgium
Brazil
Cameroon
Canada
Finland
France
Germany
Iceland
Iran
Ireland
Italy
Lithuania
Luxembourg
Malta
Moldova
Netherlands
New Zealand
Norway
Poland
Sweden
Turkey
UK
Ukraine
USA

These responses give insight into what bi+ people find important, what they struggle with or what they are curious about. More than a third of the people noted that they would want to see biphobia, both in queer and in heteronormative spaces, addressed. Questions were raised, such as "What are the experiences of bi+ women and others who have connections to both the bi+ community and the lesbian community and yet who don't feel completely welcome, understood, and/or comfortable in either community?" or "How universal are our experiences of biphobia?" were raised. Other pressing topics were personal experiences of bi+ people and the mental health of bi+ people, which can oftentimes be related to experiences of biphobia.

Regarding mental (and physical) health, bi+ people have concerns about the effects that loneliness or invisibility, biphobia and bi-erasure can have. Interesting questions were raised, such as: "Is loneliness something common among bi+ people, regarding the feeling of non-belonging to the LGBT+ community, and the rejection from both the hetero and queer worlds?"and "How does biphobia feed into the rates of violence and is this a common experience globally?" Even though these were the most common themes, other questions were proposed, from neurodiversity in bi+ people, to dealing with bi erasure, to fetishization of bi+ people. Many bi+ people were also curious about the struggles and experiences of bi+ people in seemingly 'heterosexual relationships.' For example "If you have a straight passing relationship, how is it different from an actual straight relationship?" Another interesting question regarding this was "What is the legitimacy, or lack of legitimacy, bi+ people engaged in a heterosexual relationship can feel about belonging to the LGBTQIA+ community, and how does it impact their vision of themselves, and their activism for LGBTQIA+ rights and visibility?" There are hundreds of stories still untold and unexplored. However, it gives me hope to see the international bi+ community growing, with more and more room for bi+ people to tell their stories and share their experiences. The answers of the 108 bi+ people worldwide have inspired me to write my master's thesis about experiences with the monosexual norm and biphobia, and the impact that this has on bi+ people. My plan is to highlight experiences of bi+ people from different countries and explore the role that being part of a bi+ community can play on the impact of biphobia. With this research I hope to contribute to closing the research gap and shine a light on bi+ people and their experiences. Thank you to everyone for sharing their ideas, and I hope to present you my finished Master's thesis this summer.

Daphne Hermsen (she/her) is a Dutch gender and diversity master student and an intern at Bi+ Nederland, the Dutch emancipation organization for bi+ people.

Interview with Miranda Schreiber: Improving Health Care for Bisexual+ and Other 2SLGBTQIA+ Individuals Through Better Training of Medical Practitioners

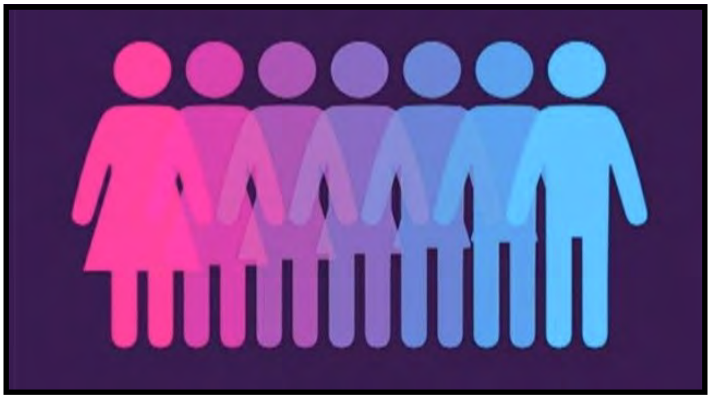
By Nicola Koper

Miranda Schreiber (2021), along with four colleagues from the University of Toronto and McGill University, recently published a call to action in the *Canadian Medical Association Journal*, arguing for improved training of medical practitioners across Canada, in order to better address care for 2SLGBTQIA+ patients. While their call is directed towards Canadian medical institutions, insufficient training regarding this patient population is clearly a problem faced across most, or perhaps all, other countries. Miranda shared some of her thoughts about the impacts of this problem on bisexual+ and non-binary individuals with *Bi Women Quarterly*. Below is the paper summary and interview.

Paper Summary:

Schreiber, Miranda, Tehmina Ahmad, Michael Scott, Kevin Imrie and Saleem Razack (2021). The Case for a Canadian Standard for 2SLGBTQIA+ Medical Education. *CMAJ* April 19, 193 (16) E562-E565; DOI: https://doi.org/10.1503/cmaj.202642

In this paper, Schreiber *et. al.* argue that 2SLGBTQIA+ individuals consistently experience worse mental and physical health than heterosexual individuals. Despite this, in North America, medical colleges provide little or no training to students on how to provide comprehensive healthcare to this population. Canada's regulatory associations do not require that medical graduates are competent in treating 2SLGBTQIA+ individuals (or other minorities). As a result, most North American medical trainees have little understanding of the medical needs and systemic oppression faced by these communities, and do not understand the nuances of the potential needs specific to 2SLGBTQIA+ individuals. Advocates, federal government committees, and medical students themselves have called for integrating 2SLGBTQIA+ content into curricula and ensuring that such training also addresses additional challenges faced by 2SLGBTQIA+ people who are Black, Indigenous, immigrants, or otherwise marginalized. At colleges where such training has occurred, researchers have found significant improvements in patient care and reduced evidence of prejudice towards patients. The authors argue that training in this area must be integrated across all medical disciplines and incorporated at all phases of the educational process: in lecture, lab, and clinical training periods. Finally, the authors point out that medical institutions have themselves been among the root causes of the health problems faced by 2SLGBTQIA+ people and must recognize and address this history through structural reform to fully achieve inclusivity.



Interview with Miranda Schreiber:

You point out that 2SLGBTQIA+ individuals have higher rates of many diseases, such as cancer and heart disease, that would seem unrelated to an individual's sexuality or identity. Why is this, and how can better training help resolve this problem?

Western medical analysis only includes the physical body when examining the causes of disease. However, empirical evidence has overwhelmingly determined that the social world is one of the variables that shapes health outcomes. As an example, one of the reasons queer women have higher rates of breast cancer than cisgender, heterosexual women, is because 2SLGBTQIA+ people are reluctant to engage with the medical system, and thus, less likely to catch early signs of cancer. Structural oppression produces isolation, poverty, chronic stress, and other factors that contribute to an individual's likelihood of experiencing conditions such as heart disease. Disproportionate rates of these medical conditions in 2SLGBTQIA+ communities are therefore produced by systemic violence.

It is imperative that we acknowledge the impacts of social structures that are beyond the reach of education reforms. Compulsory heteronormativity and settler colonialism are structural roots contributing to gaps in health outcomes that exist among 2SLGBTQIA+ people, especially for those who are Black and/or Indigenous. Better education will not end a systemically-produced phenomenon. However, better medical training can improve some outcomes. Some examples include sexual health, gender-affirming hormone care, cervical cancer screenings, obstetrics and family planning, psychiatric care, and ending the gatekeeping for gender reassignment surgery. Furthermore, clinicians across all medical specialties need better training on how to interact with queer and trans patients, as many 2SLGBTQIA+ patients report experiencing queerphobia and transphobia while receiving medical care. If clinicians are better trained, they can provide queer and trans patients with more informed, compassionate care, and reduce hesitancy of engagement with the healthcare system.

What are unique health problems faced by bisexual+ communities when working with health practitioners?

