

Historical and generational forces in the Iridescent Life Course of bisexual women, men, and gender diverse older adults

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Abstract

Purpose: Little is known about the life course of bisexual older adults. This study examines life events and experiences of bisexuals by generation: Pride Generation, born 1950–1964; Silenced Generation, born 1935–1949; and Invisible Generation, born 1934 or earlier, as well as by gender among women, men, and gender diverse older adults.

Methods: Aging with Pride: National Health, Aging, and Sexuality/Gender Study is the first national longitudinal study of LGBTQ older adults in the US. We utilize the

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Iridescent Life Course to examine the life events and life course experiences of bisexual older adults ($N = 216$) using 2014 survey data. The Iridescent Life Course frames this study for comparing generational and gender differences in five key areas: identity development; work; kin and social relationships; bias-related experiences; and physical and mental health.

Findings: The Invisible Generation, the oldest generation, compared to the two younger generations, reports significant risks related to social relationships, the lowest levels of openly disclosing, and fewer bias-related experiences. They also demonstrate important signs of resilience and better mental health. Bisexual men and gender diverse older adults report higher rates of bias-related experiences and fewer social resources than bisexual women.

Conclusion: Based on the Iridescent Life Course, we document important differences in the heterogeneity and intersectionality in bisexual lives, particularly for those in late life and those gender diverse. It is essential to document the distinct nature of bisexuals' life course, as it provides both historical and contemporary insights into aging and the reframing of future research.

Keywords

Bisexuality, aging, life course, generations, gender

Introduction

Significant life events occur within the context of both historical and contemporary times as well as a lifelong process of adaptation and integration over the full life course (Spiro III et al., 2016). To date limited longitudinal research has been conducted with bisexual older adults and most has identified disparities in health and well-being and differing risk and protective factors in their lives (Fredriksen-Goldsen et al., 2011, 2012, 2013a, 2013b, 2014, 2017b, 2017c).

To date we know little about the unfolding of bisexual life events and experiences that shape life course trajectories. Yet, key life experiences occurring within differing cultural contexts result in differing life stages, roles, and expectations (Elder, 1994) and deeply inform the aging process and needs of individuals. To date the majority of research on life events among bisexual populations focuses on adolescence, young adulthood and "coming of age," a time period framed most broadly as between ages 10 and 26 (Gentry and Campbell, 2002). Additionally, life course literature has emphasized the experiences of gay and lesbian adults (Hammack and Cohler, 2011; Hooker, 1965; Muraco and Fredriksen-Goldsen, 2016) or a more traditional heteronormative sequencing of life events in adulthood, such as early career development, followed by marriage, childbirth, and divorce or bereavement. The gap between these two areas of study indicates that bisexual aging often falls outside of both bisexuality and life course research.

The relatively limited existing research indicates that life events and experiences of bisexual older adults unfold differently than heteronormative approaches to the life course might suggest; for example, evidence has shown that bisexual lives are heterogeneous with important differences in life events, sequences, and meaning making (Fredriksen-Goldsen et al., 2017a). A growing body of qualitative studies of bisexual aging suggest that bisexual individuals imagine non-heteronormative life sequences and aging futures (Jones, 2011) and find freedom and possibility in bisexual lives, allowing them to challenge conventional norms and expectations around marriage and childrearing (Jen, 2019). Additional attention to bisexual aging experiences is needed as well as nuanced understanding of the diversity of identities intersecting with bisexuality (Fredriksen-Goldsen et al., 2017a; Jones, 2018; Westwood, 2016).

As a first step, this study examines key life events and experiences in the lives of a US-based sample of bisexual older adults, providing an opportunity to examine differences by generation and gender. More specifically, this is the first study to provide in-depth information on the oldest bisexuals, the Invisible Generation (born 1934 or earlier; age 80 and older at the time of the study). We also examine the Silenced Generation (born 1935–1949) and the Pride Generation (born 1950–1964). As suggested by the Iridescent Life Course, we incorporate an intersectional lens and examine the differences in life events and experiences by both generation and gender, including among women, men, and gender diverse and non-binary individuals (hereafter referred to as gender diverse). As the framework emphasizes historical context and intersectional identities, this study's attention to variations across generations and gender will inform a deeper understanding of the heterogeneous experiences of bisexual older adults.

The Iridescent Life Course

The Iridescent Life Course framework illuminates the intersections of identity, timing, context, and power inherent in the lived lives of marginalized people, producing distinct experiences of aging and the life course (Fredriksen-Goldsen et al., 2019), including bisexual people. The timing and interplay of life events with historical times and intersectional identities is critical to understanding the experiences of differing generations of bisexual older adults given the widely varying contexts of their lives. As informed by the Iridescent Life Course, the study of bisexual people must be responsive to the distinct life events and experiences that occur within differing historical and generational times, encompassing the interplay of context and environment as well as investigating the vibrant and fluid experiences and perspectives over time.

Iridescence is dynamic in its ability to shift appearance depending on the viewing angle. Originating from the Latin word *iris*, meaning rainbow (Meadows et al., 2009), the Iridescent Life Course extends earlier life course work as it addresses both evolutionary and ecological forces and how these intersect with historical and social context as they change over time. The properties of iridescence generate

interaction and inform communication, sometimes signaling to be seen and other times to not be seen depending on the context. Dependent on generation and gender, the fluidity of iridescence enables the shifting of perception through the life course—both how others perceive bisexuals and how bisexual wish to be perceived.

Along the continuum of visibility, iridescence can create both camouflaging (concealment of identity) and signaling (being visible; Stevens and Merilaita, 2009). When taking into account historical context, Fredriksen-Goldsen et al. (2017c) found that older bisexual women and men, compared to older gay and lesbian adults, do not disclose their bisexual identity (are in the closet) for several more years, and across the three oldest generations are less out than lesbians and gay men of similar age, likely camouflaging as protection against predation (Doucet and Meadows, 2009; Pike, 2015). Lower rates of outness often limit support networks (Erosheva et al., 2016). Bisexual older adults have higher rates of involuntary job loss than their lesbian and gay peers (Fredriksen-Goldsen et al., 2017a) which is a possible motive to camouflaging their sexual identity.

Visibility is critical for survival on a personal and community level. In a personal context, signaling is important for courtship, partnering (Doucet and Meadows, 2009) and social and community interaction. Partnership and marriage among older bisexual adults compared to gay men and lesbians may be unique as different-sex marriage does not necessarily signal the concealing of sexual identity. Socially, almost half (43.4%) of bisexual men live alone compared to just over a quarter (28.3%) of bisexual women and 19.4% of heterosexual men (Fredriksen-Goldsen et al., 2017b); this potential vulnerability among bisexual men makes the iridescent role of visibility crucial. On a community level, bisexuals played a visible role in Stonewall in 1969 and the original Pride events, now held annually around the world. Bisexual activists Brenda Howard and Robert Martin coined the word “Pride” (Donaldson, 1995) while Howard coordinated the first Pride march in 1970; visibility impacts lives at both interpersonal and broader societal levels.

