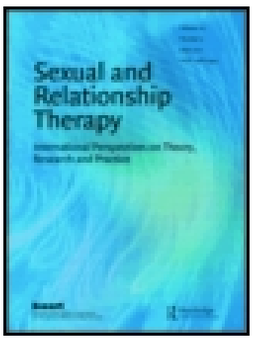

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Perceptions of partner support among pregnant plurisexual women: A qualitative study

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ABSTRACT

Although partner support is an established determinant of mental health, we know little about bisexual and other plurisexual people's experiences of support from their partners. Furthermore, very limited research has examined how bisexual or plurisexual people experience partner support during pregnancy, a significant life stage for many couples. This paper draws from semi-structured interviews with 29 plurisexual women partnered with different-gender (i.e. cisgender male or transgender) partners to examine women's perceptions of partner support during pregnancy. While participants reported many of the same partner support issues and dynamics that have been described in research with monosexual childbearing women, their experiences as plurisexual women were unique in two regards: (a) unconditional acceptance from partners was connected to the partner's support for their plurisexual identities/histories; and (b) social integration support often included shared integration into social networks related to their plurisexual experiences, including sexual networks. These findings offer important implications for sexual and relationship therapists, who can play an important role in helping to foster these plurisexual-specific forms of partner support, and in so doing, improve outcomes for women during this significant life stage.

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Bisexual; non-monosexual; partner support; perinatal; plurisexual; pregnancy; qualitative

Introduction

Relationship quality is strongly and consistently associated with relationship outcomes (i.e. continuation vs. dissolution; Gager & Sanchez, 2003) and with individual mental health (broadly defined including constructs such as depression and happiness; e.g. Proulx, Helms, & Buehler, 2007). Perceived support from one's partner is a strong predictor of relationship quality (Lawrence et al., 2008), and a large body of evidence has established relationships among relationship quality, partner support, and individual well-being among both heterosexual (Ko & Lewis, 2011) and sexual minority individuals (i.e. those who self-identify as lesbian, gay, bisexual or another non-heterosexual identity, and/or report sexual behaviour with or attraction towards individuals of the same gender, Otis & Skinner, 1996; Thomeer, Reczek, & Umberson, 2015).

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Although evidence suggests that the relationship between partner support and individual mental health is consistent across sexual orientation groups (e.g. see Goldberg & Smith, 2008, for an analysis of depression and anxiety symptoms in lesbian and heterosexual couples), sexual minority individuals do experience unique determinants of satisfication in their relationships. In particular, there is evidence that perceptions of relationship quality for members of same-sex couples are influenced by minority stress variables, such as internalized homophobia and experiences of discrimination (Balsam & Syzmanski, 2005; Otis, Rostosky, Riggle, & Hamrin, 2006). However, this body of research has focused predominantly on same-sex couples, and little research has examined how bisexual and other plurisexual women (i.e. those attracted to or engaged in relationships with individuals of more than one gender who use other identity labels such as queer or pansexual; Mitchell, Davis, & Galupo, 2015) perceive support from their partners. Indeed, there is limited research on the relationship experiences of bisexual or plurisexual people in general (exceptions include Klesse, 2011 and Reinhardt, 2011). The limited existing studies have highlighted unique issues that bisexual or plurisexual people may encounter in intimate relationships, such as decision-making about whether and how to disclose their sexual identity to their partners (Li, Dobinson, Scheim, & Ross, 2013) and experiences of discrimination and microaggressions in their interactions with current and/or prospective partners who hold biphobic or monosexist views (Gustavson, 2009; Li et al., 2013; Ross, Dobinson, & Eady, 2010).

Relationship quality has important implications not only for individuals and couples, but for the family as a whole. Studies of different-sex married couples have reported significant associations between relationship quality and various family and child outcomes (e.g. Erel & Burman, 1995; Goldberg & Easterbrooks, 1984; Howes & Markman, 1989; Moore, Kinghorn, & Tawana Bandy, 2011). Pregnancy may be a particularly important period for partner support, considering the associated emotional and physical demands (Negron, Martin, Almog, Balbierz, & Howell, 2013). Various dimensions of the partner relationship, including conflict, emotional and practical support, and relationship satisfaction, have been linked to depression and anxiety during pregnancy, both concurrently and over time (see Pilkington, Milne, Cairns, Lewis, & Whelan, 2015, for a review). For example, one meta-analysis of 120 studies found that emotional closeness with the partner was significantly associated with lower rates of depression and anxiety during the perinatal period. In contrast, partner conflict was significantly associated with higher rates of perinatal depression (Pilkington et al., 2015).

