Sexuality and Sexual Identity Across the First Year of Parenthood Among Male-Partnered Plurisexual Women

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Women who (a) hold plurisexual identities (e.g., bisexual, pansexual) and (b) are male-partnered are understudied. Of interest is how these women construct their sexual identities across the transition to parenthood—a period associated with intensified heteronormative expectations, and changes in women's roles and identities. This longitudinal study of 28 plurisexual, male-partnered women examined women's sexual identity construction across the first year of parenthood, using four waves of data. Most women were White, bisexual-identified, and first-time parents. The majority of women described decreases in the salience or centrality of their sexuality more generally. Almost all women continued to hold plurisexual identities across the first year of parenthood, although many described these as private identities amid public assumptions of heterosexuality. Some, though, sought to maintain a connection to their plurisexual identities through sexual identity disclosure, same-gender fantasies, and involvement in consensual nonmonogamy. Although only one woman articulated a shift in sexual identity label (from bicurious to heterosexual), others increasingly distanced themselves from their same-gender behaviors and desires. Our findings illustrate how women engage in an active process of sexual identity construction amid heteronormative pressures, and how they navigate tensions among their partnership and parenthood statuses and their private identities and past behaviors.

Public Significance Statement
This longitudinal study of 28 plurisexual (e.g., bisexual, queer), male-partnered women examined women's sexual identity construction across the first year of parenthood, using four waves of data. Most women described decreases in the salience of their sexuality more generally, and almost all women continued to identify as bisexual or queer during the first year of parenthood, although many described these as private identities, given public assumptions of heterosexuality.

Sexual orientation can be conceptualized as a multidimensional construct consisting of identity, attraction, and behavior (Laumann, Gagnon, Michael, & Michaels, 1994), with some models encompassing sexual fantasy and arousal as additional components (Klein, Sepekoff, & Wolf, 1985) and still others calling for consideration of partner number, temporality, attraction strength, and a spectrum of gendered/sexed attractions (van Anders, 2015). These different components of sexuality do not necessarily overlap; they are not coincident, nor should they be expected to be (Lovelock, 2014; van Anders, 2015). Yet dominant understandings of sexual orientation frequently imply or suggest internal consis-

tency among these diverse dimensions, and do not account for— and in fact negate—the plurality, flexibility, fluidity, and diversity of many people's sexual orientations (Schudson, Dibble, & van Anders, 2017). Newer models of sexual orientation have underscored the need for multiple dimensions of sexuality, including the separation of erotic and nurturant/romantic sexuality, change over time, and different intensities of attraction to different genders or sexes (Diamond, 2003; van Anders, 2015).

Plurisexual individuals are especially likely to experience static and simplistic definitions and ideas of sexual orientation as inadequate (Barker, Bowes-Catton, Iantaffi, Cassidy, & Brewer, 2008; Galupo, Mitchell, & Davis, 2015). *Plurisexual* is an umbrella term that encompasses individuals who experience attractions to people of multiple genders, and who may self-identify as queer, pansexual, fluid, bisexual, or something else (Galupo et al., 2015). Plurisexual—including bisexual—people often face invisibility in society, due to the prevalence of binary constructions of sexual orientation (i.e., the idea that heterosexual or lesbian/gay are the only valid sexual orientation identities), thereby obscuring the existence of individuals who identify with nonmonosexual sexual

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orientations or attractions (Galupo, Davis, Grynkiewicz, & Mitchell, 2014). Plurisexual people also face stereotypes, such as notions that they are indecisive and promiscuous (Klesse, 2005). Invisibility and fear of stigma may in turn lead plurisexual people to prefer or publicly identify with labels such as straight or heterosexual (if partnered with someone of a different gender) or as lesbian/gay (if partnered with someone of the same gender) to avoid censure (Mohr, Jackson, & Sheets, 2017)—although of note is that plurisexual people often use multiple sexual identity labels to describe themselves (Galupo et al., 2015; Rust, 2001), which may shift according to context and situation (Davis-Delano & Morgan, 2016; Rust, 2009). Plurisexual people may deploy these labels, including monosexual labels such as heterosexual or lesbian/gay, to communicate strategically in different social situations, or to reflect different aspects of their sexuality or identity (Rust, 2001, 2009).

Plurisexual people with different-gender partners in particular face invisibility, in that they are presumed by others to be heterosexual and to have exclusively heterosexual sexual histories (Dyar, Feinstein, & London, 2014). Plurisexual people with different-gender partners may also, over time, experience their sexual identity as less central, or migrate toward more different-gender oriented sexual identity labels (e.g., queer to bisexual; bisexual to mostly heterosexual; Everett, Talley, Hughes, Wilsnack, & Johnson, 2016; Mohr et al., 2017). In addition to different-gender relationships, the transition to parenthood represents a context that may facilitate changes in sexual identity labeling—and perhaps, changes in other aspects of sexual identity such as attraction or behavior (Mock & Eibach, 2012). Indeed, parenthood represents a key feature of heteronormativity (Oswald, Blume, & Marks, 2005) that may prompt individuals to distance themselves from, or experience less connection to, same-gender attractions, histories, or identities. (Alternatively, the assumptions of heterosexuality that accompany the transition to parenthood might compel some individuals, for whom their sexual identity is more salient, to seek out opportunities for visibility or connection to maintain the centrality of that identity; Goldberg, Allen, Ellawala, & Ross, 2018). In addition to being associated with heteronormative expectations—that is, implicit notions of "gender conventionality, heterosexuality, and family traditionalism as the correct way for people to be" (Oswald et al., 2005, p. 143)—the transition to parenthood also represents a period of intense physical and social demands and may engender a decreased emphasis on sexuality in general (Trutnovsky, Haas, Lang, & Petru, 2006).

This study draws from social constructionist and queer theoretical frameworks to explore how plurisexual, male-partnered, cisgender women conceptualize their sexual identity, and sexuality more broadly, across the first year of parenthood. A social constructionist perspective highlights how people construct meaning from their experiences within specific social contexts, and how meaning-making changes over time as individuals make sense of new experiences and desires (Schwandt, 2000). Sexual identity is a product of dynamic social interaction and can change at any point in the life cycle (Rust, 1993), such as the transition to parenthood, a time when women often reconfigure their social roles and may undergo shifts in identity construction (Smith, 1999). A social constructionist perspective is useful in elucidating how male-partnered plurisexual women's constructions of their sexual identities and sexuality are shaped by their social context and relationships, and larger heteronormative discourses regarding parenthood.

Queer theory provides a lens through which to interrogate heteronormativity as a cultural ideology that presumes heterosexuality as normal, pervasive, and dominant (Chevrette, 2013). The family is a primary site in which heteronormativity is produced and reinforced, with one type of family—heterosexual, monogamous, married unions—privileged over others (Chevrette, 2013). Thus, heteronormativity fuses together gender, sexual, and family ideologies, whereby "doing gender," "doing sexuality," and "doing family" properly are inseparable (Oswald et al., 2005). Queer theory provides a useful framework for considering how male-partnered plurisexual women construct their sexual identities and desires during the transition to motherhood—a role transition closely associated with heteronormativity (Trice-Black, 2010). These women's plurisexual identities/histories challenge heteronormativity, whereas their male-partnered, pregnant, and parent statuses represent key features of heteronormativity. It is at this intersection of queering and heteronormativity that tensions may emerge and must be negotiated (Oswald et al., 2005), such as via maintaining versus moving away from using a plurisexual identity label.

Male-partnered women's plurisexual identities/histories are obscured by their current relationship structure. In turn, amid cultural assumptions of heterosexuality, others will likely regard them as heterosexual (Davis-Delano & Morgan, 2016), and confer upon them heterosexual privilege. Given this, women may find it difficult to articulate their sexuality as viable in a male-partnered context. The invisibility and/or stigmatization of plurisexual identities may further contribute to the silencing of nonheterosexual histories, attractions, and identities—especially as women adjust to the parenting role. Movement away from plurisexual identities/desires may occur, potentially intertwined with shifts in women's sexuality and desire more generally, in that the transition to parenthood is related to declines in sexuality salience and sexual intimacy (Ahlborg, Dahlöf, & Hallberg, 2005).