Generational context

In order to account for variation across generations of bisexual individuals, we must first understand the historical context of their lives and experiences. Three generations have previously been distinguished among LGBTQ and sexual and gender minority midlife and older adults: Invisible, Silenced, and Pride Generations (Fredriksen-Goldsen, 2016), and each can be defined by birth years, the historical time periods through which they have lived, and how their individual lives align with historical periods, all considerations key to the Iridescent Life Course framework. To fully assess the differing generations in this study, we explore the historical context and generational alignment that may have influenced their key life events and experiences. See Table 1 for a more detailed history of bisexuality, particularly within the US.

Table 1. History of bisexual lives over time.

1892	The word “bisexual” was first used in its modern sense by the American neurologist Charles G Chaddock to describe someone who engaged in sexual activity with both male and female partners. His 1892 translation of Krafft-Ebing’s <i>Psychopathia Sexualis</i> was one of the first books about sexual practices that studied homosexuality/bisexuality. During its time, it became the leading medico-legal textual authority on sexual pathology.
1917	Modified US immigration law banned “persons with abnormal sexual instincts” from entrance into the United States.
1948	Alfred Kinsey establishes the Kinsey Scale, suggesting a gradient of bisexuality between homosexual and heterosexual sexual attractions.
1968	Bi Alliance begins at the University of Minnesota. It offers groups for women, for men, and a newsletter.
1969	The Stonewall Rebellion, often considered the beginning of the LGBT modern day rights movement.
1970	Bisexual activist Brenda Howard is known as the “Mother of Pride” for her work in coordinating Stonewall Rebellion anniversary march. Howard also originated the idea for a week-long series of events which sparked the annual LGBT pride celebrations held around the world every June. Howard along with the bisexual activist Robert A Martin and gay activist L Craig Schoonmaker are credited with popularizing the word “Pride” to describe these festivities.
1972	The first Los Angeles Gay Pride March was organized in large part by Bill Beasley, a bisexual activist in both the LGBT and civil rights movements and a member of the Gay Liberation Front.
1972	The <i>Ithaca Statement on Bisexuality</i> , a public declaration of support for the bisexual movement was issued by a Quaker group called The Committee of Friends on Bisexuality. It was the first statement of support for bisexuality issued by an American religious assembly.
1972	The National Bisexual Liberation Group forms in New York and gains more than 5500 members within three years.
1975	Bi Forum is founded in New York, a social, educational, and support group to promote awareness of bisexual issues. Membership peaked in 1980 with more than 200 members and several thousand individuals on their mailing list.
1976	Harriet Levi and Maggi Rubenstein founded the San Francisco Bisexual Center to offer counseling and social services in the Bay Area and eventually becomes the longest operating bisexual community center in the country. They published a newsletter, <i>The Bi Monthly</i> , from 1976 to 1984.
1978	Dr Fritz Klein introduced the Klein Sexual Orientation Grid in his book, <i>The Bisexual Option</i> in which he analyzed and explained the nature of bisexuality and bisexual clients.
1983	Bisexual activists Autumn Courtney, Lani Ka’ahumanu, Arlene Krantz, David Lourea, Bill Mack, Alan Rockway, and Maggi Rubenstein form BiPOL the first, and what would eventually become the oldest, political bisexual organization.
1983	The Boston Bisexual Women’s Network is founded and begins publishing their bi-monthly newsletter, <i>BI Women</i> .

(continued)

Table 1. Continued

1984	BiPOL sponsored the first bisexual rights rally, held outside the Democratic National Convention in San Francisco and featuring nine speakers from allied civil rights groups.
1984	The First East Coast Conference on Bisexuality was held at the University of Connecticut School of Social Work and attended by about 150 people.
1984	BiPOL activist Dr David Lourea convinces the San Francisco Department of Public Health to recognize bisexual men in their official statistics on HIV/AIDS.
1985	The Bisexual Resource Center (BRC) was founded. It is the oldest nationally focused bisexual organization in the US.
1987	A group of 75 bisexual people participated in the March on Washington for Gay and Lesbian Rights and this event triggers the founding of the North American Bisexual Network, the first national bisexual organization, which later changed its name to BiNet USA.
1987	Newsweek describes bisexual men as “the ultimate pariahs” of the AIDS epidemic, and Alan Rockway, as a bi activist, person living with AIDS, and member of BiPOL is quoted speaking out against the narrative.
1988	Founder of BiNet USA, Gary North, publishes <i>Bisexuality: News, Views, and Networking</i> , the first nationally distributed bisexual newsletter.
2001	The American Psychological Association (APA) releases their <i>Guidelines on Psychotherapy with Lesbian, Gay, and Bisexual Clients</i> stating that “homosexuality and bisexuality are not a mental illness.”
2007	Development of the report <i>Bisexual Health: An introduction and model practices for HIV/STI Prevention Programming</i> with the National Gay and Lesbian Task Force and Fenway Health.
2008	Kate Brown was elected as the Oregon Secretary of State in the 2008 elections, becoming America’s first openly bisexual statewide officeholder.
2011	San Francisco’s Human Rights Commission released a report on bisexual visibility, titled <i>Bisexual Invisibility: Impacts and Regulations</i> . This was the first time any governmental body released such a report. The report showed, among other things that self-identified bisexuals made up the largest single population within the LGBT community in the United States.
2012	Kyrsten Sinema became first elected openly bisexual member of Congress (US Representative).
2013	On Celebrate Bisexuality Day (or Bisexual Pride/Bi Visibility Day), the White House hosted a meeting between about 30 bisexual advocates and government officials to discuss issues relevant to the bisexual community, the first bi-specific event ever hosted by the White House.
2014	The Bisexual Resource Center declares March 2014 as Bisexual Health Awareness Month including the first social media campaign on health disparities of the bisexual community. The theme of the campaign is: “Bi the Way, Our Health Matters Too!”
2014	The book <i>Bisexuality: Making the Invisible Visible in Faith Communities</i> , by Marie Alford-Harkey and Debra W Haffner, was published, the first of its kind.
2016	Kate Brown becomes the first openly bisexual governor in the United States.

(continued)

Table 1. Continued

2018	Mike Jacobs became the first sitting judge in the United States to come out as bisexual.
2018	Kyrsten Sinema became the first openly bisexual person to win a major party nomination to run for a US Senate seat and win election.