Bisexual women have some of the worst health outcomes in 2SLGBTQIA+ communities. Bisexual people are disproportionately unlikely to come out to their healthcare providers. This absolutely has consequences for the quality of care provided. Bisexual people also experience disproportionate rates of poverty and violence, both of which are important factors when assessing the causes of negative health outcomes. Rates for mood disorders among bisexual women are around 60%, which is higher than for gay women. Heteronormative assumptions inherent in diagnostic processes contribute to concerns such as heightened reluctance to come out to a doctor, thus reducing critical information needed for comprehensive treatment.

What kinds of practices could health practitioners provide that would address unique challenges faced by bisexual+ individuals?

If healthcare practitioners were more aware of the unique challenges that bisexual communities experience, such understanding could contribute to better outcomes. Medical care often presumes patients are cisgender and heterosexual, or tangentially, that they are cisgender and gay. Asking patients to describe their sexuality, rather than presenting them with a predetermined list of categories, allows for more precision.

What problems are faced by non-binary and intersex individuals in their interactions with health care providers? What would be the focus of training that could help to resolve this?

The history of intersex and nonbinary people and the medical institution is extremely violent and devastating. Since the Enlightenment, Western doctors and scientists have insisted on classifying newborns as either male or female, often engaging in medically unnecessary procedures at birth, to establish rigid sex/gender binary outcomes. People whose gender identity or physical expression do not conform have historically been subjected to medical and legal abuse. Their gender nonconformity has been interpreted as evidence of a medical condition.

The residue of this history persists in the medical world: intersex people are *still* pathologized and subjected to unnecessary surgeries. Violent structures cause people outside the gender binary to experience disproportionate poverty, substandard self-reported health and wellness, and reluctance to engage with the medical system. Genders that do not conform to Euro-American binaries need to be integrated into medical curricula and training, as this content is currently absent. A lack of understanding of trans health could contribute to misdiagnosis; for example, a doctor could attribute unexplained pain to the patient's gender-affirming hormone therapy, rather than suggesting a blood test. Currently, it is rare for a clinician to ask for a patient's pronouns, let alone an articulation of gender identity. Healthcare providers have an important role to play in confronting the violent systems that have produced, and continue to reproduce, the harms that we have discussed.

NOTE: 2SLGBTQIA+ is considered the standard inclusive queer acronym in Canada. It stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, +.

Abstract Hair

By Jo-Anne Carlson

Acrylic art on canvas board

Jo-Anne Carlson is a writer, artist, and musician who believes that who you love, how you love, and how many you love, shouldn't matter. Jo-Anne serves on BWQ's board of directors. Hearing from friends is a joyous occasion, so please drop her a line at josexpressions@yahoo.com.

An Overview of "We're Here: Making Primary Care a Safe Space for Bi+ Patients"

By Grace C. Bellinger, MS; Katie Wright, MPH; Jessie Miller; Evan Zhao, MA; A. Kai Korpak, MSW; Casey D. Xavier Hall, MPH, PhD; and Lauren B. Beach, JD/PhD

Access to primary healthcare is essential for promoting community health.[1,2] Efforts to engage sexual and gender minority populations in primary care exist, but often target lesbian, gay, bisexual, and transgender (LGBT) individuals generally. Bi+ individuals comprise over half of the LGBT community and have specific needs that are not currently fulfilled by the healthcare system. We define "bi+" to include people who identify as bisexual, pansexual, queer, fluid, or with other sexual and/or romantic identities that indicate attraction to people of more than one gender. People who experience sexual and/or romantic multigender attraction but who do not use labels to identify their sexual orientation are also included in our definition of bi+.

Research has shown that bi+ people are less likely than their heterosexual, gay, or lesbian peers to have a usual source of care. Bi+ individuals who do access the healthcare system are less likely to be out to their healthcare providers. Lack of trust and communication between bi+ patients and primary care providers can make it difficult for bi+ people to receive quality healthcare.

This article provides an overview of a recent community-engaged research project led in partnership by investigators at Northwestern University, Howard Brown Health, and Bisexual Queer Alliance Chicago. Northwestern is a research-intensive university, and Northwestern's medical center is based in Chicago. Howard Brown Health (HBH) is a federally-qualified health center specialized in providing primary care to sexual and gender minority populations in Chicago. Bisexual Queer Alliance Chicago (BQAC) is a Chicago 501(c)(3) bi+ nonprofit. The primary goal of the study our team conducted was to identify barriers bi+ individuals face when accessing primary care and ways providers can make primary care a safer space for bi+ people.

This collaborative effort received funding through the Northwestern Primary Care Practice-Based Research Program Seed Grant Program. Community engagement was critical given that bi+ people can be harder to reach than heterosexual, gay, or lesbian individuals. This difficulty stems from myriad reasons, including lack of sexual identity disclosure due to biphobic stigma and general mistrust of research teams that do not include bi+ leaders and community organizations. Via the contributions of former board President Jessie Miller, BQAC was involved since the project's inception, an important tenet of best practice in community-engaged research. Indeed, our team structured our collaborations according to a community-engaged research model adapted for working on bi+ health research with bi+ populations—the "Bi Us, For Us" model.

The project began with Stakeholder-Academic Resource Panels (ShARPs), which are community conversations similar to but less formal than focus groups. BQAC helped recruit bi+ individuals for the ShARPs. Bi+ ShARP participants provided feedback about barriers and facilitators to engaging in primary care in Chicago. Following completion of the ShARPs, the study team both selected existing validated survey scales and drafted novel survey items using feedback from the ShARPs as well as BQAC's board. Survey questions broadly focused on respondents' engagement in, satisfaction with, and quality of healthcare. Participants were asked questions pertaining to strengths and weaknesses of patient-provider communication and healthcare delivery. Other survey items evaluated the level of trust each respondent had for their provider(s) and opinions regarding respect and privacy. The survey also queried how participants prefer that their primary care providers learn about their sexual orientation as well as how they would prefer to be asked questions related to sexual history and sexual activity. BQAC board members as well as HBH providers and other staff reviewed and approved a final draft of the survey.

The survey scales and items were selected to allow the study team to explore how patient "outness" in terms of sexual identity or sexual behavior may influence bi+ individuals' satisfaction with their healthcare interactions and vice versa. Preliminary analytical goals included conducting descriptive statistics of demographic and insurance information across a variety of participant characteristics. We additionally sought to describe preferred safe space identifiers and bi+ individuals' responses to questions regarding outness, intersectional stigma, and privacy. The study team was especially interested in associations between outness inventory responses and preferences for safe-space identifiers for bi+ people.

With the survey and a preliminary analytical plan in place, the study team began participant recruitment. Eligibility criteria for the survey study included being 18 years or older, currently living in Chicago, and being bi+. Participants were recruited for the survey through two different methods. Half of participants were recruited from the Chicago community via social media ads. These participants were not necessarily engaged in healthcare. The other half were recruited as patients engaged in primary care services at HBH. Patients at HBH were recruited by utilizing HBH's electronic health record data to identify patients who indicated interest in participating in research and who met all inclusion criteria. Study leads, including Katie Wright, attempted to contact eligible HBH patients, spoke with them about the research opportunity, and provided them with a survey link and stipend upon completion of the survey. Particular effort was made across both study arms to reach people of color, transgender and gender nonconforming individuals, and cisgender men, as these groups are historically underrepresented in bi+ research.