Yet plurisexual identities and histories disrupt heteronormativity, particularly norms surrounding the inextricability of heterosexuality, different-gender marriage, and parenting (Brake, 2012). Male-partnered plurisexual women who become parents are thus in a unique position to challenge heteronormativity and the accompanying assumption of monosexuality, in that their sexual histories or identities queer basic notions of sexuality (e.g., as stable and binary). They may challenge heteronormativity privately (e.g., by maintaining an internal bisexual identity) or publicly (e.g., by discussing same-gender attractions with partner[s] and friends; Hartman-Linck, 2014). In the context of erasure and lack of social recognition of their sexual identities—which can be experienced as stressful and invalidating (Tabatabai & Linders, 2011)—women may assert or mark their identities to themselves or others in a number of ways, thereby engaging in an active process of identity construction. Research on male-partnered sexual minority women, for example, has found that they may mark their sexuality (e.g., bisexuality) with displays of affiliation (e.g., pride symbols) and via self-presentation (e.g., performing androgynous or hybrid gender displays; Hartman, 2013) as well as emphasizing attraction to multiple genders and challenging homophobia, biphobia, and heterosexism (Tabatabai & Linders, 2011).

However, even these attempts at marking plurisexuality are often missed or misinterpreted by others and require effort to maintain in heteronormative contexts (Hartman, 2013; Tabatabai & Linders, 2011). In turn, some women may choose not to mark their sexuality, because of the effort it requires, or because their sexual identity and/or making it visible is simply not important to them (Dyar, Feinstein, & London, 2015; Goldberg et al., 2018).

Given the lack of social validation for plurisexual identities, and the reality that partnering with a man and taking on the role of mother are both statuses that are strongly associated with, and enhance, heterosexual privilege (Simoni & Walters, 2001), both statuses theoretically exert pressures to shift one's sexual identity. In turn, if a plurisexual identity is maintained, this suggests an active process of sexual identity construction (Rust, 1993). Assertion of one's plurisexuality amid heteronormative pressures and assumptions and an intense life transition may be associated with benefits for women, including an enhanced sense of autonomy and empowerment. But this choice also carries threats, such as jeopardizing relationships with male partners and family, which may negatively impact well-being. For example, Ryan, Legate, and Weinstein (2015) found that lesbian, gay, bisexual (LGB) people who reported negative responses (e.g., by their parents) to their sexual identity disclosures reported greater depression and lower self-esteem than those who reported positive responses.

Research on Sexual Fluidity

Much of our knowledge of sexual fluidity in women comes from Diamond's 10-year longitudinal study of 89 young women with same-gender attractions (Diamond, 2008a, 2008b). Diamond observed extensive fluidity in these women's sexual orientations and patterns of sexual partnering over the 10-year period. Notably, 80% of the sexual identity changes that occurred involved migrating to an identity label that would accommodate relationships with men (bisexual, unlabeled, or heterosexual identities) and perhaps render their same-gender attractions less central or salient (internal) or visible (external).

Other scholars have also documented shifts in sexual attractions or identity labels among people of various gender and sexual identities, although lesbian- and bisexual-identified women have consistently shown greater fluidity than other groups. In a 10-year longitudinal study of 2,450 individuals, Mock and Eibach (2012) found that lesbian and bisexual women and bisexual men were most likely to shift their sexual identity label during this period. More than 60% of initially bisexual- and lesbian-identified women and 47% of bisexual men reported identity shifts, compared to less than 2% of heterosexual men and women and 9% of gay men. In a study of the retrospective identity formation of 346 lesbians and 60 bisexual women, Rust (1993) found that 41% of lesbians had previously identified, both internally and publically, as bisexual, and 76% of bisexual women had identified as lesbian. This work, taken together, suggests notable fluidity among sexual minority women, especially those with plurisexual identities; indeed, among these women, fluidity in sexual identity is likely to be the norm, rather than an exception.

Some work suggests that individuals with nonmonosexual sexual orientations/attractions may change how they represent their sexual identity depending on their relational context, thereby highlighting the often context-dependent, shifting, and strategic nature

of sexual identity labeling (Rust, 2009). A female-partnered woman with nonmonosexual attractions and a history of dating men and women may identify as a lesbian—for example, because her most recent sexual desires have been predominantly focused on women, or to distance herself from discrimination associated with stereotypes of bisexual people as unable to commit. A male-partnered woman with similar attractions and dating history may identify, or allow others to label her, as heterosexual—for example, to avoid having her sexual minority attractions challenged or dismissed as irrelevant (Lynch & Maree, 2013). In Diamond's (2008b) 10-year longitudinal study, all of the bisexual or unlabeled women who switched to a heterosexual identity, and two thirds of the lesbians who switched to a bisexual or unlabeled identity, had sexual contact with at least one man in the 2 years prior to the label change. In another 10-year longitudinal study of 306 sexual minority women (i.e., lesbian, mostly lesbian, bisexual), 30% of women changed their sexual identity label during the study (Everett et al., 2016). Women who shifted their identity label (i.e., to be more same-gender oriented, such as bisexual to lesbian; or, to be less same-gender oriented, such as bisexual to heterosexual) were more likely to report increasing depressive symptoms than those with stable identities. Women who began a committed relationship with a man during the study, and who also reported shifting from a lesbian to bisexual identity label, showed declining symptoms—in contrast to women who began a relationship with a man but maintained their sexual identity label, who showed increasing symptoms. The authors suggested that a shift in sexual identity label may be protective for well-being (i.e., by reducing exposure to certain forms of minority stress). As such, plurisexual people with different-gender partners may identify, or present themselves, as heterosexual, especially in highly heteronormative settings (e.g., parenting communities), where plurisexuality might be seen as incompatible with "normal" family life (Lynch & Maree, 2013).

Most work on sexual fluidity has focused on young adults (Diamond, 2008a, 2008b), with little longitudinal work exploring sexual identity at other life stages (Everett et al., 2016; Mock & Eibach, 2012). This work has also generally not included parents, or parenthood status is not discussed in relation to sexual fluidity (Diamond, 2008a, 2008b). Most of this research has also been quantitative, precluding a more in-depth understanding of sexual identity construction.

Research on Bisexual/Plurisexual Parents

There is little research on bisexual or plurisexual parenthood in general, and almost none that addresses the experiences of plurisexual parents with different-gender partners. No work has examined sexual identity construction or change in sexual identity labels among plurisexual parents across the transition to parenthood. Yet research on bisexual parenthood provides key context for this study.

Tasker and Delvoye (2015) studied seven bisexual mothers, five of whom were male-partnered, with children of varying ages (school-aged to adult). Some parents recalled putting their sexuality in general "on hold" when they were caring intensively for young children, whereby their parenting role and identity took center stage. At the same time, most remembered consistently identifying as bisexual. Being bisexual held "a sense of personal

meaning and purpose" (p. 138) and was not simply defined in terms of women's past or current sexual behavior, but as a part of their history or a particular way of seeing the world (e.g., questioning assumptions/categories). Bartelt and colleagues (2017) interviewed 33 bisexual parents, 15 of whom were women, and found that the transition to parenthood and their child's puberty were recalled as times when the intersection of parental and bisexual identities became more salient. Parents noted experiences with biphobia that discouraged them from being openly bisexual, yet most still valued both their parental and sexual identities. Finally, Budnick (2016) interviewed plurisexual young women (18–23 years), all of whom had sexual histories involving women, and some of whom were parents, and found that women reconsidered their sexual identities and behaviors after becoming mothers and described the increasing significance of "settling down," or focusing on being good wives/mothers, sometimes to the exclusion of focusing on their own sexual desires or identities. A few planned threesomes as a way of "act[ing] on same-gender attraction without threatening [their] primary identity as a mother or their . . . relationships" or to "offload attraction and longing" (pp. 755–756). These studies suggest that plurisexual mothers may experience tension between their sexual and parent identities—yet many continue to find meaning in plurisexual identification.

Research on Plurisexuality, Consensual Nonmonogamy, and Parenthood

Consensual nonmonogamy (CNM) refers to arrangements wherein partners engage in sexual relationships (together or alone) with people outside of their primary relationship (Haupert, Gesselman, Moors, Fisher, & Garcia, 2017). Bisexuality is common among polyamorous individuals, and many women who engage in swinging behavior identify as bisexual or bicurious (Barker & Langdridge, 2010). A representative U.S. sample found that sexual minority (i.e., lesbian, gay, bisexual) people were especially likely to have engaged in CNM, with one third of bisexual people reporting at least one open relationship (Haupert et al., 2017). For plurisexual people, CNM may represent a source of validation of their identities. For example, some male-partnered bisexual women have described CNM engagement as important to their identities, enabling them to feel "happy and complete" and to inhabit more authentic lives (Moss, 2012, p. 424). Yet CNM may also constitute a threat, especially for parents. Stereotypes of nonmonogamous people as promiscuous (Klesse, 2005) may discourage plurisexual parents from engaging in CNM, in that, in the context of heteronormative parenting ideals, they face greater scrutiny of their sexual/relational selves. In a study of 11 male-partnered bisexual women, Moss (2012) found that those who were mothers were aware of the risks of being openly bisexual and polyamorous as parents and were cautious about disclosing these identities to family and friends.

