BUILDING TOWARDS PLURISEXUAL HEALTH EQUITY:
EXPLORING IMPACTS OF PARTNER SEXUAL ORIENTATION IDENTITY AND 
COUNSELLING EXPERIENCES ON PLURISEXUALS

by

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Abstract

Research indicates that plurisexuals experience a range of health inequities, faring worse on several indicators of mental health and well-being as compared to both their heterosexual and gay/lesbian counterparts. They also report elevated rates of unmet mental health needs as compared to other populations in Canada. It is therefore important that counsellors are able to understand the distinct factors that may shape plurisexual client experiences both inside and outside of the therapeutic environment. Drawing on an interpretative phenomenological analysis methodology, the study uses semi-structured interviews with optional post-interview reflections of six plurisexual participants. A central aim of the study is to examine how plurisexual mental health disparities might be informed by the variable of partner sexual orientation identity and the dynamics of mixed- and same-orientation relationships. In addition, it examines how plurisexual participants conceptualize the factors that contribute to creating safe and supportive counselling environments that account for the distinct needs of plurisexual populations. Results suggest that partner sexual orientation identity shapes the mental health risk and resilience environments available to plurisexuals, with mixed- and same-orientation relationships offering different positive impacts and challenges. Moreover, the results indicate that monosexism is a central factor that influences how plurisexuals navigate different interactions, including how they seek out and engage with counsellors in therapy. Findings are examined with specific attention towards their relation to Meyer’s minority stress model, the interplay with partner gender/sex, and the role of microcommunications. Additionally, recommendations are discussed regarding how the findings can inform plurisexual-affirming clinical practice and future research.
Keywords: plurisexual, non-monosexual, bisexual, pansexual, queer, monosexism, mixed-orientation relationship, same-orientation relationship, interpretative phenomenological analysis, health equity, mental health disparities
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Dedication

To those who have felt invisible and to those who have felt they had to be.
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CHAPTER 1
INTRODUCTION

A growing body of literature reveals that the plurisexual population experiences a number of health and mental health inequities as compared to their heterosexual and, on many measures, gay and lesbian counterparts. Understandings of the factors that contribute to these mental health inequities are still emerging. Existing research points towards the importance of a range of micro-, mezzo-, and macro-level considerations and their relation to the systemic marginalization and discrimination that this population faces in both heterosexual and sexual minority contexts (Ross, Dobinson, & Eady, 2010; Balsam, Beadnell, & Molina, 2013; Vrangalova & Savin-Williams, 2014). Despite seeking out mental health supports such as social workers and counsellors at higher rates, plurisexuals still report elevated rates of unmet health care needs among Canadians (Tjepkema, 2008). They also continue to experience multiple forms of discrimination and therapeutic bias when accessing mental health services (Shelton & Delgado-Romero, 2013). Given these experiences and health inequities, it is crucial that mental health professions invest in developing more nuanced understandings of the factors that impact plurisexual mental health and how to build counselling practices with enhanced sensitivity to this population's needs.

Relevance of the Study

The plurisexual population is made up of all those who identify as experiencing sexual or romantic attraction to individuals of more than one gender/sex\(^1\) and includes people who identify

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\(^1\) Except when it impairs clarity or readability, I draw on van Anders’ (2015) use of “gender/sex” throughout this study to connote the intertwined impacts of gender socialization, identity, and expression with biological sex, which oftentimes “cannot be easily or at all disentangled” (p. 1181).
as bisexual, pansexual, non-monosexual, queer, and a variety of other terms. Studies report that plurisexuals constitute between 0.5%-3.1% of the population (Gauvin & Pukall, 2018), with Statistics Canada (2015) reporting that 1.3% of Canadians were plurisexual-identified in 2014. A broad range of research substantiates the existence of plurisexual health inequities, with this population faring worse on several indicators of mental health and well-being. For example, several studies have found that plurisexuals exhibit higher rates of anxiety, depression, drug and alcohol dependence, and suicidality than monosexual populations (Persson, Pfaus, & Ryder, 2015; Bostwick, Boyd, Hughes, & McCabe, 2010; Feinstein, Dyar, & London, 2017; Salway et al., 2018; Brennan, Ross, Dobinson, Veldhuizen, & Steele, 2010; Conron, Mimiaga, & Landers, 2010). Moreover, plurisexuals have reported increased rates of several forms of victimization and face stigmatization and discrimination on personal, structural, and cultural levels (McLaughlin, Katzenbuehler, Xuan, & Conron, 2012; Katz-Wise & Hyde, 2012; Friedman et al., 2011; Dodge et al., 2016; Cox, Bimbi, & Parsons, 2013; Feinstein, Dyar, Bhatia, Latack, & Davila, 2014; Hequembourg & Braillier, 2009). In the face of these troubling disparities, researchers have worked to discern what factors may serve as risk and protective influences, examining variables along systemic, intrapersonal, and interpersonal lines. Existing research in each of these areas will be reviewed in further detail in Chapter 2.

While diverse factors have been examined in connection to these health inequities, the role of intimate relationships has received little attention. Recent studies have shown that where relationships often function as a protective factor with regard to psychological distress and internalizing symptomology, this may not always be the case for plurisexuals. In light of such findings, researchers have called for further examination of the interaction between plurisexual relationships and mental health (Whitton, Dyar, Newcomb, & Mustanski, 2018; Feinstein,
Latack, Bhatia, Davila, & Eaton, 2016). Of existing relationship-oriented plurisexual research, a limited number of studies focus on variables such as partner gender/sex and partner number. Though recognized as a useful area of inquiry, the role of partner sexual orientation identity and its interaction with plurisexual identity and mental health remains almost entirely unexamined (Vencill, Carlson, Iantaffi, & Miner, 2018). To address this gap in the literature, the present study will explore what plurisexuals perceive to be central factors in how partner sexual orientation identity influences their experiences, mental health, and well-being. Additionally, while rates of mental health concerns and service utilization are high in LGBTQ populations, relatively little research has examined plurisexual experiences with mental health services (Simeonov, Steele, Anderson, & Ross, 2015). Thus, this study will also explore what facilitates or impedes the provision of quality counselling support for plurisexuals. These realms will be examined in hopes that the study can provide insight into the lived experience of plurisexuals and elaborate professional understandings of what shapes plurisexual mental health and how to provide support that better addresses the distinct needs of the plurisexual population.

**Nature and Purpose of the Study**

Given the dearth of research in this area, I seek to undertake a discovery-oriented exploration of the experiences of the plurisexual study participants. With this aim, a qualitative research approach is warranted as it allows for “exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (Creswell & Creswell, 2018, p. 4). In this study, I will be using a modified interpretative phenomenological analysis (IPA) framework to enable this exploration. This qualitative methodology has been recognized as effective in investigating sexual minority-related phenomena and is well suited to this aim of elucidating experiential meaning. Moreover, it can be of particular use when looking at topics
that are under-researched, as is the case with explorations of plurisexual mental health and well-being (Smith & Osborn, 2004; Flanders, Doblinson, & Logie, 2015). Harnessing this methodology, I will conduct and analyze semi-structured interviews and optional post-interview reflections with a snowball sample of six plurisexual participants. The exploratory focus of this study supports the use of semi-structured interviews as they leave space for participants to take questions regarding their experience in any number of directions; however, the co-constructed nature of interview dialogue means that the parameters of the conversations will also inherently be informed by my own personal, professional, and social curiosities and motivations.

The purpose of this study is twofold. First, I aim to explore what the plurisexual participants identify as key impacts of their partners’ sexual orientation identities on their lived experiences and examine how these impacts might be influencing their mental health and well-being. Second, I am seeking to identify how the participants believe counsellors can best support their distinct needs as plurisexuals in the greater Vancouver region of British Columbia. In accordance with these aims, the research questions that will frame the study are listed below:

1A. How do plurisexual individuals conceptualize the impacts of same- and mixed-orientation relationships on their lived experiences?

1B. How do same- and mixed-orientation relationship structures and partner sexual orientation identity create risk and resilience factors that shape plurisexual mental health and well-being?

2. What considerations do plurisexuals feel are relevant to creating a safe and supportive counselling environment?

To operationalize these research questions, I will create a guiding interview schedule for the semi-structured interviews. Research question 1A opens lines of inquiry into such elaborative
questions as (a) how does partner sexual orientation identity inform how plurisexuals relate to their own sexual orientation identity? (b) how does partner sexual orientation identity inform how plurisexuals perceive and experience their intimate relationships? and (c) how does partner sexual orientation identity inform how plurisexuals perceive and experience interactions with those outside of the intimate partnership? These areas of interest will be reflected in the interview schedule through questions like “in your life, how has the sexual orientation identity of different partners impacted how you understand or experience your own sexual orientation identity?” and “how does being in a relationship with someone with a different sexual orientation identity impact how socially connected you feel outside of the relationship?”

Flanders et al. (2015) assert that the dearth of research examining plurisexual health “is considerable when taking into account the observed health disparities,” noting that “in particular, there is little research that has investigated how bisexual people perceive their mental health and the factors that influence their health” (p. 455). In accordance with this perspective, I have chosen to rely on a qualitative interview methodology that centres the participants’ own conceptualizations of their mental health, rather than harnessing more formalized mental health assessment tools that impose external definitions of health and pathology. Thus, to address research question 1B, I will use questions such as “how have any of these impacts affected your personal mental health and well-being?” and “has this impacted you in ways that feel significant to your mental health or well-being?” as follow up questions throughout the interview schedule. However, since subjective descriptions of mental health and well-being may result in a richness of perspectives that is difficult to synthesize, I will also draw on a minority stress model to assist in the interpretation of the research findings related to research question 1B (Brooks, 1981; Meyer, 2003). This model will be explained in more detail later in the chapter.
To elucidate research question 2, I will ask questions aimed to elicit perspectives regarding such topics as what the plurisexual participants look for in their counsellors, what concerns arise for them in pursuing counselling, and how they think counsellors might best support them when dealing with their experiences of mixed- or same-orientation relationship concerns. These areas of inquiry will be reflected in the interview schedule through questions like “how would you/do you choose a counsellor with whom you feel comfortable talking about your mixed- or same-orientation relationship?” and “what considerations do you feel are relevant to creating a supportive counselling environment when dealing with your experiences of mixed- or same-orientation relationship concerns?” While these elaborations and examples help reveal my approach to the study’s research questions, the full interview schedule can also be found in the Appendix.

Positioning Myself within the Research

In approaching this research, I draw upon both transformative and social constructionist frameworks. The transformative approach to research asserts that “research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression at whatever levels it occurs” (Mertens, 2010, as cited in Creswell & Creswell, 2018, p. 9). This perspective works alongside the growing understanding in the counselling field that considerations of social justice are critical to a holistic approach to client mental health and well-being (Ratts, 2009). In line with this view, I believe that the systemic inequalities created and maintained by coercive power structures are a major source of mental and emotional distress in Western society and so must be addressed within counselling research and practice.

