Pregnant Plurisexual Women’s Sexual and Relationship Histories across the Life Span: A Qualitative Study

Lori E. Ross, Lesley A. Tarasoff, Abbie E. Goldberg, and Corey E. Flanders

ABSTRACT
Women identifying as plurisexual (i.e., those with the potential for attraction to more than one gender) experience unique issues associated with forming and maintaining intimate relationships. In particular, women identifying as plurisexual, unlike women identifying as monosexual, navigate choices and decisions related to the gender of their partners throughout their lifetime and may experience a variety of social pressures and constraints that influence these decisions. However, previous research on women’s sexual and relationship trajectories has largely focused on adolescence and young adulthood, and therefore we know little about the experiences of women identifying as plurisexual at other life stages. The aim of this study was to profile the lifetime sexual and relationship trajectories of 29 different-gender partnered women identifying as plurisexual as described during pregnancy. The authors identified three primary types of trajectories: women who predominantly partnered with men, women who partnered with men and women about equally, and women who predominantly partnered with women, and found that various contextual factors, including heterosexism and monosexism, constrained women’s opportunities for partnering with women. Implications for social and clinical interventions are discussed.

KEYWORDS
Plurisexual; bisexual; sexual and relationship trajectories; pregnancy

Introduction
Plurisexual identities, including identities such as bisexual, pansexual, and queer, offer the potential for attraction to individuals of more than one gender (Galupo, Mitchell, & Davis, 2015). As a result of this potential, women identifying as plurisexual may have the opportunity to make choices regarding...
whether they partner with women or men (as well as individuals of other genders), reflecting a domain of relationship and sexual satisfaction that is unique to people identifying as plurisexual, relative to people identifying as monosexual (Li, Dobinson, Scheim, & Ross, 2013). Perhaps as a result of the potential for partner gender choice, people identifying as plurisexual are more likely than people identifying as monosexual to understand their sexual orientation identities as defined interpersonally; that is, constructed on the basis of their own gender in relation to the gender of the individual(s) they are attracted to (Galupo, Davis, Grynkiewicz, & Mitchell, 2014). Further, there is some evidence that recent and lifetime gender of sexual partners is associated with self-reported happiness (Thomeer & Reczek, 2016). As such, partner gender choice over the life span could constitute a significant, yet little studied, component of sexual identities, relationship experiences, and overall well-being of women identifying as plurisexual.

Research to date on partner gender choice for women identifying as plurisexual largely comes from the body of evidence examining sexual fluidity among women. Most notably, Diamond (2000, 2003, 2005, 2008) conducted a 10-year longitudinal study of 89 women with same-sex attractions who were between ages 16 and 23 at the first interview. She noted extensive fluidity in these women’s sexual orientation self-identities and patterns of sexual partnering over the 10-year study period and found that more than 80% of the sexual identity changes that occurred involved switching to an identity label that would accommodate relationships with men; that is, switching to bisexual, unlabeled, or heterosexual identities (Diamond, 2008). More recently, Diamond, Dickenson, and Blair (2017) used daily diary methods to investigate the stability of sexual attractions over a 30 day period among nearly 300 adults of various sexual and gender identities. They found that women (relative to men) and people identifying as bisexual (relative to people of other sexual identities) reported less day-to-day stability in their sexual attractions and suggested that gender and bisexuality are independently associated with sexual fluidity.

One important limitation of the existing body of research on women’s sexual and relationship trajectories is its predominant focus on youth and young adults: as with sexuality research more generally, the majority of research has examined women’s trajectories during what might be considered the formative years of sexual identity development (Diamond, 2008; Everett, 2015; Rosario, Scrimshaw, Hunter, & Braun, 2006; Thompson & Morgan, 2008; but see Diamond et al., 2017 for a recent exception). As a result, we have little knowledge about how these trajectories may be experienced during other life stages. Further, with the exception of Diamond’s longitudinal study (2000, 2003, 2005, 2008), the majority of research on women’s sexual and relationship trajectories has largely been quantitative in nature. Qualitative research can better elucidate the personal meaning, complexity, nuances, and potential contradictions inherent to women’s experiences of their sexual identities and partner gender choices.
The limited qualitative research on life stages beyond young adulthood constitutes an important gap, in that there is some limited evidence that choices of women identifying as plurisexual related to sexual partnering may be affected by considerations related to future childbearing. For example, one 30-year-old participant in Diamond’s (2008) study noted:

I really like the idea of being able to have a kid that’s both part of me and part of the person that I love, and to see that come to fruition and turn into a whole new person…. If I broke up with Bob and I met a woman and fell madly in love, then yeah, I would live with her, adopt a kid, but I just see it more easily, you know what I mean, when I look to the future I see myself more easily falling into a relationship with a guy. But it’s funny because I do still think of myself as bisexual, so I guess I’m leaning more toward men these days due to more practical reasons, societal reasons. (pp. 118-119)