In addition to experiencing shifts in sexual identity, plurisexual women who become parents may also experience changes in the nature and frequency of their involvement in CNM. Little work examined CNM among parents; yet existing work highlights stigma around poly relationships and parenting as a key family challenge (Barker & Langdridge, 2010; Manley, Legge, Flanders, Goldberg, & Ross, 2018).

Research on Sexuality Across the Transition to Parenthood

It is important to contextualize possible sexual identity shifts among parents in terms of more general shifts in sexuality that may accompany parenthood. Amid the physical and role changes they are experiencing, it is not surprising that heterosexual women tend to assign less importance to sexual intimacy in the perinatal period, as compared to other life stages (Trutnovsky et al., 2006). Heterosexual men and women tend to report declines in intimacy after the birth of a child, which they attribute to the physical effects of birth (Barrett et al., 2000; Trutnovsky et al., 2006), body image (Woolhouse, McDonald, & Brown, 2012), fatigue (Trutnovsky et al., 2006), depression (Chivers, Pittini, Grigoriadis, Villegas, & Ross, 2011), and family role changes (Trice-Black, 2010). A majority of women may encounter decreased sexual desire and/or function in the postpartum, pointing to the unique nature of this life stage in regard to women's sexuality (Chivers et al., 2011).

The Current Study

The data were drawn from a longitudinal, mixed-methods study of plurisexual women across the transition to parenthood. We analyzed qualitative data collected at 4 time points: late pregnancy, 3 months postpartum, 6 months postpartum, and 12 months postpartum. Our primary research question was: How do plurisexual women experience their sexual identities, including sexual orientation, attractions, and relationships, across the transition to parenthood? This question has implications for both researchers' and clinicians' understanding of the intersections among sexual fluidity, plurisexuality, parenthood, and relationships (Vencill & Israel, 2018).

Method

Consecutive women who presented to hospital-based and free-standing OB/GYN clinics or midwifery practices for prenatal care between August, 2013 and February 2015 at 10 sites in Toronto, Canada and Massachusetts, United States were asked to complete a demographic questionnaire including information about sexual orientation, sexual behavior, and partner status. All English-speaking partnered women ≥18 years who met our definition for sexual minority (i.e., 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. Women who consented to the survey and reported that their partner was male ($n = 29$) or trans ($n = 1$) were invited to participate in the qualitative component: 4 interviews across the transition to parenthood (Time 1 [T1]: prenatal; Time 2 [T2]: 3 months postnatal; Time 3 [T3]: 6 months postnatal; Time 4 [T4]: 1 year postnatal). A total of 29 women consented. One woman was not included in the current study because her partner was a trans woman (i.e., she was not male-partnered). Thus, our final sample was 28 women.

Demographics are in Table 1. At T1, most identified as bisexual ($n = 17$). Others identified as unlabeled ($n = 3$), queer ($n = 2$), heterosexual ($n = 2$), mostly heterosexual ($n = 1$), heteroflexible ($n = 1$), bicurious ($n = 1$), and pansexual ($n = 1$). Most were having their first child ($n = 18$). Eight had one child, and one each had three and five children. Most ($n = 23$) were White.

Table 1
Selected Demographic Characteristics of Participants (N = 28)

Demographic variable	M (SD)
Age, years	31.39 (4.97)

	n (%)
Race	
White	23 (82.1)
Of color[a]	5 (17.9)
Education	
High school or less	4 (14.3)
Some college	3 (10.7)
Associate or bachelor's degree	10 (35.7)
Higher degree	11 (39.3)
Employment	
Full time	15 (53.6)
Other	13 (46.4)
Household income	
<$30,000	8 (28.6)
$30,000–59,999	5 (17.8)
$60,000–99,999	7 (25.0)
≥$100,000	8 (28.6)
Number of past partners (in past 5 years)	
1	6 (21.4)
2	7 (25.0)
≥3	15 (53.6)
Gender of past partners	
Mostly women	2 (7.1)
Women and men equally	8 (28.6)
Mostly men	11 (39.3)
Exclusively men	7 (25.0)
Marital status	
Married	18 (64.3)
Unmarried[b]	10 (35.7)
First-time parents	18 (64.3)
Duration of current relationship	
<2 years	8 (28)
2–10 years	14 (50)
>10 years	6 (21)
Consensual nonmonogamy[c]	
Yes	9 (32.1)
No	19 (67.9)

[a] Includes one South-Asian participant and four Latina participants. [b] One participant was engaged to her partner during the research period. [c] Consensual nonmonogamy practices (including threesomes, swinging, open relationships, and polyamory) were classified based on our interpretation of participants' interview data.

Data Collection

Two of the authors, along with trained graduate students in psychology, conducted initial (prenatal) interviews, typically in person at the participant's home or another private location. Subsequent interviews were conducted via telephone or in person, at the participant's preference. Interviews were 1.5 hr long, on average. All interviews were audio-recorded and transcribed.

Interviews followed a semistructured interview guide that was flexibly applied. Our data analysis focused on women's responses to questions about their history of same-gender relationships, current sexual identity, and shifts in sexual identity and sexuality. Ethics approval was obtained from the Centre for Addiction and Mental Health and St. Michael's Hospital in Toronto, ON and from Clark University in Worcester, MA.

Data Analysis

We conducted a thematic analysis (Bogdan & Biklen, 2007) of the data, which was informed by sensitizing concepts drawn from queer and social constructionist frameworks, and the relevant literature. Three of the four authors independently coded the data. This ensured that multiple interpretations were considered, enhancing the credibility of the analysis (Patton, 2015). The authors, who constitute a diverse group (e.g., in gender, ethnicity, sexual identity, and parenting statuses), discussed our social positioning and the possible influence of our biases throughout the coding process. We examined each woman's set of transcripts (T1–T4) together. Our iterative process of coding involved a continual back and forth between the data and our analysis. We wrote memos on all women, which aimed to distill key themes related to sexuality, relationships, and parenthood. We met regularly to discuss emerging codes, which led to the creation of a tentative scheme. Our analysis became more nuanced, refined, and streamlined, as we honed in on how women constructed their sexual identity across the first year of parenthood, including private and public representations of sexuality, as well as the salience and meaning of sexual identity over time.

Once we had formed clearly articulated codes, we used the most pertinent of these to sort the data, yielding higher-level themes that contain subcodes. For example, as indicated in Table 2, subsumed within the theme "keeping plurisexuality alive" are several subcodes—identity disclosure, LGBTQ community connection, imagining same-gender involvement, and queer orientation to parenting. At this stage, analytic links among themes were explored, and themes and subcodes were examined in relation to various participant characteristics (e.g., first or subsequent transition to parenthood). This yielded a deeper understanding of the patterns in the data. We then returned to the transcripts and reapplied the scheme to all of the data. The final scheme was established once the three coders had verified agreement among all of the independently coded data. We then shared the scheme with the fourth author to ensure that that it reflected, and was consistent with, this author's knowledge of the data. Based on this author's feedback, we refined the scheme a final time. Table 2 represents our primary themes and subcodes surrounding women's sexual identity across the first year of parenthood.

Results

Most women did not change their private or internal sexual identity label across the first year of parenthood. Namely, 17 women stably identified as bisexual at each time point—that is, during the first year; three as unlabeled, two at heterosexual, two as queer, one as mostly heterosexual, one as heteroflexible, and one as pansexual. The exception was a woman who identified as bicurious prenatally, but as heterosexual 6 months and 1 year postpartum.

As we discussed, despite a predominant pattern of stability in sexual identity labels used, some women described shifts in the salience and/or visibility of their sexual identities. In most cases, women continued to use a plurisexual identity label privately across the first year, but they did not tend to publicly "advertise" these identities. About half of women who identified with sexual minority identities shared ways that they sought to keep plurisexuality "alive" (Hartman, 2013; Hartman-Linck, 2014). Although

Table 2
Themes With Subcodes

Themes	Subcodes
Changes in sexuality salience	Related to pregnancy, birth experiences
	Related to parenting demands
	Related to motherhood identity, role expectations
	Related to partner factors
Plurisexual identity less visible	
Keeping plurisexuality "alive"	Identity disclosure
	LGBTQ community
	Imagining same-gender involvement
	Queer orientation to parenting
Increased commitment to heterosexuality	Shift toward heterosexuality
	Decreased likelihood of same-gender involvement
Stable heterosexual identity	
Increased same gender attraction	

Note. LGBTQ = lesbian, gay, bisexual, transgender, queer.

only one woman described a shift in sexual identity label to heterosexual, two others—who maintained plurisexual labels—described shifts in sexual identity salience. These three women, and the two stably heterosexual-identified women, distanced themselves from same-gender desires and/or relationships, casting them as having little bearing on their present lives.