The transformative approach puts forward that research should, wherever possible, aim to promote equity for marginalized peoples (Creswell & Creswell, 2018). This perspective has
influenced my choice to investigate plurisexuals as a population that is stigmatized and experiences systemic discrimination and a variety of health inequities. In addition to oppressive ideologies such as heteronormativity, cisgenderism, and sexism that disproportionately disadvantage sexual and gender minorities, plurisexuals face further marginalization through the enactment of monosexism, which habitually pathologizes, delegitimizes, and erases plurisexual identities. This monosexism not only permeates dominant heteronormative culture, but also exists within sexual minority communities themselves, creating the potential for plurisexuals to experience a harmful dual rejection. With mounting research supporting the contention that these dynamics result in detrimental health inequities, this study seeks to engage with research questions that will address the social oppression and marginalization faced by plurisexuals.

From a social constructionist perspective, my presence within the research interaction will inherently impact the study at every stage (Burr, 2003). As such, it is necessary to answer the question of “who am I” in this research, since my own background, history, and social positioning has shaped the line of inquiry I have undertaken, as well as the analysis and interpretation I will provide (Creswell & Creswell, 2018, p. 8; Clandinin, 2013, p. 81). As such, it is critical that I position myself as a plurisexual-identified individual with my own lived experiences within this identity. Over my life, I have engaged with LGBTQ2S+ communities at a variety of levels and in a variety of capacities. Most relevant to this research project, however, I have spent the past two years as a volunteer co-facilitator of a support group for plurisexuals. I have had the honour of hearing the narratives of a multitude of plurisexuals who generously shared their experiences with the group, allowing myself and the group to support them in their struggles and celebrate their victories alongside them. Throughout this experience, I have been continuously moved by the incredible strength and resilience of the plurisexual participants and
struck by the healing power of connecting over shared identities and lived experiences with people of diverse backgrounds.

Yet, my time with this group also highlighted the complex and often distressing dynamics plurisexuals have to navigate. I started to notice recurring themes, including ones surrounding the role of partner gender/sex, number, and sexual orientation identity. The patterns that started to emerge brought forward many questions for me and ultimately started me down this line of inquiry. I also heard, time and time again, about the lack of resources available for plurisexuals and the challenges group members encountered when seeking out health and mental health services. These narratives, along with my own experiences of marginalization as a plurisexual, helped fuel my desire to work with the plurisexual community and explore research questions aimed at giving voice to plurisexual experience and elaborating professional understandings of how best to provide the equitable and identity-affirming care that plurisexuals deserve.

Being socially situated within the same sexual minority group as the research participants places me as an “insider researcher” for this inquiry (Fassinger & Morrow, 2013, p. 72). Holding this position can offer certain advantages, including having access to individuals in the community and an insider-knowledge of several of the complex issues that are relevant to the lived experience of the population. At the same time, this insider status means that I am not impartial to the research content and must have a heightened sensitivity to the ways in which my vested interest in the population’s welfare may impact my framing and interpretations of the research (Costley, Elliot, & Gibbs, 2010). Additionally, I must be conscious that the experiences of those who fall under the plurisexual identity umbrella are diverse and it cannot be assumed that my experiences of plurisexuality will coincide with those of the participants.
Where I fall in relation to my sexual orientation identity is not the only identity of relevance to the interactions between me and the participants given the complex dynamics of intersecting identities of privilege and oppression. In addition to being a 29-year-old queer-plurisexual, I identify as an Ashkenazi Jewish, able-bodied, cis-woman of economic privilege living and working on the traditional homelands of the Səl̓ílwətaʔ (Tsleil-Waututh), Xʷməθkwəy̓əm (Musqueum), & Sḵwx̱wú7mesh (Squamish) peoples, among other identities. This social positioning will leave me and each participant with a variety of shared and differing identities that will influence the power dynamics embedded in our interactions throughout the interviews. To enhance my accountability to these identity considerations and my positioning as an insider researcher, I have included demographic and identity information regarding the participants in Chapter 3 to allow readers to make their own assessments of how these dynamics might influence the co-construction of the field texts and my subsequent analysis and interpretation (see summary in Table 1). Also, I have incorporated a member checking process into my methodology to support the research validity and allow the participants to correct my depiction of the interactions if they feel that my portrayal is inaccurate. Finally, I have consulted with a researcher in the sexual minority field whose own sexual orientation identity places him as an “outsider” researcher in relation to this line of inquiry to create the opportunity for feedback that enhances my self-reflexivity as an insider researcher.

**Conceptual Frameworks**

**Health Equity**

My approach to this research project is rooted in my desire to promote health equity by addressing and supporting the elimination of health disparities based on sexual minority status (Braveman, 2014). Equity can be defined as “the practice of ensuring fair, inclusive and
respectful treatment of all people” in a way that “honours and accommodates the specific needs of individuals/groups” (The 519, n.d.). This means that achieving health equity is not the same as providing exactly the same care and services to all people, but instead ensuring that all people have equal access to care that is responsive to their needs.

In the context of health equity, mental health disparities can be understood as one of “the metric[s] we use to measure progress toward achieving health equity” (Braveman, 2014, p. 7). Health disparities are a distinct form of health differences. They reflect “a particular type of health difference that is closely linked with economic, social, or environmental disadvantage” and they “adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on…characteristics historically linked to discrimination or exclusion,” such as sexual orientation identity, gender/sex identity, and racialization or ethnic identity (Healthy People 2020, 2010, as cited in Braveman, 2014, p. 6). These concepts are critical to a social justice and transformation-oriented approaches to research and will be harnessed throughout the study.

Queer Theory

While notoriously complex, queer theory can be summarized in simple terms as “a segment of academic thought that focuses on the constructedness of gendered and sexual identities and categorizations” (Callis, 2009, p. 215). Drawing on social constructionist understandings, it attends to the ways that sex, gender, and sexual desire are interrelated and fluid, shifting based on the time, place, and cultural context (Tilsen, Nylund, & Grieves, 2007). This premise counters the essentialist paradigm that has been foundational to most traditional psychology approaches to gender/sex and sexuality studies (Gammon & Isgro, 2006). Unlike queer theory, the essentialist perspective rests on the belief that people are born with an
unchanging predisposition of attraction towards people of a specific sex. In the essentialist framework, this predisposition constitutes a person’s innate sexual orientation, regardless of sexual behaviour, sexual identification, or the influences of socialization (Burr, 2003; Galupo, Davis, Gryniewicz, & Mitchell, 2014). Though identity categories resting on this essentialist perspective have been harnessed for political resistance of sexual orientation-based oppression, this paradigm has also contributed fundamentally to the construction of male/female gender/sex binaries and heterosexual/homosexual sexual orientation binaries (Gammon & Isgro, 2006). Building on deconstructionist philosophy, queer theory has “attacked the validity” of such binaries by looking at the “webs of power and discourse that create and uphold” these conceptualizations (Callis, 2009, p. 215-6).

In the context of this study, queer theory will be used as a foundational conceptual framework for approaching and analyzing considerations of sexuality, sexual orientation identity, and gender/sex. As such, it is important to contextualize certain critiques of the theory. For instance, contrary to the assertions of some critics, queer theory does not deny that there are biological sex differences between people or that there are tangible effects of gender/sex identity and the gendering process on how people experience and are treated in the world (Tilsen et al., 2007). Another critique of queer theory is that “in its attack of the hegemonic binary of hetero/homo, [it] ends up ignoring those sexualities that fall outside of that binary” such as plurisexuality and asexuality (Callis, 2009, p. 216-7). This critique is particularly pertinent given this study’s focus on plurisexuality. Rather than seeing this as an inherent flaw in queer theory, however, I see studies that look at sexualities that fall outside of the heterosexual/homosexual sexual orientation binary, such as this one, as offering the possibility of constructive elaborations of the theory. By investigating the phenomenological experiences of those who do not fit within
this binary, studies exploring plurisexuality can serve to further queer theory’s aim of “exposing the ‘operations of heteronormativity in order to work the hetero/homosexual opposition to the point of critical collapse’ (Angelides, 2001, p. 168)” (Gammon & Isgro, 2006, p. 178). From this perspective, it is also important that plurisexuality not be placed in opposition to monosexuality as this would “reinscribe binary logic,” but rather be understood as a distinct phenomenological experience that helps nuance understandings of the diversity, complexity, and fluidity of human experiences of sexuality and gender/sex (Gammon & Isgro, 2006, p. 169).

**Minority Stress Model**

The minority stress model originally outlined by Brooks (1981) and elaborated by Meyer (2003, 2015) has been used to elucidate potential explanations for plurisexual health disparities and is a useful framework for examining interventions that promote health equity (Li, Dobinson, Scheim, & Ross, 2013). Building on social stress theory, the minority stress model provides a framework for understanding some of the causes of sexual minority health disparities by looking at the minority-specific conditions of social environments (Balsam et al., 2013). Meyer (2015) explained that the minority stress model “is based on the premise that (a) prejudice and stigma directed toward LGBT people bring about unique stressors and (b) these stressors cause adverse health outcomes including mental and physical disorders” (p. 209). He outlined ways in which such stressors could contribute to concerns such as elevated rates of internalizing symptoms, substance misuse, and suicidality (Hendricks & Testa, 2012).

Minority stress can result from a variety of experiences, but the model generally focuses on stressors related to “experience[s] of prejudice events, expectations of rejection, hiding and concealing [a sexual minority identity], internalized homophobia” and their interplay with “ameliorative coping processes” (Meyer, 2003, p. 674). This model distinguishes between distal
and proximal stressors. Distal stressors are those that are experienced “outside the person,” such as discrimination, violence, and identity-based microaggressions. Proximal stressors are those that are “transmuted through socialization and experienced by the person through internalizing cognitive processes,” such as internalized homophobia, expectations of discrimination, and perceived stigma (Meyer, 2015, p. 209-210). Additionally, the model draws attention to how the impact of these stressors may be moderated by other factors such as the salience of the minority identity to the individual or the level of social support available (Meyer, 2015; Ross et al., 2017). Importantly, in this conceptualization, minority stressors are considered “additive to the general stressors experienced by all people,” which is why they can be used to understand health disparities (Li et al., 2013, p. 22). Early iterations of this model purported to address the experiences of gay, lesbian, and bisexual experiences, though recognition of the differences between monosexual and plurisexual experiences were largely neglected. More recently, the model has been elaborated by some researchers to examine the experiences of other groups within the LGBTQ2S+ umbrella, such as what unique stressors trans*2 individuals face (Hendricks & Testa, 2012; Bockting et al., 2013). Since my intention is not to use mental health measures or assessments in this research, this framework will be used to draw connections between the impacts reported by participants and the potential mental health implications. Moreover, in Chapter 6, I will discuss how modifications to this model might extend its usefulness in addressing plurisexual-specific inequities.

**Definitions**

**Mental Health and Well-Being**

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2 With regard to gender/sex identities, I have used “trans*” as an umbrella term for identities such as transgender, transsexual, gender diverse, genderqueer, gender non-conforming, gender non-binary, and gender fluid, where relevant.
Mental health and well-being are widely used terms with a variety of definitions that differ based on the intent and context of their use. To provide a frame of reference for this study, one useful definition that draws on a definition from the Public Health Agency of Canada is provided by the Ontario Ministry of Health and Long-Term Care (2018). They define mental health as

a positive concept and more than the absence of mental illness. The Public Health Agency of Canada defines it as “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.” Mental health may be used interchangeably with mental well-being, particularly outside of the health sector.