In total, HBH study leads contacted 305 eligible patients, and survey links were sent to 217 patients. Of these, 124 HBH patients completed the survey and 113 were included in the preliminary analytical set. On average, HBH participants were 26.7 years of age and 86% reported having health insurance. Fifty-three (46.1%) participants identified as bisexual, 39 identified as queer (33.9%), and 18 identified as pansexual (15.7%), with the remaining 5 respondents identifying as fluid, no label, another identity, or multiple identities. By gender, 44 HBH participants were men (38.3%), 34 were women (29.6%), 10 were non-binary (8.7%), and 10 were gender-queer/non-conforming (8.7%), with the remaining 17 participants identifying as another label and/or multiple of the aforementioned identities. Fifty-one participants were Black/African American (44.3%), 34 were white (29.6%), 14 were Latinx (12.2%), and 16 reported another racial/ethnic identity. For community-based recruitment, Facebook advertisements were launched in November 2021 and concluded in January 2022. This recruitment method reached a total of 11,512 people in the Cook County and Chicago areas and solicited 400 clicks. Data cleaning and analyses for the community-based participants are ongoing.

The study team hosted a public virtual panel discussion about the project on January 20, 2022. A total of 106 attendees joined the virtual event. Attendees hailed not only from Chicago, but across the United States as well as Canada, the UK, and New Zealand. Robyn Ochs served as panel moderator, and panelists included Dr. Casey D. Xavier Hall, Jessie Miller, Eric Medina, and Nicole Holmes. Dr. Xavier Hall presented preliminary findings from the HBH health services research arm and represented Northwestern University on the panel. All panelists shared their personal experiences with primary care providers. They also provided suggestions for how and when to come out to a provider and recommendations for providers about delivering inclusive care to bi+ patients. These suggestions included not making assumptions about sexual behavior based on sexual identity, not making assumptions about partner gender or relationship structure, and providing clarity on who will be able to access sexual orientation information in electronic health records. Panelists also discussed their suggestions for how to advance future bi+ health research to improve health outcomes for bi+ people and shared resources with all registrants. Themes from audience questions included intersectionality (including bi+ identities, disability, gender, race), health at every size, data privacy, how to access inclusive domestic violence and intimate partner violence services, dealing with burnout, and more. This event was a tremendous success with an active dialogue in the chat among attendees, and was only the beginning of this project's outreach and impact.

By obtaining feedback from bi+ patients both in a healthcare system and bi+ people in the community, the "We're Here! Identifying Bi+ Individuals' Primary Care Needs through Collaborative Community Engaged Research" project sought to determine the barriers facing bi+ individuals in healthcare settings so they can be mitigated. Dissemination of the final results is ongoing, with a variety of scholarly and community-facing products forthcoming. Removing barriers to primary care will benefit bi+ people by promoting the health and wellbeing of bi+ populations. BQAC, HBH, and Northwestern plan to continue these collaborations to conduct research that promote the health and well-being of bi+ people. We also are open to collaborating with additional partners to expand this work. Those interested are welcome to email any team members or to contact Dr. Beach through Twitter. It is crucial that partnerships with bi+ people, organizations, and researchers at every level persist to ensure that research related to bi+ community needs is being conducted by and for bi+ people.

For references, acknowledgements, and author bios, see this article on BWQ's website.

Navigating Multiple Worlds: Experiences and Wellbeing of Bisexual Folks in Mixed Orientation Relationships (MOREs)

By Lindsey Thomson, MSW

Our mental health and overall wellbeing are inextricably tied to the core relationships we have in our lives. Bisexual and other non-monosexual folks are in a unique position as we may find ourselves in romantic and/or sexual relationships with folks who do not identify with a queer identity and/or who are also queer but not specifically bisexual or non-monosexual (i.e., heterosexual, lesbian, and gay people). As bi+ folks, different combinations of sexual orientations may change the dynamics of intimate relationships in expected and unexpected ways. From my own experience and observations, I have noted a growing number of Facebook support groups focused on mixed-orientation relationships (relationships in which partners identify with different sexual orientations). These groups provide unique spaces to discuss common experiences such as decisions around coming out to partners and other family, discussing and exploring queer sexual desire, navigating relationship dynamics such as monogamy and/or ethical non-monogamy, and more. Recently, social researchers have also aimed to gain deeper insight into bisexual folks' experiences in mixed-orientation relationships.

To learn more about bisexual women's and others' experiences across relationships, I reviewed key findings from two recent studies focusing on the experiences of bi+ folks in "mixed-orientation relationships" (see Vencill et al., 2018 and Davids & Lundquist, 2018 for more information).

Mixed-orientation relationships (MOREs) refer to relationships in which partners identify with different sexual orientations. This often looks like one partner identifying as bisexual and the other holding a straight, gay, lesbian, or other monosexual identity. Research has found broadly that romantic relationships typically have a positive impact on individuals in terms of overall health; however, the unique relationship experiences of bisexual folks add complexities to existing findings that previously have not incorporated the experiences of bisexuals in MOREs. Regardless of relationship status, bisexuals navigate societal contexts where bi-negative attitudes are held among heterosexual, gay, and lesbian communities. Not surprisingly, bi-negative attitudes are often related to relationship instability. Overall, lesbian and heterosexual women have been found to hold the most hesitation in dating bisexual individuals. Bi-negative attitudes are also stronger in individuals with more conservative attitudes.

Interestingly, bisexual folks in a relationship with a lesbian partner reported lower levels of stress than folks with heterosexual partners. These findings suggest that partnering with a same-gender and/or other queer person may facilitate access to support or act as a protective factor against heterosexist attitudes and stress related to discrimination due to a queer identity. At the same time, bisexual women in relationships with someone of the same gender were also likely to experience feelings of bisexual erasure and uncertainty around their sexual identities when they were assumed by others to be lesbian.

On a different side of things, researchers found that being in a relationship with a partner who is a different gender is related to increased rejection from lesbian and gay communities compared with bisexuals with same-gender partners. Bisexual women in romantic relationships with men showed higher levels of internalized bi-negativity, depression, and increased alcohol usage. Higher levels of social isolation in finding romantic partners and/or within queer communities were also related to increases in depression, anxiety, and stress in connection with the anticipation of bi-negative attitudes. Even hearing stories of queer discrimination from others meant that bisexual folks were likely to experience higher rates of anxiety related to affirmation of their bisexuality (or lack thereof).

The good news is that bisexual women, particularly in different-gender relationships, have developed clear strategies to mitigate negative attitudes and impacts. Many bisexual women continue to learn about and engage with information and educational materials around bisexuality (including this publication!). Bisexual women also explore and express queer desire through fantasy as well as creating "visual representations of bisexuality" in their homes.

Despite the existence and impacts of bi-negative attitudes, bisexual women can build satisfying relationships with both same- and different-gender partners and with similarly valued relationship aspects such as trust, communication skills, honesty, and by creating shared relationship agreements. There are mixed findings on whether bisexual folks more often practice ethical non-monogamy (vs. monogamy) in their relationships, with some studies finding no differences in prevalence and others finding increased prevalence. Whether monogamous or non-monogamous, researchers infer that bisexual folks may hold more open attitudes to consensual non-monogamy as a practice in relationships. Regardless of different relationship styles, bisexual people are finding ways to build satisfying relationships with folks of the same or different gender or sexual orientation.

Although limited, research on the experiences of bisexual folks in romantic and/or sexual relationships demonstrates the importance of connections to bisexual-specific and affirming resources and supports, for the sake of individual mental health and relationship health. Findings also demonstrate the strengths and resilience of bisexual individuals and communities who face widespread bi-negative attitudes yet find ways to bridge differences in sexual orientations to build loving relationships with a diverse group of partners. More research is needed to better understand the experiences of bisexual folks in MOREs, particularly in connection with additional identities and intersectionalities (e.g., BIPOC folks), and it is this author's hope that we continue to gain insights and to foster crucial connections and community among bisexual folks.

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Lindsey Thomson lives in Guelph, Ontario, Canada, with her wife CJ, Scottish Terrier Kevin, and 28-year old turtle Toby. She is a community-engaged research and teaching professional at the University of Guelph and is very passionate about the role of research and community collaboration in social change.