Despite this evidence that dimensions of the partner relationship are important predictors of perinatal mental health, the vast majority of studies investigating an association between partner support and mental health in pregnancy have been conducted with heterosexual women. However, relationship quality has been found to predict anxiety and depression among perinatal sexual minority women as well (Goldberg & Smith, 2011; but see Ross, Steele, Goldfinger, & Strike, 2007). Among sexual minority women, plurisexual women in particular merit attention in research on perinatal well-being, considering their high likelihood of having children: one recent US study reported that 59% of bisexual women had children, relative to 31% of lesbians (Pew Research Center, 2013). Despite this, to our knowledge, only one study (Ross, Siegel, Dobinson, Epstein, & Steele, 2012) has reported on issues related to the partner relationship among plurisexual women during the perinatal period. In this study, 14 bisexual identified women who were in the

process of trying to conceive, currently pregnant, or parenting a child less than 1 year of age, were compared to 50 sexual minority women (also in the preconception or perinatal period) who identified with a label other than bisexual (e.g. lesbian, queer). Bisexual identified women reported lower levels of relationship adjustment than did other women in the study. The bisexual group also had poorer scores across a range of mental health indicators, including depression, anxiety, and substance use (Ross et al., 2012).

Given the unique relationship dynamics and challenges encountered by bisexual and other plurisexual people (e.g. Gustavson, 2009; Li et al., 2013), the potentially significant role of partner support in mental health during the perinatal period (Pilkington et al., 2015), and the significant consequences of relationship problems during this period for the whole family (Erel & Burman, 1995), understanding how plurisexual women experience partner support (or non-support) during pregnancy could have important implications for the well-being of plurisexual women, their partners, and their children. The goal of this study was therefore to examine the following research question: how do plurisexual women perceive partner support during pregnancy, and in particular as this support relates to the context of their plurisexual identities? In this study, we use the label plurisexual to include women who report attraction to and/or relationships with partners of more than one gender, considering that this label is inclusive of a variety of sexual orientation identities, including but not limited to bisexual self-identity (Mitchell et al., 2015). Our definition of gender aligns with a social constructionist lens, emphasizing an individual's own self-identification and recognizing gender categories beyond the binary categories of 'woman' and 'man' (Alsop, Fitzsimons, & Lennon, 2002). As such, our definition of plurisexual includes not only women who are attracted to both women and men, but also women who are attracted to partners of other genders as well (e.g. transgender, genderqueer and non-binary people).

Methods

The analysis presented here is drawn from the baseline (late pregnancy) interview data of a longitudinal, mixed methods study of mental health among sexual minority women (including, but not limited to, plurisexual women) during the transition to parenthood. We utilized a qualitative approach to address the current research question (regarding perceptions of partner support in pregnancy among plurisexual women), considering the extremely limited available evidence on this topic: we anticipated that perceptions of partner support for plurisexual women could encompass support domains distinct from those relevant to heterosexual women (e.g. support for one's sexual identity/history). We therefore wished to use a qualitative approach in order to theorize domains of partner support from the perspectives of plurisexual women themselves.

Recruitment and inclusion criteria

Between August 2013 and February 2015, participants were recruited consecutively when attending for prenatal care at 10 sites in Toronto, Canada and in Central/Western Massachusetts (e.g. Worcester, Holyoke, Northampton). All women attending for prenatal care at the recruitment sites were asked to complete a brief screening questionnaire, which included questions about sexual orientation, sexual behaviour, and partner status.

Inclusion criteria were that women be (a) sufficiently fluent in English to provide informed consent and complete the data collection instruments; (b) currently partnered; and (c) 18 years or older. Both women pregnant with their first child and women expecting a subsequent child were eligible to participate. Of eligible respondents who indicated interest in participating, all sexual minority women (i.e. those who self-identified as other than heterosexual and/or reported any sexual relationship with a woman in the past 5 years) were invited to participate in the quantitative arm of the study. We used this broad definition of sexual minority (i.e. encompassing both self-identity and sexual behaviour) for feasibility reasons, as we anticipated a relatively small number of sexual minority women in our population of women presenting for prenatal care during the recruitment period. For the qualitative component, all participants who met our definition of sexual minority and reported a different gender current primary partner (i.e. any gender identification other than cisgender woman, including cisgender male and transgender or non-binary identified people) were invited to be interviewed. We focused on women with different gender partners in the qualitative strand of our study in light of our team's prior pilot data, indicating that this group was at particularly high risk of poor mental health outcomes (Flanders, Gibson, Goldberg, & Ross, 2016). In total, 29 women consented to participate in this qualitative component.

Data collection and analysis

Each participant completed a semi-structured interview, conducted by the first author or a trainee in psychology. The majority of the interviews were conducted in person; five interviews were conducted over the telephone as a result of scheduling challenges. Interviews lasted a mean of 81 minutes and were audio-recorded. A semi-structured interview guide provided some structure to the interviews, but was applied flexibly according to the issues most relevant to each participant. This interview guide covered various topics of interest to the primary research question for the parent study (what factors do different-gender partnered sexual women perceive to influence their mental health during the perinatal period?), including support or non-support from various people in the participant's life, including her partner. Of particular relevance to this study, participants were asked: "How have things been with your partner during your pregnancy?", "What kind of support have you needed or wanted from your partner during the pregnancy?" and "Does your partner know about your sexual identity/sexual history?"