As this quotation illustrates, the desire to have children may lead some women identifying as plurisexual to partner with men, suggesting that choices about relationship and sexual partnering may be influenced by unique contextual factors during women’s childbearing years. The perinatal period (i.e., pregnancy and the first postpartum year) is a time that is particularly relevant to women’s health, in that it is known to be associated with particular mental and physical health risks (Alhusen, Ray, Sharps, & Bullock, 2015; Dennis & Ross, 2006; Flanders, Gibson, Goldberg, & Ross, 2016; Kendall-Tackett, 2007; Lancaster et al., 2010; Yim, Tanner Stapleton, Guardino, Hahn-Holbrook, & Dunkel, 2015). Research also indicates that pregnancy is uniquely experienced by sexual minority women, particularly given their unique paths to pregnancy (i.e., often through assisted reproduction) within a heteronormative social context and related legal, medical, and social obstacles (e.g., perceived and anticipated discrimination on the part of perinatal care providers, lack of support from families of origin) (Chabot & Ames, 2004; Reed, Miller, Valenti, & Timm, 2011). Women identifying as plurisexual also experience unique issues during pregnancy, including concerns about sexual orientation disclosure and invisibility (Goldberg, Ross, Manley, & Mohr, 2017; Ross, Siegel, Dobinson, Epstein, & Steele, 2012). To our knowledge, however, few studies have examined women’s sexual and relationship trajectories into the childbearing years, and no studies have specifically examined the sexual and relationship trajectories of women identifying as plurisexual as experienced during pregnancy.

A potentially useful framework for conceptualizing the significance of partner gender choices of women identifying as plurisexual comes from Schick, Rosenberger, Herbenick, Calabrese, and Reece’s work on sexual behavior/identity congruence. Schick and colleagues surveyed more than 2,500 women with same-sex attractions and/or behavior and found that those who had a lack of congruence between their sexual orientation identity and their sexual partnering in the past 30 days reported poorer mental and physical (including sexual) health. Schick and colleagues interpret these findings through the lens of cognitive dissonance theory, hypothesizing that women whose sexual behavior does not match their self-
identity may experience cognitive dissonance and psychological distress as a result; this distress may in turn have psychological and behavioral consequences.

The application of a sexual behavior/identity congruence framework to women identifying as plurisexual is not straightforward, considering that by its very nature, a plurisexual identity could be congruent with a wide variety of patterns of sexual behavior (Galupo et al., 2015). However, Schick and colleagues (2012) did find that women identifying as bisexual in their sample who reported having had female and male partners in the past 30 days reported fewer “unhealthy” days than did women identifying as bisexual who reported only male partners over the same time frame. A similar relationship between identity/behavior congruence and self-reported health was also present for the women identifying as lesbian in this sample. In contrast, however, there was no relationship between gender of sexual partners and health among the women identifying as queer in the sample. Together, Schick and colleagues’ findings suggest that gender of recent sexual partners is significant to the well-being of at least some women identifying as plurisexual and suggest the importance of additional research to further our understanding of the mechanisms for this relationship, as well as the specific contexts within which it applies to women identifying as plurisexual. The goal of this study is therefore to profile the sexual and relationship trajectories of adult childbearing women identifying as plurisexual, to expand upon existing knowledge of patterns of partner gender choice of women identifying as plurisexual over the life span. Specifically, we aim to firstly describe the general patterns of sexual and relationship history trajectories across the lifetime within our sample of women who were pregnant and identifying as plurisexual, and secondly, to examine how women understand and explain these patterns. Of particular interest is whether and how these women perceive their childbearing status to be relevant to their current and anticipated future relationship choices.

Method

The data for this study were drawn from a longitudinal, mixed-methods study of mental health among sexual minority women across the transition to parenthood. For the present analysis, only qualitative data from the baseline time point (late pregnancy) were analyzed.

Participants

Consecutive women attending for prenatal care between August 2013 and February 2015 at 10 sites in Toronto, Canada, and in Boston, Massachusetts, and surrounding areas, United States of America were asked to complete a brief demographic questionnaire including information about sexual orientation, sexual behavior, and partner status. On the basis of their responses, all English speaking women who were partnered, aged at least 18 years, and who met our definition for ‘sexual minority’ (self-identification as other than heterosexual and/or report of
any sexual relationship with a woman in the past 5 years) were invited to participate in an Internet-based survey study. Women who consented to the quantitative arm of the study who reported that their current partner was male or transgender identified \( (N = 31) \) were invited to participate in the qualitative arm. A total of 29 women consented.

Selected demographic and reproductive characteristics of those interviewed are provided in Table 1. In brief, participants ranged in age from 22 to 44 years,

Table 1. Characteristics of women in the study \( (N = 29) \).