We begin by addressing general shifts in the salience of sexuality across all women. We then discuss findings structured along the themes of women who described stability in their nonheterosexual or plurisexual identity label ($n = 22$), women who articulated shifts in their plurisexual orientations ($n = 4$: one involving a change in sexual identity label, two in terms of likelihood of engaging in future same-gender relationships, and one in terms of same-gender attractions), and women who stably identified as heterosexual ($n = 2$).

Shift in Salience of Sexuality

Many women experienced changes in the salience of their sexuality, in general, due to the role, identity, or behaviors associated with mothering. Most noted that although their sexual identity label had not shifted, their sexuality was less central as compared to preparenthood. Jennifer, a White 36-year-old bisexual woman, said, after giving birth: "I definitely consider myself bisexual still . . . my attraction to the sexes is sort of equal . . . but . . . sexuality in general right now is not that important to me—sadly, for my husband." A year postpartum, Beth, a White 33-year-old queer woman with prior involvement in open relationships, said, "I feel like my sexuality is a smaller part of who I am . . . being in this partnership now that is monogamous and then becoming a mom . . . I'm just not spending as much time being sexual and dating people and having sex [as] I used to. So I think that that's changed, but in terms of my queer identity, not really."

Motherhood—the role, and its responsibilities—was often invoked as contributing to women's decreased prioritization of their sexuality. Women were "overwhelmed" and their "sexuality was pretty far down the priority ladder at the moment." Three months postnatally, Kara, a White 25-year-old bisexual woman, said, "I haven't even really thought about [my sexual identity] at all. When you're not even interested in having sex with your boyfriend, you don't think about anything else . . . As of right now, it's on the

backburner . . . My focus is obviously elsewhere at this point . . . But I don't feel like . . . the interests [or attractions] have changed." Women also identified pregnancy, birth, and breastfeeding as causing shifts in their relationship to their body and a decreased emphasis on sexuality. Using their body to feed their child sometimes led them to feel "disconnected from their sexuality" or "not sexual."

With little energy for or interest in intimacy with their male partners, the possibility of attending to or exploring same-gender attractions was even more remote for some ("I feel maxed out just trying to maintain a loving relationship with my partner and being a mother"). Six months postpartum, Lynne, a White 35-year-old bisexual woman, had limited time for a "fantasy life or fantasy world," because the effort to maintain a "pretty healthy intimacy" with her partner was so great that she did not "have time to think about basically anything else." Kara (White, 25, bisexual) said, 6 months postpartum, "Sexual attractions to girls and stuff [are] still there, but it's just different . . . It's just so not in the focus . . . Working on my relationship and my relationship growing is hardly there [as it is] because there's just no time for it. Even when there is, it's like, 'Okay, do I want to spend time doing something with you or do I want to sleep?'"

In addition to highlighting the exhausting nature of parenting tasks as contributing to a decreased emphasis on sexuality, women emphasized aspects of their motherhood identity as leaving little emotional or intellectual space for their sexual identity, causing a decline in salience. Angela, a 24 year-old pansexual Latina woman said, three months after giving birth:

> My thoughts . . . have kind of shifted a little bit away from my own sexual identity and who I am as a person . . . it's kind of gone to "All right, I'm mommy now." I'm not worrying so much about my own identity or how I perceive my attraction to other people or how I'm perceived. It's just kind of, I'm a mommy. I can worry about who I'm attracted to and who I'm not attracted to later . . . when I have a moment to myself.

Being a mother was not just a physically and mentally challenging new role, but it came with role-related expectations—including conformity to heteronormative ideals—that further discouraged women from engaging their sexuality and constrained their ability

to act on same-gender desires. This was especially the case among women who were previously involved in CNM, including swinging (i.e., partner swapping, engaging in sexual activities with other individuals or couples) and open relationships. Six months postpartum, Kara (White, 25, bisexual), who had an open relationship prepregnancy, said, "I can't go out and party and be like, 'Oh let's hook up!' Because it's just not responsible of a mom to do that. And I can't be inviting other people into my small group. I feel . . . protective of [baby] and [partner] . . . The thought of inviting somebody else into that just seems unsafe, and . . . not right, at the moment."

An unwillingness on the part of their male partners to discuss women's same-gender attractions, histories, or sexualities further contributed to a declining focus on or ability to enact same-gender or CNM sexualities for a minority of women. Prenatally, Jennifer (White, 36, bisexual) found herself unable to discuss her sexuality with her husband in that he had voiced a fear that she might prefer women over him. His continued resistance to discussing her sexuality across the first year shaped how Jennifer experienced the viability of her same-gender desires. One year postpartum, she noted that he was "definitely . . . not interested in being polyamorous. So, I don't think I see it as an option for me."

Stability in Plurisexual Identities

Most women maintained the same plurisexual identity label (e.g., bisexual, queer, or pansexual) across the study period. Yet some women felt that their sexual identities had become progressively more invisible. In turn, some of them spoke to ways that they had actively maintained these identities via private and public behaviors.

Shift in visibility of sexual identity. Many of the women who described a consistent private identity as plurisexual asserted that the visibility of their sexual identity had shifted. Most, as male-partnered women, already had experiences with bisexual invisibility: they were typically not seen as bisexual by outsiders. Parenthood, as a marker of heterosexuality, intensified this erasure. Three months postpartum, Melanie, a White 25-year-old bisexual woman, noted that acknowledgment of her bisexuality "after having a baby, would never come up. I think people just look at me differently as a mom as a whole. Like oh, she's a mom, you don't talk about certain things with her, kind of stuff. You get mommy status. It's a little strange 'cause I'm still me. I'm just a mom."

Some women noted that they were unlikely to correct assumptions of heterosexuality or challenge bisexual erasure because they did not feel compelled to, in that their sexual identity did not seem relevant or they were concerned about how disclosure might reflect on their children. One year postpartum, Angela, a 24 year-old Latina woman, continued to identify as pansexual but was less likely to "bring it up . . . If someone assumes that I'm part of the run of the mill, traditional straight couple, let that be the assumption . . . If it happens to come up . . . I will address it, but it's kind of just a state of existence for me." Angela, then, was content with her sexual identity as more of a private rather than public identity. Amy, a White 33-year-old bisexual woman, was also unlikely to "out" herself as bisexual. Aware of the privilege that her male-partnered status afforded her (she was typically "read" or "marked" as heterosexual), she voiced concern about

how her bisexual identity might reflect upon her son or cause him to regard her:

> I have some ingrained feelings of—not shame . . . but I sort of feel like . . . it's a private thing, and the fact that I'm in a normal, or heterosexual relationship, allows me [privilege]. There's nothing other than maybe advocacy or just openness that would compel me to share that information, because if anything I feel that it would be negative against, I mean . . . I wouldn't want to make [my son] uncomfortable.

Some women noted the downsides of assumptions of heterosexuality and bisexual erasure—particularly with respect to their own identity integration. Six months postpartum, Carissa, a White 37 year-old bisexual woman, said: "I'm very sort of straight-appearing because I have a husband. Sometimes—I kind of wish that there was some . . . I don't know. It feels like it's definitely a sort of piece of the puzzle that is missing." A year postpartum, Dani (White, 32, bisexual) said, "A bi identity comes closest to describing my identity and always has, but a lived queerness is more difficult to . . . occupy when you're with a man . . . people . . . just presume a straight couple—and sometimes it's easier to just let that slide." Thus, bisexual erasure introduced a sense of uncertainty and unease related to not being fully "seen"—and although staying silent was sometimes easier than countering assumptions of heterosexuality and attempting to mark one's bisexual identity, it was also uncomfortable for some women.

Another downside of heterosexual privilege—and bisexual erasure—was a declining sense of entitlement to claim membership in LGBTQ spaces or as a function of their male-partnered and parental statuses. Rosie, a White 31-year-old bisexual woman, acknowledged her awareness of her "bi privilege" whereby she "pass[ed] for anything that I want," leaving her to feel that it was not "fair to appropriate that social avenue [LGBTQ communities] for myself." Shannon (White, 33) noted the social repercussions of claiming a bisexual identity in queer spaces: "It's something that a lot of people look down on even within the LGBTQ community."