Interviews were transcribed verbatim and verified by a second transcriber or a coauthor for accuracy prior to analysis. For this analysis, we focused specifically on portions of the interviews within which participants made any reference to their partners. Considering our interest in theorizing from the perspectives of our research participants, we followed procedures associated with a grounded theory approach in our analysis, as described by Corbin and Strauss (2008). Briefly, this entailed processes of open coding (i.e. line-by-line analysis), axial coding (i.e. organizing of codes into conceptual categories), and selective coding (i.e. development of the theory of the data). In the first two stages of coding, each transcript was reviewed by two independent coders, with disagreements resolved through discussion with the first author. In the final (selective) phase of coding, the first author reviewed coding summary documents with reference to full transcripts as needed to prepare a draft summary of plurisexual women's experiences of partner support during

pregnancy. This draft summary was reviewed by the coauthors and other analysts for fidelity to the data, and then finalized into the version presented in this manuscript through discussion and consensus.

Ethical considerations

This study was approved by the Research Ethics Boards of the Centre for Addiction and Mental Health (Toronto, Ontario), St. Michael's Hospital (Toronto, Ontario), and Clark University (Worcester, MA). Informed consent was obtained prior to initiating each interview.

Results

Participants

The mean age of interview participants was 31 years. Most (83%) identified as white and were well-educated, with 12 (41%) reporting that they had completed a graduate degree programme. All but one reported that their current partner was a cisgender man; one participant was partnered with a trans woman. Considering that she reported experiencing invisibility of sexual identity in much the same way that our participants partnered with cisgender men described, we opted to include her interview in our data set. Most participants (90%) lived with their current partner and had been in a relationship with their current partner for two or more years (72%). Most indicated that their sexual orientation identity was bisexual (72%), although a range of other sexual orientation identities were also reported. Six women in the sample self-identified as heterosexual and reported sexual relationships with women in the past 5 years; as such, they met our definition of "sexual minority" and were included in the study. These and other select demographic characteristics are presented in Table 1.

Themes

We identified two organizing themes in the data pertaining to women's perceptions of support from their partners: (1) forms of partner support/non-support, such as emotional and practical support; and (2) mitigating factors, i.e. factors that determined whether and how a partner was perceived as supportive, such as conflict and communication. Within each of these organizing themes, we attended both to subthemes that would be predicted by the literature; that is, types of support that are common to general social support typologies (e.g. see Langford, Bowsher, Maloney, & Lillis, 1997), as well as subthemes that we identified in the data but would not necessarily be predicted on the basis of prior literature (e.g. sexual social integration, as described below).

A complete listing of the themes and subthemes identified in the dataset is provided in Table 2. Considering the specific focus of our research question on plurisexual women's experiences of partner support during pregnancy, in the discussion that follows, we focus in detail on the two themes experienced uniquely by plurisexual women; specifically, their experiences of emotional support in the form of unconditional acceptance, and their experiences of social integration support, including sexual social integration. These plurisexual-focused themes are indicated in Table 2 in bold type. All names used in the following presentation of themes are pseudonyms.

Table 1. Characteristics of women in the study ($n = 29$).

Variable	*N*
Age (years)	
Range	25–47
Mean (SD)	31.17 (4.736)
Country	
United States (Central/Western Massachusetts)	18
Canada (Toronto, Ontario)	11
Racial/ethnic/cultural identities	
White	24
Of colour/white plus another identity (e.g. Southeast Asian, White Jewish, Latina/Latin American)	5
Sexual orientation identity	
Heterosexual	6
Bisexual	21
Queer	2
Gender of partners in past 5 years	
Mostly women	2
Both women and men, about equal	8
Mostly men	9
Exclusively men	6
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")	4
Current partner gender	
Cisgender male	28
Trans-identified	1
Duration of relationship with current partner	
<1 year	2
1–2 years	6
2–5 years	6
5–10 years	8
10–20 years	7
Partner is expectant child's genetic parent	
Yes	27
No	2
Live with partner	
Yes	26
No	3
Highest level of education	
High-school incomplete	2
High-school completed	2
Technical certificate	1
Some college-level education completed	2
Community college/associate's degree completed	3
Bachelor's degree completed	7
Graduate degree completed	12
Combined household income (before taxes)	
Lower than $60,000	14
$60,000 or higher	15
Employment status	
Full time (paid work)	15
Part time (paid work)	4
Not employed	4
Stay-at-home parent, student, other	6
Type of work/occupation*	
Artist/musician	1
Computer/IT (e.g. computer programmer, software/web developer, data analyst)	1
Community/social service (e.g. social worker, health educator, therapist, clergy)	5
Construction/production/manufacturing (e.g. carpenter, mechanic, machinist)	1
Education (e.g. teacher, professor, teaching assistant)	3
Healthcare support (e.g. medical/dental/veterinary assistant, home care aide)	1

(*continued*)

Table 1. (*Continued*)

Variable	*N*
Management (e.g. manager of operations, marketing, human resources, hotel)	3
Research	2
Retail/sales (e.g. cashier, sales rep)	2
Other (e.g. personal trainer, publisher)	2
Partner employment status	
Full time (paid work)	21
Part time (paid work)	4
Not employed	1
Student	3
Partner type of work/occupation*	
Business/financial operations (e.g. accountant, banker)	2
Computer/IT (e.g. computer programmer, software/web developer, data analyst)	4
Construction/production/manufacturing (e.g. carpenter, mechanic, machinist)	5
Education (e.g. teacher, professor, teaching assistant)	5
Management (e.g. manager of operations, marketing, human resources, hotel)	1
Retail/sales (e.g. cashier, sales rep)	3
Other (e.g. cook, server, art fabricator, public servant)	7

*Not all participants answered this question and some reported more than one option.