The holistic focus and the inclusion of considerations of equity and social justice in this definition align with my own conceptualizations of mental health and well-being. While the breadth of this definition could pose certain challenges in terms of operationalizing measures of mental health in a quantitative study, its inclusiveness allows for a more comprehensive exploration of possible mental health impacts in the present study.

**Sexual Orientation Identity**

Human sexuality has a seemingly endless variety of interconnected components. People differ greatly in how they relate to aspects of their sexuality such as their sexual attraction, their romantic attraction, their own gender/sex, the gender/sex of their partners, the number of partners they want to engage with, if any, and the activities and power dynamics they desire in a sexual encounter, among others. From a social constructionist and queer theory perspective, it is
somewhat of a false premise to attempt to separate out different aspects of sex, gender, and sexuality since they are inherently intertwined (Callis, 2009). Yet, in the context of sexual minority research, language is needed to examine and communicate about the distinct ways in which people experience their sexuality.

Commonly, sexual orientations are understood as “sexual predispositions” of attraction or arousal towards people of a certain sex (Galupo et al., 2014, p. 440). The categories used to describe sexual orientations depend on the person’s “sex relative to that of a target” (van Anders, 2015, p. 1177). As noted by Klesse (2011), the term and concept of sexual orientation “comes along with quite a heavy essentialist baggage” (p. 239). This critique arises because of its reliance on essentialist perspectives that everyone is born with a set disposition of sexual attraction and that the subject and target of attraction fit into gender/sex categories that are concrete and unchanging (Galupo et al., 2014).

While still overly reliant on a paradigm of fixed gender/sex identities, the concept of “sexual orientation identity” offers a more social constructionist-oriented language for discussing this aspect of sexuality. This language centres the “conscious recognition and self-identification” of individuals with a culturally available sexual attraction category, such as straight, queer, gay, lesbian, bisexual, pansexual, asexual, demisexual, etc. (Galupo et al., 2014, p. 440). That is to say, this terminology allows space for the understanding that “our sexual [orientation] identity is less of a marker of any true orientation, but more of a description of our own position in the social structure given the current available and accepted social constructs surrounding sexuality” (Walker, 2014, p. 914-5). For the purposes of this study, sexual orientation identities can be understood as falling into three broad categories: asexual/aromantic, monosexual/monoromantic, and plurisexual/pluriromantic (Galupo et al., 2014). Each of these groupings encompass a variety
of diverse and complex identities, but only monosexual and plurisexual identities will be addressed directly in this research. Additionally, to enhance readability, I will use asexual, monosexual, and plurisexual to refer to identities related to both sexual and romantic attraction, even though these aspects of sexuality are experienced by many as distinct from one another (van Anders, 2015).

**Plurisexual**

Definitions of plurisexuality are complicated by the variety of conceptualizations of sexuality. Where some people have defined sexual orientation-related categorizations based on sexual practices, others have used sexual and/or romantic desire, or self-identification as the basis for their definitions (Klesse, 2011). Based on the definition used, a single person might fall within or outside of a given sexual orientation-related category. Consequently, research samples and outcomes might differ significantly depending on the definitions employed in the study.

For the purposes of this study, plurisexual is used as an umbrella term referring to the sexual orientation identity of anyone who identifies having the potential to experience sexual and/or romantic attraction to individuals of more than one gender/sex. These attractions may not take place at the same time, in the same way, or to the same degree. Plurisexuality encompasses a wide variety of identities including, but not limited to bisexual, pansexual, non-monosexual, queer, fluid, omnisexual, ambisexual, polysexual, and others. While still encompassing a population with significant diversity in identities and experiences, I have based my definition of plurisexuality on chosen identities, rather than on sexual practices or attraction. This choice reflects an intention to honour self-determination in defining one’s own experience and to avoid perpetuating essentialist approaches to sexuality. When discussing existing literature, I have used the language of plurisexuality in place of the terms used in the studies, except in instances where
I felt that retaining the original language of the study was integral to conveying the original meaning of the referenced material.

In my experience, the term plurisexual is not often used colloquially when people describe their sexual orientation identity to others. Instead, it appears more frequently in academic research contexts. While risking a reduced level of personal identification for readers by using this term, I have selected it because people’s lack of familiarity with the term also means that it escapes some of the common stereotypes and discourses surrounding other terms such as bisexual or non-monosexual. Where, for some, the term bisexual takes on the meaning of reinforcing the gender binary, the term plurisexual etymologically connotes an attraction to “more than one” gender/sex and so avoids this potential concern. On the other hand, even though it is gaining prevalence in research and in some informal settings, the term non-monosexual “linguistically assume[s]” the positioning of monosexual as the normative and “ideal conceptualization of sexuality,” which contradicts my intent to challenge monosexual paradigms (Galupo et al., 2014, p. 452). For these reasons, I have chosen to use the term plurisexual throughout the research project.

It is critical to recognize that this discourse around plurisexuality is situated within Western discourses of sexuality, gender/sex, and sexual orientation. That is not to say that plurisexual identities are not present and taken up by people from diverse sociocultural and geopolitical positionings, but rather that it is not meant to be a statement of universal experience. In other words, even if identities within the plurisexual umbrella have been “claimed as a source for identification and served as a rallying point for social and political movements by people across the globe (cf. Ochs & Rowley, 2009), it does not necessarily resonate with the cultural and linguistic repertoires of meanings around erotic practice and identification for many people
in many localities” (Klesse, 2011, p. 230-231). Moreover, even within Western cultures, this conceptualization of plurisexuality and sexual orientation identities fails to reflect the experiences of many individuals. Nevertheless, without claiming to represent all experiences, this imperfect language can be useful in allowing the exploration of complex human experiences surrounding sexual/romantic attraction and sexual identity dynamics.

**Monosexual**

Monosexual is an umbrella term referring to the sexual orientation identity of anyone who identifies as having the potential to experience sexual and/or romantic attraction to individuals of one gender/sex only. This term commonly refers to heterosexual, gay, and lesbian individuals. Importantly, the use of this term throughout the study is not meant to connote homogeneity in experience between heterosexuals and gay/lesbian individuals or erase the oppression and marginalization experienced by monosexual sexual minorities within the dominant cultural system of heteronormativity. Instead, it is used within this study to distinguish between identifying as attracted to only one gender/sex as compared to identifying as attracted to more than one gender/sex, which can be understood as “qualitatively different” experiences of sexuality (Rust, 2000, p. 40).

**Mixed-Orientation Relationship**

The term mixed-orientation relationship is defined here as a partnership in which the sexual orientation identities of the individuals involved are different from one another (eg. a pansexual-identified person who is partnered with a lesbian-identified person). In this study, this term is generally used to speak more specifically about a partnership between a person who identifies within the “plurisexual” category and a person who identifies within the “monosexual” category, though this term could also apply to partnerships of plurisexuals or monosexuals with
individuals on the asexual/aromantic spectrum. A positive implication of using the language of “mixed-orientation relationships” is that it creates the opportunity for “more accurate representation and visibility” for plurisexuals by “mov[ing] beyond terminology of ‘gay’ and ‘straight’ relationships,” which perpetuates plurisexual erasure (Davids & Lundquist, 2018, p. 8).

**Same-Orientation Relationship**

Same-orientation relationships consist of partnerships in which the sexual orientation identities of the individuals involved are in the same category as one another. Due to the focus of this study, it is used here exclusively to refer to an intimate relationship between multiple plurisexual individuals, though it could also be used to refer to relationships between two or more heterosexual individuals, two or more lesbian/gay individuals, or two or more asexual/aromantic individuals.

**Monosexism and Binegativity**

Monosexism is a sociocultural ideology that perpetuates the belief that monosexuality, meaning sexuality constituted by attraction to only one gender/sex, is superior to or more legitimate than attraction to people of more than one gender/sex. It is expressed through institutional practices, cultural tropes, and individual beliefs that place sexuality into a hierarchy in which heterosexuality is the normative identity held at the top, gay and lesbian sexualities are underneath heterosexuality, and plurisexuality is positioned at the bottom of the hierarchy or made invisible altogether (Toft & Yip, 2018).

The expression of monosexist beliefs often takes the form of binegativity. Binegativity can be understood as a term that encompasses “a broad set of oppressive practices, which include forms of violence (interpersonal, legal, institutional), discrimination (social, cultural, legal), as well as epistemic erasure and denigration through negative representations” of plurisexuals.
(Klesse, 2011, p. 234). By this definition, binegativity can also be understood to include any enactment of plurisexual delegitimization, marginalization, or biphobia. When internalized by plurisexuals, binegativity can contribute to self-doubt, self-hatred, shame, internal conflict, and self-stigmatization regarding one’s plurisexuality and has been linked to negative mental health impacts (Ross et al., 2010; Walker, 2014). Importantly, when discussing this and other forms of internalized oppression, my aim is not to “obscure” its systemic sources or to pathologize the individual, but rather to recognize the ways in which dominant discourses of oppression do impact people on the individual level (Aguinaldo, 2008, p. 93).

**Scope and Limitations**

My intention in undertaking this exploratory qualitative research project is to bring forward meaningful descriptions and interpretations of the co-created dialogues I engaged in with the study participants, who constitute my co-researchers. These dialogues were shaped by the distinct time, space, and cultural context in which I interacted with each co-researcher. As such, this study does not lay claim to being representative, being replicable, or accessing any form of “final description of the world” (Burr, 2003, p. 158). The study’s scope and applicability are bounded by IPA’s ideographic approach, the non-probability snowball sampling method, the small sample size, and the definition of terms used throughout the research process. In looking at the study’s sampling approach, the attempts to ensure that the sample reflected some diversity of experience and identity should not be confused with the assertion that the findings can be generalized to specific subsets of the plurisexual population or to the plurisexual population as a whole. Given the complexity of dynamics surrounding sexuality, I have also limited the scope of the study to examining partnered sexuality, not solitary sexuality (van Anders, 2015). In addition, I only address interactions regarding plurisexual and monosexual identities with the
understanding that future research would benefit from the inclusion of asexual identities as well. Further discussion of the study’s limitations will be provided in Chapter 6.

**Significance of the Study**

With its grounding in social constructionist perspectives, this research text is not meant to convey any form of “objective” truth about the mental health impact of partner sexual orientation identity on plurisexuals or about plurisexual experiences with counselling. Instead, my aim is to elevate the voices of the participants, where possible, and offer my interpretations of the co-constructed field texts in such a way that they might be useful and generative, in some way, for myself and for the reader. On the most basic level, I hope to use the insights gained through this inquiry process to inform my future counselling practice and to enrich the limited representations of plurisexual experiences reflected in current literature. By harnessing a relational approach to mental health, I also strive to elucidate possible dynamics that have received little attention in conceptualizing plurisexual mental health disparities so far. Finally, through this study, I hope to highlight perspectives that can help inform the practice of counsellors who are invested in the flourishing of the plurisexual population and bring forward avenues of inquiry for future research that will support the promotion of health equity across sexual orientation identities.