<table>
<thead>
<tr>
<th>Variable</th>
<th>( N )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at start of study</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>22-44</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>31.69 (4.936)</td>
</tr>
<tr>
<td>Sexual orientation identity</td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>6</td>
</tr>
<tr>
<td>Bisexual</td>
<td>21</td>
</tr>
<tr>
<td>Queer</td>
<td>2</td>
</tr>
<tr>
<td>Gender of partners in past 5 years</td>
<td></td>
</tr>
<tr>
<td>Mostly women</td>
<td>2</td>
</tr>
<tr>
<td>Both women and men, about equal</td>
<td>8</td>
</tr>
<tr>
<td>Mostly men</td>
<td>9</td>
</tr>
<tr>
<td>Exclusively men</td>
<td>6</td>
</tr>
<tr>
<td>You don’t have an option that applies to me (e.g., “my husband only,” “trans identified male to female,” “my boyfriend of 5 years has been my primary partner but there were a few occasions where one female was involved in sexual activity,” “My husband and I are part of the swinger lifestyle. … but only my husband in the last year while trying to conceive and becoming pregnant”)</td>
<td>4</td>
</tr>
<tr>
<td>Current partner gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
</tr>
<tr>
<td>Trans-identified</td>
<td>1</td>
</tr>
<tr>
<td>Duration of relationship with current partner</td>
<td></td>
</tr>
<tr>
<td>(&lt; 1 \text{ year} )</td>
<td>2</td>
</tr>
<tr>
<td>1–2 years</td>
<td>6</td>
</tr>
<tr>
<td>2–5 years</td>
<td>6</td>
</tr>
<tr>
<td>5–10 years</td>
<td>8</td>
</tr>
<tr>
<td>10–20 years</td>
<td>7</td>
</tr>
<tr>
<td>Live with partner</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>26</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Planned pregnancy</td>
<td>21</td>
</tr>
<tr>
<td>Unplanned pregnancy</td>
<td>8</td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>18</td>
</tr>
<tr>
<td>Canada</td>
<td>11</td>
</tr>
<tr>
<td>Racial/ethnic/cultural identities</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>24</td>
</tr>
<tr>
<td>Another identity or white plus another identity (e.g., Southeast Asian, White Jewish, Latina/Latino American)</td>
<td>5</td>
</tr>
<tr>
<td>Highest level of education</td>
<td></td>
</tr>
<tr>
<td>High school incomplete</td>
<td>2</td>
</tr>
<tr>
<td>High school completed</td>
<td>2</td>
</tr>
<tr>
<td>Technical certificate</td>
<td>1</td>
</tr>
<tr>
<td>Some college-level education completed</td>
<td>2</td>
</tr>
<tr>
<td>Community college/associate’s degree completed</td>
<td>3</td>
</tr>
<tr>
<td>Bachelor’s degree completed</td>
<td>7</td>
</tr>
<tr>
<td>Graduate degree completed</td>
<td>12</td>
</tr>
<tr>
<td>Combined household income (before taxes)</td>
<td></td>
</tr>
<tr>
<td>Lower than $60,000</td>
<td>14</td>
</tr>
<tr>
<td>$60,000 or higher</td>
<td>15</td>
</tr>
</tbody>
</table>
predominantly self-identified in the survey as bisexual (with other participants self-identifying as either heterosexual or queer), and the majority were expecting their first child.

**Data collection**

Data collection was via interviews conducted by one of the authors (LR, CF) or trained graduate students in psychology. Interviews were predominantly conducted in person at the participant’s home or another private location, with the exception of five interviews that were conducted via telephone due to scheduling challenges. Interviews were a mean of 81 minutes in duration and followed a semi-structured interview guide that was flexibly used to permit detailed exploration of topics particularly pertinent to each individual participant. The interview guide was developed to explore topics previously identified in the literature that could be contributors to the health of sexual minority women and probed topics such as sexual orientation self-identification; sexual and relationship history; support/non-support from partner, family, friends, lesbian, gay, bisexual, transgender, queer (LGBTQ) community, and health care workers; and their degree of openness regarding their sexual identity/history. All interviews were audio-recorded and transcribed verbatim.

**Ethics**

Ethics approval was obtained from the Centre for Addiction and Mental Health, Toronto, Canada; St. Michael’s Hospital, Toronto, Canada; and Clark University, Worcester, Massachusetts, USA. All women provided written informed consent prior to their participation. As part of this process, participants were informed that participation was voluntary and they could stop participation at any time. All participants specifically consented to have their interview audio-recorded.

**Data analysis**

Data analysis followed a grounded theory approach (Corbin & Strauss, 2008). Specifically, we engaged in open coding (i.e., line-by-line analysis) to identify any words, phrases, or ideas that seemed potentially relevant to the overall goals of the project, first as a group with one interview transcript, and then independently for the remaining transcripts. Three analysts, including the first author, then met to compare line-by-line coding. Each shared the potential open codes we identified, discussed, and narrowed the list to those that we felt could be helpful in answering the research question (described patterns of sexual/relationship history trajectories). On the basis of this, we developed a preliminary coding framework that was then applied by the first author and three other analysts using an axial coding process. After revision of the coding framework, axial coding continued with each interview transcript being coded by two analysts. At this stage, “Coding Summary”
documents were created to provide a brief description of each participant’s experiences in relation to the codes and subcodes. In the final (selective) phase of coding, the first author examined the data that had been coded in relation to each of the identified codes, using the coding summary documents and references to full transcripts as needed for context, to prepare a draft summary of the theory of the data (i.e., patterns of relationship and sexual history trajectories of women identifying as plurisexual). This draft summary was first circulated to the other primary coders for their review and revision as necessary (i.e., identifying any arguments that they found to be inconsistent with their reading of the data and/or supplementing the summary with additional evidence from the data set they felt to be relevant to the arguments). After review, discussion and consensus among the primary coders, the revised summary was circulated to the other coauthors for review and feedback (i.e., to ensure that the summary and resulting theory of the data were felt to be adequately supported by the data excerpts and arguments presented, and also consistent with the coauthors’ knowledge of the data set). Any concerns were discussed and resolved through consensus by the entire author team, resulting in the finalized theory of the data presented in this article.