Research on Bisexual and Biracial Identity and Community

By Dr. Beverly Yuen Thompson

As a bisexual and biracial woman growing up in the predominantly white and homogeneous city of Spokane, Washington in the 1980s and 1990s, it was not until I entered graduate school in women's studies at San Diego State University, that I began to explore in depth, via academic research, what having multiple or intersectional identities meant for women like me. Thus, I set out to interview other mixed race and bisexual women in order to understand how identity could be reconceived by placing the bisexual-biracial woman at the center of analysis and thereby avoiding an additive model of identity formation. Overviewing the history of Asian migration to the United States uncovers the ways in which the government implemented restrictive, and racist, policies of exclusion against non-white, and especially Chinese workers, during the late 1880s, igniting social repression and anti-Chinese violence enacted by white mobs. Such anti-Asian sentiment has been consistently present in North America; however, such animosity has once again been brought to national attention by anti-Chinese sentiment stoked by former President Trump in reaction to COVID-19; the 2021 Atlanta spa shooting, where six of the eight casualties were Asian women working in massage parlors; as well as a nationwide rise in anti-Asian violence, especially in cities such as San Francisco and New York. Asian Americans are perceived as continual outsiders, not seen as "American," no matter how many generations their families have resided in the country. Encountering such a sense of exclusion from the national identity, media representation, and faced with ongoing and targeted harassment, it is no wonder that Asian Americans may suffer from some racial anxieties and mental health concerns. For those who are also bisexual or queer, they may often feel that aspects of their identities are always excluded in spaces based on ethnic or sexual orientation. How bisexual and biracial women of Asian descent understand their own identities, and how they formulate their own communities, was the basis of my ethnographic research for my master's thesis, which resulted in multiple publications in both popular and academic journals. Based on interviews with nine bisexual-biracial women, I found that the participants outline a different conceptualization of complex identity formation, not bound to an additive model that centers whiteness. Ultimately, community and solidarity were built upon solidarities and alliances among allies of a variety of identities; communities were not necessarily established in essentialist understandings of identity. In the video linked below, I overview the research I conducted on bisexual-biracial women and the ways in which we can understand identities differently when we place those with multiple identities at the center of analysis.

https://youtu.be/7OHfPQny0w8

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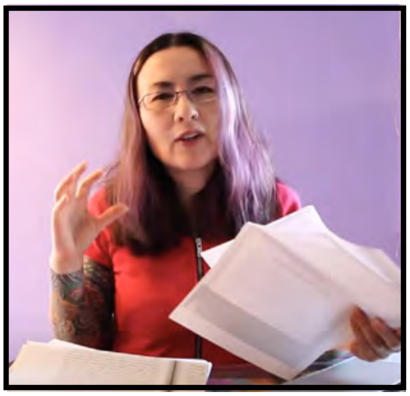
References for this article are available on the BWQ website.



Pandemic Rules for Polycules

By Jen Bonardi

Here's a strong candidate for Understatement of the COVID Era: maintaining both your health and your relationships during a pandemic is not easy.

Most of us have found that navigating the pandemic relies on making choices based on our unique personal circumstances. It's an art connected to an evolving science, and it requires loads of empathy. Folks in polycules—a network of romantically/sexually connected people that, when mapped, looks like a molecule—had to quickly learn how to protect against dire health risks while nurturing a complex web of relationships. With health already a major concern for bi+ people, the polyamorous bi+ community received no less than a baptism-by-fire in wellness preservation, courtesy of COVID.

It follows that understanding the recent experience of actively polyamorous bi+ women could better prepare all of us for the next public health crisis. I polled seven people in polycules to hear how they fared during the COVID pandemic. These participants have a mix of sexual and gender identities that all fall under the "bi+ women" umbrella. Their polycules range from three to more than nine people; respondents live with many, few, or no partners. Some identifying details have been changed.

At the beginning of the pandemic, with no understanding of or protection against the virus, our participants' pods made stringent rules. "We started with limiting social contact outside the polycule…" says Camille. Dates, whether restricted to just those in the polycule or not, had to be socially distanced. Some banned new partners or any interaction with folks outside of their bubble; another allowed it but required a ten-day quarantine and negative test to return. Feeling at all symptomatic before meeting with a metamour meant calling off the visit immediately, even if you were on your way there.

They were able to loosen the rules as information on the contagion arose, but there has remained some level of vigilance ever since. One polycule member discloses, "The rule that we kept the longest was: No unmasked indoor contact with people outside the pod unless it's medically necessary." Vaccines were a game-changer, sanctioning dating indoors with people who were inoculated. They also opened the door for members of larger polycules to spend time with partners on the further edges.

In judging the level of interaction with a person outside of their bubble, one polycule member considered the new person's pod size and their amount of out-of-pod activity. Megan's polycule simply defaulted to the lowest common denominator, i.e., their most fearful member: "We looked […] to manage the risk in a way we could all accept, rather than making the pod flexible or forcing people out of it." Participants necessarily had to factor in the vulnerability of *all* loved ones in their lives. "I cut back a lot [on visiting others] when I had to drive my dad to visit my mom—both in their 90s—who was in rehab for a month," Pam says.

Poly-specific challenges abounded. "One of the things I'm navigating," says Meri, "is that my girlfriend's adult son does not approve of her having multiple partners. I didn't want to be the vector that prevented him from returning to his [workplace] on time." One polycule even had to ask members' roommates who were *not* metamours to commit to the rules of the pod. "That was a huge thing to ask of them," says L, "and I'm really amazed that it worked."

"My second partner lives in Baltimore," explains another. "They visited me in September of 2021, and I visited them in October. This meant that I couldn't see my local, primary partner for two weeks after we parted." And while primary partners felt such ramifications, that didn't mean that secondary/tertiary metamours were spared. "Folks further out [in the polycule] had to do a lot of waiting for any in-person contact," laments Kerry, contributing to arguably the worst effect: "Sex frequency probably plummeted for everybody."

Although saddled with extra hardships, those versed in polyamory have more experience in honing the skills needed in an ongoing pandemic. Since communication was a critical element in making health decisions for the pod, you can assume that poly folks were way ahead of the game. Furthermore, one bi+ woman polled commends her polycule members for holding each other accountable for getting vaccinated and boosted. In addition to accountability, having multiple partners provides a strong motivation to get the necessary shots as soon as possible.

In fact, the poly community actually has an intrinsic advantage in figuring out how to proceed toward physical and emotional health. "We approached it a lot like fluid-bonding," says L. "We're a bunch of kinky queers, so that was the framework we had for this sort of decision. You can't be 'sort of fluid-bonded' with someone—it's all or nothing. We followed the same model and made our pod all-or-nothing."

The bi+ women I polled let me in on a few tips for having a slightly less horrible pandemic. Recommendations included cooking dinners together to create "space for conversation and goodwill" and traveling locally with a partner to "keep things interesting." Beyond the day-to-day, making birthdays special for each other helped one respondent "feel the loss of community events less," while getting together with metamours for the holidays was heartening when celebrating with family was off the table.

Not every attempt at maintaining romance and sanity was universally successful. One woman felt better with therapy; another felt that neither individual nor group therapy worked for her polycule. One enjoyed lots of video chats with her off-site metamours; another reports: "We tried Zoom socializing and honestly, we all ended up hating it. It felt like an obligation and not like fun."

Some attempts didn't even work for the pod trying them. The one group that had a decision-making process instead of prescribed rules discovered that yielding to the most fearful person's impulses made everyone else resentful. At least two of the represented polycules incurred break-ups. Although they might have occurred even without the pandemic, participants are convinced that the circumstances exacerbated existing issues.