Invisible Generation (born 1934 or earlier; aged 80 and older). The Invisible Generation grew up and came of age during the Great Depression and Second World War. Social progress in the early 20th century had allowed for some visible resistance to traditional norms shaping discourse on sexuality and gender, in marginal spaces and largely through art and literature. Through this a collective identity around sexual behavior and expression was beginning to emerge. Bisexuality as a formalized concept began with the writings of physicians, psychologists and sociologists at the turn of the 20th century, beginning with Chaddock's translation of Krafft-Ebing's (1892) *Psychopathia Sexualis*. This was soon followed by writings by Sigmund Freud (1905), Havelock Ellis (1915), and Wilhelm Stekel (1922). Psychiatry and related industries began to pathologize non-heterosexual sexual behavior, increasing the risk of institutionalization among those practicing same-sex sexual behavior (Katz, 1992; Shapiro and Powell, 2017). The eldest of bisexuals living today experienced a world characterized by invisibility, with language of same-sex attraction and behavior emerging and policies becoming increasingly restrictive. One early empirical study on age differences among LGBTQ older adults found that rates of lifetime victimization and discrimination were lowest among those age 80 and older as were rates of identity disclosure, indicating that their invisibility may have been protective to some degree, although this came at the cost of secrecy and high risk of social isolation in late life (Fredriksen-Goldsen et al., 2014).

Silenced Generation (born 1935–1949; aged 65–79). In the late 1940s and early 1950s, Alfred Kinsey et al.'s (1948, 1953) studies on human sexuality shocked many with high estimates of same-sex sexual experiences among both men and women and the groundbreaking claim that most individuals were, to some degree, naturally bisexual in their attractions. To the general public, this meant that homosexual behavior, long regarded as a rare perversion, was more commonplace than previously thought. For isolated bisexuals, there was a growing awareness of potential opportunities to find others like themselves (Gagnon, 1989). Despite this movement toward acknowledging bisexuality, the Silenced Generation's exposure to historical and political context was limiting in terms of self-acceptance and disclosure of sexual identities. This cohort was born during the years surrounding Second World War (1938–1945) and came of age during McCarthyism and the ensuing Lavender Scare. In the 1950s, homosexuality and same-sex behavior was linked to a "susceptibility to communism," prompting firing from jobs for many state and federal employees suspected of sexual difference (Katz, 1992), enforcing

silence around diverse sexual identities. In decades prior, homosexuality was seen as immoral behavior, but political shifts in the 1950s prompted psychology and medicine to treat homosexuality as a medical or psychological affliction, including, in 1952, the American Psychiatric Association's listing in the Diagnostic and Statistical Manual of Mental Disorders (DSM) of homosexuality as a "sociopathic personality disturbance". This prompted conversion therapies such as electroshock therapy and institutionalization (Hogan and Hudson, 1998).

Pride Generation (born 1950–1964; aged 50–64). As they continued to build communities underground, the restricted lives of both the Invisible and Silenced Generations spawned a movement. On 28 June 1969, the Stonewall Rebellion occurred, often considered the beginning of the modern day LGBTQ rights movement in the US, although several demonstrations of resistance had occurred prior to that date. This movement, along with the Civil Rights and Women's movements gained traction as increasing numbers of people openly claimed their identities and fought for their rights. Bisexual activists, including Brenda Howard and Bill Beasley, took primary roles in coordinating Pride marches and protests and bisexual groups began emerging in some large cities. As activist and allyship groups emerged (Katz, 1992), the American Psychological Association declassified homosexuality as a disorder in 1973 (Drescher, 2015). In his book, *The Bisexual Option*, Dr Fritz Klein (1978) introduced the Klein Sexual Orientation Grid, which examined the incidence and nature of bisexuality, the attitudes of bisexuals, and the rewards of bisexuality. While social movements of the 1960s and 70s inspired many, regressive pushbacks occurred, and increasing visibility often resulted in overt harassment and violence. By 1996, 23 million global cases of HIV had been recorded (Altman, 1996) and across the generations many lost their lives and social networks were depleted (Rosenfeld et al., 2012). Throughout the AIDS epidemic the bisexual community and its movement was under assault, having to continually defend itself after being labeled "the ultimate pariahs" by Newsweek (LGBT HealthLink, 2015). The magnitude of these events continues to echo through the narratives of older bisexual individuals to this day (Jen and Jones, 2019).

This history has not only made visible differences between bisexual individuals and their lesbian, gay and heterosexual counterparts, but has also illustrated differences in experiences within the bisexual population along with other intersectional identities. The goal of this article is to explore the life events and experiences of bisexual older adults specifically addressing the intersections of generations and gender. As there is little evidence on which to base specific, predictive hypotheses in this area of study, this research is guided by two broad research questions:

1. How do key life events and experiences differ by generations of bisexual older adults?
2. How do key life events and experiences differ by gender, including among bisexual women, men, and gender diverse adults?

In order to contextualize this analysis within the broader life events literature, we focus our examination of the life experiences among bisexual older adults in five key areas: identity; work; kin and social relationships; bias-related experiences; and physical and mental health. While work, kinship, and health are key dimensions in the life events literature of older adults generally, they each have specific meaning for LGBTQ individuals, whereas identity development and bias-related experiences highlight the distinctive nature of LGBTQ lives and experiences (Fredriksen-Goldsen et al., 2017a). In the study of aging it has been well documented that occupational rates and experiences in the workplace have implications for access to financial stability and resources in later life (Luhmann et al., 2012). Similarly, social experiences shape access to informal networks and distinctive support patterns have been identified among LGBTQ older adults, such as the importance of non-kin or chosen family and the lower likelihood of marriage or having children (Fredrikse-Goldsen et al., 2019). Further, important life events previously identified in LGBTQ literature, include both identity development and bias-related experiences, such as the timing of one's coming out process and incidences of victimization and discrimination, which have linked to health outcomes (Fredriksen-Goldsen et al., 2017a). While there are a wide variety of life events to explore in relation to the life course, this study's attention to these five critical areas provides an important bridge between the general aging literature and existing evidence in sexual and gender minority aging-related research.

Methods

Data and sample

Aging with Pride: National Health, Aging, and Sexuality/Gender Study (NHAS) is a national longitudinal study of 2450 LGBTQ older adults. Participants were recruited via community agencies across every census division in the US. Eligibility requirements included that participants be aged 50 or older and self-identify as lesbian, gay, bisexual, or transgender or sexual or gender diverse, or as having been involved in same-sex sexual behavior, or a romantic relationship with, or attraction to, someone of the same sex or gender. For this article, only participants who identified as bisexual were included. Coverage bias was minimized via purposive stratified sampling by age cohort, gender, race/ethnicity, and geographic location. Complex social network chain referral was utilized to reach underrepresented subgroups including LGBTQ racial/ethnic minorities (Walters, 2011). Participants completed self-administered surveys in English or Spanish, which were available to them both on paper and online. Participants received \$20 for their time. Study protocols were approved by the Human Subjects Division of the University of Washington. A detailed description of study recruitment, data collection, and study measures can be found in Fredriksen-Goldsen and Kim (2017). Here we present the measures by dimensions of life experiences and their operationalization for this study, followed by demographic characteristics.