In the following chapter, I will provide an overview of the existing literature regarding plurisexual mental health and counselling experiences as it pertains to the research questions examined in this study.
CHAPTER 2
LITERATURE REVIEW

Plurisexuals constitute an understudied population that experience significant mental health disparities. This study aims to elucidate how plurisexual mental health disparities may be shaped by factors related to intimate partner sexual orientation identity by illuminating how plurisexuals conceptualize the impacts of mixed- and same-orientation relationships on their experiences and their mental health. Furthermore, the study will examine how plurisexuals believe counsellors can create supportive therapeutic environments that support their distinct needs. To contextualize the study’s questions and objectives, this literature review will outline what existing research has revealed about the complex factors influencing the population’s mental health, identify areas in need of further investigation, and outline how this study hopes to address gaps in the current body of research.

While an exhaustive literature review is beyond the scope of this research project, this chapter provides a brief description of some of the mental health inequities experienced by plurisexuals and of which factors have been associated with or implicated in causing these inequities. The review first identifies some of the plurisexual mental health disparities that have been found. Second, it provides an overview of different systemic, intrapersonal, and interpersonal variables that have been examined and tied to these inequities. Given the study’s emphasis on the role of partner sexual orientation identity, particular emphasis is placed on reviewing relational rather than intrapersonal variables. Third, plurisexual experiences with mental health services are examined. Finally, the limitations of this review are discussed. Overall, this chapter aims to provide necessary context for understanding the diverse factors that may influence or be present in the interviews with co-researchers. Moreover, it works to position
this research within the discourse of plurisexual experience and situate it as a novel and professionally relevant area of investigation.

**Plurisexual Mental Health Inequities**

Several studies have identified that the plurisexual population faces elevated mental health disparities as compared to their monosexual counterparts. In a seminal study comparing internalizing symptoms across populations, Bostwick et al. (2010) found that 57.8% of bisexual women experience anxiety disorders within their lifetimes, as compared to 31.3% of heterosexual women and 40.8% of lesbian women. A similar pattern emerges with regard to mood disorders in women, with lifetime prevalences of 58.7% for bisexuals, 30.5% for heterosexuals and 44.4% for lesbians. These findings have been supported by several other studies that identified significantly increased rates of stress, depression, and anxiety for plurisexual women as compared to both straight and lesbian women (Persson et al., 2015; McNair & Bush, 2016). Unfortunately, the lack of research that distinguishes between plurisexual and monosexual trans* populations when examining mental health inequities hinders assertions about potential parallels within trans* populations, but given the elevated rates of anxiety and depression in trans* populations more generally, this constitutes an important area for future exploration (Carmel & Erickson-Schroth, 2016). Looking at the lifetime prevalence rates of men, the disparities between bisexuals (36.9% for mood disorders, 38.7% for anxiety disorders) and heterosexuals (19.8% for mood disorders, 18.6% for anxiety disorders) are also substantial (Bostwick et al., 2010). While rates of anxiety and mood disorders are similar between self-identified bisexual and gay men, significantly higher rates of internalizing symptoms were found when setting aside identification and looking at men whose sexual behaviour includes activity with men and women compared to those only sexually active with
other men. The findings reflected rates of 46.5% versus 26.8% for mood disorders, and 38.9% versus 25.0% for anxiety disorders, respectively (Bostwick et al., 2010). These findings highlight the impact of distinguishing between plurisexual attraction, behaviour, and identity in working with plurisexual populations, but ultimately still reflect an elevated risk of anxiety and depression in plurisexual men.

In addition to higher rates of internalizing symptoms, plurisexuals also report several other critical mental health concerns at rates higher than monosexuals. For example, disparities have been found with regard to substance use, with plurisexuals reporting higher rates of drug use and alcohol dependence than monosexuals, though the level of disparity varied for men depending on the definition of sexual orientation (Feinstein et al., 2017). Plurisexual women have also been found to report non-suicidal self-harm at higher rates than heterosexual women and lesbian populations (Batejan, Jarvi, & Swinson, 2015). Significantly, several studies have also found that bisexual-identified individuals report higher rates of suicidality, both in past-year and lifetime prevalence, than monosexuals (Salway et al., 2018; Brennan et al., 2010; Conron et al., 2010). In a meta-analysis of 46 studies, Salway et al. (2018) found that compared to monosexuals, the odds of bisexuals experiencing suicide ideation or attempts was between 1.48-1.95 times greater for women and between 1.00-1.48 times greater for men, reflecting an elevated risk of suicide for plurisexuals that is statistically significant. With the mounting research supporting the existence of serious plurisexual mental health inequities, it is necessary to turn towards building understandings of the factors that contribute to these inequities and how they might be best addressed.

Factors Associated with Plurisexual Mental Health

Systemic Considerations
Social determinants of plurisexual health must be understood within the broader sociocultural context surrounding plurisexuality. Within Western society, plurisexuals are subjected to prejudice, delegitimization, and violent discrimination due to heterosexist and monosexist systems of power. While some expressions of this oppression operate more covertly through stereotypes and stigmatization, others are more overt, such as enactments of violence and abuse. Despite efforts to shift the public towards equity for sexual minority populations, plurisexuals remain targets of systemic marginalization and violence in ways that shape their mental health.

**Binegativity, stereotypes, and stigmatization.** Plurisexual-specific discrimination, commonly referred to as binegativity, is a distinct form of oppression that is thought to be a central contributor to the mental health disparities found between plurisexuals and monosexuals (Dyar, Lytle, London, & Levy, 2017). Binegativity can manifest in a variety of ways, but is commonly expressed through stigmatization, stereotyping, erasing, and delegitimization of the sexual orientation identity. Common stereotypes manifest in tropes that portray plurisexuals as “sexual irresponsible” and as carriers of STIs, based on beliefs such as that plurisexuals are incapable of being monogamous or sexually faithful (Dyar, Lytle, London, & Levy, 2015, p. 353), as sexually “greedy” (Barker et al., 2012, p. 20), or as trying to get “the best of both worlds” (Klesse, 2011, p. 234-235). Plurisexual erasure is frequently communicated through beliefs that plurisexuality is non-existent, that plurisexuals are merely confused about their sexual orientation, that they are in transition between or in denial of identifying as heterosexual or gay/lesbian, or that they are using the identity to avoid homophobia and benefit from heterosexual privileges. This erasure supports and stabilizes the heterosexual/homosexual binary of monosexism by denying the authenticity of a sexual orientation category that falls outside of
the binary. It is also held up by assumptions such as presuming that partner gender/sex defines an individual’s sexual orientation identity. Each of these forms of binegativity are perpetuated through internalization, interpersonal interaction, and through broader societal trends, such as the lack of positive representations of plurisexuality in media (Dyar, Lytle, et al., 2015).

Perhaps telling of the strength of plurisexual stigmatization and stereotypes, one study described how individuals who were newly facing their potential bisexuality found the experience was “filled with regret and ambivalence” and felt they had to “come to terms with” the “baggage” of being subject to bisexual stereotypes (Tabatabai & Linders, 2011, p. 589). In speaking with 35 bisexual-identified women, Flanders et al. (2015) found that participants perceived such forms of biphobia, bisexual erasure, and monosexism, meaning the systemic belief that “plurisexual orientations are illegitimate,” as mechanisms through which the delegitimization of their sexual orientation identity took place (p. 456). These participants identified this systemic delegitimization as a central challenge to their mental health, demonstrating the importance of understanding the prevalence of such discrimination and the role that these oppressive dominant discourses have in shaping plurisexual mental health and well-being.

While there is evidence that attitudes towards lesbian and gay sexual minorities are becoming more positive over time, some research suggests these gains may not extend to the plurisexual population to the same degree. Looking at attitudes towards bisexuels in the U.S., Dodge et al. (2016) found that negative stereotypes persist in the general population. For example, despite not being supported by recent research, a substantial portion of the sample subscribed to the belief that “bisexual men and women are at a heightened risk for HIV/STI” (p. 12). The study also revealed a “relative lack of positive attitudes” towards these bisexual men
and women (p. 2), noting instead a shift from negative to “more neutral” opinions (p. 11). The authors comment that the common trend of neither agreeing nor disagreeing with scale items could have a variety of interpretations, including that they reflect uncertainty, indifference, lack of exposure, or an adherence to sociocultural expectations not to express overtly prejudiced opinions. The authors also suggest, however, that it may be indicative of “unconscious bias” or a “general ambivalence” toward the plurisexual population (p. 12).

Other studies have also confirmed the continued existence of plurisexual stereotypes, while suggesting that certain stereotypes may not be significant in specific populations. Using a heterosexual university sample, a lesbian/gay community sample, and a heterosexual community sample, Dyar et al. (2017) found that all samples demonstrated a belief that non-monosexual sexual orientation identity was more unstable than straight, gay, or lesbian identities and that bisexuals were more likely to be in noncommitted or non-monogamous relationships in the future. The authors also looked at beliefs regarding whether bisexuals were less committed to their current relationship, or more likely to cheat, be promiscuous, or have an STI than other populations. Only the heterosexual community sample showed significant endorsement of these stereotypes and even then, they did not differentiate bisexuals as more sexually irresponsible than lesbian and gay individuals. This finding may suggest that plurisexual-specific stereotypes around sexual irresponsibility may be less prevalent than previously suggested. That said, the relatively young ages represented in the sample may have contributed to this finding since higher binegativity was correlated to older age in the sample. Further research is needed to understand how variables of cohort and age might affect rates of binegativity in different populations. As with the study of Dodge et al. (2016), it is difficult to gauge the level to which concerns
regarding the social acceptability of endorsing binegative beliefs might be hindering accurate assessments of the rates of binegativity.

Rather than look at attitudes towards plurisexuals more generally, some researchers have looked at how binegative prejudice might be expressed through willingness to engage socially and sexually with plurisexuals. This research may partially circumvent issues surrounding social acceptability by asking individuals to speak to situations in which they would have a personal stake in the relationship and how different binegative stereotypes might play out. In a qualitative study, a lesbian participant articulated that the belief that plurisexuals were more promiscuous made lesbians less likely to have sex with or be in a relationship with plurisexual women (Hequembourg & Braillier, 2009). Feinstein et al. (2014) found that heterosexuals, lesbians, and gay men all reported being significantly less willing than bisexuals to have sex with or date bisexuals. Furthermore, these populations were even less willing to enter into a committed intimate relationship with bisexuals. These attitudes were strongest among women, although they were statistically significant for both male and female participants. Though the relationship between such stigmatization and plurisexual health was beyond the scope of the studies described, it is plausible to suggest that such plurisexual stigmatization would not only limit opportunities for intimate connection, but ultimately constitute an additional minority stress that could negatively impact plurisexual mental health.