The respondent who divorced her wife during the pandemic remarks that as far as break-ups went, "the pandemic made [them] more sudden and way nastier. People went from 'clinging together for safety' to 'moving out entirely' without stopping at 'hashing things out' or 'trial separation,' because [temporarily staying] at their parents' place […] felt too much like it was going to spread germs."

When asked whether their polycule is back to pre-pandemic activities, virtually all participants responded with some version of "eh, not really." At the turn of 2022, just as we were cautiously letting down our collective guard, Omicron arose, and most people regressed to a more self-protective stance.

Despite the hardships they shouldered during the pandemic, these bi+ women acknowledge some bright sides. They felt that what they went through with their polycules "intensified the good relationships while winnowing out the unstable ones" and allowed them to "value each other's company so much more [instead of taking] it for granted."

I hope you take a moment today to thank your friendly neighborhood poly bi+ woman for playing The Pandemic Game at the expert level. Let's be grateful to learn from these experiences, because when it comes to bi+ health, we need all the help we can get.

Jen Bonardi served on the Bisexual Resource Center (BRC) board for five years and created bisexual character extraordinaire, Tiggy Upland.

NEWSBRIEFS

ANDREA JENKINS has been elected by her fellow city council members in Minneapolis, Minnesota to serve as the city council president. Jenkins is the first out trans person to ever serve as a city council president in the U.S. and, because she also identifies as bi, she is the first out bi and trans city council president in the U.S. In 2020, she became a national figure and leader as protests erupted over the murder of George Floyd, who was killed in her council district. She called his murder "a symbol for a knee on the neck of Black America" and demanded racism be treated as a public health crisis. (Source: Victory Institute)

Out bi speedskater **IREEN WÜST**, who is from the Netherlands, set an Olympic record on February 7th with a record-setting first-place finish in the 1,500-meter speedskating race. Wüst is the first LGBTQ Olympian to win a gold medal in Beijing. She is the most decorated out Olympian ever.

Megan, continued from page 1

My ED is solitary. Up until the spring of 2020, the only people I ever spoke to honestly about it were my therapists, my physician, and my secret lover—conversations intentionally confined and inherently confidential. Anyone else I dared to tell was treated to my canned declaration: Believe it or not, I have an eating disorder. You wouldn't know it to look at me of course, because I'm fat. I immediately interpreted their blank, uncomfortable stares as agreement—right, how can YOU have an eating disorder? I never considered that perhaps their discomfort was rooted in my labeling myself fat because, in their reality, I wasn't.

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I listened to the entire *Fresh Air* interview with Susan Burton. How could I not? Within minutes, I felt as if I were listening to a familiar voice, one that had been whispering in my head for twenty-five years. Susan said that no one knew she had an ED, that she didn't even "look sick." She hid it well. Not only did she talk honestly about her restricting, but she was also frank about her binging, something I have always been deeply ashamed to discuss (after seven years of therapy, I have only just this year revealed to my therapist that binging was a major part of my disorder). I was too embarrassed to share that I wanted food in excess ALL THE TIME. How gluttonous, how gross, how out of control! Susan was open about all of this. When the interview was finished, I knew I had to buy her book.

When I finished *Empty*, I immediately wanted to contact Susan. Hers was the first account of having an ED that felt like my experience. Within a few weeks of my e-mail, Susan wrote me back and asked if I'd be willing to discuss ED with her for a future episode of *This American Life*. She wasn't sure if the episode would ever actually come to fruition, but because she had received such an overwhelming response, detecting several common themes in the responses, she felt it would be worth exploring. I said yes without hesitation.

This was entirely out of character for me—agreeing to meet a stranger to talk about my ED with the understanding that parts of the conversation might be broadcast on one of the nation's most respected and popular radio programs. While the risk was great, for the first time in my life, I didn't let that stop me. I was hungry for a connection, for the chance to be heard by someone who might understand me, someone who might help me feel less alone.

***

Susan and I spoke in July 2020. She asked me to tell her about the origins of my ED, and I just started riffing, determined to be as honest as possible. My main goal was to help others understand that what they may be unwilling to look at in their own lives was not that uncommon, was not a burden they had to carry alone for years as I did. I wanted to peel away the thick layer of secrecy, once and for all.

As we continued discussing the covert nature of our disorders, I blurted out, without thinking: "I think the secrecy, to be honest, is… it's that eating disorders, at least for me, are deeply tied to sexuality. I think that's why it's such a hard thing for me to talk about because it's very much tied to that." I didn't exactly know how to elaborate on this at the time, but I knew it to be an absolutely true statement. For as long as I can recall, I have aligned my body image with my psycho-sexual self. Though I had never said so out loud, nor publicly attempted to explore and interrogate this for myself, I've always known that my body image, my sexuality, and my mental health are all inextricable from one another.

Months went by between my conversation with Susan and the *This American Life* episode, yet I remained both haunted and fascinated by my spontaneous declaration linking body image with sexuality. I began to look back on my life as a sexual being—the origins, the questions, the shame, the desire—and how they all might relate to the strictures and punishments I would impose on my body. How and why did this happen to me?

***

While research has established disproportionate rates of eating disorders within LGBT communities more generally, the impact of eating disorders within bisexual communities specifically is still an emerging area of study, as documented by researchers Lacie Parker and Jennifer Harriger in a 2020 review. Parker and Harriger break down the risk factors specifically associated with minority stress and disordered eating in bisexual females, based on the limited research available. I recognize my own experiences in the risks they document for body dysmorphia: low self-esteem; relationship dissatisfaction; tension around physical intimacy; appearance dissatisfaction related to internalized beauty standards; concealment of sexual orientation; sexual objectification.

Further, there is another risk factor highlighted in this review that I identify with: internalized biphobia. Until now, I have been reluctant to confront biphobia within myself, yet now I believe it to be the underlying cause for my eating disorder. Biphobia seems to be such an ancient part of me, a feeling as natural as the experience of sunlight on my skin. It just is, ever since I first identified my bifurcated sexuality as a child.

I was around 10 when I began to be cognizant of that exhilarating but slightly menacing prickle I would occasionally feel in my groin whenever I rubbed my legs together. This sensation was activated not only by squeezing my thighs but also by watching certain movies like The Goonies. I noticed something when I saw that film on the big screen for the first time: whenever Josh Brolin came on the screen or spoke in that deep teenage boy voice, I felt a piercing but delicious nudge in what I would later identify as my clitoris. But also, whenever Kerri Green sauntered across the screen in her tiny cheerleader outfit, her red mane bobbing like a bushy foxtail, I had the same sensation—a little poking forth of that tiny nub, of being snapped awake by a sparkle of light. I remember not fully registering this feeling in my cerebral cortex; rather, it was primal, located down in the realm of the lizard, tucked away yet terrifically potent.

As I cycled through crushes on boys and obsessions with girls as a teenager and young adult, I began to notice that the primal physical sensation I felt rising in me traveled with different emotional companions—depending on whether the feeling had been triggered by a male or a female. Arousals triggered by girls were accompanied by a feeling of confusion, as bodily stimulation transformed into bodily shame. By some sort of sinister alchemy, I transferred my desire into a redoubtable feeling of physical hideousness. My abdomen and pelvic area suddenly felt abnormally large and grotesque. I felt massive in my physical space as if sexual desire was caloric, spreading uncontrollably. I assumed my mutation was visible to everyone, especially the initial (female) object of my desire.