Measures

Identity

Age aware indicates the age at which participants were first aware of their sexual or gender identities. *Outness* was measured as a rating of the participant's disclosure ranging from 1 (=never told anyone) to 10 (=told everyone). *Identity stigma* and *identity affirmation* were measured with a mean of four items on a 6-point Likert scale (1 =strongly disagree; 6 =strongly agree), ranging from 1 to 6 and with $\alpha=0.87$ and 0.80, respectively. Identity stigma assessed negative attitudes and feelings about their own sexual or gender identities (Mohr and Kendra, 2011) while identity affirmation assessed positive attitudes and feelings.

Work

Work-related experiences included if participants were retired or if they had experienced not having been hired due to being LGBTQ.

Kin and social relationships

Variables assessed included if participants had children, had ever experienced a same-sex or different-sex marriage, were currently married or partnered, were never married or partnered, or if had ever experienced the death of partner or spouse.

Bias-related experiences

Assessed whether participants had experienced 14 types of discrimination and/or victimization over their lifetime such as physical, verbal or sexual assault; damage or destruction of property; or hassled by police due to being perceived as a sexual or gender minority. Responses were summed.

Physical and mental health

Health was assessed with a single item asking participants how they perceived their own general health. Responses were dichotomized into poor (=1) and good health (=0). *Chronic conditions* was measured by summing the number of chronic conditions with which participants had been diagnosed. *Physical impairment* was assessed using the mean of eight items indicating difficulty performing physical activities (range: 0–4, $\alpha = 0.90$). *Depression* was measured using the 10-item Center for Epidemiologic Studies Depression Scale, with scores dichotomized to indicate the presence (>10) or absence (≤ 10) of clinically significant depressive symptomology (Andresen et al., 1994).

Sociodemographic characteristics

Demographic variables included age, income, educational attainment, race/ethnicity, trans/transgender status, and living arrangement. Gender identity was measured by asking participants how they currently think of themselves: man, woman, or not listed please specify. Those who identified their gender identity as not listed please specify were categorized as gender diverse and non-binary. Income was dichotomized at or above (=0) or below 200% of the US federal poverty line (=1) based on US federal income guidelines (U.S. Department of Health and Human Services, 2013). Level of education was dichotomized into high school or less (=1) and some college or more (=0). Race/ethnicity was dichotomized into White, non-Hispanic (=0) and Hispanic and/or people of color (=1). Trans status indicated whether the participant identified as transgender or if their sex assigned at birth did not align with their current gender expression. Living arrangement assessed whether a participant lived alone (=1) or with others (=0).

Analysis

Analyses were performed with post-survey adjustment applied to reduce sampling bias and enhance the generalizability of findings (see Fredriksen-Goldsen and Kim, 2017). Analytic procedures of the study were as follows. First, comparisons of demographic characteristics by generation and gender were conducted with F-tests or Chi-square tests, as appropriate. Second, we compared life events and experiences including identity development; work; kin and social relationships; bias-related experiences, and physical and mental health by generation and gender using linear regressions, controlling for race/ethnicity, income, and educational attainment. The Pride Generation and women were used as reference groups. Post-hoc tests were applied to compare the other two generations, and men and gender diverse individuals.

Findings

The study included 216 bisexual individuals, consisting of 48.0% men, 42.9% women, and 9.0% gender diverse individuals. By generation, the sample included the Pride (51.8%), Silenced (42.1%), and Invisible (6.0%) generations. More than one-quarter (25.5%) of the sample were people of color. A large proportion (45.4%) lived at or below 200% of the federal poverty level (FPL) while slightly over a quarter (26.6%) had high school education or less. Slightly less than half (45.7%) were living alone. Trans individuals comprised 31.5% of the sample. See Table 2 for a summary of demographic characteristics and comparisons by generation and gender.

Demographic comparisons

Average ages for the generations were Pride, 56.7; Silenced, 69.1; and Invisible, 87.8. A higher proportion of the oldest generation was living at or below 200% of

Table 2. Sociodemographic characteristics of bisexual older adults by generation and gender.

Demographics	Generation				Gender			
	Pride (b. 1950–1964) (Ref. n = 112)	Silenced (b. 1935–1949) (n = 91)	Invisible (b. 1934 or earlier) (n = 13)	F or χ^2	Woman (Ref. n = 97)	Man (n = 103)	Gender diverse (n = 16)	t or χ^2
	M (SE) or %	M (SE) or %	M (SE) or %		M (SE) or %	M (SE) or %	M (SE) or %	
Total (n = 216) M (SE) or %	60.88 (0.67) 46.45	69.14 (0.56) 38.83	87.80 (2.08) 77.73	212.33*** 1.72	62.33 (0.96) 37.86	59.77 (0.99) 54.37	59.87 (2.29) 34.34	1.85 1.78
200% FPL	26.55	24.62	66.09	1.78	19.21	37.06	5.49	3.88*
High school or less	74.50	89.01	81.65	4.19*	84.96	61.84	92.19	6.91**
White, non-Hispanic	31.46	20.02	4.23	3.86*	25.17	24.71	97.41	19.14***
Trans/ transgender	45.66	37.90	88.19	6.55**	48.66	42.97	45.66	0.17

Notes. Survey weights were applied.

Bold text indicates significant differences between groups.

* $p < .05$, ** $p < .01$, *** $p < .001$.

the FPL (77.7%) compared to the Silenced and Pride Generations (46.5% and 38.8%, respectively), as well as being more likely to have less education (66.1% compared to 25.7% and 24.6%, respectively), but these differences were not statistically significant, likely due to the small size of the oldest generation. The Invisible Generation was most likely to live alone (88.2%, $p < .01$). Those in the Pride Generation were most likely to identify as people of color (31.2%) and trans (36.8%) as compared to the other generations. Gender was not statistically significantly associated with age, income, or living arrangement. Men were most likely to have lower education (37.1%) and to be people of color (38.2%). About a quarter of men and women identified as trans; 97.4% of the gender diverse individuals identified as trans.

Comparisons of life experiences by generation and gender are reported in Table 3. Post-hoc tests of significance, comparing the Silenced and Invisible Generations are not reflected in the table, but are reported in text when significant.

Identity development. The Silenced Generation recognized their identity approximately 6 to 7 years later in life than both the younger and older generations and also reported lower rates of identity stigma than the younger and older generations. The Invisible Generation reported the lowest rates of identity affirmation and lowest levels of outness. Bisexual men were significantly less likely to be out, reported higher rates of identity stigma, and lower rates of identity affirmation than bisexual women. In post-hoc comparisons, gender diverse individuals were significantly more out than men (8.3 vs. 6.4). Men became aware of their sexual identity at a younger average age (19.7) compared to women (25.3), but this did not reach statistical significance.