Unconditional acceptance support

Emotional support is a fundamental component of most social support typologies (Langford et al., 1997). Indeed, our participants discussed at length the various forms of emotional support they received (or wished they would receive) from their partners. Within the subthemes of emotional support, however, only one was described by participants in ways that appeared to be unique to the plurisexual experience: women's experiences of unconditional acceptance support, particular to acceptance of their plurisexual identities or histories.

Participants' narratives regarding partner acceptance of their sexual identity/sexual history generally fell into two broad categories: 1) partners who were supportive of or neutral towards their sexual identities or histories, and 2) partners who felt threatened by or struggled in some way with participants' sexual identities or histories.

The majority of participants fell into the first category, describing their partners as explicitly supportive, implicitly supportive, or completely neutral about their sexual identities or histories. In some cases, participants had been in very long-term relationships (i.e. a decade or more) with their current partner, and came out as bisexual or another plurisexual identity in the context of that relationship. In some of these cases, their partner had actually been a support person during their coming out process. This was the case for Holly, who identified as bisexual and had been with her current partner for 16 years: "My husband is totally, yeah, supportive and fine with it…it was sort of in my mid-twenties that we kind of had more conversations about it, and he kinda helped me through the process with it as well.".

This unconditional acceptance was an important form of support to many participants, who described its impact on their sense of their own sexual identity, and in turn, their overall well-being:

> Being able to have an open relationship, and have a primary partner, knowing that there was no judgement on his end- it opened up a fluidity in my orientation, I'll say, that felt more comfortable." (Jacqueline, bisexual-identified and with current partner for 6 years)

Table 2. Themes identified in a qualitative study of partner support among pregnant plurisexual women ($n = 29$).

Code type	Code name	Definition	Sub-codes	Sub-code definitions
1. Forms of support	A. Informational support	This code attempts to categorize the provision of knowledge relevant to problem solving. This includes, advice, suggestions, factual input, and feedback. This also includes partners' prior experience with pregnancy and/or child rearing.	1. Prior experience	1. Partners' previous pregnancy and child-rearing experience. Can be from either past or current relationships
	B. Emotional support	This code attempts to include expressions that affirm the appropriateness of emotions, cognitions and behaviours that foster feelings of acceptance, care, admiration, empathy, respect, and value despite personal difficulties.	1. Joy 2. Feeling loved **3. Unconditional acceptance** 4. Emotional security	1. Feelings of joy and content that are a direct or indirect result of the partner's actions 2. Feelings of being loved by the current partner 3. Feelings of knowing that the partner unconditionally accepts the participant. **Particular to plurisexual women, this includes support for the participant's plurisexual identity/history** 4. Mutual feelings of trust and lack of anxiety or fear in the relationship
	C. Practical support	This code attempts to encompass the provision of or opportunity for practical help or tangible aid. It includes financial support as well as reliable alliance.	1. Financial support 2. Reliable alliance	1. The supply/amount of monetary resources that can be relied upon when needed 2. The assurance that the partner can be counted upon for tangible assistance
	D. Social integration	This code attempts to encompass the perception of shared interests, concerns, and connection with others. **Particular to plurisexual women, this can include their partner demonstrating an interest in LGBTQ issues or non-monosexual practices.**	1. **Sexual social integration**	**1. Shared involvement in sexual communities (e.g. swinging) or practices (e.g. polyamory) that are considered a point of connection between the participant and her partner**
2. Mitigating factors	E. Partner mental health & wellbeing	This code attempts to include the status of participants' partners' mental health and wellbeing as it is relevant to participants' perceptions of their partners as able and/or willing to support them. For example, participants whose partners are struggling with significant mental health concerns may feel that their partners are unavailable to provide them with support.		
	F. Communication	This code attempts to encompass the quality of communication between partners.		
	G. Sexual relationship	This code attempts to categorize anything pertaining to the participant's sexual relationship with her partner that serves as either a source of stress/non-support (e.g. mismatch in sex drive) or connection/support.		

(*continued*)

Table 2. (*Continued*)

Code type	Code name	Definition	Sub-codes	Sub-code definitions
	H. Parenting roles	This code attempts to include the ability for partners to fulfill their roles as new parents in relation to and in harmony with each other. This includes child rearing as well as the participants' perceptions of support in managing their new role as a mother in addition to their continuing role as a spouse.	1. Child rearing 2. Mother vs. partner roles	1. Agreement or a lack thereof on child-rearing methods and family planning. 2. Participants' perceptions of their partner's support in balancing both the roles of the mother as well as the spouse.
	I. Commitment to relationship	This code attempts to categorize the partners' level of investment in the relationship and the ways in which it affects the quality of support.		
	J. Conflict	This code attempts to categorize any past or current conflict in the relationship. It also includes any stress-inducing family issues with the participant's or their partners' families. Conflict can include verbal arguments, disagreement between partners, situational issues, and adjusting to pregnancy.	1. Family conflict 2. Past conflict 3. Current conflict	1. Problems or issues in the family or origin or their partners' families that are a source of stress for the participant 2. Problems or issues with the partner in the past 3. Problems or issues with the partner that are current/ongoing
	K. Availability to support	This code attempts to encompass the amount of available emotional labor and time partners are able to provide. This includes the partners' work schedules, their presence or a lack thereof, and the number of non-pregnancy related priorities/commitments.		