The emotional saddlebags that came with my attraction to boys, on the other hand, were marked with a desire filtered through a significant layer of fear—would this boy know I was also attracted to girls? Would he then automatically find me disgusting, large, masculine? Would he see beyond my femininity and into my (hidden) bisexuality? Did my attraction to girls make me somehow less female? I have never felt anything BUT female, but my fear of being labeled a "dyke" in high school caused me to hyper-feminize both my voice and my appearance when pursuing boys. Was I acting a part to disguise my desire for both sexes? Arousal and shame began to intersect in my body. I would find myself fantasizing about kissing and touching whichever boy had catalyzed my arousal but hanging over my shoulder was a constant knowledge of my secret nature. What would happen if the lipstick were kissed off my lips? What would happen if I let a primal growl escape my throat? The risk was too extreme. My (caloric) desire might expand beyond my control and my body might betray me, and then the entire world would know that my hunger was boundless.

Sadly, over time, I began to equate any type of desire I felt for any boy or girl with confirmation of my massive and repugnant body. Any time I would feel aroused—whether sexually, by hunger, by fear, or by laughter—I almost immediately felt rotund. No amount of rigorous tamping down could burn those calories—I would absorb them and, of course, they'd burrow like seeds and my body would cultivate them into fat. I then automatically assumed that this fat, this hideous bulk, would be visible to everyone everywhere.

This way of being characterized most of my adult life: thirty years of body dysmorphia, disordered eating, binging, restricting, purging with compulsive exercise, and constant body surveillance. At my worst, I was exercising three to four hours per day, eating a maximum of 500 calories five days per week, and allowing myself to totally binge two days per week. In between, I also used laxatives (which began to wreak havoc on my liver). Eventually, my menstrual cycle became unpredictable as well as painful. I wasn't sleeping. I couldn't concentrate. My mind and my body were failing me. But I was "in control."

My constant, punitive, and vigilant efforts to not be seen were so rigid, so utterly necessary for my survival, that they led me to abandon friends, wiggle my way out of social events, skip lunch at work so I could have an extra hour of exercise, wear excessively baggy clothing, hide my face under my curtain of thick hair, and more. I did everything I could to be anonymous, hidden, and covered (even now, as the pandemic continues into its third year, I am thankful for my mask and wear it almost everywhere, including places that do not require it). In short, I have proceeded through much of my life as a living embodiment of self-inflicted bi-erasure, which I now identify as internalized biphobia.

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In 2014, psychologists Melanie Brewster and Brandon Velez led a path-breaking study of disordered eating in bisexual women. Given past studies that have shown higher rates of disordered eating in bisexual women compared to both lesbian and heterosexual women, these researchers felt it was imperative to examine two "salient" minority stressors for bisexual women: first, anti-bisexual discrimination, and second, internalized biphobia connected to experiences of objectification. Brewster and Velez posited that looked at in tandem, anti-bisexual discrimination and sexual objectification experienced by bisexual women may be internalized, becoming the engines that cause some women to conform to sociocultural standards of beauty. This then directly contributes to body shame, surveillance, and disordered eating. As hypothesized, the results of this study indicate that "anti-bisexual discrimination was related positively and significantly to internalization of socio-cultural standards of attractiveness, internalized biphobia, and body shame," as well as "body surveillance and eating disorder symptoms" (Brewster, 2013).

My experiences support this hypothesis. The Brewster and Velez study has given me a better understanding of how internalized biphobia gives way to "significant unique links with internalization of sociocultural standards of attractiveness." My near-constant self-monitoring of my appearance and my fear of being judged negatively for my physical appearance clearly activated my own disordered relationship with my body. I now have little doubt that this could be true of many other bisexual women. I am not alone. This is reassuring, but what can we do to ease the struggle?

A new collaborative study (2021) conducted by Grace B. Jhe, Ethan H. Mereish, Ethan, Allegra R.Gordon, Julie M. Woulfe, and Sabra Katz- Wise looked at bisexual minority stress (anti-bisexual discrimination) in relation to body esteem and emotional eating. However, unlike the previous studies, the research team focused not only on minority stressors, but also on resilience. They looked at both individual-based and community-based resilience to understand how to mitigate these stressors. This is of particular interest to me as I have just begun to emerge into a nascent sense of "personal agency," a component of individual-based resilience, both about my sexuality as well as in relation to my eating disorder.

Since I had that conversation with Susan Burton in 2020, I have begun to accept that the deluded yet pernicious monster called body dysmorphia could be internalized biphobia in disguise. My younger self couldn't fathom facing my bisexuality in a world so unequipped for meaningful and open discussion about this sexual identity, so I absorbed the shame and stress into my own body instead. Even today, my adult self doesn't want to admit that I harbor a significant amount of biphobia. I still restrict and then purge, sometimes—looking for socially acceptable ways to get away with it. My mirrors still betray me occasionally. But whenever I gaze into my reflection, I feel the absence of the added weight of feeling so alone.

Megan Duffy is a research librarian, poet, painter, mother, and bisexual activist. She lives in Brooklyn, NY with her children and her partner.

Loraine, continued from page 1

Example A: there is an historic event scheduled in town next month. I could easily arrange to participate in it, even ask to be featured in the panel-of-experts discussion because of my past credentials as an LGBTQ historian of record with published pieces. But just the prospect of getting there, of making sure there is nearby parking and quick access to a restroom, and insisting that meetings not be held at remote locations that are difficult for me to attend, plagues me with anxieties that make it harder for me to reach out and ask for what I need. WHY?! I don't want to be dependent upon the mercy of others. I don't want to find out what is there and what is not, for me, for anyone, for all.

And yet, it is clear to me that I would not be here in this place, living this life, without the mercy of everyone here who creates this space at Friends House in a daily re-creating nurturing, nourishing, devout, loyal, loving, compassionate way. This is grace, this is mercy.

My friends fall down and break themselves, over and over again. They submit their bodies and spirits to treatments that intimidate me and leave me in awe and fear. I do not want to grow old and die, I just want to die when I'm ready, easily.

My fear is that I will fall with no one to catch me; that I will fall and not be put back together again. The falling is good, if I am held by the universe; is this all a big exercise in trust? The only thing, other than luck and angels, that will save me, really, I have come to believe these days, is the mercy of others. It really helps me to remember, in crisis emergency anxious panicked times: follow those who are helping, help the helpers, as Mr. Rogers advised on his children's television show. His advice was invoked during Sept. 11, 2001—a day which it still feels like we are frozen in, in time.

Loraine, left, with her mother Adele, right

I hear about Social Security cutbacks and food stamp cutbacks and no Medicare, limited aid to Puerto Rico, and the disproportionate deporting of people of color immigrants (but not the European or lighter-skinned ones who are here in huge numbers), and I wonder about the uneven mercy we show and don't show.

I notice who has the money, who gets assisted living, and who cannot afford it at all, who must "make do." These are women I live amongst, those who can "make it," and those who cannot.

I watch how people with very little have a lot of generosity and mercy.

We are taught about mercy because it speaks deep into our hearts.

I am afraid of having to submit to the mercy of others feeding me, washing me, helping me breathe.

I have lost a lot of friends in this life—to AIDS, cancer, suicide, accidents, more. And am losing more and more. They teach me as they go, as much as I can absorb. I am still learning about mercy. I am a child where mercy goes. A child wondering how to be grateful and loving, how to work with the best within us all, and keep returning there, returning, returning, getting lost, getting scared, still returning. I think when I die, it will be surrounded by mercy and surrendering into mercy that I am still doubting I believe in.

My mother struggled the last 20 years of her life coming to peace with having me, an out, loud, and proud bisexual daughter. After our *Bi Any Other Name: Bisexual People Speak Out* anthology came out in the early '90s, I helped my parents through reckoning with having an out bisexual daughter living in the same city as they do, same last name. Mostly, we worked out a good relationship for our family. My Dad died in 2001, and after that I spent a lot of time with my widowed mom, living alone for the first time in her life, at her retirement community, where she died in 2012.