Importantly, how these forms of discrimination are constructed and enacted against plurisexuals is not uniformly applied across the gender/sex identities of plurisexuals. For example, Hequembourg and Braillier (2009) found that sexual minority women were more likely to experience the eroticization of their sexuality, sexual harassment and work-place exclusion, while sexual minority men were perceived to be more sexually promiscuous, more “deviant,”
and experienced more physical confrontations (p. 273). Examining broader trends based on
gender, Dodge et al. (2016) found that negative attitudes towards bisexual men were more
common than negative attitudes towards bisexual women. Other studies found that certain
stereotypes of bisexuals, such as the likelihood of changing their identities, were endorsed for
bisexual men and women equally, while others differed according to gender, such as that
bisexual men were believed to be more sexually irresponsible than bisexual women (Dyar et al.,
2017). Neither study collected data regarding the attitudes towards gender non-binary or trans*
plurisexuals and this reflects the consistent dearth of such research. While the exact mechanisms
through which binegativity is expressed towards different populations are still being examined,
few researchers would argue against the widely held consensus that plurisexuals face increased
mental health stressors due to the systemic stereotyping and stigmatization of plurisexuals.

Systemic violence and abuse targeting plurisexuals. Rooted in oppressive systems of
monosexism and heterosexism, certain types of violence and traumatic events are perpetrated
against the plurisexual population at elevated rates. For example, in a meta-analysis of
victimization experiences of lesbian, gay, and bisexual individuals, Katz-Wise and Hyde (2012)
found that 28% of LGB individuals had experienced physical assaults and 27% had experienced
sexual assault, which reflect significantly higher rates of victimization than those found in
heterosexual populations. While it is commonly assumed that plurisexuals might experience less
victimization than lesbian and gay populations due to their potential invisibility, the meta-
analysis revealed no significant differences in victimization with regard to verbal harassment
(general and from family), sexual victimization (general and from family), and physical
victimization. That said, some studies showed a higher rate of discrimination for lesbian/gay
populations as compared to bisexuals, and others showed higher rates of threats, physical assault,
and assault with a weapon for bisexuals as compared to lesbian and gay study participants (Katz-Wise & Hyde, 2012; Friedman et al., 2011). In a meta-analysis of victimization disparities, Friedman et al. (2011) also found that plurisexuals were more likely to be targets of child sexual abuse than lesbian, gay and heterosexual populations, with a childhood sexual abuse prevalence rate of 40.4% for bisexual females and 24.5% for bisexual males. Despite assertions that attitudes towards sexual minorities are improving, Katz-Wise and Hyde (2012) found that rates of sexual assault and physical assault from family had increased over time, with no examined form of victimization showing a decrease over time. Although these findings may have a variety of explanations beyond an increase in acts of victimization, such as being reflective of improved victimization measurements or increased reporting rates, this finding is alarming and calls into question whether perceived gains in sexual minority equity are a reality or are causing further erasure of the lived experiences of sexual minority victimization.

Some studies have looked more directly at how these forms of victimization may be linked to mental health outcomes. Persson et al. (2015) found that childhood abuse was more prevalent amongst plurisexual women, but did not find that this abuse moderated the association between sexual orientation and depression, anxiety, or risky sexual behaviour. They note that this finding may have been influenced by collapsing physical, psychological, and sexual abuse into a single category or by grouping the lesbian and heterosexual women into a single monosexual comparison group, thereby potentially minimizing the group differences. In a longitudinal study, McLaughlin et al. (2012) found that plurisexuals had a higher likelihood of experiencing child abuse, housing adversity, and intimate partner violence than heterosexuals. Statistical analysis revealed that these experiences accounted for 10-20% of the increased rates of suicidality, depression, and substance misuse in the sample. While more research is needed to determine the
degree and mechanisms through which such systemic violence impacts plurisexuals, there is little doubt that such experiences of violence and oppression must be considered when building a holistic picture of this population’s mental health.

**Intrapersonal Variables**

In trying to further elucidate the factors that contribute to plurisexual mental health disparities, some researchers have explored the intrapersonal differences between plurisexuals and monosexuals. For example, as compared to their gay and lesbian counterparts, higher rates of sexual identity confusion have been found in plurisexuals (Dyar, Feinstein, & London, 2015; Balsam & Mohr, 2007). Similarly, lower rates of perceived accuracy of sexual orientation label and sexual identity centrality, meaning “the extent to which one’s sexual identity is important to one’s overall sense of self,” have been identified in plurisexual women as compared to lesbians (Dyar, Feinstein et al., 2015, p. 44). Other variables, such as identity superiority towards heterosexuals, stigma sensitivity, and internalized homonegativity (the stigmatization of same-sex attraction), did not show significant intergroup differences or account for the variance in well-being between lesbian/gay and plurisexuals populations (Balsam and Mohr, 2007).

Although identifying intergroup differences in intrapersonal variables is not equivalent to pinpointing contributing factors to mental health disparities, particularly as they are generally correlational not causative, these differences offer avenues for further exploration.

Pursuing this exploration, several researchers have shown a variety of interactions between intrapersonal variables and mental health outcomes. For instance, Ross et al. (2017) examined the relation between the intrapersonal variable of sexual identity centrality and internalizing symptoms, finding that lower sexual identity centrality is correlated with higher rates of anxiety in plurisexual women. This finding was illuminating as it runs contrary to other
studies of invisible stigmatized identities that have suggested that high identity centrality is correlated with worse health outcomes. When looking at contexts with low levels of external prejudice, Brewster, Moradi, DeBlaere and Velez (2013) found that higher cognitive flexibility was associated with decreased psychological distress, increased mental health, and decreased expectations of stigma for plurisexuals; however, this was not the case in high external prejudice contexts, which may suggest that such intrapersonal resilience resources can be depleted in more extreme conditions of prejudice. Additionally, Dyar, Feinstein, Eaton, and London (2018) found evidence that experiences of discrimination lead to increased anxious expectations of rejection based on sexual orientation in sexual minority women, which in turn contributed to increased internalizing symptoms. This finding exemplifies the complex interplay that is possible between relational and intrapersonal factors and how they might be linked to mental health outcomes.

Though no single variable can account for interpopulation inequities, identifying which intrapersonal variables interact with mental health can provide insight into the factors that might contribute to the disparities and suggest areas that might be worth focusing on when developing mental health interventions.

A good number of researchers contextualize differences among intrapersonal variables as normative responses to inhabiting a marginalized identity and experiencing pressure to conform to heteronormative and monosexist expectations (Walker, 2014; Balsam & Mohr, 2007); however, taken together, the research emphasis on how intrapersonal characteristics may contribute to or exacerbate mental health disparities runs the risk of continuing the legacy of pathologizing plurisexuals. Pointing towards variables such as stigma sensitivity, identity centrality, or cognitive flexibility as the factors that could determine whether plurisexual individuals fare better or worse could inadvertently place blame on the individuals for their level
of distress or resilience. Along these lines, Brewster et al. (2013) “caution against placing the onus of managing minority stress on the targets’ individual resilience” (p. 12). Finding significantly different outcomes when looking at low and high external prejudice contexts, these authors suggest that intrapersonal characteristics that contribute to personal resilience can be exhausted and so cannot be considered outside of the individual’s relational context. Thus, even though differences along intrapersonal variables can offer important information regarding plurisexual experiences, it is also crucial not to overemphasize the role of decontextualized individual traits or characteristics in shaping mental health outcomes.

**Interpersonal Variables**

**Self-disclosure and community connection.** With an eye towards the relational contexts of mental health, researchers have also examined how interpersonal factors may contribute to plurisexual mental health disparities. Two central interpersonal variables that have been investigated are self-disclosure and connection to the sexual minority community. In general, research has revealed that plurisexuals demonstrate lower rates of sexual identity self-disclosure, lower connection to the sexual minority community, and higher rates of isolation than monosexuals (Balsam & Mohr, 2007; Persson et al., 2015; Balsam et al., 2013). Though not the only external interactions that could be examined in connection to plurisexual mental health, these two variables have received significant attention in the research.

Sexual minority self-disclosure or “outness” has generally been theorized to have positive health outcomes (Balsam & Mohr, 2007); however, the research has shown that this association is not clear cut for plurisexuals. On the one hand, Persson et al. (2015) found that sexual orientation disclosure “mediated the relation between sexual orientation, depression and anxiety” for plurisexual women with lower levels of disclosure, explaining, in part, the higher rates of
anxiety and depression in this population as compared to monosexual women (p. 366). Balsam and Mohr (2007), on the other hand, found no association between self-disclosure and well-being in plurisexuals, but did find a correlation between self-disclosure and social support, which has been shown elsewhere to improve mental health. In discussing these findings, the authors note that the necessity of self-disclosure to receive any social support related to sexual identity could partially explain the association between these variables. They also identify that their findings may reflect the limitations of their assessment tools and study design in portraying the complex dynamics of self-disclosure. For example, they note that knowing an individual’s level of self-disclosure is not equivalent to knowing the amount of energy that they expend to conceal their identity, which could be a variable that better captures a minority stress determinant. They also put forward the possibility that self-disclosure may actually relate to how safe a sociocultural context is for sexual minorities rather than reflecting whether an individual relates to their sexual orientation in a way that has positive mental health outcomes. Still other research suggests that outness may be associated with negative mental health outcomes. For instance, Feinstein et al. (2017) found that higher levels of self-disclosure were correlated with higher rates of drug abuse in bisexual-identified women, an association that was mediated by community involvement and perceived discrimination. Though these mixed findings do not present a conclusive picture of the relationship between self-disclosure and mental health, they suggest that understanding the interpersonal dynamics of self-disclosure more clearly may provide further insight into the social determinants of this population’s mental health.

As with self-disclosure, the findings regarding the protective impact of community connection are mixed. Some research has shown that higher levels of LGBTQ2S+ community connection have been correlated to lower rates of anxiety in plurisexuals (Ross et al., 2017).
Other studies have not found a significant relationship between sexual minority community connection and well-being or social support, although this may be due to the low reliability of the measures used (Balsam & Mohr, 2007). Some studies suggest that the relationship between community connection and mental health may be complicated by the dual rejection that plurisexuals can face. In addition to facing discrimination from heterosexual-dominated communities, plurisexuals may also experience interpersonal discrimination and rejection when entering LGBTQ2S+ communities, which likely contributes to the population’s negative mental health outcomes (Feinstein et al., 2017). Moreover, some researchers theorize that experiencing social rejection from within one’s own minority group may have a larger impact on emotional well-being, such that experiencing discrimination from within the LGBTQ2S+ community may negatively impact plurisexual mental health more than experiences of monosexism and binegativity perpetrated by heterosexuals (Dyar, Lytle, et al., 2015). While it cannot yet be stated with certainty what role these interpersonal variables play in shaping plurisexual mental health, the findings indicate that further research into these variables may prove fruitful in building a nuanced understanding of plurisexual mental health disparities.