Note: Themes in larger/bold text indicates themes with context unique or specific to plurisexual women, which are elaborated further in the text.

In some cases, unconditional acceptance support was perceived by participants as being characteristic of their relationship in ways that made coming out easy or even unnecessary:

> There was always just this acceptance between us, and so I never felt like we even needed to have the conversation. It just was sort of like, "it's not a big deal. I fully accept you." (Renata, bisexual-identified and with current partner for 3 years)

Other participants described their partners having a more neutral reaction, which was still perceived as supportive. In some cases women seemed to be surprised that their partners were accepting of their plurisexual identities/histories, perhaps having expected that they would respond in ways that mobilized stereotypes about bisexual women as hypersexual or unable to be monogamous. For instance, Shannon, who identified as bisexual and had been with her current partner for 5 years, recalled:

> He didn't really care at all; it wasn't a bother to him. He never – he just kind of listened. He never even brought up like, "Oh," like trying to take advantage of that kind of situation either. He was like, "Okay."

Similarly, Renata, who identified as bisexual and had been with her current partner for 3 years, described, "I don't think it fazed him. I don't think he felt threatened by it at all. I don't know that it elevated me or lowered me in any way. He's a very open person.".

In contrast, a few participants reported that their partners expressed some ambivalence about, felt threatened by, or were explicitly unsupportive of their past relationships with or current attraction to women, which for our participants translated into a lack of unconditional acceptance support. For example, Amber, who identified as bisexual and had been with her partner for less than a year, described her partner's reaction in this way: "He wasn't really accepting of it and he kind of makes fun of it, I guess." Ashley, who identified as bisexual, described her partner's support for her relationships with women changing over the course of their 5-year relationship:

> He [initially] liked the idea that he was with somebody that liked girls… .He had a thing when – 'cause he knows before I was with him I was into girls more than I was into guys. Then in the beginning of our relationship, he used to say, "oh well you can have me but you can have a girl on the side too, mess with another girl' (laughs). So at first it worked out. I mean – and then the jealousy kind of kicked in with him. And then he wanted a threesome, so I did that with him. And then he like – I don't know. After a while it just felt a little uncomfortable.

Thus, Ashley describes how despite her partner's initial openness to her relationships with women, both he and she ultimately became less favourably disposed towards her involvement with women – at least not within their current relational context.

Another participant, Kathryn, who identified as bisexual, described her partner of 7 year's response as follows:

> He's very straight in his sexuality, and I think that's been a little bit of a source of tension for us for sure because he's a little bit jealous of that – not that there's anyone in particular to be jealous of, but just of the idea that I might be attracted to women. That's a little bit like a… not jealous, but it makes him a little fearful [or] feel a little uncomfortable.

Donna, who identified as bisexual, described her partner of 5 years having similar concerns:

> I think he sometimes worries about how it'll impact him or our relationship in the long run… .I think he's maybe nervous that it means that one day I could be just be like "oh I want to be with a woman."

In these cases, participants lacked unconditional acceptance support from their partners, although their partners often supported them in other ways (e.g. other forms of emotional support, practical support).

Social integration support

Social integration support refers to a sense of belonging to a group of similar others (Weiss, 1974). In our data, participants expressed feeling supported by their partners when they belonged to shared social circles of importance to them. Particular to plurisexual women, these circles sometimes related to their plurisexual identities/histories, such as shared involvement in LGBTQ community networks, or in other progressive political circles.

Some participants explicitly linked their partner's support for their plurisexual identity or history to their shared progressive social circles and/or politics, such as Stacey, who had met and married her husband within the last year and identified as heterosexual and bicurious: "He is just really open-minded too. He grew up in [this] area." Likewise, Jacqueline, who identified as bisexual and had been with her current partner for 6 years, shared:

> It [my history of dating women] didn't really bother him at all. Kind of the social circles that we were in it was fairly common, I guess. Because he was a DJ down in [city] for a while at some gay clubs and goth clubs and whatnot, so he's been very much around that and very much comfortable with it.

In some cases, this shared sense of belonging stemmed specifically from a shared politic around LGBTQ inclusion or activism, for example, as Danielle, who identified as bisexual and has been with her current partner for 19 years, illustrates in her discussion of choosing where to live:

> I do live in a very queer-friendly area, you know, both [partner] and I have sort of made that decision…we really think that this is a much better environment to raise kids in.