Now I live in a retirement community and think a lot about dying, living well until we die, navigating our last years of health and breath together. I live in sisterhood with many other women at this Quaker-founded community in Maryland, nestled along the banks of one of the creeks that feeds the river systems that flow through Washington, DC, the Northwest Branch. It's a beautiful place to face the end of one's life. When I moved here, I learned about a resident-led program, "Living Well with Friends." It ran out of its grant and died. Yet the ghost voices of people who lived here and died haunt the low-income studio apartments where we lived until 2020. The facility built a new apartment building for us, and in the midst of construction, staff turn-over, and COVID lockdown, we moved across campus to this facility because we had to, even though it severely disrupted our lives.

The good thing is that we are quite protected here. It is a tiny, Quaker-rooted village in an area of the country inhabited by a lot of Quakers where the Underground Railroad and Tubman roamed around back over a century ago. Back in the '60s, some social activist Quakers helped build this place. Now, after the first round of expansion in years, there are several lodges arranged in condo-clusters and higher-income duplexes and cottages in a ring that surround the common houses, common space. We have virus tests and vaccines available, as well as some other basic services for our self-esteem and self-care, podiatrists and hair stylists. There is a dining room and bistro in the common space, and I now live in a three-floor newly-constructed tax-credit affordable housing building, where I have been part of helping organize our residents' communication systems. I'm a coordinator on the first floor, the most disabled floor in the community of over 200 people in many different buildings and dwellings.

Being Abled and Not

Talking about disabilities is a whole other story which I can't write because I'm still reading the magnificent book that is guiding my thinking about all this: Leah Lakshmi Piepzna-Samarasinha's *Care Work: Dreaming Disability Justice.* Especially as a white woman discovering her own disabilities and how to support others with disabilities—all of us all our relations, it is helping me think through issues of aging and living here in community. I began understanding disability rights during the ACT-UP/AIDS movement in the '90s when people were working hard to pass the *Americans with Disabilities Act*. However, most of the people I knew working on it were white. I learned about Judy Heumann who was a wonderful activist with polio who worked on it a lot, and I later watched Netflix' *Crip Camp*, a compelling film about a summer camp for disabled youth. I didn't understand at the time how racist the disabilities movement was and I am still learning. Living in a retirement community, some of the racial and economic disparities have become apparent to me, and how much one's access to resources determines one's life and choices, especially as a person living with disabilities. I noticed I notice at our retirement community that when the white staff and residents talk about "caregivers support group," they automatically mean providing support for unpaid family and friend caregivers of others, which is wonderful. But they never look at the connections and contrasts between people with resources and people without, between paid caregivers who have to work for a living versus unpaid caregivers drafted into this service from an ethic of volunteerism and community. It is much deeper than that; these are my beginning observations. *Care Work* inspires and guides me because I can listen to the voices of those with little power speaking to power about how we can create circles of mutual aid anywhere and need to everywhere. There is no excuse not to.

I wanted to start an alternate group here, "Dying Well with Friends," as companion to the above-mentioned group. There was some irony in the naming (I think, as with our *Bi Any Other Name* anthology, I'm good at that). But/and it was a vitally sober sentiment, that we all need friends to help us die, and none of us are prepared enough for this eventuality, which may occur at any time in our lives. A big shout-out to bisexual wonder Cianna Stewart, who is doing some good work on this topic, but she is pretty much alone; there aren't many like her. There are podcasts of her work on YouTube channel, but she says the best intro to her work is dyingkindness.com.

So bi women and other women help me figure out how to live my best life 'til I die and how to die well, with friends. It's not over yet and I have no idea what the next exciting episodes will bring.

Loraine Hutchins co-edited Bi Any Other Name *and helped found BiNet USA. She taught multi-disciplinary sexuality studies at the university level for many years and now lives near Washington, D.C., in a multi-faith, mixed-economic CCRC (continuing care retirement community), though the continuing care is confusing and uneven.*

The Therapist

By Rachel Esser

She wants to be a therapist, she tells me when I hand her a glass for the cheap rosé she hid in her purse on the way over. For now, she explains between soothed sips, she is a researcher, an academic, a scientist. Hence her fascination with me.

When she laughs, her lips curl up like flower petals, exposing a small gap between her front teeth. Her brown hair falls haphazardly about her face, longer and straighter than my own.

My father, looming in the walls, behind the blinds, beneath the couch, whispers to me.

It's wrong.

I ask her if I can shower and she nods, giving me permission in my own home. I slink away sheepishly to the warmth of the streaming liquid. I lather my skin, coating myself in bubbled armor, the effusion of pomegranate masking the aroma of anxiety.

My stomach ripples, the tides of emotion ebbing and flowing, pushing and pulling, longing and forbidden. Her presence, just outside the door, is intoxicating.

There is no such thing as same-sex attraction, my father insists. His words tap at my frontal lobe, demanding to be permitted inside. *It's sick, it's wrong.*

When I emerge from behind the curtain, I spy her through the crack in the door, seated agreeably on my unmade bed, examining my collection of classic books. My father wouldn't like her, I observe decidedly. She is far too comfortable with her abnormality, too subdued in her embrace of the unnatural.

She studies brain development at the university. I wonder if she is able to unravel my mind as swiftly as she unwinds the towel that I cling to, saturated with vulnerability. She pulls the sheets from the bed, leaving the mattress exposed, a stage for our exhibition. The world is watching with horror and fascination, each corner of the room teeming with bloodshot eyes.

"Step into my office," she jokes, patting the space on the mattress beside her. I sit down, and her hand slides behind my head, gripping my hair just enough to assure me of her command. Her lips are velvet, and taste of warm brown sugar and cinnamon. My hands fumble over her shoulders and down her chest, grappling at her breasts with inexperience. Her body is doughy and comfortable, a series of curves pronouncing a shapely figure. I trace her roundness, the dips and bends of her hips and stomach, fingers quivering with reticence.

Dampness spreads across my pillow in thick veins, shadowing the splay of my hair. Her fingers sail along my stomach, caressing my face, slipping between my legs, exploring, analyzing, researching.

Tenderness fills the space of love, patience in place of connection. Soft, sweaty hands guide my own, practice maneuvering reborn virginity.

When it's over, she tucks a strand of hair behind my ear, assessing my perplexed expression. She kisses me gently, offering her approval. She suggests another shower.

The water scorches my skin like her touch. I avoid looking at her glistening body, similar and yet vastly different than my own. I scrub roughly at myself, nails scraping the flesh that clings to me like a poisonous past.

It's sick, it's unnatural, it's wrong.

I swallow hard, suffocating in the steam, and she pats me on the back, mistaking mortification for awkwardness. She assures me of my performance with a tinkling laugh, and my vision narrows, blackness bleeding into my eyes, the whiteness of the tiles unbearable. The water stops, remaining droplets crawling over me.

She twists her long, thick hair in a towel and smiles up at the fluorescent bulbs that dangle over the mirror like severed appendages. The curtain pulled back, I stand in the tub, naked and dripping.

Rachel Esser is a young bisexual female writer and teacher from Calgary, Alberta, Canada. She teaches high school English and has been published in Chicken Soup for the Soul. *Find out more at rachelesser.com.*

REVIEW: Bi+ Jann Leaves Non-Canadians Wanting More

By Jen Bonardi

The TV series *Jann* starts with a laugh right out of the gate. Our titular character is in sobbing hysterics, complete with her car weaving all over the road and mascara running down her face. As the sad tune she wrote and sang comes on the radio, she cries, "I finally understand this song!"