Keeping plurisexuality "alive." Some women not only maintained a stable bisexual or queer identity label but spoke to ways in which they sought to maintain the meaning, salience, and/or visibility of their sexual identity (Hartman-Linck, 2014). Specifically, some maintained a connection to their plurisexual identities via sexual identity disclosure. By making their nonheterosexual identities known to others, they negated heteronormativity and reaffirmed the significance of these identities to themselves. One year postpartum, Dawn, a White 36-year-old woman, made a point of sharing her sexual identity when meeting other new moms online: "We were talking about something with sexuality and I was like, 'Oh, I'm bi and I'm married to a man, and it doesn't mean that you're not bi anymore.' I was making a statement about it. Then one of my other mom friends was like 'Oh, me too'. Like, basically got everybody talking about their sexuality . . . and a couple of us are [bisexual]." Marlena, a White 44-year-old woman, also made an effort to come out, to honor her own identity as well as to counter plurisexual erasure. She recognized that she was

> a queer woman in a straight long-term relationship raising kids. The part that bugs me the most is that I realize my sexuality's hidden, and that's probably why I'm vocal about it and—I try to call them on their assumptions—and I think the only reason I do that is because of my

own pride in my actual sexuality . . . I do not want to be hidden. But I always feel like a slippery slope, right? . . . With living this straight life, I get this heterosexual privilege and I need to be aware of it, so I always feel like it's a balance that I have to strike.

Some parents sought to sustain a connection to LGBTQ communities to maintain the visibility and viability of their identities (Hartman, 2013). They described these communities as spaces of alternate possibilities to what heterosexual partnership and motherhood represents. Six months postpartum, Rosie (White, 31, bisexual) moved to a new city, where she found the LGBTQ community to be a source of renewal and identity integration:

> It feels like a little bit more taking ownership of who I am and what my identity is versus just staying home and being a mom, so that's good. It makes me feel a bit younger [laugh], a little bit more like there are still possibilities for me to be a person beyond just being [partner]'s wife and the girls' mom.

For Rosie and others, queer community engagement was a means of resisting heteronormativity, enabling women to defend their identities against the pressures of dominant social norms.

Some women discussed imagining sexual/romantic involvement with women, either in the context of sexual fantasies or when envisioning future relationship options if their current union were to end. This activity, documented in other studies of bisexual women (Hartman-Linck, 2014; Tasker & Delvoye, 2015) represented a means of maintaining their sexual identity. Six months postpartum, Jennifer (White, 36, bisexual) shared, "My fantasies revolve around women exclusively, [which] sort of confuses me sometimes and causes me stress sometimes. I worry a little bit about the fact . . . that my husband is not . . . in my fantasies . . . It may just be that I do enjoy women [and so] then maybe my fantasies are an outlet for me to have women in my life because I'm married to a man." Thus, Jennifer's fantasies were a meaningful outlet—but also caused her stress. Such tensions perhaps reflect the difficulty faced by some plurisexual women: They are aware of the pressure to fit their sexual identity and desire narratives within dominant sexual norms that imply monosexuality and monogamy—and may experience stress if they perceive discrepancies between their sexual identity labels, desires, and behaviors as problematic (Everett et al., 2016), despite evidence that such complexity in sexuality is both commonplace and dependent on social constructions of sexuality alignment (van Anders, 2015).

A number of other women who were monogamously oriented noted that if something happened to end their relationship, they could imagine being in a same-gender relationship again. They thus maintained a connection to their sexual identities via a sustained plurisexual imaginary—and also implying that it is their current monogamous relationship with a man, and not a loss of interest in women, that prevents them from acting on their attractions (Tabatabai & Linders, 2011). Amy, a White 33-year-old bisexual woman, who described "sexual differences" and other challenges in her relationship with her male partner one year postpartum, said that "trying to pursue involvement with a woman" was "definitely something [she'd] thought about."

Both women who had a history of engaging in CNM and women who did not sometimes identified CNM as a possible outlet for validating plurisexual identities—similar to Budnick (2016). Beth (White, 33, queer), who had attempted to negotiate polyamory

with her partner, explained, "I know a lot of people who say you don't have to be actively dating people of any gender to be queer, or just because I'm in a monogamous relationship that doesn't mean that I'm not queer. And that opinion is totally valid, but for me, if in the long term I'm having no sexual relationships with women, that does make me feel less queer."

Finally, many women spoke to ways that they felt they brought a queer orientation (i.e., one that was flexible and open-minded) to parenting. They believed their plurisexual identities or experiences would lead them to "queer motherhood"—for example, through contesting gendered norms, and teaching acceptance of diverse sexualities. Prenatally, Angela (Latina, 24, pansexual) felt she would be, "as a new mom, better equipped to handle a situation where my son may be confused about a situation [like] 'is it ok for me to like a boy?'" Six months postpartum, Angela felt her sexual identity enhanced her vision of herself as a mother:

> My sexual identity is still very important to me. It's still a part of me. Adding motherhood into it is just that— it's enriching how I feel about myself. It's not, oh well, in order to be a great mom I need to be a heterosexual, Volvo-driving, soccer mom. Do you know what I mean? I do not feel as though I need to fit into a stereotype. I feel like I'm doing a rather good job exactly how I am. It's definitely an affirmation of how I feel about myself in that aspect.

One year postpartum, Angela said that she felt that her sexual identity impacted how she parented, in terms of modeling stereotypical gender roles (e.g., "going out and having a job and . . . doing sports") and influencing her ideas about "the different things I can teach him."

Shift in Plurisexual Orientations

Four women described a shift in their sexual identity orientations, involving salience, label, and/or attraction. Three women increasingly distanced themselves from same-gender desires or experiences, implicitly or explicitly invoking commitment to monogamy, monosexuality, and gender norms, as reasons for the shift—although in only one case did this involve a change in sexual identity label. One additional woman described a shift that encompassed greater same-gender attractions—but no change in sexual identity label.

Shift in identity label: Bicurious to heterosexual. Nellie, a White 33-year-old woman, initially self-labeled as bicurious but adopted a heterosexual identification over time. Prenatally, she said, about future same-gender sexual encounters, "I'm still open minded . . . if it came to my husband and I experimenting with another woman, that would be fine . . . I think if it would happen with my husband, it would be something that he could watch." Three months postpartum, Nellie continued to "identify as bicurious" and was "open to the idea of . . . being intimate with women . . . Like, if my husband and I were to be a little adventurous, it would be with someone that we both knew and . . . because I don't share with my husband, it'd be just like a woman and I." Six months postpartum, Nellie said that having "satisfied my curiosity [about bisexuality], I'd say I identify more as straight . . . I was curious for a long time, and now that I'm married to a man and I have a child with a man; I prefer men. I found [experiences with women] satisfying but not something long-term for me." A year postpartum, Nellie said, "Now that I've found the person I'm

supposed to be with who is a man, I would identify as heterosexual . . . I've fulfilled my bisexual tendencies . . . I think my being a parent kind of solidifies the fact that I would rather it just be my husband [that I'm involved with]."

Thus, Nellie seemed to construct the shift in her sexual identity as related to her roles as married, monogamous, and mother, as well as her positioning of her same-gender desires as in the past and having been "satisfied." But also potentially salient are the relational dynamics between Nellie and her husband, and his increasing discomfort with her same-gender desires. Whereas at 3 months postpartum, Nellie mentioned discussing her same-gender experiences during "intimate talk"—during which her husband "wondered what it would be like to have a threesome"—by 6 months postpartum, Nellie said he had "forgotten" about her sexual history, seeming surprised when she mentioned it and unwilling to discuss it further. His lack of interest in her same-gender desires foreclosed future opportunities for exploration ("he never really brings it up"), and, in turn, Nellie maintained during the 6-month and 1-year interviews that she would not introduce another woman into her marriage. Nellie's narrative over time reveals how the shift toward heterosexuality is not simply an internal process but is relationally and contextually situated and ultimately shaped by factors such as a partner's (in)validation of sexual desires (or in a hypothetical converse situation, a partner's validation of these same desires).

Decreased likelihood of same-gender sexual behavior. Like Nellie, Tiffany, a White 24-year-old woman, experienced a shift in her sexuality—although it was not accompanied by a change in sexual identity label. Prenatally, Tiffany said she identified as bisexual privately and to close friends and family, and as heterosexual to outsiders. Three months postpartum, Tiffany stated she would not ever have a same-gender relationship again because she wanted her daughter to view her as "stable . . . Like, not having multiple partners or not going from one boy to another boy or a girl." A year postnatally, Tiffany asserted, "Now that I'm a mom I've kind of just stayed . . . with the same person . . . So far as that goes, kind of just being with that one central person—I think it's more like being a family and settling down." Tiffany thus retained an internal identity as bisexual but rejected the possibility of future same-gender sexual activity, which was now equated with "instability."