Work. The Invisible Generation was most likely to be retired compared to both younger generations. The Pride Generation was more likely than the two older generations to report having not been hired due to their sexual and gender identities. Gender diverse individuals were less likely to be retired (2.6%) than men (24.3%) and women (27.7%) despite similarities in age. Higher proportions of men reported having not been hired (33.7%) compared to women (18.7%) or gender diverse individuals (23.2%), but these differences were not significant.

Kin and social relationships. Those in the Pride Generation were more likely to have ever been in a same-sex marriage (24.8%) compared to the Silenced Generation (11.7%), although both were relatively low. In contrast, more than half of the Pride Generation and nearly two-thirds of the Invisible Generation had been in different-sex marriages while the highest proportion of different-sex marriages were among the Silenced Generation (79.6%). When accounting for all three generations, bisexual older adults were three times more likely to have experienced a different-sex marriage compared to a same-sex marriage. Less than 4% of the oldest generation were currently married or partnered while about half of the other two generations were currently married or partnered. Members of the

Table 3. Life events of bisexual older adults by generation and gender.

	Generation				Gender							
	Pride (b. 1950–1964) (Ref: n = 112)		Silenced (b. 1935–1949) (n = 91)		Invisible (b. 1934 or earlier) (n = 13)		Woman (Ref: n = 97)		Men (n = 103)		Gender diverse (n = 16)	
	M (SE) or %	M (SE) or %	b or OR	M (SE) or %	b or OR	M (SE) or %	M (SE) or %	M (SE) or %	M (SE) or %	b or OR	M (SE) or %	b or OR
Identity development												
Age aware, years	22.82 (1.15)	21.20 (1.34)	27.35 (2.33)	5.50*	20.48 (4.75)	-0.70	25.26 (1.80)	19.67 (1.40)	-3.22	27.00 (4.59)	0.59	
Outness	7.24 (0.25)	7.25 (0.31)	7.56 (0.35)	0.02	3.90 (0.74)	-3.67***	7.97 (0.26)	6.37 (0.40)	-1.68**	8.30 (0.64)	0.33	
Identity stigma	1.87 (0.10)	1.98 (0.12)	1.54 (0.13)	-0.41**	2.28 (0.74)	0.44	1.56 (0.11)	2.11 (0.16)	0.45*	2.05 (0.24)	0.46	
Identity affirmation	5.00 (0.09)	5.02 (0.11)	5.07 (0.15)	0.04	3.91 (0.45)	-1.29*	5.22 (0.11)	4.81 (0.15)	-0.36*	5.00 (0.26)	-0.22	
Work												
Currently retired	23.77	8.84	55.48	13.77***	95.77	479.23***	27.69	24.26	1.33	2.59	0.04*	
Ever not hired	26.34	33.46	9.75	0.26**	1.80	0.04**	18.72	33.72	1.75	23.18	1.22	
Kin/Social												
Children	51.43	50.75	52.29	1.07	60.87	2.46	51.78	52.66	1.03	43.30	0.71	
Same-sex marriage (ever)	20.57	24.84	11.67	0.31*	0.00	-	34.01	10.79	0.21*	4.27	0.08**	
Different-sex marriage (ever)	59.47	51.55	79.60	3.62**	62.71	3.10	69.88	47.56	0.50	78.35	1.39	
Currently married/partnered	48.26	50.10	48.11	0.81	3.63	0.05**	50.18	48.38	0.97	38.54	0.55	
Never married/partnered	8.04	9.24	2.55	0.34	29.85	4.18	3.82	13.32	3.01	0.00	-	
Death of partner	26.81	20.59	38.18	4.40**	75.97	16.36***	17.58	35.88	2.34	21.93	2.00	
Bias-related												
Discrimination	2.04 (0.32)	2.65 (0.43)	0.58 (0.16)	-1.75***	0.12 (0.09)	-2.70**	1.37 (0.44)	2.52 (0.50)	0.58	2.66 (0.86)	1.28	
Victimization	5.00 (0.58)	6.02 (0.75)	2.53 (0.51)	-2.81**	0.90 (0.39)	-5.13**	2.71 (0.69)	6.76 (0.91)	3.21**	6.07 (1.63)	3.44*	
Sexually attacked, %	19.00	21.37	12.76	0.87	14.50	1.74	8.13	27.29	4.40**	22.76	4.78	
Property damaged or destroyed, %	23.00	29.79	6.17	0.17**	1.80	0.05**	13.27	29.93	2.58	31.08	3.05	
Harassed by police, %	23.80	30.27	6.09	0.17**	16.15	0.57	9.44	32.54	4.00*	43.58	8.92**	

(continued)

Table 3. Continued

	Generation				Gender			
	Pride (b. 1950–1964) (Ref: n = 112)	Silenced (b. 1935–1949) (n = 91)	Invisible (b. 1934 or earlier) (n = 13)		Woman (Ref: n = 97)	Men (n = 103)		Gender diverse (n = 16)
	M (SE) or %	M (SE) or %	M (SE) or %	b or OR	M (SE) or %	M (SE) or %	b or OR	M (SE) or %
Health								
Poor health	26.57	22.41	51.16	2.95	24.15	32.15	0.91	8.36
Chronic conditions	2.02 (0.14)	1.64 (0.16)	4.42 (0.58)	2.83***	2.01 (0.21)	2.18 (0.21)	0.23	1.20 (0.27)
Physical impairment	0.84 (0.09)	0.70 (0.09)	1.96 (0.47)	1.12*	0.81 (0.13)	0.96 (0.13)	0.04	0.34 (0.13)
Depression	34.62	34.63	5.15	0.08**	30.67	38.11	1.06	35.33
								1.23

Notes. Survey weights were applied. With the Pride Generation as the reference category, comparisons were made for the Silenced and the Invisible Generations. Additional analyses were run to make comparisons between the Silenced and the Invisible Generations. Analyses controlled for income, education, and race/ethnicity.

Bold text indicates significant differences between groups.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Invisible Generation (29.9%) were significantly more likely to have never been married or partnered compared to 2.6% of the Silenced Generation and 9.2% of the Pride Generation. Members of both the older generations (76.0% and 38.2%, respectively) were more likely to have experienced the death of a partner compared to the younger Pride Generation (20.6%). Men (10.8%) and gender diverse individuals (4.3%) were less likely to have been in same-sex marriages than women (34.0%). No other significant gender differences were found in kin and social relationships although a higher proportion of men (13.3%) have never been married or partnered than women (3.8%), and men have experienced the death of partner (35.9%) more often compared to women and gender diverse individuals (17.6% and 21.9%, respectively). There were no significant differences in having children among the three generations of bisexual older adults or by gender.