**Results**

Our participants described complex and diverse relationship trajectories. Specifically, among our participants were women who reported that they predominantly partnered with women (i.e., had more and/or more emotionally significant relationships with women than with men); women who reported that they predominantly partnered with men (i.e., had more and/or more emotionally significant relationships with men); and women for whom there was no apparent difference in the number or emotional significance of relationships associated with partner gender. Overall, the majority of participants reported that they had predominantly partnered with men; a smaller group reported no difference in number or significance of relationships depending on partner gender, and only a minority of participants reported that they had predominantly partnered with women. In the sections that follow, we describe our findings pertaining to each of these three groups (predominantly partner with men, partner with men and women about equally, predominantly partner with women), in turn.

Apart from one woman who was currently partnered with a woman identifying as trans, none of the participants specifically referenced a history of relationships with partners identifying as trans, and so in the discussion that follows, we presume women are referring, at least predominantly, to relationships with partners identifying as cisgender (i.e., non-trans).

**Women who predominantly partner with men**

Among the participants who reported that they predominantly partnered with men, there were several reasons reported for this. For some of these women, there
was a clear distinction between their relationships with women—which they experienced as exclusively sexual in nature—and their more meaningful, longer term relationships with men. For example, one participant described herself as “always with men” (Ashleigh, bisexual, age 29, US), because her relationships with women included only one sexual encounter with a woman she met on an online dating website, as well as some consensual intimate encounters with female friends while they were “partying.” These participants described themselves as open to and curious about sexual relationships with women:

I’ve always identified as bi-curious. [Interviewer: Bi-curious, okay. And what does that mean to you?] That means that, my sexual preference is male, but that I am open minded to the idea of a woman being involved. Or, it—being with a woman—has happened in the past, I’ve always been curious of all, like, that aspect of a sexual relationship … ever since I was in my late teens I’ve been like well I’ll give it a try and see what it’s like. [pause] But no, I’ve always preferred men. (Lisa, bi-curious and heterosexual, age 33, US)

I was always curious, I guess, about women, just because—I remember at a young age, probably like 10, 11, whatever. I liked boys way, way more. But my girlfriends, I felt, like, close with them, in a way that was weird? In a way, to me, like, questioning, “am I supposed to feel like that?” (Renata, heterosexual, age 30, Canada)

My group of friends from college was very much like, we all would go out and party and all make out with each other and make out with each other’s boyfriends…. In college there were a couple of girls who were friends who we like, I don’t know if you would consider it experimenting, but we had sex. (Marina, heterosexual, age 31, US)

However, these participants did not imagine themselves having long-term or serious, intimate relationships with women:

I wouldn’t call any of [my relationships with women] meaningful…. I’ve always been emotionally attracted to men; I’ve never had, like, a relationship with a woman—like a romantic—I’ve had sex with women … like I think women are attractive but like I could never—I don’t think I could ever see myself being happy with a woman long-term or something like that. (Marina, heterosexual, age 31, US)

As far as marrying a female I never would. I just don’t see that as a lifelong partner (Holly, bisexual, age 24, US).

Thus, these participants described their relationships with women as mainly short-term, sexual in nature, and for some, experimental only, whereas their relationships with men were described as more stable, serious, and long-term.

For many of these women, their pregnancies and impending parenthood were perceived to have clear implications for their current and/or future partnering choices. In particular, for women whose relationships with other women were experienced as purely sexual in nature, these types of
relationships were perceived as inappropriate and/or impractical in the context of their new role:

I don’t think I could picture myself having the same kind of situation that happened before where we involved another person into our sexual relationship…. I just think about, would that be appropriate to do since we have a baby right now? I don’t know. I mean for right now I should say that probably won’t be happening. (Brooke, bisexual, age 25, US)

Another group of participants whose sexual histories mainly involved men reported that their sexual relationships with women had occurred in the context of their current marriage or relationship. Some of these participants had an open relationship with their current partner that provided opportunities for dating women, and others engaged in swinging together with their partner. In some cases, these women came out as nonheterosexual only after entering their current primary relationship, and others already identified as bisexual, queer, or as having had prior sexual experiences or relationships with women at the time they entered their current relationship. This group of women reported a variety of patterns of sexual attraction, with some reporting primarily attraction to women, some primarily attraction to men, and some approximately equal attraction to men and women. However, for all of them, their relationship with their current male partner was primary, and other relationships, including those with women, secondary. For example, Renata’s sexual involvement with women was exclusively in the context of swinging and, at the time of the first interview, described it as being primarily for the sexual pleasure of her partner:

I get a lot of pleasure out of the sexual experience [swinging] that we had together … [but] if I ever had to choose, do I want to be with men or do I want to be with women, 100% of the time I would choose men…. I know this about myself now, that I’m 99% attracted to men, but willing to dabble. (Renata, heterosexual, age 30, Canada)

In contrast, Renee and her husband have had an open relationship for most of the near 20-year duration of their relationship, in which they both at times have dated other women. She describes her relationships with women as being significant to her (with some lasting for over a year) but on a different level to her marriage:

It’s always been in contrast to this one relationship that I’ve been in for, you know, now almost twenty years. So they’re [relationships with women] shorter term than that, but they’re not necessarily short-term relationships. (Renee, bisexual, age 37, US)

For these participants whose relationships with women were in the context of consensual nonmonogamy, they again experienced and/or anticipated changes in their sexual practices during the perinatal period (described in full elsewhere – manuscript in preparation). For example, Renee described:
I think I’m mostly less interested in involving another person in my life that way [a sexual relationship]. The pregnancy has definitely taken – it early on even kind of had some negative effects on the sex life between me and my husband, so I don’t feel like I’m necessarily open to any sort of a sexual relationship very much…. Those organs are being used by somebody else right now, and some uncomfortable things happen when we try and use them for pleasure.