**Intimate relationship factors.** In the context of the present study, it is also crucial to understand how specific sexual and/or romantic relationship variables have been found to impact plurisexual mental health outcomes. Intimate relationships are generally theorized to serve as a protective factor for mental health and this has been supported in heterosexual and lesbian/gay populations (Feinstein et al., 2016); however, studies suggest that this association may not be so straightforward for plurisexuals (Vencill et al., 2018). Some longitudinal evidence indicates that plurisexuals experience higher distress rates when they are in romantic relationships than when they are not (Whitton et al., 2018). Feinstein et al. (2016) found that bisexuals in relationships
were more likely to have anxiety disorders than those who were not in relationship, potentially due to increased identity erasure, but relationship status was not associated with rates of depressive disorders, victimization, or discrimination. That said, associations between discrimination and depressive and anxious symptomology were moderated by relationship status, such that being in relationship could be theorized to function as a minority stress buffer in dealing with sexual orientation-related discrimination. With emerging research showing mixed results about the impacts of relationships, researchers have started to examine what specific factors might influence the role intimate relationships play in plurisexual mental health. Because plurisexual erasure and delegitimization are central to plurisexual experiences within the context of monosexist cultural norms, researchers have started to examine variables that may impact visibility, such as partner gender/sex and partner number, as potential factors impacting plurisexual mental health. Though holding a more complicated relationship with plurisexual visibility, partner sexual orientation identity has also started to surface as a potential area of investigation.

**Partner gender/sex.** Research on the impact of partner gender/sex on plurisexual mental health is in its infancy. Such research is sparse with only a few existing studies that use samples of plurisexual ciswomen. No research was found that addressed the impact of partner gender/sex on the mental health of plurisexual cisgendered men, or trans* populations. Looking at plurisexual cisgendered women, however, existing research suggests that partner gender/sex can have a significant influence on mental health through its interaction with other variables. For instance, Dyar, Feinstein, and London (2014) found that bisexual women in different-sex relationships experience higher rates of depressive symptomology than those in same-sex relationships. In this study, plurisexual women with a single different-sex partner reported lower
self-disclosure and lower sexual identity uncertainty, as well as more experiences of binegative exclusion by those who identify as lesbian/gay. While the interaction between each of these variables and plurisexual mental health was not addressed in full, experiences of rejection and exclusion from lesbian/gay individuals did partially mediate the increased rates of depression in plurisexual women in different-sex relationships as compared to same-sex relationships (Dyar et al., 2014). Another study conducted by Molina et al. (2015) found that plurisexual women with a single male partner reported higher rates of experiencing binegativity, depressive symptoms, binge drinking, and alcohol-related consequences than plurisexual participants with a single female partner. The experiences of binegativity had a small to moderate mediating effect on reported depressive symptoms and outcomes related to alcohol. Examining these findings, the authors theorize that partner gender/sex may influence how others interact with plurisexual individuals such that plurisexual women who partner with men may experience increased rates of minority stressors that, in turn, contribute to the increase in adverse outcomes.

Another avenue through which partner gender/sex may impact mental health is through the added stressor of having to manage and negotiate one’s own sexual orientation identity. In line with this, Ross et al. (2017) found that plurisexual women reported higher anxiety levels if they were romantically partnered with men in the past five years as opposed to women and suggested that this finding may reflect that “psychological stress may also be associated with managing an invisible stigmatized identity” (p. e303). Internalized tropes that delegitimize plurisexuality may cause individuals to continually question their sexual orientation identity. Moreover, changes in partner gender/sex have been shown to impact how individuals define their own sexual orientation identity and create an “identity reevaluation” process that may be troubling for individuals (Tabatabai & Linders, 2011, p. 588). Tabatabai and Linders (2011) used
 qualitative research to look at how identity construction is navigated by women who identify as 
lesbian, bisexual or queer and have shifted from relationships with female partners to 
relationships with male partners. Central to the narratives presented by women was the 
importance of maintaining a non-straight identity that enabled them to continue setting 
themselves apart from heteronormative expectations. With their sexual minority identity made 
invisible, the women engaged in identity negotiation through the use of discourses of attraction, 
queering of their male partners by “distancing them from the idealized form of cultural 
masculinity” and connecting this to their male partners’ sexual orientation, and challenging 
homophobia to support their belonging to a non-straight sexual orientation category (p. 592).

Though they did not directly address the mental health impact of engaging in such negotiations, 
the very need for them suggests that being misunderstood or misread in one’s sexual orientation 
identity due to partner gender/sex may cause distress. Moreover, resolving consequent identity 
negotiations may require emotional and cognitive labour that could influence mental health 
outcomes.

**Partner number.** Partner number may also contribute to mental health experiences of 
plurisexuals, but, at present, few studies have looked at this concern directly. Studies looking at 
partner number tend to focus on questions outside of direct mental health outcomes, such as 
whether the attitudes towards consensual non-monogamy differ according to sexual orientation 
or whether relationship quality is impacted by partner number (Mark, Rosenkrantz, & Kerner, 
2014; Davids & Lundquist, 2018). In the sole study located that relates partner number of a 
plurisexual population to mental health outcomes, Molina et al. (2015) found that compared to 
those with a single male or female partner, bisexual women with multiple male and female 
partners experienced higher rates of stigma and binegativity. This binegativity was, in turn,
associated with worse depression and alcohol-associated health outcomes for bisexuals with multiple partners. Though the lack of research in this area limits what can be said about the precise ways in which partner number might influence plurisexual mental health, this initial finding reveals the potential importance of examining this variable further.

**Partner sexual orientation identity.** Similar to the variable of partner number, examinations of the mental health impacts of partner sexual orientation identity are almost entirely absent from the existing literature regarding plurisexuals. An adjacent and overlapping area of research, however, is the examination of mixed-orientation relationships. Though defined differently in this study, the term “mixed-orientation” has been used most commonly over the last three decades to refer to a dynamic occurring between one heterosexual and one individual who experienced same-sex attraction (Kays, Yarhouse, & Ripley, 2014; Yarhouse & Kays, 2010; Adler & Ben-Ari, 2018). Initial research tended to look more specifically at mixed-orientation marriages, but some researchers have shifted towards examining mixed-orientation relationships more broadly. Due to the definitions used and the questions explored, the existing research has limited applicability to the questions addressed in this study; however, in this section, I will provide a brief overview and critique of mixed-orientation relationship literature insofar as it helps position this research project within the current body of literature and contextualize its relevance. It is also worth noting that no parallel literature looking at same-orientation relationships was found.

Most research that deals with mixed-orientation relationships has focused on relational dynamics. In a review of research regarding mixed-orientation marriage between GLB and straight individuals, Hernandez, Schwenke, and Wilson (2011) found that the majority of existing literature covered topics such as describing potential relationship dynamics and
conflicts, guidelines for relationship management, and ethical considerations in working with mixed-orientation therapy clients. Of the limited research that separates out plurisexuals explicitly, much of it focuses on the crisis and coping strategies adopted by couples in which a non-heterosexual partner newly discloses their same-gender/sex attraction to their partner (Klesse, 2011). Though there is some diversity in the questions explored in this area, one commonality among much of the mixed-orientation research is that it is centred on a debate of whether mixed-orientation relationships represent “a viable form of coupling” (Hernandez et al., 2011, p. 317). That said, some researchers have sought to identify factors that contribute to resilience in mixed-orientation relationships. For example, Kays and Yarhouse (2010) found that honest, accepting, and empathic communication and strong emotional bonds were associated with relationship resiliency, as were an ability to focus on shared commitment to the relationship, flexibility with regard to negotiating relationship boundaries, and, for some, religious faith. Hernandez et al. (2011) found that marriages between plurisexuals and heterosexuals “endure and grow through communication, flexibility of spouses, learning to stay attuned to one another, and challenging stereotypical views of sexuality” (p. 309). However, even this research must be understood in the context of the underlying assumption that the individuals engaged in mixed-orientation relationships will inherently struggle with their partnerships. While much of this research has the potential to help inform readers about the potential dynamics they might encounter with regard to mixed-orientation relationships, it does not address the possible mental health impacts of such relationships.

In a rare study looking more specifically at the relation between mental health and mixed-orientation marriages, Hopwood, Cama, de Wit, and Treloar (2019) found support for the assertion that “compartmentalized identity and practice” in relation to same-sex attraction “lead
to and/or exacerbate internalized stigma, depression, and anxiety” (p. 8). Based on their semi-structured interviews with 11 gay and 5 bisexual men, they also situate self-disclosure as a potential protective factor that may “enable one’s self-structure to become integrated” and reduce “internalized stigma, anxiety, and depression” (p. 8). This study reveals a connection between mental health outcomes and engagement with mixed-orientation relationships and thereby highlights the potential of continuing to examine how mixed-orientation relationships might impact the mental health of sexual minorities.

Yet, this study also highlights several of the common limitations and shortcomings of existing mixed-orientation literature. It focuses solely on marriage, supports the gender binary, and conflates plurisexual and gay and lesbian experiences. Similar to many studies, this research looks only at mixed-orientation marriages, to the exclusion of other forms of committed relationships. While it is certainly reasonable to limit the scope of a study, the emphasis on marriage limits the visibility of mixed-orientation relationships in which marriage may not be possible due to discriminatory restrictions on the genders/sexes and number of partners permitted to legally marry. Additionally, it leaves out mixed-orientation relationships in which committed partners deem that it is not desirable to get married due to marriage’s association with heteronormativity. Furthermore, the study uses one of the commonly favoured definitions in which mixed-orientation refers to when “one spouse is same-sex attracted and the opposite-sex spouse is not” (p. 1), which not only reinforces a constraining gender binary through its language of opposition, but also conflates the experiences of monosexuals and plurisexuals who have same-sex attraction. Harnessing the gender binary to discuss mixed-orientation relationships needlessly perpetuates heteronormativity, cisnormativity, and the erasure of trans* individuals from current literature. Moreover, failing to separate out the experience of plurisexuals and
gay/lesbian individuals confounds the findings. For instance, studies that have looked at these populations separately have demonstrated that mixed-orientation relationships in which the sexual minority partner identified as plurisexual rather than monosexual are associated with higher stability and resiliency (Kays & Yarhouse, 2010). Within those relationships, plurisexuals have shown unique outcomes such as reporting the highest “difficulty feeling understood by society” and at the same time the highest chance of “having a satisfying sexual relationship within an enduring marriage” (Hernandez et al., 2011, p. 315).

This definition and the focus of the Hopwood et al. (2019) study also illuminate other common gaps in the literature. Their research, like much of the mixed-orientation research, looks only at mixed-orientation relationships in which partners have different genders/sexes. This focus excludes relationships in which both partners experience same-sex attraction while still holding different sexual orientation identities, as when a plurisexual individual partners with gay or lesbian individuals (Vencill & Wiljamaa, 2016). This study also aligns with the finding that the research on mixed-orientation marriages focuses predominantly on bisexual or gay men in marriages to women by narrowing their sample to include only men (Hernandez et al., 2011). In the present study, I define mixed-orientation relationships as “a partnership in which the sexual orientation identities of the individuals involved are different from one another.” By using a broader definition and by including perspectives regarding plurisexual same-orientation relationships, I seek to address some of these concerns and contribute to inclusive explorations of plurisexual experiences in relationships.