For Eva, a 29-year-old Latina woman, it was not simply an intensified commitment to heteronormative ideals that seemed to drive a shift in sexual identity, but a shift in religious identity and involvement, which were invoked as a rationale for renouncing same-gender sexual desires—or at the very least, resolving not to act upon them. Three months postpartum, Eva, who identified as bisexual (although elsewhere in the interview she asserted an unlabeled identity), said, about whether she was likely to engage in same-gender sexual activity in the future: "Oh no, no, no, no. None of that's gonna happen . . . I don't think. Because I'm not planning on getting drunk. And . . . I'm not . . . I don't know, I'm not interested." Eva said that according to her religion, "it's not allowed, of course. Because the Bible says it."

Increased same-gender attractions. One woman noted increased same-gender attractions in the postpartum. When pregnant, Kristen (White, 30, heteroflexible) said that she and her husband had been "part of the swinging community . . . for a long time." She described swinging as an erotically charged activity that

they did together, for their mutual enjoyment. Kristen noted that in a "group situation," she might "start touching a woman," but situated this behavior in the context of the setting (swinging) and her "openness to experience," not her own same-gender desires. Three months postpartum, Kristen acknowledged noticing the "perfect breasts" of other breastfeeding mothers, commenting, "I think I understand women a little bit better . . . I still really like men a whole lot more, but maybe [birth and motherhood] has opened me up to women [more]." Six months postpartum, Kristen said, "[I'm] more attracted to women now . . . just at the wonder of their bodies . . . and the power . . . I still don't feel like a bisexual person, just because, well, I guess it depends on your definition . . . but I'm more able to see the . . . sensuality of a woman now." This trend continued 1 year postpartum, when she found women "beautiful because of what their bodies can do . . . If I saw a C-section now at the [swingers'] club, I would have a newfound respect for what she had to go through." Kristen's increased attraction to women was thus directly connected to the experience of birth and motherhood.

Stability in Heterosexual Sexual Identity Labels

The two women who identified as heterosexual prenatally did not change their sexual identity label. Parenthood seemed to lead to a firmer commitment to a heterosexual identity, whereby prior same-gender sexual experiences were increasingly de-emphasized. Six months postnatally, Denae, a 31-year-old Latina heterosexual-identified woman with a recent history of same-gender relationships, said, "I lump sex with women . . . in with getting crazy at parties, excessive drinking, experimenting with drugs." Thus, same-gender sexual encounters were not tied to sexual identity—rather, conceptualized as youthful experimentation, they were contrasted with her current roles as wife and parent, which connoted stability. Denae experienced distress when this distinction between her past and present was troubled or threatened. She noted her discomfort when a visit from a college friend emerged stories from her "wild days":

> He wanted to bring up all these stories. And Maeve was only like two months old, I was very focused on trying to nourish her and—and I was just not in a mindset that I gave a crap about taking about all these stories from college . . . And, when he was bringing this stuff up, you know, partying, getting crazy, people making out . . . I was agitated . . . Like, I do not want to talk about this right now. I'm trying to immerse myself in being a mom.

Here, it is significant that the juxtaposition of discussing her past while breastfeeding her child elicited distress and frustration for Denae, wherein memories of her same-gender encounters were experienced as disruptive to and inconsistent with her responsibilities as a mother. It is also notable that Denae continued to situate her same-gender sexual encounters in the context of youthful partying—and as behaviors that occurred long ago—when in fact at least some of them had occurred within the past five years. Distancing herself from these memories may have served to neutralize the disconnect that Denae experienced between her current sexual identity and past sexual behavior, and to aid in her self-construction as responsible, maternal, and heterosexual.

Joy (White, 29) also reiterated her commitment to a heterosexual label and relationships: "I'm heterosexual, I'm married to a

man and I'm with him for good. I don't think I would have a relationship with a woman." Yet, Joy continued to acknowledge same-gender desire, bringing this desire into discussions with her husband in "a sexy way" (e.g., imagining threesomes) to facilitate intimacy. In this way, Joy integrated plurisexual desire with her commitment to heterosexual identity, using fantasy to enhance intimacy within her marriage. Thus, although some women may experience distress over a lack of coincidence among sexuality components (identity, behavior, attraction, fantasy), such components are not always viewed as contradictory or in tension, and, as Joy's example reveals, women may reconcile or sustain their sexual desires in myriad ways.

Discussion

The current study on plurisexual mothers builds on existing work on sexual fluidity (Diamond, 2008a, 2008b), and specifically in the context of parenthood (Budnick, 2016; Tasker & Delvoye, 2015). Our findings illustrate that although most plurisexual women retain the same private sexual identity label across the transition, their sexuality is far from static. Most experience changes in the salience of their sexuality—consistent with the general literature on women's sexuality postpartum (Trutnovsky et al., 2006) as well as a social constructionist conceptualization of sexuality as context-dependent (Schwandt, 2000)—and many experience changes related to sexual identity construction, in terms of how they keep plurisexuality "alive" or how they distance themselves from same-gender sexual histories.

Motherhood represents a role that carries major responsibilities as well as powerful expectations and prohibitions. Some women spoke to how as mothers, their sexuality had become less central, and this encompassed their current relationship as well as the significance of their same-gender sexual attractions. The demands of child rearing left little time for them to "indulge" themselves as sexual beings. Several noted that their sexual selves—inclusive of their same-gender attractions and histories—were no longer as salient as they were preparenthood. Indeed, feminist and queer theorists have highlighted how the desexualization of motherhood, especially nonheterosexual motherhood, is central to heteronormativity (Driver, 1999).

Given the lack of social validation for plurisexual identities, the heteronormative nature of motherhood, and ample evidence for women's sexual fluidity (e.g., Diamond, 2008a, 2008b) one might expect sexual identity change among the male-partnered mothers in our study—and yet few described such change. In turn, when plurisexual identity labels are upheld, this suggests an active process of identity construction (Rust, 1993), especially in the context of different-gender unions (Dyar et al., 2014), and the transition to parenthood—a time when women often reconstruct their identities (Smith, 1999). As Rust (1993) observed, "identity stability is no less a dynamic product than is identity change" (p. 55). The women in the study, as male-partnered parents, did not passively assume a plurisexual identity label. Rather, they maintained this identity against the strong current of heteronormativity. These women "queered" motherhood as they maintained plurisexual identity labels and strove to keep their plurisexuality alive in the context of heteronormative expectations that mothers be desexualized and self-sacrificing (Driver, 1999).

Women's stable claiming of plurisexual identity most often reflected privately held identities that were not always declared. In turn, some women maintained heterosexual privilege amid these privately held sexual minority identities, which was sometimes experienced as discomfiting. Some warded off invisibility via sexual identity disclosure. Such disclosures, and behaviors like same-gender fantasies and CNM (Budnick, 2016), as well as finding personal meaning in their plurisexuality (Tasker & Delvoye, 2015), helped women to mark their sexuality and maintain a sense of authenticity with regard to their plurisexual identities. Notably, in contrast to "wide" displays such as androgynous gender presentation or wearing pride symbols, many of the strategies that these women used to keep plurisexuality "alive" were "limited" displays, intended for the participants themselves or a small number of others, highlighting the personal significance of maintaining and asserting plurisexuality (Hartman, 2013). Given that male-partnered bisexual women tend to be less out and to experience invalidation from lesbian/gay others (Dyar et al., 2014), actions such as identity disclosure and LGBTQ community involvement among these women represent notable methods of resistance to identity erasure—which also carry risks of invalidation and binegativity.

The few women who identified as heterosexual maintained those identities in part, it seems, because their sexual histories with women were not positioned as central to their sexual identity (Dyar et al., 2015; Goldberg et al., 2018). They emphasized their status as parents and wives as solidifying their commitment to this identity and distancing themselves from their past. One of the myriad factors influencing these women that begs consideration is internalized biphobia, which is associated with identifying publically and/or privately as either "gay" or "straight" and entering relationships with people of only one gender (Hoang, Holloway, & Mendoza, 2011). For male-partnered women, claiming heterosexuality may help to mitigate the effects of internalized stigma—and, possibly, the stress of trying to reconcile past behaviors and past or current attractions with current relationship statuses, amid dominant assumptions that these should "line up" (van Anders, 2015).