Some participants reported more or more significant relationships with men simply because they met their current partner at a relatively young age and had chosen a monogamous relationship:

In the past I’ve dated women and been sexually active with women. I identify as bisexual … after I met my husband and we started dating, because I’m monogamous that [relationships with women] didn’t happen anymore, but I’m still attracted. (Kim, bisexual, age 30, US)

As a result of their monogamous relationship structure and their intention to remain in their current relationship over the long term, these women largely did not anticipate any future relationships with women and so did not anticipate any changes to their relationship or sexual experiences in the future.

Some participants described contextual reasons for their greater involvement with male partners than female partners. In particular, some participants described being relatively equally attracted to men and women, but having had more relationships with men mainly because of more opportunity or ease in regards to heterosexual dating:

I was always too shy to do those things [asking women out] and it was also kind of hard to tell if a girl was straight or not straight (Brooke, bisexual, age 25, US),

In my adult life has sort of, like the right person and the right timing hasn’t really worked out very much [with women] and with men it just, worked easier (Carolyn, heterosexual, age 38, US),

[Interviewer: So when you were on the dating website, were you open to both men and women?] Yeah, and I think you end up dating more men because it’s like more people contact you (Donna, bisexual, age 36, US).

One contextual factor in participants’ greater involvement with men was heterosexism:

I grew up in [city in Western Canada], it’s not a very progressive city in terms of sexuality and that kind of thing…. I always had an attraction to women but I never really explored it. Aside from maybe fantasies or things like that. Because I’m interested in guys too, it makes life easier. (Alma, bisexual, age 33, Canada)

I really, really liked this one girl and we had a lot in common and I could see myself being in a relationship with her but then people made—I was younger then too—people kind of made like a big deal about it, that shied me away from, you know, I don’t want this kind
of attention on myself … in one instance we came to a party together and people were just like—it was just uncomfortable. Like people were looking and people are talking and after she had left people were asking me all these questions and stuff and I’m like, “This is just not what I want.” … I don’t want this kind of attention all the time. (Brooke, bisexual, age 25, US)

A number of participants described growing up in environments in which relationships with men were considered the only “real” or appropriate option. For example, one participant described growing up in an Eastern European cultural context in which same-sex relationships were considered extremely taboo. Another participant described a relationship she had with a female friend during high school, saying, “I actually kind of think now, we could’ve ended up together as a couple, had we ever thought that that was something that was possible” (Suzanne, bisexual, age 33, Canada). For some women, these experiences during their formative years of sexual identity development seemed to have persistent effects into adulthood, in that they continued to have some hesitations about or experience challenges in forming relationships with women:

[When trying to engage with the sexual minority community] I felt like it was the double uncomfortable of not knowing how to act or be a part of that in a way that felt normal, and [pause] just, kind of feeling like a bit of an imposter because most of my relationships have been with men. And I dunno. I think I kind of felt like, this is just a lot of work, and I’m still attracted to men as well, so maybe I’ll just stick with that. And yeah, like I say, then I met my husband really soon after. (Suzanne, bisexual, age 33, Canada)

For these women who experienced their opportunities for relationships with women as constrained in general, their current pregnancy was largely not discussed as a significant factor in their overall sexual or relationship trajectory, perhaps because relationships with women were already playing only a very marginal role in their current or recent experiences, and they were preparing to embark on a significant journey and life stage—parenthood—with a male partner.

Women who partner with men and women about equally

A smaller group of participants described histories of relationships with women and men that were similar in terms of number, length, and/or significance. Again, there were a variety of reported reasons for this pattern. For some, this was clearly linked to their bisexual or other plurisexual identity, which for them meant considering individuals of any gender as potential partners:

I never really thought about that I’m having a relationship with a woman versus a man. It was like I was having a relationship with a person (Tiffany, bisexual, age 33, US).

I feel like I’m one of those women that in my younger days dated women, and now I’m married [to a man]. I think there’s a lot of women who have that experience. I definitely
consider myself bisexual still. I mean, my attraction to the sexes is sort of equal. I find women just as attractive as men. (Donna, bisexual, age 36, US)

This group of participants was distinguished from the others by their description of relationships with men and women being approximately equally likely for them, but also equal in emotional significance. Further, they all reported being open to the possibility of having relationships with women in the future, should the circumstances of their current relationship change:

Well I am married now, so I’d like to think that it was gonna be long-lasting. But if it didn’t work out or something, I’m not closed off to the idea that I couldn’t be with a woman again (Caren, bisexual, 33, US).