The absence of research exploring the mental health impacts of mixed-orientation relationships or partner sexual orientation identity on plurisexuals more generally should not be mistaken for this line of inquiry being immaterial. In the sole study located that addresses this
area of investigation, Vencill et al. (2018) note this gap in the research and establish this research focus as a pertinent area for further examination. They assert that “partner sexual orientation may also prove useful in assessing minority stress and health for bisexual people” because of the “distinct challenges” they face in relationships with monosexual partners (p. 17). They explain that “due to stigma and binegativity, relationships with heterosexual, gay, and lesbian individuals have the potential to increase minority stress among bisexual people” (p. 16). In their study of 53 plurisexual individuals, they found that monogamous bisexuals in relationships with lesbian partners reported stress levels that were significantly lower than those with heterosexual partners. Of note, the former category was comprised entirely of participants who identified as women, whereas the latter category included participants who identified as women, men, and genderqueer individuals. Statistical significance was not found in any other examined association between partner sexual orientation and depression, anxiety or stress levels in plurisexual individuals. While only finding one area of significance in this study, the authors stated that the study has limited generalizability due to the small sample size and the lack of racial/ethnic and gender/sex diversity in the sample. They assert that “additional research is needed to further evaluate the role that non-bisexual sexual/romantic partners may play in the health of bisexual individuals” (p. 27). As one of the first studies that directly addresses partner sexual orientation and its relation to plurisexual mental health, Vencill et al.’s (2018) study provides support for the relevance of this variable in understanding plurisexual mental health outcomes.

Plurisexual Counselling Experiences

Given the health disparities experienced by plurisexuals, it is critical to understand what experiences this population has when seeking out mental health support. Presently, there is relatively little research examining the factors that impact counselling accessibility and
experiences for plurisexuals specifically. Though often based on sexual minorities more broadly, existing research does highlight barriers that impact plurisexuals both before and during therapy. Simeonov et al. (2015) found that LGB and trans*-identified individuals stated that not having appropriate professional support in the geographic area and cost were among the central barriers to accessing services (p. 38). In a sample of same-sex attracted ciswomen, transwomen and gender diverse people, McNair and Bush (2016) found that across all sexual orientation identities, the most frequently reported barrier to seeking support was discrimination and fear of judgment from the health professionals. Some sexual minorities reported significantly higher satisfaction with services that had LGBT-specific mandates (Simeonov et al., 2015), though other studies have suggested the importance of having inclusive “mainstream” services for those who cannot or choose not to use LGBT-specialized providers (McNair & Bush, 2016, p. 11).

Additionally, sexual minority populations have identified a range of interactions that have resulted in them leaving mental health services or feeling they could not fully engage in them. Professionals’ assumptions of heterosexuality, overemphasis or focus on sexual orientation despite it not being central to the client’s concern, homophobic behaviour, failure to recognize the importance of partner or family in the client’s life, and assertions that current sexual orientation identity was “just a phase” are among the issues named as contributing to service drop-out (Simeonov et al., 2015, p. 40). Similarly, when examining LGBQ experiences of psychotherapy, Shelton and Romero-Delgado (2013) found seven microaggression themes that impacted the clients’ therapeutic engagement. These themes included that therapists assumed that sexual orientation was the root cause of all presenting problems, that sexual orientation was ignored, minimized, or invalidated in dealing with presenting problems, and that therapists tried to prove their comfort with LGBQ through overidentifying themselves with the clients.
Additionally, therapists reinforced stereotypes, pathologized their sexuality, expressed heteronormative bias, or tried to “warn them of the inherent dangers associated with an LGBQ identity” (p. 65). Clients expressed that these microaggressions made them feel “misunderstood and invalidated” and impacted their engagement in therapy, making them withhold information, not discuss aspects of their experience, or feel as though they had to be deceptive with the therapist (Shelton & Delgado-Romero, 2013, p. 66). These microaggressions were communicated verbally, through body language, and through the environment, as when resources or images in an office reflected only heteronormative relationships and assumptions.

Alongside these concerns, a few plurisexual-specific considerations regarding what can inhibit or enhance accessing support have been noted. Looking specifically at plurisexuals, Barker et al. (2012) identified that anticipated or experienced biphobic discrimination from their counsellors, particularly through the counsellor’s overemphasis on or pathologization of client plurisexuality, may prevent or dissuade plurisexuals from getting mental health support. Lack of LGBTQ2S+ sensitive services, lack of client readiness, and client desire for self-reliance were also notable barriers that were reported more frequently among bisexual, pansexual, and queer participants than lesbian participants (McNair & Bush, 2016). For bisexual and pansexual participants, LGBTQ2S+ sensitivity, as well as knowledge and encouragement by a friend, family member, or partner, were the factors that were most commonly identified as helping enable seeking support (McNair & Bush, 2016). While counsellors may have limited control over certain factors that influence plurisexual help-seeking, building awareness of these factors can promote understanding and proactive actions to enhance the safety and accessibility of services.

**Limitations of the Review**
Though this review provides a jumping off point for understanding the context of plurisexual mental health and well-being, it must also be recognized that it has several limitations. For example, several of the included references suffer from methodological limitations, such as using small or unrepresentative samples, relying exclusively on either qualitative or quantitative data, and failing to incorporate an intersectional lens with regard to the different populations being examined. Importantly, trans* populations were frequently either entirely unrepresented or combined with other sexual and gender minorities, meaning the experience of these plurisexuals remains largely invisible in the literature and in this review. Additionally, the nature of the existing literature posed certain challenges. For instance, the examined research often aggregated plurisexual data with lesbian/gay data, making it difficult to draw meaningful conclusions about plurisexual experiences. Moreover, the diversity of language used in research to describe those who are attracted to people of more than one gender or sex made a comprehensive search of existing literature and an adequate synthesis difficult, as did the differences in the definitions of sexual orientation based on identity, desire, and behaviour. By using a fairly broad conceptualization of plurisexuality and diverse search terms, I have been able to incorporate a wide variety of relevant literature, but have also likely minimized the phenomenological differences of different subsets of the plurisexual population. Despite these limitations, however, the review offers an overview of the wide array of research demonstrating the existence of plurisexual mental health disparities when compared to outcomes for heterosexuals and other sexual minorities.

Conclusion

Though not exhaustive, this review provides an overview of central variables that have been investigated in relation to plurisexual mental health and counselling experiences and
summarizes the key findings that inform the study’s purpose and intent. Both the literature review and subsequent reflections regarding the co-researchers’ interviews are intended to illuminate various aspects of this population’s experiences. By elucidating how mixed- and same-orientation relationships may impact the mental health of plurisexuals and how this shapes their needs within the counselling context, I hope to nuance both my own and broader professional understandings of how to build counselling practices with enhanced sensitivity to this population’s needs.
CHAPTER 3

METHODOLOGY

In this chapter, I will outline the interpretative phenomenological research methodology employed in this study. I will begin with a brief description of interpretative phenomenological analysis (IPA), reviewing its theoretical underpinnings, assumptions, and structure. Then, I will explain my rationale for employing this methodology and identify how it complements both the aims of this research and my personal understandings of human experience and research ethics. Finally, I will discuss the specific ways in which I implemented and modified this approach to align with the exploratory questions undertaken by this research project.

**Theoretical Underpinnings**

In this study, I will be using a modified interpretative phenomenological framework to investigate what plurisexuals identify as key impacts of partners’ sexual orientation identity on their mental health, and what they perceive as important in creating accessible counselling experiences for the plurisexual population. IPA is a qualitative research approach developed in the mid-1990s expressly for use in psychology research such as this (Shinebourne, 2011; Smith & Osborn, 2004). Its philosophical influences are rooted in the theoretical approaches of phenomenology, hermeneutics, and idiography (Shinebourne, 2011).

**Descriptive Phenomenology**

As suggested by its name, IPA draws on phenomenological principles. In its earliest iterations, phenomenology arose in the context of the 19th and 20th century positivist discourse. Husserl, a pioneer of the theoretical approach, took issue with the dominant forms of scientific inquiry for their failure to integrate the concept of human consciousness into their explorations of human phenomena (Matua & Van Der Wal, 2015). He suggested not only that the conscious
experience could be incorporated into scientific inquiry, but that the essential structures of a distinct human experience, or phenomenon, could be accessed through a systematic description of individual case studies. Taken together, descriptions of these individual accounts would help isolate “those features that must be present in any and all possible instances” of a conscious, lived experience (Wertz, 2005, p. 168). This approach was later termed descriptive phenomenology.

Counter to the traditional empiricist view, descriptive phenomenology was also rooted in the understanding that the researcher’s subjectivity would impact the formation of the question, the perception and collection of data, and the analysis of the data. According to Husserl, this influence had to be recognized and addressed as a part of the procedure of description. He argued that researchers could “bracket” their preconceptions and underlying assumptions by articulating them “through a process of rigorous self-reflection” (Osborne, 1990, p. 81) and thereby allow the phenomena “to speak for themselves” (Pietkiewicz & Smith, 2014, p. 8). While IPA does not seek to delineate the “essence” of lived experiences in the way Husserl envisioned, it draws on the phenomenological approach in its investigations of how people experience, conceptualize, and make meaning out of their interactions with the external world (Matua & Van Der Wal, 2015).

**Interpretative/Hermeneutic Phenomenology**

Though tracing its roots to descriptive phenomenology, IPA is more specifically derived from the interpretative phenomenology that treated “hermeneutics as a prerequisite to phenomenology” and shifted the conceptualization of the researcher’s role within the research (Shinebourne, 2011, p. 18). This branch of phenomenology developed through the influence of Husserl’s follower Heidegger, and other philosophers such as Merleau-Ponty, Sartre, Gadamer,
and Ricoeur (Shinebourne, 2011; Langdridge, 2008). In line with hermeneutic assumptions, Heidegger asserted that “all descriptions are already an interpretation” and saw it as impossible to “transcend” the interpretative process through bracketing (Matua & Van Der Wal, 2015, p. 24-25). While acknowledging that not everything is “within conscious awareness and control,” each individual, including the researcher, was understood to be “a conscious actor who actively constructs meaning” (Langdridge, 2008, p. 1128). Therefore, it was necessary to see the results of a phenomenological inquiry as the best attempt of the researcher to make sense of the research participant’s experience, rather than as a bracketed analysis that got at the “essence” of that experience (Matua & Van Der Wal, 2015; Smith & Osborn, 2004). In line with interpretative phenomenology, IPA also rests on this hermeneutic supposition that researchers cannot separate themselves from the perspectives and experiences that they bring to their research. Instead, they must make transparent their positioning within the research, where possible, and seek to create meaningful translations of their co-researchers’ experiences.

IPA’s foundations in interpretative phenomenology also enable researchers to investigate how human experiences are impacted by both collective and individual subjectivity, as well as the external, physical world. The phenomenological philosophers believed that the “lived world…manifests itself as a structural whole that is socially shared and yet apprehended by individuals through their own perspectives” (Wertz, 2005, p. 169). By identifying a “socially shared” world, in which “collective forms of subjectivity” can shape how individuals make meaning of their experiences, this view opens the door to explorations of how collective identities, such as shared sexual, gender/sex, or ethnic identities can shape the ways in which an individual experiences the world. At the same time, this view demands a recognition that people will understand their experiences, even those connected to a shared social identity, “in a way that
is uniquely relevant and meaningful” to them based on their personal histories and experiences (Wertz, 2005, p. 169).