Bias-related experiences. Overall experiences with discrimination and victimization were highest among the Pride Generation and lowest for the Invisible Generation. Specific types of victimization were significantly greater for the Pride Generation included property damage and hassled by police. Bisexual men were significantly more likely to have experienced being attacked sexually and being hassled by the police than women, and the rate of hassled by the police was especially high among those gender diverse individuals (43.6% vs. 9.4% and 32.5% among women and men, respectively).

Physical and mental health. While poor health was generally higher among the Invisible Generation, the only significant difference was between the Pride Generation (22.4% reporting poor health) and Silenced Generation (35.1%). While the number of chronic conditions and physical impairment was highest among the Invisible Generation, they were least likely to experience depressive symptomology. While health did not significantly differ between men and women, gender diverse individuals reported the lowest number of chronic conditions and physical impairment compared to the other gender groups.

Discussion

This study was designed to explore the life events and experiences of bisexuals 50 years of age and older in the United States and to examine differences by generation and gender to understand how differing historical, social, and cultural contexts have shaped their lives. The Iridescent Life Course (Fredriksen et al., 2019) was applied in the study to assess the varied, fluid, and intersectional life experiences rather than situating bisexual lives within a restrictive, homogenous and heteronormative life course as in the past.

To the best of our knowledge this is the first study to assess the life events and life course experiences of the oldest bisexuals and to compare the three oldest living generations: Invisible Generation (born 1934 or earlier), Silenced Generation

(born 1935–1949), and the Pride Generation (born 1964–1950). Thus, we frame these findings within a generational context and the inclusion of those age 80 and older is particularly novel in bisexuality-focused and LGBTQ aging literature and an important strength of this analysis. This is also the first large scale study to enable an examination of the life course of bisexual older adults who identify as gender diverse. These innovations allow an analysis that attends to intersectional differences in identity as well as historical context, as informed by the Iridescent Life Course perspective. Although the findings are preliminary given small sample sizes and should be interpreted carefully given these limitations, they do offer important insights in need of further exploration.

Previous research with LGBTQ adults has shown that sexual identity development and disclosure is impacted by historical, cultural, and geographical context (Klein et al., 2015). However, this analysis reveals non-linear patterns, in which the Silenced Generation was unique compared to the oldest Invisible Generation and the youngest of these three, the Pride Generation. The Silenced Generation, perhaps due to the invisibility of those who came before them coupled with their experiences in the midst of McCarthyism and the Lavender Scare, reported being aware of their LGBTQ identity half a decade later than the two flanking generations. It might be expected in this context of silence that this generation would also be the most likely to have experienced different-sex marriages, with almost 80% reporting different-sex marriage. Among bisexual individuals a different-sex marriage does not necessarily indicate hiding or denying one's identity, but rather an important life experience within the sequencing of their life course. This experience may, in fact, have been protective as the Silenced Generation also reported the lowest rates of identity-related stigma.

In contrast, the historical context in which the Invisible Generation, the oldest living generation, came of age was one of nearly complete invisibility, coupled with increasing medicalization and criminalization of same-sex sexual behavior (Angelides, 2001). They reported the lowest rates of current outness and identity affirmation, and in general fewer experiences of victimization and discrimination during this era when there was a dearth of social discourse related to sexuality. Nearly one-third of this generation were never married or partnered. Despite the adverse historical, social, and cultural context they encountered earlier in life, the surviving Invisible Generation of bisexual older adults displayed remarkable resilience, reporting the lowest rates of depression, despite experiencing more chronic conditions, physical limitations, and living alone, which would generally be expected among the oldest generations or cohorts at any given time (Brett et al., 2012).

The hardiness of bisexual oldest adults is similar to what has been found in the oldest adults in the general US population, demonstrating better mental health, despite adverse health and comorbidities associated with advanced age (Brett et al., 2012). Interestingly, unlike the oldest old in the general population, the bisexual older adults in the Invisible Generation were not significantly more likely to live in poverty. While several studies have identified poverty as a significant key risk

factor among bisexual people (Fredriksen-Goldsen et al., 2017c), it may be that since poverty among bisexuals occurs at younger ages this serves as a leveling factor in older age. Existing research has documented that living in poverty is also associated with higher rates of premature mortality (Chen et al., 2006) and therefore those who have experienced poverty throughout their lives may be less likely to be represented in the oldest generation of the sample in this study. This might also be linked to the pattern in which younger cohorts were more likely to report higher rates of work-place discrimination, which may have had a negative impact on their employment opportunities. On the other hand, it may be possible that the Pride Generation's high level of outness, early self-awareness, higher rates of same-sex marriages and societal conditions that promoted these experiences in the context of Civil Rights and Women's movements, created vulnerability for the Pride Generation in terms of victimization.

Defining characteristics of the Pride Generation are aligned with the context of increasing attention to, and visibility of, bisexuality coupled with regressive backlashes. As they lived their lives and were more likely to be out and marry same-sex partners there was likely a concomitant risk of discrimination and victimization. Although these individuals are not yet among the oldest living cohorts, their aging futures may produce unique needs. Their high rates of discrimination and victimization may result in additional need for trauma-informed policies and services that acknowledge and counter the expectations of future negative interactions. Their experiences of occupational bias may result in lost wages and may impact their future economic security such as Social Security benefits. These analyses should be used to better inform the future development of services and policies, by accounting for differences in generations and by gender.

The iridescent lens allows the fluid intersection of gender and sexuality to be examined more fully. Bisexual men, compared to women, reported being less out with more identity stigma and less identity affirmation and higher rates of victimization. The bisexual women in the study, compared to men, were significantly more likely to experience a same-sex marriage. As the *Iridescent Life Course* suggests we would expect to see varying patterns of oppression and stigmatization by both sexuality and gender. Similarly, scholars have previously observed that bisexuality is experienced differently—individually, interpersonally, and societally—according to one's intersecting gender among other social positionings (Eisner, 2013), which may result in differing costs associated with compulsory heterosexuality (Rich, 1980).

For example, the lives of bisexual men have been described as unacceptable (Eliason, 2000) and invisible (Steinman, 2000), creating a context of vulnerability, as lower rates of outness might limit social and supportive networks (Erosheva et al., 2016), which has potential implications for limited social connectiveness as they age. Bisexual women have also reported unique concerns with far reaching consequences, such as elevated rates of hyper-sexualization and objectification (DeCapua, 2017) as well as high rates of victimization (Walters et al., 2013). Given the intersections with misogyny, such oppressive and adverse experiences

among bisexual women are often ignored and minimized (Eisner, 2013; Israel and Mohr, 2004; Klesse, 2011).