I feel like if for some reason I split with [partner], which I don’t foresee ever happening, but I could see if I was going out to like find a new partner that it would be like—I wouldn’t limit myself to men OR women in the future. You know what I mean? (Donna, bisexual, 33, US)

Like many of the participants who described predominantly partnering with men, however, some of these women did anticipate that their expression of their bisexual or other plurisexual identity might shift in the context of this new life stage. For example, April, whose relationships with women were largely in the context of her involvement in a swinging community, described how she felt about not having been involved in the community since her pregnancy:

[I feel] okay. ‘Cause honestly I just don’t want to take any disease risk. That’s my biggest cut off since the pregnancy. I know it’s not super likely, of catching anything, but I just don’t want to go there. I don’t want to take any risk of catching something. I know we’re both clean [laughs]. So I want to keep it at that while I’ve got someone else [the baby] involved. (April, bisexual, 31, Canada)

Women who partner predominantly with women

Finally, the smallest group of participants reported mostly having had past relationships with women during their adult lives. In some cases, they described their relationship with their current male partner as the only serious relationship they had had with a man:

Most of my relationships were with women. Uh, my formative ones. I was attracted to women early, I slept with women earlier, I had long term relationships with women…. I didn’t really have boyfriends (Heidi, bisexual, age 44, Canada)

[Partner] knows before I was with him I was into girls more than I was into guys…. I was interested in girls since I was in the ninth grade (Taylor, bisexual, age 22, US).
Indeed, these women sometimes described feeling surprised that they ended up in a serious long term relationship with a man. In describing the period leading up to meeting her current partner, one participant described:

I continued to think that although I would go on dates with men, I thought I would never be in a serious relationship with a man again. I just thought in general, I tend to prefer the company of women, and in general, I tend to prefer the company of queer people. (Chantal, queer, age 32, Canada)

These women often understood their current relationship as an exception to their usual ‘rule,’ in terms of sexual or romantic partnerships:

I still often feel desire for women, I would say that I’m as often attracted to women as I am to men, and my emotional attachments to women are stronger than most of my emotional attachments to men. (Chantal, queer, age 32, Canada)

For Chantal, an unplanned pregnancy with her current partner had expedited the progress and seriousness of their relationship:

When I got pregnant I wasn’t intending to get pregnant. And it came as a big surprise to [partner] and to me, and we were not at all decided originally about what we were going to do … I found out I was pregnant the day after we moved in together, so we got married about that time, we did not have a plan to get married. And we had a plan to be together, because we loved being together. But it wasn’t a major topic of conversation and we certainly were not anticipating taking this big plunge of having a baby.

Chantal described feeling very happy about her relationship and pregnancy, but in part because this shift in her relationship/sexual trajectory was still relatively new for her, she expressed some uncertainty about how it fit with her conceptualization of herself as a woman who strongly identified as queer:

It feels funny to think of myself as being a queer person, and then to know that I look like a soccer mom…. I don’t want to be this ordinary idea of what white straight married people are like. It’s a concern, and I don’t want to look like it. And I don’t want to be it—kind of. So it is, it’s a struggle for me to like, to feel queer, but so much not to look queer.

Heidi, a woman identifying as bisexual who also reported a sexual/relationship history predominantly involving women, described how her current relationship had precipitated a shift in her sexual identity:

There was an emotional connection, I really liked him. He’s a nice man and then I guess I started to definitely have feelings for him. So I don’t know about attraction, it’s a funny word. I was definitely more attracted to women and I truly still am … I guess if someone said you know, “Are you a lesbian?” At that time I would say, “Well, I have to say I’m bi because I’m dating a man and kissing him and finding it fine.” [laughs] (Heidi, bisexual, age 44, Canada)

In contrast to Chantal, Heidi had had ample time to adjust to her current relationship situation: she had been in her relationship with her partner for more than 10 years and was expecting her second child at the time of the interview. Yet
despite this, Heidi too described some internal conflict about how to reconcile her self-identity with her current (and now long-term) experience:

Every once in a while I have this odd sadness. If I am with [partner] forever, which would be lovely and I’m fine with – I’m getting to midlife, that has an appeal – but it’s like, “Oh, I’ll never be with a woman again. Oh, that’s kind of sad.”

Taken together, Chantal and Heidi’s experiences illustrate the complex meanings of relationships with men for women identifying as plurisexual who have historically partnered predominantly with women, including how pregnancy can sometimes contribute to the significance of these relationships.

Discussion

The pregnant women identifying as plurisexual in this study reflect a diverse pattern of sexual and relationship trajectories, as well as a diversity of explanations for their relationship patterns and choices. The majority of women in our study reported predominantly partnering with men, with reasons for this including greater attraction to men for some participants, and ease of finding male partners for many others. Our finding that many women identifying as plurisexual partner with men is consistent with Diamond’s (2008) longitudinal study. Diamond (2008) identified a number of reasons for increasing relationships with men over time, such as the composition of participants’ social networks (i.e., fewer women and sexual minority people in the working world vs. college), and social acceptability of pursuing other-sex versus same-sex relationships; of particular relevance to this study, however, is her finding that choices about childbearing were one contributing factor. In particular, Diamond (2008) found that women who felt they had a choice in gender of long-term partner recognized the relative ease (practically and socially) of having children with a male, rather than female, partner.