For Rebecca, who identified as queer, involvement with the LGBTQ community was not something that had been important to her partner prior to their 1-year relationship, but his commitment to understanding and addressing homophobia was an important point of connection for her:

> [Partner] considers himself a straight man. But he like, both in terms of when homophobia is motivated by ignorance, and when homophobia is motivated by hatred, he's firmly opposed on both sides. And he's a smart thinking person, so that he can work well in that community…even though he doesn't have an academic background at all, he can think with these issues which is, like, so important.

In contrast, some participants noted that their partners were not eager or willing to engage with LGBTQ communities, although not necessarily because they did not accept participants' identities or involvement:

> I'm sure that if I told him yeah come on I'm going to do some mean faux hawks and put some false eye lashes on some of my gay friends he'd come along but he probably wouldn't jump at the idea… He's much more the kind of person to get excited about going out and chopping down a tree." (Karen, bisexual-identified and with current partner for for less than a year)

Shared politics of importance to participants also extended beyond LGBTQ issues to include other critical or activist political values:

> [Partner] is definitely, like, a male feminist, which I really appreciated because we share a lot of the same values. He's very much like tries to be an equal partner and isn't above, you know, men things like that kind of stuff. Which I wouldn't have married him if he was (laughs)" (Robin, heterosexual-identified and with current partner for 8 years).

> We're both coming from the same kind of intellectual background where we have this mentality that's kind of anti-system I guess… Yeah like, we both want to kinda eat the same kinds of food and we both want to buy ethically, and we don't go to, you know, Walmart or whatever." (Fiona, heterosexual-identified and with current partner for a year)

Social integration support with respect to shared political leanings appeared to be particularly relevant to participants in the context of pregnancy, in that it translated into shared approaches and intentions in regards to child-rearing:

> I think we would really commit to a model of co-parenting where our role will really share the responsibility. Which sadly, is probably uniquely still a queer thing." (Samantha, bisexual-identified and with current partner for 3.5 years)

> [Partner] is really supportive of that, he's like, 'yes of course it's really important that we raise our child in as non-homophobic environment as possible'. (Rebecca, queer-identified and with current partner for just over a year)

Within the theme of social integration support, some participants described that an important point of connection between them and their partner was shared integration into plurisexual-relevant sexual networks, either in the form of shared communities (e.g. swinging), or shared practices (e.g. polyamory or other forms of open relationships). We call this plurisexual-specific form of partner support *sexual social integration support*. In her narrative, Donna (bisexual-identified and with current partner for 5 years) provides an example of this:

> We're part of a swingers club… … we found it together. [We've been going for] two and a half, three years? Yeah. It's fun. Even if you just want to go for the nudity, it's fun. Cause we're very much naked people.

Sexual social integration support was interconnected with participants' experiences of unconditional acceptance of their plurisexual identities/histories. For example, a few participants noted that their identities/attractions were perceived as a 'plus' by their partners, who were enthusiastic about how they might be incorporated into the sexual life that they enjoyed together:

> He gets that like that I'm not – that I, you know that I have this sexual past and that I have relationships with women and that I'm attracted to women and men, and like, you know, and that's something that he – that he's great with and that's just a part of who I am, and that might be something that we get to have fun with. (Isabelle, bisexual-identified and with current partner for nearly 6 years)

In fact, in a minority of cases, participants' sexual relationships with women were at least in part a consequence of their partners' requests/desires. For example, Amber, who identified as bisexual and had been with her partner for less than a year, described:

> And actually his [partner's] previous, the mother to his children, would consider herself a lesbian and has been with girls with him, too, like in the sexual relationship like that so I guess he asked me if I was open to that with him.

Taylor, a heterosexual-identified woman who had been with her current partner for 7 years, also described her partner as interested in incorporating her desires into their sexual relationship:

> When I got together with my husband, and you know – you have some pillow talk after sex and stuff. I had got up the courage to tell him that I'd done that [had threesomes]. On two occasions with guys. And he was like, you know, "I'm really interested in having threesomes with girls. How do you feel about that?" And I was like, "oh, I'd be open to it."

Some participants explicitly noted that shared integration into non-monogamous and/or swinging communities was a strengthening factor in their relationships:

> It took a little while of having many conversations with my husband about it, and about how we felt about being primaries, and then in the future when the relationship is more open, what were we looking for…But that's part of what really strengthened our relationship out there [in city where they previously lived], was deciding what it was that we were looking for. (Jacqueline, bisexual-identified and with current partner for 6 years)

As described in detail elsewhere (Manley, Legge, Flanders, Golderg & Ross, unpublished manuscript), participants who were engaged or interested in these shared sexual experiences with their partners often described how their involvement changed in the context of their pregnancies or current and future parenting responsibilities:

> I mean we talk about it in like a sexy way… Well, because we have young kids. It's not something that we'll never talk about again if that makes sense. But we've talked about having sex with other people or inviting people into our relationship and that's all stuff that we would wait until the kids are much, much older to pursue. (Susan, heterosexual-identified and with current partner for 4.5 years)

For some, this shift was experienced as negative, although deliberately chosen:

> We do swinging… leading up to it, there's excitement, afterward, you talk about it, and it breathes more excitement. And now- it's fine that it's just us. But there's obviously a void there, just because we've been doing it for five years. (Taylor, heterosexual-identified and with current partner for 7 years)

However, these participants also looked forward to re-engaging with their partners in this context when the time felt right:

> But we've had this conversation that like 'oh yeah, once the kids are done, gonna get back on track,' and like get back out there, kinda thing, right? (Holly, bisexual-identified and with current partner for 16 years)

Discussion

The purpose of the present study was to explore plurisexual women's perceptions of partner support during pregnancy, including support for their sexual identities and histories. We found that our participants experienced and/or desired many of the same forms of partner support described in studies of heterosexual pregnant or postpartum women (e.g. Rini, Dunkel Schetter, Hobel, Glynn, & Sandman, 2006). However, unique to or particularly experienced by plurisexual women in this study were unconditional acceptance support, particularly related to support for plurisexual identities/histories; and social integration support, in particular pertaining to shared networks associated with participants' plurisexual identities or histories.

Our finding that the majority of participants' partners were supportive of their plurisexual identities/histories is consistent with other research that has reported satisfying partner relationships for bisexual people (Pallotta-Chiarolli, 2014; Reinhardt, 2011) and extends this literature to include pregnant women and women with other plurisexual identities as well. For these participants, partner support in relation to sexual identity or history is likely a positive factor that serves to promote mental health, both in general and during the transition to parenthood specifically. However, considering that our sample consisted entirely of women who had chosen to conceive and/or continue with pregnancies together with a primary partner, they may have been more likely than other plurisexual women to be receiving partner support. Furthermore, some participants in our study did report experiences of non-support. In light of the large body of research that has established a relationship between partner support and mental health (e.g. Parfitt & Ayers, 2014; Stapleton et al., 2012), a lack of support from partners could have important implications for the mental health of bisexual and plurisexual women, both in general and during pregnancy in particular. These implications for plurisexual women's mental health could translate into negative consequences for their babies and families, via well-established neurobiological and psychosocial pathways (Drury, Scaramella, & Zeanah, 2016).

Likewise, lack of partner support may be an important stressor for those participants whose partners were unsupportive or felt threatened by their sexual identities or histories. Here too, our work is consistent with other literature that has reported challenges for bisexual people in developing and maintaining intimate relationships (e.g. Li et al., 2013). In particular, the impact of harmful stereotypes about bisexuality, and particularly of bisexual people as hypersexual and unwilling/unable to engage in long-term monogamous relationships, is clear in these data. Women who reported unsupportive reactions from their partners almost universally tied their partners' concerns to these stereotypes. It is notable that unsupportive responses associated with negative stereotypes about bisexuality were predominantly (though not exclusively) experienced by bisexual-identified women. It may be that women who self-identify as bisexual are perceived as threatening by their partners in ways that are not similarly experienced by women who identify as heterosexual but have a history of sexual relationships with women. Additional research is required to further examine whether and how partner support for plurisexual identity/history is affected by women's specific plurisexual self-identities.

Social integration has been recognized as fundamental to human well-being since Durkheim's seminal work finding strong associations with risk for suicide (Durkheim, 1897), and more recently associations with various other causes of mortality (Berkman, Glass, Brissette, & Seeman, 2000). Research with bisexual people has highlighted the importance of related concepts (e.g. loneliness) in determining mental health, particularly in the context of minority stressors (Mereish, Katz-Wise, & Woulfe, 2017). With respect to parents and families, social integration support has most typically been conceptualized as a sense of integration within the family unit (Armstrong, Birnie-Lefcovitch, & Ungar, 2005). However, our data suggest that for plurisexual women, shared integration into extrafamilial social networks can be perceived as an important form of partner support. This is particularly the case for networks relevant to women's plurisexual identities and histories, such as LGBTQ community and other activist networks. We hypothesize that this shared integration reinforces women's perceptions of unconditional acceptance support from

their partners, in that their partners are choosing to actively engage in networks that serve to support and make visible their sexual identities and histories.

Our finding of sexual social integration as a significant source of partner support for some pregnant plurisexual women is important to note, supporting the need for further exploration of shared sexual experiences, and particularly forms of consensual non-monogamy, in this group. Although for some plurisexual women, assumptions that they wish to be non-monogamous are harmful stereotypes, for others, non-monogamy is a desirable way to express their plurisexual identities. This desire, however, is highly stigmatized by society in general (Moors, Matsick, Ziegler, Rubin, & Conley, 2013), and perhaps even more so for women who are pregnant and/or parenting young children due to the desexualization of mothers and motherhood (Manley et al., unpublished manuscript). For couples who find significant support and connection through shared experiences of non-monogamy, these practices may be difficult to enact during the perinatal period simply for practical reasons (i.e. juggling the physical and demands of parenting young children with the time required to attend to relationships). Clinicians working with couples or individuals who are non-monogamous should thus be prepared to support them in considering how their sexual relationships, and involvement in relevant communities (e.g. swinging) may shift once they become parents (Buxton, 2013; Finn, Tunariu, & Lee, 2012; Rust, 2003).