This analysis also revealed new findings relative to gender diverse bisexual individuals, demonstrating their own unique areas of risk and resilience. These individuals reported fewer physical limitations and chronic conditions compared to bisexual men and women. However, nearly all of the gender diverse older adults continue to be employed (97.4%) compared to three-quarters of bisexual men and women, although they are not significantly younger than bisexual men and women. This may indicate ongoing economic challenges including the inability to retire. The gender diverse individuals also reported higher rates of having been hassled by police compared to bisexual men and women.

This study has identified unique patterns of risk and protective factors among two highly under-recognized and under-investigated groups of bisexual people: the Invisible Generation (age 80 and older) and those who identify as gender diverse. While these findings represent a promising new direction in examining intersectionality as illuminated in the Iridescent Life Course, changes in language and terminology over the decades will require that our analyses be nuanced. For example, an important purpose of Iridescence in nature is communication. The term “bisexuality” originally referred to attractions and sexual behavior that included both men and women, current definitions of “bisexuality” include concepts of attraction, identity and/or behavior to other gendered partners or to others regardless of gender. Further, as language as a form of communication, continues to evolve, new terms associated with “bisexuality” are being used, such as pansexual, omnisexual, and queer. Thus, a broadening conceptualization of the intersection of sexuality and gender identities and expression must continue to develop within empirical study in this area, as delineated by the Iridescent Life Course which conceptualizes life experiences as dynamic and fluid. In this study, tests of significance are also limited by small sample sizes of the least studied and hard to reach subgroups. Future research must direct attention to over-sampling these under-examined subgroups in order to better understand their life course experience and aging-related risks and resources.

The intersectionality of bisexual lives raises questions regarding the overuse of “LGBTQ” as an umbrella term for a heterogeneous population with diverse experiences (Fredriksen et al., 2019) and the possibility that a traditional approach to the life course is insufficient in addressing the unique lives of bisexual people. Based on the variety of life experiences reflected in this analysis across lines of generations and gender, we see strength in the Iridescent Life Course as a theory that can account for critical changes over time, including intersectionality, fluidity, and key aspects of communication such as language. Continued attention to intersectional experiences will be important for future research on bisexuality and aging as participants within the Pride Generation included more people of color and transgender individuals compared to the older generations. While this finding may reflect the shifting demographic profile of those that live to old age among bisexual

populations, more in-depth research is needed that follows bisexual people over time in order to disentangle and interpret cohort, age, and period effects.

Conclusion

Based on the Iridescent Life Course, this study represents a necessary first step toward examining heterogeneity in the life experiences of bisexual people by generation and gender, which offers key insights into the development of supports and services for this population as they continue to age. This article highlights the demographic diversity and differing configurations of risks and resources among bisexual older adults. Incorporating bisexual-specific historical context offers much needed and often overlooked factors that influence aging and life course experiences. When the diverse nature of life course trajectories of bisexual older adults are better understood, we can develop, design, and evaluate tailored evidence-based interventions to address the distinct needs of bisexual people and their families.

Future research is needed to more fully investigate the consequences of divergent representations in society by sexuality, generation, and gender within specific cultural contexts and to understand their relationship to opportunities and barriers as experienced by bisexual people. Additional research is also needed to further investigate the lives of bisexual people within the larger social context as well as embedded within kin relations and communities, and to assess how such structures, policies, and relationships may shape aging and change over the life course. Exploring variations and similarities over the life course within intersecting social identities through the Iridescent Life Course will foster a much deeper understanding of the heterogeneity, fluidity, and communication in the lives of bisexual people.

Authors' note

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Research reported in this publication was supported by the National Institute on Aging of the National Institutes of Health under Award Number R01AG026526 (KI Fredriksen Goldsen, PI).

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References

- Altman LK (1996) U.N. Reports 3 million HIV cases worldwide for '96. *The New York Times*, A10.
- Andresen EM, Malmgren JA, Carter WB, et al. (1994) Screening for depression in well older adults: Evaluation of a short form of the CES-D (Center for Epidemiologic Studies Depression Scale). *American Journal of Preventive Medicine* 10(2): 77–84.
- Angelides S (2001) *A History of Bisexuality*. Chicago, IL: University of Chicago Press.
- Brett CE, Gow AJ, Corley J, et al. (2012) Psychosocial factors and health as determinants of quality of life in community-dwelling older adults. *Quality of Life Research* 21(3): 505–516.
- Chen JT, Rehkopf DH, Waterman PD, et al. (2006) Mapping and measuring social disparities in premature mortality: The impact of census tract poverty within and across Boston neighborhoods, 1999–2001. *Journal of Urban Health* 83(6): 1063–1084.
- DeCapua SR (2017) Bisexual women's experiences with binegativity in romantic relationships. *Journal of Bisexuality* 17(4): 451–472.
- Donaldson S (1995) The bisexual movement's beginnings in the 70s: A personal retrospective. In: Tucker N (ed.) *Bisexual Politics: Theories, Queries, & Visions*. New York, NY: Harrington Park Press. pp. 31–45.
- Doucet SM and Meadows MG (2009) Iridescence: A functional perspective. *Journal of The Royal Society Interface* 6(suppl 2): S115–S132.
- Drescher J (2015) Out of DSM: Depathologizing homosexuality. *Behavioral Sciences* 5(4): 565–575.
- Eisner S (2013) *Bi: Notes for a Bisexual Revolution*. Berkeley, CA: Seal Press.
- Elder GH (1994) Time, human agency, and social-change: Perspectives on the life-course. *Social Psychology Quarterly* 57(1): 4–15.
- Eliason M (2000) Bi-negativity: The stigma facing bisexual men. *Journal of Bisexuality* 1(2–3): 137–154.
- Ellis H (1915) *Sexual Inversion*. Vol. 2. Philadelphia, PA: FA Davis Company.
- Erosheva EA, Kim HJ, Emler C, et al. (2016) Social networks of lesbian, gay, bisexual, and transgender older adults. *Research on Aging* 38(1): 98–123.
- Fredriksen-Goldsen KI (2016) The future of LGBT+ aging: A blueprint for action in services, policies and research. *Generations* 40(2): 6–13.
- Fredriksen-Goldsen KI, Bryan AE, Jen S, et al. (2017a) The unfolding of LGBT lives: Key events associated with health and well-being in later life. *The Gerontologist* 57(S1): S15–S29.
- Fredriksen-Goldsen KI, Emler CA, Kim HJ, et al. (2013a) The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *The Gerontologist* 53(4): 664–675.
- Fredriksen-Goldsen KI, Jen S and Muraco A (2019) Iridescent life course: LGBTQ aging research and blueprint for the future – A systematic review. *Gerontology* 65(3): 253–274.