In our data, it is notable that, despite being currently pregnant, none of the participants explicitly linked their current partnership with a man to desire for or ease of having children. However, their pregnancy status nonetheless had other types of implications for their current and anticipated future relationship or sexual trajectories. In particular, participants who had previously enjoyed sexual relationships with women in addition to their relationship with their current male partner expressed that these sexual relationships were at minimum “put on hold.” This expression is similar to Tasker and Delvoye’s (2015) qualitative study with bisexual mothers in relationships with men, in which participants expressed putting their sexual relationships with women on hold to prioritize their children.

For other participants in the current study, these relationships were seen as no longer appropriate or compatible in the context of their pregnancy. Although women did not explicitly cite social pressures as significant in their choices to cease these relationships, their choice of value-laden language such as ‘appropriate’ suggests that social messages about pregnant/parenting women as asexual
(Malacrida & Boulton, 2012; Musial, 2014), together with strong social messaging privileging monogamy (Klesse, 2005; Sheff, 2010), maybe be at play here—potentially important forces in constraining relationship choices of women identifying as plurisexual. Longitudinal research to examine the implications for women of these constraints is warranted.

Our data suggest that another important contributor to the likelihood of pregnant women identifying as plurisexual will partner with men is societal heterosexism. Several participants described contexts in which partnering with men was the easiest (or only) possibility for them, specifically in contrast to partnering with women, which was seen as complicated (or impossible) because of social norms and values that promote heterosexual coupling. Although our participants did not speak to this directly, monosexism (i.e., a belief system that positions sexual orientations involving attraction to/relationships with individuals of only one gender above those that involve attraction to/relationships with individuals of more than one gender (Ross, Dobinson, & Eady, 2010)) may also have played a role in their greater involvement with men than women. Our participants’ descriptions of challenges in finding female dating partners, as well as (in some cases) their choices to forego attempts to date women, could reflect a variety of manifestations of monosexism. For example, other research has described monosexism encountered by people identifying as bisexual as a barrier to dating relationships with people identifying as gay/lesbian (Li et al., 2013). Where our participants discussed challenges finding female partners through online dating, this may be attributable at least in part to the practice of many women identifying as lesbian to avoid contacting women identifying as bisexual in these (and other) contexts (Flanders, Robinson, Legge, & Tarasoff, 2016; Li et al., 2013; Marusic, 2016). Our participant’s description of “feeling like an imposter” in trying to engage with sexual minority communities could reflect monosexist discrimination within lesbian/gay communities as has been described in other research (e.g., Roberts, Horne & Hoyt, 2015; Ross et al., 2010). Alternatively, or in addition, it could reflect internalized monosexism; that is, the internalization of societal beliefs that bisexual or plurisexual identities are less valid than monosexual identities (Paul, Smith, Mohr, & Ross, 2014). As such, the combined forces of heterosexism and monosexism, in their various manifestations, may together work to limit opportunities of women identifying as plurisexual for partnering with other women.

Narratives shared by these pregnant women identifying as plurisexual suggest several mechanisms through which their trajectories of sexual and relationship histories could differentially affect their relationships, sexual satisfaction, and well-being. Of particular note may be the lack of congruence that some participants experience between their desired versus actual expression of their sexual identities. Based on our data, we propose that Schick and colleagues’ (2012) notion of sexual behavior/identity congruence could be extended beyond a simple match between one’s self-reported sexual identity and one’s recent sexual behavior, to consider congruence (or lack of congruence) between one’s sexual identity and one’s overall

\[271\]
expression of that identity—including, but also extending beyond, recent sexual behaviour. This broader interpretation may be more appropriate for women identifying as plurisexual in particular, whose desired expressions of their plurisexual identities may be very diverse (Galupo et al., 2014; Hartman-Linck, 2014).

We see a number of potential examples of this more broadly defined notion of lack of congruence in our data. For example, some women who described contextual reasons for their greater involvement with men (including heterosexism and monosexism) might experience a lack of congruence between their desire for, but lack of opportunities to, have meaningful relationships with women. Some women who have previously enjoyed sexual relationships with women in the context of nonmonogamy may experience a lack of congruence between their desires for this and the reality of their sexual relationships during the perinatal period. Some women who have predominantly been involved with women in the past may similarly experience a lack of congruence between their internal conceptualization of their sexual identity and how their identity is performed or perceived by others in their lives. And finally, some of our participants may feel troubled by their participation in heteronormative family and relationship patterns as a result of a perceived lack of congruence between this participation and a very salient bisexual or queer self-identity.

Consistent with other research, our data suggest that pregnancy may be a time when this lack of congruence is heightened for women, due to the heteronormative assumptions regarding a woman who is visibly pregnant (Ross et al., 2012). For many of our participants, these heteronormative assumptions were further triggered by their current relationship with a male partner. It is notable that the experience of lack of congruence associated with this disconnect between women’s internal understandings of, and external assumptions regarding, their sexual identities was still salient even in the context of a very long-term relationship with a male partner, suggesting that it is not an experience that is fleeting or easily resolved. As such, relationship/sexual history trajectories that involve long-term or predominant partnerships with men may well have important implications for women identifying as plurisexual; this is consistent with research indicating that women identifying as plurisexual in different-sex relationships report higher levels of depressive symptoms than women identifying as plurisexual in same-sex relationships (Dyar, Feinstein, & London, 2014). Longitudinal, mixed methods research that ideally extends prior to and following the childbearing years will best facilitate confirmation of this hypothesis and further explication of its mechanisms.