Both plurisexual-identified women and women committed to a heterosexual identification spoke to their sense of caution regarding CNM and sexuality exploration, and the importance of providing stability for their children. Like plurisexual mothers in other studies (Budnick, 2016; Moss, 2012), they were acutely aware of how bringing others into their relationship or disclosing such activities carried social risks. To protect their families in a heteronormative and monogamy-centered culture, women often chose to reject or delay same-gender sexuality exploration.

Recommendations

Sexual intimacy tends to decline during the transition to parenthood (Ahlborg et al., 2005). Such declines may, our data suggest, intersect with women's experiences of declining salience in (pluri)sexuality in the context of their partnerships with men. Despite the fact that many women report sexual challenges postnatally (Chivers et al., 2011), only a minority (e.g., 15%) discuss these with health providers (Barrett et al., 2000)—a number that

may be even lower for women with same-gender attractions and/or a history of CNM, who are vulnerable to therapist stigmata regarding bisexuality and nonmonogamy (Nova, McGeorge, & Carlson, 2013).

Therapists rarely have training in thinking about sexuality as fluid or sexual identity labels as changing—which can result in especially negative therapy encounters for bisexual people, whose providers may dismiss bisexuality as a valid sexual orientation (Eady, Dobinson, & Ross, 2011). Therapists can provide a space for women to describe and interpret their own sexuality, and to explore and adjust to the sexual changes that may accompany the transition to parenthood (Trice-Black, 2010)—which is likely to be even more valuable when plurisexual women feel empowered to acknowledge their unique sexual attractions and identities. Thus, therapists need to be aware of (a) the diversity in sexual identities among women and mothers; (b) the potential for change in sexual identity; (c) the importance of not inferring sexual identity from relational context; and (d) seeing same-gender sexualities and desires as potentially important to some women as they reconfigure their sexuality upon becoming parents. To address these issues, therapists can be proactive in inquiring about, and normalizing, changes or challenges in sexuality. For plurisexual women, therapists can support the ambivalence often related to decisions around (non)disclosure, experiences of privilege and stigma, and intimacy with a male partner while also experiencing same-gender desire. Therapists can inform women who are struggling with plurisexual invisibility about strategies for keeping plurisexuality "alive" during the transition to parenthood, such as through LGBTQ community involvement.

Strengths and Limitations

A strength of our study is the use of a longitudinal design to address the sexual identity and parenthood experiences of a group that is often invisible and understudied: plurisexual women partnered with men. A limitation of our study is the homogeneity of our sample with regard to race and socioeconomic status. Male-partnered plurisexual women of color and women of lower socioeconomic status might describe different tensions in relation to their intersecting identities—potentially including greater marginalization within LGBTQ communities, and thus greater difficulty finding support for their plurisexual identities (Alimahomed, 2010). Also, most, but not all, of our participants were first-time mothers. Although we did not discern differences in the sexual identity narratives of women experiencing their first versus subsequent transition to parenthood, we also did not systematically probe about prior transitions to parenthood; thus, future studies could directly address potential differences in this regard.

Conclusions

Plurisexual mothers construct their sexual and parental identities amid societal discourses that privilege heterosexuality and monosexuality; heteronormativity and mononormativity ensure that male-partnered women are presumed heterosexual unless they state otherwise. Women generally described stable plurisexual identities upon becoming parents—a transition that we theorized might provoke increased allegiance to heteronormativity. Some noted activities that helped to uphold these identities. Others continually described their sexual identities as internal, and unchanged by new motherhood—although those who engaged in CNM were alert to the need for caution amid public scrutiny of "nonnormative" sexual behavior. Most women (bisexual identified, but male-partnered) were able to uphold their sexual identities with little internal strife, which speaks to the reality that these are indeed private identities. Yet when women were confronted with perceived tensions between their identity and behavior, this sometimes—but not always—provoked distress. Such tensions speak to the dominance of models of sexuality that presume consistency among attraction, behavior, and sexual identity, and how such assumptions may be especially damaging to women and plurisexual people, whose sexual histories are often complex, dynamic, and shift over time. Our findings highlight the need for greater acceptance of and opportunity for the expression of complex and fluid sexualities.

References

Ahlborg, T., Dahlöf, L.-G., & Hallberg, L. R.-M. (2005). Quality of intimate and sexual relationship in first-time parents six months after delivery. *Journal of Sex Research, 42,* 167–174. http://dx.doi.org/10.1080/00224490509552270

Alimahomed, S. (2010). Thinking outside the rainbow: Women of color redefining queer politics and identity. *Social Identities: Journal for the Study of Race, Nation and Culture, 16,* 151–168. http://dx.doi.org/10.1080/13504631003688849

Barker, M., Bowes-Catton, H., Iantaffi, A., Cassidy, A., & Brewer, L. (2008). British bisexuality: A snapshot of bisexual representations and identities in the United Kingdom. *Journal of Bisexuality, 8,* 141–162. http://dx.doi.org/10.1080/15299710802143026

Barker, M., & Langdridge, D. (2010). Whatever happened to non-monogamies? Critical reflections on recent research and theory. *Sexualities, 13,* 748–772. http://dx.doi.org/10.1177/1363460710384645

Barrett, G., Pendry, E., Peacock, J., Victor, C., Thakar, R., & Manyonda, I. (2000). Women's sexual health after childbirth. *BJOG, 107,* 186–195. http://dx.doi.org/10.1111/j.1471-0528.2000.tb11689.x

Bartelt, E., Bowling, J., Dodge, B., & Bostwick, W. (2017). Bisexual identity in the context of parenthood: An exploratory qualitative study of self-identified bisexual parents in the United States. *Journal of Bisexuality, 17,* 378–399.

Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theory and methods* (5th ed.). Boston, MA: Pearson.

Brake, E. (2012). *Minimizing marriage: Marriage, morality, and the law.* New York, NY: Oxford University Press. http://dx.doi.org/10.1093/acprof:oso/9780199774142.001.0001

Budnick, J. (2016). "Straight girls kissing"? Understanding same-gender sexuality beyond the elite college campus. *Gender & Society, 30,* 745–768. http://dx.doi.org/10.1177/0891243216657511

Chevrette, R. (2013). Outing heteronormativity in interpersonal and family communication: Feminist applications of queer theory beyond the sexy streets. *Communication Theory, 23,* 170–190. http://dx.doi.org/10.1111/comt.12009

Chivers, M. L., Pittini, R., Grigoriadis, S., Villegas, L., & Ross, L. E. (2011). The relationship between sexual functioning and depressive symptomatology in postpartum women: A pilot study. *Journal of Sexual Medicine, 8,* 792–799. http://dx.doi.org/10.1111/j.1743-6109.2010.02154.x

Davis-Delano, L., & Morgan, E. (2016). Heterosexual identity management: How social context affects heterosexual marking practices. *Iden-*

tity: An International Journal of Theory and Research, 16, 299–318. http://dx.doi.org/10.1080/15283488.2016.1229611

Diamond, L. M. (2003). What does sexual orientation orient? A biobehavioral model distinguishing romantic love and sexual desire. *Psychological Review, 110,* 173–192. http://dx.doi.org/10.1037/0033-295X.110.1.173

Diamond, L. M. (2008a). *Sexual fluidity: Understanding women's love and desire.* Cambridge, MA: Harvard University Press.

Diamond, L. M. (2008b). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology, 44,* 5–14. http://dx.doi.org/10.1037/0012-1649.44.1.5

Driver, S. (1999). Feminist sublimations, queer disidentifications: Losing touch of maternal sexuality. *Tessera, 25,* 25–37.