The complexity of relationship-related issues highlighted in this study warrants attention as it pertains to the challenge of capturing these dynamics in quantitative investigations. First, standard measures of relationship quality or satisfaction are unlikely to capture the complexity of experiences described by our participants. Results of studies using such measures should be interpreted with caution, and novel measures of relationship constructs particular to plurisexual women may require development. Second, our data suggest that for some plurisexual women, experiences of non-monogamy are deeply interconnected with their expression of their plurisexual identities and serve as an important form of connection with their partners. Quantitative research regarding the relationship concerns of plurisexual women should therefore query desires for and practices of non-monogamy, in order to further characterize this inter-relationship. Finally, our data highlight the profound impact of stereotypes about bisexuality on women's experiences in intimate relationships. Theoretical models designed to explain mental health outcomes for sexual minority groups, such as the minority stress framework (Meyer, 2003), often do not explicitly account for such monosexist microaggressions (i.e. microagressions specifically directed to bisexual and other plurisexual orientations), and therefore may be inadequate to explain the specific stressors – or supports – that bisexual or other plurisexual women experience in the context of their relationships with men. Additional mixed-methods research to refine these models for specific application to plurisexual people may be warranted.

Limitations

Our sample consists of predominantly cisgender, white, urban and suburban women with relatively high levels of education and income, and thus additional research is needed to determine whether the themes we identified are transferable to plurisexual women with other demographic characteristics and experiences. This study captured only the

perspective of plurisexual women themselves; research exploring plurisexual women's partners' perspective would be helpful in illuminating, for example, the types and origins of fears that they may possess surrounding their partners' plurisexual identities. Furthermore, for this study, we did not collect detailed demographic information about participants' partners (e.g. their sexual identity or history, or political or religious affiliations) that might be important to understand why partners may be more or less supportive of their plurisexual pregnant partners' sexual identities or histories. Finally, the present study only included one woman whose partner was not a cisgender man, and in turn, data from only one participant partnered with a transgender woman are included in our data set. While the primary themes reported in this study (unconditional acceptance support and social integration support) were consistent with her experience, it is likely that there are other important considerations related to partner support for plurisexual women partnered with transgender, genderqueer or non-binary partners. Additional research will be needed to more fully understand the experiences of these women, as well as those of plurisexual women who are partnered with cisgender women.

Implications for sexual and relationship therapists

As research has indicated, partner support may serve as an important protective factor against postpartum depression in particular (Dennis & Ross, 2006; Reid & Taylor, 2015) and mental health problems more generally (Goldberg & Smith, 2008). There may be an important role for sexual and relationship therapists to help foster the plurisexual-specific forms of partner support identified in this study, in order to support the well-being of the woman, the couple, and their family.

Sexual and relationship therapists may have an important role to play in helping partners to understand the importance of unconditional acceptance support of women's plurisexual identities and histories. This may require addressing the harmful impact of monosexist beliefs and stereotypes about bisexuality as they manifest in the context of intimate relationships (Finn et al., 2012). Various therapeutic techniques can be mobilized to name these beliefs when they arise, locate their origins in social norms and values related to monosexuality, and challenge their veracity in the context of the specific couple relationship. Therapists can also help couples to understand the value of social integration support, and to identify shared communities of interest that may be perceived as supportive of plurisexual women's identities or histories. Therapists who work with plurisexual women and their partners during the perinatal period in particular should be sensitive and trained to address challenges that often arise during this period. For example, while sexual and relationship therapists might often encourage new parents to protect time for their relationship (e.g. "date nights"), for plurisexual women, this might include protecting time for participation in shared social networks of importance to the couple. They may also encourage couples to consider whether and how the partners of plurisexual women can be effectively and meaningfully encouraged to participate in and learn from communities that plurisexual women value and feel validated within, such as LGBTQ communities.

Sexual and relationship therapists should also be prepared to address potential tensions – which could escalate, in the presence of the demands of new parenthood – surrounding sexuality and (non)monogamy. Therapists can help couples identify sexual

social integration as a potential form of partner support, and work with them to challenge both external and internalized stigma regarding non-monogamy in order to determine whether shared involvement in plurisexual-relevant sexual networks could be a strengthening factor in their relationships. Furthermore, couples who do wish to engage in consensual non-monogamy may need assistance in negotiating whether or how their involvement in these practices will shift during the perinatal period, as well as to communicate effectively about these issues during this period that is often both physically and emotionally taxing.

Finally, therapists themselves should "check" monosexist biases and be aware that one or both partners in a different-sex relationship may identify as non-heterosexual. Therapists may also need to examine the extent to which they themselves may have internalized harmful stereotypes about plurisexual people (e.g. that bisexuality is not a stable, legitimate sexual identity); research has identified the negative impact such biases can have in the context of delivering mental health care (Eady, Dobinson, & Ross, 2011). Our data suggest that biases regarding monogamy may be similarly harmful for many plurisexual women. In contrast, awareness and openness on the part of therapists has the potential to truly transform the therapeutic relationship that unfolds, allowing space for the discussion and sharing of complex topics such as diverse sexualities and relational orientations within couples, which may be of critical relevance to plurisexual women.

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