- Fredriksen-Goldsen K and Kim H-J (2017) The science of conducting research with LGBT older adults – An introduction to Aging with Pride: National Health, Aging, Sexuality and Gender Study. *The Gerontologist* 57(S1): S1–S14.
- Fredriksen-Goldsen KI, Kim HJ and Barkan SE (2012) Disability among lesbian, gay, and bisexual adults: Disparities in prevalence and risk. *American Journal of Public Health* 102(1): e16–e21.
- Fredriksen-Goldsen KI, Kim H-J, Barkan SE, et al. (2013b) Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *American Journal of Public Health* 103(10): 1802–1809.
- Fredriksen-Goldsen KI, Kim H-J, Emlert CA, et al. (2011) *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle, WA: Institute for Multigenerational Health.
- Fredriksen-Goldsen KI, Kim HJ, Shiu C, et al. (2014) Successful aging among LGBT older adults: Physical and mental health-related quality of life by age group. *The Gerontologist* 55(1): 154–168.
- Fredriksen-Goldsen KI, Shiu C, Bryan AEB, et al. (2017b) Disparities in chronic health conditions and key health indicators among gay, lesbian, and bisexual older US adults, 2013–2014. *American Journal of Public Health* 107(8): 1332–1338.
- Fredriksen-Goldsen, KI, Shiu, C, Bryan, AEB, et al. (2017c) Health equity and aging of bisexual older adults: Pathways of risk and resilience. *Journal of Gerontology: Social Sciences* 72(3): 468–478.
- Freud S (1905) *Three Essays on the Theory of Sexuality: The 1905 Edition*. London / Brooklyn, NY: Verso.
- Gagnon JH (1989). Disease and desire. *Daedalus* 118(3): 47–77.
- Gentry J and Campbell M (2002) *Developing Adolescents: A Reference for Professionals*. Washington, DC: American Psychological Association.
- Hammack PL and Cohler BJ (2011) Narrative, identity, and the politics of exclusion: Social change and the gay and lesbian life course. *Sexuality Research and Social Policy* 8(3): 162–182.
- Hogan S and Hudson L (1998) *Completely Queer: The Gay and Lesbian Encyclopedia*. New York, NY: Henry Holt and Company.
- Hooker E (1965) Male homosexuals and their 'worlds'. In: Marmor J (ed.) *Sexual Inversion: The Multiple Roots of Homosexuality*. New York, NY: Basic Books.
- Israel T and Mohr JJ (2004) Attitudes toward bisexual women and men: Current research, future directions. *Journal of Bisexuality* 4(1–2), 117–134.
- Jen S (2019) Ambivalence in labels, freedom in lives: Older women's discursive constructions of their bisexual identities. *Journal of Bisexuality* 19(3): 386–418.
- Jen S and Jones RL (2019) Bisexual lives and aging in context: A cross-national comparison of the United Kingdom and United States. *International Journal of Aging and Human Development* 89(1): 22–38.
- Jones RL (2011) Imagining bisexual futures: Positive, non-normative later life. *Journal of Bisexuality* 11(2–3): 245–270.
- Jones RL (2018) Life course perspectives on (bi) sexuality: Methodological tools to deprivilege current identities. *Sexualities* 22(7–8): 1071–1093.
- Katz JN (1992) *Gay American History: Lesbians and Gay Men in the U.S.A.* New York, NY: Meridian Books.

- Kinsey AC, Pomeroy WB and Martin CE (1948) *Sexual Behavior in the Human Male*. Philadelphia, PA: W.B. Saunders.
- Kinsey AC, Pomeroy WB, Martin CE, et al. (1953) *Sexual Behavior in the Human Female*. Philadelphia, PA: W.B. Saunders.
- Klein F (1978) *The Bisexual Option*. New York, NY: Routledge.
- Klein K, Holtby A, Cook K, et al. (2015) Complicating the coming out narrative: Becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality* 62(3): 297–326.
- Klesse C (2011) Shady characters, untrustworthy partners, and promiscuous sluts: Creating bisexual intimacies in the face of heteronormativity and biphobia. *Journal of Bisexuality* 11(2–3): 227–244.
- Krafft-Ebing RV (1892) *Psychopathia Sexualis with Especial Reference to Contrary Sexual Instinct: A Medico-Forensic Study*. Philadelphia, PA: FA Davis.
- LGBT HealthLink (2015) *The Bisexual History of HIV/AIDS, in Photos*. Available at: <https://blog.lgbthealthlink.org/2015/01/29/the-bisexual-history-of-hivaids-in-photos/> (accessed 11 November 2019).
- Luhmann M, Hofmann W, Eid M, et al. (2012) Subjective well-being and adaptation to life events: A meta-analysis. *Journal of Personality and Social Psychology* 102(3): 592–615.
- Meadows MG, Butler MW, Morehouse NI, et al. (2009) Iridescence: Views from many angles. *Journal of the Royal Society, Interface* 6(suppl 2): S107–S113.
- Mohr JJ and Kendra MS (2011) Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology* 58(2): 234–245.
- Muraco A and Fredriksen-Goldsen KI (2016) Turning points in the lives of lesbian and gay adults age 50 and over. *Advances in Life Course Research* 30: 124–132.
- Pike TW (2015) Interference coloration as an anti-predator defence. *Biology Letters* 11(4): 20150159.
- Rich A (1980) Compulsory heterosexuality and lesbian existence. *Signs* 5(4): 631–660.
- Rosenfeld D, Bartlam B and Smith R (2012) Out of the closet and into the trenches: Gay male baby boomers, aging, and HIV/AIDS. *The Gerontologist* 52(2): 255–264.
- Shapiro S and Powell T (2017) Medical intervention and LGBT people: A brief history. In: Eckstrand KL and Potter J (eds) *Trauma, Resilience, and Health Promotion in LGBT Patients*. Basel: Springer, pp. 15–23.
- Spiro III A, Settersten RA and Aldwin CM (2016) Long-term outcomes of military service in aging and the life course: A positive re-envisioning. *The Gerontologist* 56(1): 5–13.
- Steinman E (2000) Interpreting the invisibility of male bisexuality: Theories, interaction, politics. *Journal of Bisexuality* 1(2–3): 15–45.
- Stekel W (1922) *Bi-sexual Love: The Homosexual Neurosis*. Boston, MA: R. G. Badger.
- Stevens M and Merilaita S (2009) Animal camouflage: Current issues and new perspectives. *Philosophical Transactions of the Royal Society B: Biological Sciences* 364(1516): 423–427.
- U.S. Department of Health and Human Services (2013) Annual update of the HHS poverty guidelines. *Federal Register* 78: 5182–5183.
- Walters KL (2011) *Predicting CBPR success: Lessons learned from the HONOR Project*. American Academy of Health Behavior. Hilton Head, SC.
- Walters M, Chen J and Breiding MJ (2013) *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*.

National Center for Injury Prevention and Control, U.S. Department of Health & Human Services.

Westwood S (2016) *Ageing, Gender, and Sexuality: Equality in Later Life*. Albington: Routledge.

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