Our research adds to existing work on women’s patterns of sexual partnering by examining these patterns in adult women, and particularly among adult women who are childbearing. Our successful recruitment of a group that is often invisible/understudied (sexual minority women partnered with men) and collection of data in two countries are also important strengths of our work. However, limitations should be noted. In particular, we did not interview women identifying as plurisexual who were currently partnered with women identified as cisgender, so our
conclusions do not extend to this group. Research to understand how the sexual and relationship trajectories of this group may be influenced by the transition to parenthood, and how this may be different from women who partner with men, is needed. Further, this analysis is based on data collected only at one time point; limitations to retrospective assessment of women’s sexual identities have been noted (Diamond, 2008). We agree that longitudinal research that extends before and after women’s experiences of childbearing is needed.

This work has important implications for service provision and research. First, sexual minority women who partner with men are invisible in most clinical settings, including settings offering pregnancy or parenting-related services, in that these women are typically read as heterosexual and presumed, in turn, to have sexual histories that involve only men. This presumption may be particularly likely in spaces designed to serve families, where heteronormativity is often deeply embedded (Röndahl, Bruhner, & Lindhe, 2009; Surtees & Gunn, 2010). Our findings suggest that to fully understand women’s identities and experiences, service providers may need to not only ask about women’s sexual/relationship histories, but also to contextualize the meaning of those relationships for women. With respect to research implications, women identifying as plurisexual, and particularly those partnered with men, have similarly been under-represented in research, and our work, together with other studies of plurisexual women (e.g., Diamond, 2008; Molina et al., 2015) raise important questions about their unique experiences that should be addressed in future studies. As Diamond (2008) has noted, “the well-being of all women will be improved through a more accurate, comprehensive understanding of female sexuality in all its diverse and fluid manifestations” (p. 16). This study offers a new perspective toward that aim.

Acknowledgments

The authors wish to acknowledge the essential contributions of our participants, as well as research assistance by Alia Januwalla, Melissa Manley, Keisha Williams, Iradele Plante, and Melissa Marie Legge.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the National Institutes of Health under Grant R01MH099000, awarded to LER and AEG.

Notes on contributors

Lori E. Ross is an associate professor in the Social and Behavioral Health Sciences Division of the Dalla Lana School of Public Health, University of Toronto, and affiliate scientist at the Centre for Addiction and Mental Health (CAMH) in Toronto. She is the leader of the Re:
searching for LGBTQ Health Team (www.lgbtqhealth.ca). Lori uses a combination of quantitative and qualitative approaches in her research work, with a strong focus on integrating the principles of community-based research. Much of her research focuses on understanding the mental health and service needs of marginalized populations including lesbian, gay, bisexual, trans, and queer (LGBTQ) people to improve access to services for these communities.

Lesley A. Tarasoff is a PhD candidate in the Social and Behavioural Health Sciences Division at the Dalla Lana School of Public Health, University of Toronto, and has been a member of the Re:Searching for LGBTQ Health team since summer 2010. Her PhD research explores how women with physical disabilities experience the transition to motherhood, with an emphasis on embodiment and care experiences. Drawing on intersectionality and feminist disability scholarship, she is committed to doing research that contributes to improving the health and health care experiences of marginalized groups of women. With members of the Re:searching for LGBTQ Health team and other scholars across North America, she has worked on a number of projects in the areas of reproductive and perinatal health, mental health, and LGBTQ health.

Abbie E. Goldberg is an associate professor in the Department of Psychology at Clark University in Worcester, Massachusetts. She received her PhD in clinical psychology from the University of Massachusetts Amherst. Her research examines diverse families, including lesbian- and gay-parent families and adoptive-parent families. A particular focus of her research is the transition to parenthood for same-sex couples, with attention to the role that supportive and unsupportive contexts play in new parents’ mental health. She is the author of over 70 peer-reviewed articles and two books: Gay Dads (NYU Press) and Lesbian- and Gay-Parent Families (APA). She is the coeditor of LGBT-Parent Families: Innovations in Research and Implications for Practice (Springer) and the editor of the Encyclopedia of LGBTQ Studies (Sage). She has received research funding from the American Psychological Association, the Alfred P. Sloan Foundation, the Williams Institute, the Society for the Psychological Study of Social Issues, the National Institutes of Health, and the Spencer Foundation.

Corey E. Flanders did her postdoctoral fellowship with the Re:searching for LGBTQ Health team, was the research coordinator for the Postpartum Wellbeing Study in Toronto from January 2014 to July 2016, and is now an assistant professor in the Department of Psychology and Education at Mount Holyoke College. Her research interests focus on addressing health inequities experienced by LGBTQ people, with a particular emphasis on mental, sexual, and reproductive health. She employs mixed-methods and community engaged research approaches within her work.

References


Copyright of Journal of Bisexuality is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.