Dyar, C., Feinstein, B. A., & London, B. (2014). Dimensions of sexual identity and minority stress among bisexual women: The role of partner gender. *Psychology of Sexual Orientation and Gender Diversity, 1,* 441–451. http://dx.doi.org/10.1037/sgd0000063

Dyar, C., Feinstein, B. A., & London, B. (2015). Mediators of differences between lesbians and bisexual women in sexual identity and minority stress. *Psychology of Sexual Orientation and Gender Diversity, 2,* 43–51. http://dx.doi.org/10.1037/sgd0000090

Eady, A., Dobinson, C., & Ross, L. E. (2011). Bisexual people's experiences with mental health services: A qualitative investigation. *Community Mental Health Journal, 47,* 378–389. http://dx.doi.org/10.1007/s10597-010-9329-x

Everett, B. G., Talley, A. E., Hughes, T. L., Wilsnack, S. C., & Johnson, T. P. (2016). Sexual identity mobility and depressive symptoms: A longitudinal analysis of moderating factors among sexual minority women. *Archives of Sexual Behavior, 45,* 1731–1744. http://dx.doi.org/10.1007/s10508-016-0755-x

Galupo, M. P., Davis, K. S., Grynkiewicz, A. L., & Mitchell, R. C. (2014). Conceptualization of sexual orientation identity among sexual minorities: Patterns across sexual and gender identity. *Journal of Bisexuality, 14,* 433–456. http://dx.doi.org/10.1080/15299716.2014.933466

Galupo, M. P., Mitchell, R. C., & Davis, K. S. (2015). Sexual minority self-identification: Multiple identities and complexity. *Psychology of Sexual Orientation and Gender Diversity, 2,* 355–364. http://dx.doi.org/10.1037/sgd0000131

Goldberg, A. E., Allen, K. R., Ellawala, T., & Ross, L. E. (2018). Male-partnered bisexual women's perceptions of disclosing sexual orientation to family across the transition to parenthood: Intensifying heteronormativity or queering family? *Journal of Marital and Family Therapy, 44,* 150–164. http://dx.doi.org/10.1111/jmft.12242

Hartman, J. E. (2013). Creating a bisexual display: Making bisexuality visible. *Journal of Bisexuality, 13,* 39–62. http://dx.doi.org/10.1080/15299716.2013.755727

Hartman-Linck, J. E. (2014). Keeping bisexuality alive: Maintaining bisexual visibility in monogamous relationship. *Journal of Bisexuality, 14,* 177–193. http://dx.doi.org/10.1080/15299716.2014.903220

Haupert, M. L., Gesselman, A. N., Moors, A. C., Fisher, H. E., & Garcia, J. R. (2017). Prevalence of experiences with consensual nonmonogamous relationships: Findings from two national samples of single Americans. *Journal of Sex & Marital Therapy, 43,* 424–440. http://dx.doi.org/10.1080/0092623X.2016.1178675

Hoang, M., Holloway, J., & Mendoza, R. (2011). An empirical study into the relationship between bisexual identity congruence, internalized biphobia and infidelity among bisexual women. *Journal of Bisexuality, 11,* 23–38. http://dx.doi.org/10.1080/15299716.2011.545285

Klein, F., Sepekoff, B., & Wolf, T. J. (1985). Sexual orientation: A multi-variable dynamic process. *Journal of Homosexuality, 11,* 35–49. http://dx.doi.org/10.1300/J082v11n01_04

Klesse, C. (2005). Bisexual women, non-monogamy, and differentialist anti-promiscuity discourses. *Sexualities, 8,* 445–464. http://dx.doi.org/10.1177/1363460705056620

Laumann, E., Gagnon, J., Michael, R., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States.* Chicago, IL: University of Chicago Press.

Lovelock, J. (2014). Using the Klein Sexual Orientation Grid in sociological studies. *Journal of Bisexuality, 14,* 457–467. http://dx.doi.org/10.1080/15299716.2014.946197

Lynch, I., & Maree, D. (2013). Negotiating heteronormativity: Exploring South African bisexual women's constructions of marriage and family. *Feminism & Psychology, 23,* 459–477. http://dx.doi.org/10.1177/0959353513480019

Manley, M. H., Legge, M. M., Flanders, C. E., Goldberg, A. E., & Ross, L. E. (2018). Consensual nonmonogamy in pregnancy and parenthood: Experiences of bisexual and plurisexual women with different-gender partners. *Journal of Sex & Marital Therapy.* Advance online publication. http://dx.doi.org/10.1080/0092623X.2018.1462277

Mock, S. E., & Eibach, R. P. (2012). Stability and change in sexual orientation identity over a 10-year period in adulthood. *Archives of Sexual Behavior, 41,* 641–648. http://dx.doi.org/10.1007/s10508-011-9761-1

Mohr, J. J., Jackson, S. D., & Sheets, R. L. (2017). Sexual orientation self-preservation among bisexual-identified women and men: Patterns and predictors. *Archives of Sexual Behavior, 46,* 1465–1479. http://dx.doi.org/10.1007/s10508-016-0808-1

Moss, A. (2012). Alternative families, alternative lives: Married women doing bisexuality. *Journal of GLBT Family Studies, 8,* 405–427. http://dx.doi.org/10.1080/1550428X.2012.729946

Nova, E. A., McGeorge, C. R., & Carlson, T. S. (2013). Bisexuality and lesbian, gay, and bisexual affirmative training: An exploration of family therapy students' beliefs and clinical experiences. *Journal of Feminist Family Therapy: An International Forum, 25,* 212–232. http://dx.doi.org/10.1080/08952833.2013.777886

Oswald, R., Blume, L., & Marks, S. (2005). Decentering heteronormativity: A model for family studies. In V. Bengtson, A. Acock, K. Allen, P. Dilworth-Anderson, & D. Klein (Eds.), *Sourcebook of family theory & research* (pp. 143–154). Thousand Oaks, CA: SAGE.

Patton, M. Q. (2015). *Qualitative evaluation and research methods: Integrating theory and practice* (3rd ed.). Newbury Park, CA: SAGE.

Rust, P. (1993). "Coming out" in the age of social constructionism: Sexual identity formation among lesbian and bisexual women. *Gender & Society, 7,* 50–77. http://dx.doi.org/10.1177/089124393007001004

Rust, P. C. (2001). Two many and not enough: The meaning of bisexual identities. *Journal of Bisexuality, 1,* 31–68. http://dx.doi.org/10.1300/J159v01n01_04

Rust, P. C. (2009). Bisexuality in a house of mirrors: Multiple reflections, multiple identities. In P. L. Hammack & B. J. Cohler (Eds.), *The story of sexual identity: Narrative perspectives on the gay and lesbian life course* (pp. 107–129). New York, NY: Oxford University Press. http://dx.doi.org/10.1093/acprof:oso/9780195326789.003.0005

Ryan, W., Legate, N., & Weinstein, N. (2015). Coming out as lesbian, gay, or bisexual: The lasting impact of initial disclosure experiences. *Self and Identity, 14,* 549–569. http://dx.doi.org/10.1080/15298868.2015.1029516

Schudson, Z., Dibble, E., & van Anders, S. (2017). Gender/sex and sexual diversity via sexual configurations theory: Insights from a qualitative study with gender and sexual minorities. *Psychology of Sexual Orientation and Gender Diversity, 4,* 422–437. http://dx.doi.org/10.1037/sgd0000241

Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics and social constructivism. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 189–214). Thousand Oaks, CA: SAGE.

Simoni, J. M., & Walters, K. L. (2001). Heterosexual identity and heterosexism: Recognizing privilege to reduce prejudice. *Journal of Homosexuality, 41,* 157–172. http://dx.doi.org/10.1300/J082v41n01_06

Smith, J. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology, 17,* 281–299. http://dx.doi.org/10.1080/02646839908404595

Tabatabai, A., & Linders, A. (2011). Vanishing act: Non-straight identity narratives of women in relationships with women and men. *Qualitative Sociology, 34,* 583–599. http://dx.doi.org/10.1007/s11133-011-9202-4

Tasker, F., & Delvoye, M. (2015). Moving out of the shadows: Accomplishing bisexual motherhood. *Sex Roles, 73,* 125–140. http://dx.doi.org/10.1007/s11199-015-0503-z

Trice-Black, S. (2010). Perceptions of women's sexuality within the context of motherhood. *The Family Journal, 18,* 154–162. http://dx.doi.org/10.1177/1066480710364130

Trutnovsky, G., Haas, J., Lang, U., & Petru, E. (2006). Women's perception of sexuality during pregnancy and after birth. *Australian and New Zealand Journal of Obstetrics and Gynaecology, 46,* 282–287. http://dx.doi.org/10.1111/j.1479-828X.2006.00592.x

van Anders, S. M. (2015). Beyond sexual orientation: Integrating gender/sex and diverse sexualities via Sexual Configurations Theory. *Archives of Sexual Behavior, 44,* 1177–1213. http://dx.doi.org/10.1007/s10508-015-0490-8

Vencill, J. A., & Israel, T. (2018). Shining a light into the darkness: Bisexuality and relationships. *Sexual and Relationship Therapy, 33,* 1–5. http://dx.doi.org/10.1080/14681994.2018.1416826

Woolhouse, H., McDonald, E., & Brown, S. (2012). Women's experiences of sex and intimacy after childbirth: Making the adjustment to motherhood. *Journal of Psychosomatic Obstetrics & Gynaecology, 33,* 185–190. http://dx.doi.org/10.3109/0167482X.2012.720314