The song is "Insensitive," Jann Arden's one hit from 1994, and the character is a fictionalized version of the singer herself. Witty and fast-paced, *Jann* is a hit in its home country of Canada where the third season dropped last fall. Apparently, the show is rife with deep-dive Canadian in-jokes that my American ears must have missed. (I suspect that many of them fell to Rhonda, the woodsy handywoman and a walking maple leaf if ever there were one.) Even so, *Jann* is a riot.

Arden has guts playing "herself" in a way that's criminally self-centered but she pulls it off in a charming and relatable manner. Ironically "insensitive" herself, Jann often uses money to make up for her selfishness. Occasionally, it even works.

The character comes across as a regular person, save her need to stay relevant to the public. That's no easy feat 25 years after her career peak, which finds her struggling at county-fair-type gigs in middle age. It seems that the only time people recognize her is when she's publicly face-planting; luckily, from treadmills to blow-up couches, her imperfect life affords many opportunities for pratfalls.

The show deftly addresses her sexual fluidity by not addressing it; everyone simply accepts it as fact. Jann and on-again/off-again girlfriend Cynthia are shown kissing and, later, in bed post-coitus as any other couple would be portrayed on a show. The only time her sexuality is questioned is when Cale, her manager, non-judgmentally says, "I thought you only dated women." This prompts Jann to deliver my favorite line of the series: "I date who I like."

Queer women's culture and good-natured bi+ jokes are woven throughout. Having just ended a long relationship with a woman, Jann remarks that she's considering "getting men back in the rotation" (… as you do). At another point, Jann's brother-in-law uses the expression "Bob's your uncle" to which his young daughter replies, "I thought we had no uncles because Auntie J likes to keep her options open?" Even the guest stars—e.g., Lilith Fair founder Sarah McLachlan, k.d. lang—are perfectly on point for queer women of a certain age.

Hulu bought the first two seasons of *Jann* a year ago for an American audience. I was expecting the U.S. to receive Season 3 not long after it aired in Canada, but it seems that we may never get it. If you're in the States, catch the first two seasons while you can and be sure to beg Hulu for more. It's hard to convey how refreshing it is to see a middle-aged bisexual person starring on a hit series. I challenge you to find anyone who dares call this 50-something force of nature "confused."

Jen Bonardi served on the Bisexual Resource Center (BRC) board for five years and created bisexual character extraordinaire Tiggy Upland.

Do you value Bi Women Quarterly?

We are (to our knowledge) the only publication in the world for women and nonbinary folks who identify as bi+ (bi, pan, queer, fluid, etc.) Here are five ways you can support us:

Send us your writing and artwork.

Volunteer for us: we could use help proofreading, designing graphics, fundraising, and posting on social media. Email: BiWomenEditor@gmail.com.

Tell your friends about this free resource.

Post about us on social media—one way to do this is to share an article that you particularly enjoyed, and include a link to our site: BiWomenQuarterly.com.

Make a tax-deductible donation to support our work. Info at: https://www.biwomenquarterly.com/donate.

The "Bi Office"

is the Bisexual Resource Center in Boston. Address listed at biresource.org.

Ongoing Events

During COVID-19, check the bi community calendar (right), or MeetUp, or check with the listed contact person to find out if an event is happening online.

2nd Mondays:

Straight Marriage, Still Questioning. 7pm. Info: kate.e.flynn@gmail.com

1st Wednesdays:

BLiSS (Bisexual Social and Support Group). 7pm. Info: bliss@biresource.org

2nd Thursdays:

Young BLiSS Group. (20s & 30s) 7pm. For bi folks 20-29. Info: Gabby at youngblissboston@gmail.com

3rd Saturdays:

Biversity Brunch. 11:30am.

3rd Sundays, alternate months:

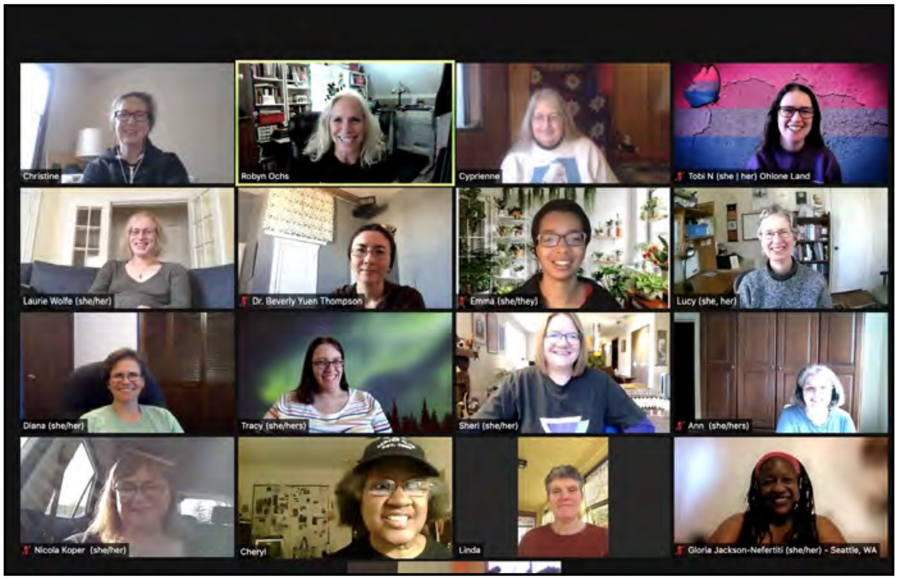
Tea with Bi Women Partnered with Men. 7pm. Info: Debbie at debbsma@gmail.com.

More about Boston-area groups at biresource.org/boston-groups.

Metro-Boston women: Keep up with local events by subscribing to our Google group: https://groups.google.com/forum/#!forum/biwomenboston

We offer FREE digital subscriptions to this publication. Sign up at BiWomenQuarterly.com.

[not your usual] CALENDAR



Did you know? Boston-area folks can find all kinds of bi+ virtual events at meetup.com/Bi-Community-Activities. Some of these events are gender-specific, and some welcome all genders. You can also find great bi+ virtual events on our own calendar at http://biwomenboston.org/calendar.

Here's a special invitation to our readers EVERYWHERE:

Please consider joining us at one (or all) of our digital brunches—just be aware times listed are US Eastern Time. We are proud of our community of women (trans and cis) and nonbinary folks, and we would love to make connections across the country (and globe). Grab your coffee or tea and some food while we chat about bi+ issues and other fun topics. Info/RSVP: BWQEvents@gmail.com.

Brunches are from 1-2:30pm Eastern Standard Time, on the following dates:

5 March (Sat.) 1pm start
3 April (Sun.) 1pm start
7 May (Sat.) 12:30 start
5 June (Sun.) 1pm start
9 July (Sat.) 12:30 start
7 August (Sun.) 1pm start

(Note: Dates are subject to change. Please check BiWomenBoston.org to confirm date.)

Please join us!

FREE BI+ GLOBAL EVENT

Join us at the 6th World Bi+ Meetup! To accommodate people in various time zones, we will have TWO meetups this time: Friday, April 29 at 10pm CET (4pm EST) and Saturday, April 30 at 10am CET (4am EST). Bi+ people everywhere are invited to join either or both meetups on Zoom. We'll be using breakout rooms to give folks an opportunity to meet each other in a friendly and free setting. The meeting is in English & is organized by Barbara Oud (Netherlands) and Robyn Ochs (U.S.). Pre-registration is required. Register for either or both meetings at https://biplus.nl/biplus-world-meetup.

Consider this: If you rarely (or never) see people like yourself represented in print, your voice is especially important. When you lift your voice, someone, somewhere will FINALLY see their own experiences reflected, perhaps for the first time. (See our call for writing on page 2.)