Adding existential nuance to the concept of this subjectively experienced “lived world,” interpretative phenomenology, and in turn IPA, also takes the stance that our consciousness is embodied. From this perspective, our bodies are seen both as “things” impacted by an external world and as “body-subjects” that have “subjective ways of relating to our surroundings” (Wertz, 2005, p. 169). This understanding enables researchers to investigate the relational context of the individual and their process of meaning-making without ignoring the external constraints placed on the individual by the physical world. Consequently, IPA can move beyond “simply raising awareness about a phenomenon” towards facilitating a richer understanding of “what the phenomenon means to those who experience it in their own social-cultural contexts and realities” (Matua & Van Der Wal, 2015, p. 24). Thus, in order to create meaningful translations of the co-researchers’ experience, IPA researchers must situate themselves and their co-researchers as “embodied and embedded in the world, in a particular historical, social and cultural context” (Shinebourne, 2011, p. 18; Matua & Van Der Wal, 2015).

**Idiography**

The IPA methodology is also fundamentally idiographic. Instead of focusing on the ability to generate universal statements that can be generalized to an entire population, idiographic approaches emphasize more in-depth explorations of a small number of case studies. While limited generalizations from the research may be broached cautiously, IPA ultimately focuses on the “particular” rather than the “universal” (Pietkiewicz & Smith, 2014, p. 8; Smith & Osborn, 2004). This approach is believed to enable a richer exploration of the co-researcher’s experiences, which, in turn, can provide the researcher with deeper insight into the experiences
and perspectives under investigation. This approach can serve not only to elevate the voices of participants and the subtleties of their experiences, but to highlight potential patterns of experience that can be explored further in later research.

**Goals of Interpretative Phenomenological Analysis**

Drawing on these theoretical influences, Smith developed IPA as a qualitative methodology designed to assist researchers seeking “to enter another’s world and to discover the wisdom, possibilities and understandings therein” (Matua & Van Der Wal, 2015, p. 25). Through their interpretative work, IPA researchers try to understand “what it is like to stand in the shoes of their subject,” while acknowledging that this understanding is “never completely possible” (Pietkiewicz & Smith, 2014, p. 8). They attempt to convey the interpretations they uncover through “rich and detailed descriptions” that shed light on the co-researchers’ experiences, situated within their particular spatial, temporal, and social context (Pietkiewicz & Smith, 2014, p. 9; Wertz, 2005).

**Why Interpretative Phenomenological Analysis?**

In designing a research project, it is crucial to select a methodology that complements the research questions under investigation. For this study, a qualitative research design is warranted given that the questions I aim to explore are oriented towards understanding experience and “how individuals make sense of the world,” rather than identifying “causal relationships” (Pietkiewicz & Smith, 2014, p. 7). More specifically, IPA is well suited to this aim of elucidating experiential meaning and can be of particular use when looking at topics that are under-researched, as is the case with explorations of plurisexual mental health and well-being (Smith & Osborn, 2004). Although IPA is a relatively new methodology within the phenomenology family of qualitative research, it has already been harnessed to investigate sexual minority-related
phenomena (Smith & Osborn, 2004). Furthermore, phenomenological approaches have been identified as effective in researching phenomena surrounding lesbian, gay, bisexual and queer client experiences, as they allow “the persons who have had the experience” to share their unique narratives of the phenomenon and provide a more “comprehensive” and contextualized description than others could offer (Moustakas, 1994, p. 13, as cited in Shelton & Delgado-Romero, 2013, p. 62). Based on these assertions, IPA can be considered an appropriate methodology for the research undertaken in this study.

Alongside its suitability for the research question and content, IPA also offers a theoretical framing that aligns well with my own philosophical perspectives and enables me to situate myself within the research. Consistent with social constructionism, I believe that “no human being can step outside of their humanity and view the world from no position at all” (Burr, 2003, p. 152). I do not see myself as an objective observer of subjects in a research project, but rather as an active participant in the co-production of a dialogue with my co-researchers. As such, my contributions to the field and research texts are shaped by a set of perspectives, curiosities, and beliefs that are particular to my own history and contexts. To deny that my particular perspective impacts the outcomes of the research would be to consciously ignore information that is vital to understanding and contextualizing it.

IPA actively acknowledges the constitutive influence of the researcher on the collection, analysis, and interpretation of the study content. Moreover, it treats the collection of the participant narratives as a collaborative endeavour undertaken by the researcher and the co-researchers together (Osborne, 1990). Thus, counter to more positivist approaches, this methodology invites me, as the researcher, to make public how my own perspectives and social
location may impact my translation of the co-researchers’ experiences and thereby enables a more complete and ethical account of the research process and product.

Given my positioning as an “insider researcher” of plurisexual experience, these theoretical suppositions are particularly important. My identity as a plurisexual and consequent familiarity with the forms of prejudice often enacted on plurisexuals may function to reduce possible “cultural mistrust” or the likelihood of perpetrating plurisexual-related micro-aggressions during the interview process; however, this positioning may also increase my susceptibility to “assum[ing] some degree of common experience” that “distort[s] or compromise[s] the research” (Fassinger & Morrow, 2013, p. 72). This positioning is made even more complex by the ways that my different intersecting identities (e.g. race/ethnicity, social class, age, gender/sex identity, etc.) will interact with each co-researcher’s unique intersection of identities, leaving us with a variety of shared and differing identities that will impact how we interact. Thus, IPA’s consideration of the researcher’s influence and context permits me to incorporate careful attention to both the generative and limiting potential that my own identities hold in shaping the research.

The theoretical underpinnings of IPA also point towards a critical realist perspective that allows for the consideration of how external conditions shape human experience (Goettsche, 2015). Critical realist philosophy asserts that there is still “a reality that exists outside of discourse…[that] provides the raw material from which we may structure our understanding of the world, through discourse” (Burr, 2003, p. 97). Working from this assumption, researchers can attend to the ways in which co-researcher narratives reflect feeling constrained by an external physical and social world and how this might place limitations on the choices that feel
available in the process of constructing meaning. By allowing for the existence of a shared external reality, IPA opens the door for social critique.

**Structure of Interpretative Phenomenological Analysis**

While IPA does not provide a prescriptive methodology, there are several structures that are frequently harnessed to operationalize the theoretical stances of IPA as a qualitative research approach. These structures include drawing on a relatively small and purposely selected sample, using semi-structured interviews and participant reflections to collect data, and employing a multi-step transcript and text analysis that results in the identification and discussion of relevant meta-themes and sub-themes. In the following section, I will describe how IPA tends to approach each of these structures.

**Sampling**

As an idiographic approach, the emphasis in IPA sampling is on enabling the detailed explorations of individual experiences. IPA studies have been published with anywhere between one and fifteen participants or co-researchers. Rather than emphasizing a sample size that allows generalization, IPA sample sizes are based on the depth of analysis and richness of descriptions desired by the researcher, as well as any practical constraints the researcher is facing (Pietkiewicz & Smith, 2014). Generally, IPA researchers may seek out a “fairly homogenous sample” in terms of a variety of demographic variables in order to enhance the ability to attribute differences to the examined aspects of the phenomenon (Smith & Osborn, 2004, p. 231).

Furthermore, the participants are selected based on the characteristics they embody such that “the research problem has relevance and personal significance” to them instead of through a probability-based sampling technique such as random selection (Pietkiewicz & Smith, 2014, p.
10). These sampling guidelines enhance the ability of the researcher to engage in thorough explorations of human experience through their data collection and analysis.

**Data Collection**

In IPA, data collection most often takes the form of semi-structured interviews, though it can also take the other forms, such as post-interview reflections from participants (Osborne, 1990). With interviews, IPA researchers often build interview schedules outlining a series of potential interview questions, which can help the researcher think through how to approach complex or sensitive content (Smith & Osborn, 2004). The interview questions, however, are only a guide and can be “used very flexibly” (Smith & Osborn, 2004, p. 232). Unlike some approaches, strict adherence to the wording and ordering of the interview is not necessary as preference is given to allowing “a dialogue in real time” and creating a space in which “original and unexpected issues” can surface (Pietkiewicz & Smith, 2014, p. 10; Smith & Osborn, 2004). Since IPA is a qualitative method that pursues exploratory rather than causative information, the researcher is encouraged to probe further into any unanticipated content that arises as it may bring to light new, unforeseen insights regarding the research question (Pietkiewicz & Smith, 2014). Similarly, while co-researchers can be given guiding questions for a post-interview reflection, they are encouraged to elaborate on whatever content feels salient from their perspective (Osborne, 1990).

**Data Analysis and Discussion**

The data analysis process aims at creating an in-depth interpretation of the co-researchers’ experiences of the phenomenon under investigation. After transcribing any audio-recorded interview content, the researcher reviews all of the data multiple times. Through repeated encounters with the data, researchers attempt to “immerse themselves” in the content
and can begin taking note of any thoughts, observations, or comments that arise (Pietkiewicz & Smith, 2014, p. 12). These notes may focus on the use of language, moments that seemed particularly poignant or emotional, reflexive thoughts about how the researcher’s presence might have been shaping the interaction, or on the direct content being discussed in the dialogue. Following several encounters with the entire data set, the researcher identifies coding topics that will enable the content to be grouped into emergent themes. These themes may subsequently be organized into a table that pairs the themes with exemplifying quotes from the data, though this is not required. Finally, the researcher’s interpretative organization is laid out through a “narrative account of the study” in which themes are described, supported with extracts from the research dialogue, and analyzed for generative interpretations and meanings (Pietkiewicz & Smith, 2014, p. 13).

The final portion of an IPA study is the discussion section. Here, researchers explore their understandings of the study results and the connections they see between the themes identified within the research data and those found in the existing literature. They also reflect on the study’s implications and identify its limitations (Smith & Osborn, 2004). Importantly, throughout both the analysis and discussion, the stances and positioning of the researcher are highlighted and integrated since they are “considered valuable guides that make research more meaningful” (Matua & Van Der Wal, 2015, p. 24).

**Modifications in Conventional IPA Language**

Given the importance of situating myself as a non-objective researcher, it is also critical that the language used to describe my representation and analysis of the content convey the interpretative nature of the work. Rather than use IPA’s traditional language of “data collection” and “data analysis” which may connote some sense of scientific objectivity, I will harness
Narrative Inquiry’s language of collecting “field texts” and authoring “research texts.” This language is intended to emphasize that my representations are not attempts at describing “objective truths.” Instead, they are constructed iterations of text that have been filtered through my own lenses of understanding and tied to my particular temporal, sociocultural, and geographic context (Clandinin & Connelly, 2000).

**Implementation**

**Participant Selection**

*Selection criteria.* To be eligible for selection, potential participants had to self-identify as being “sexually and/or romantically attracted to people of more than one gender or sex.” Additionally, they had to be at least 19 years old and living in the Lower Mainland of British Columbia. To avoid potential ethical concerns, no study participation inquiries were offered through the plurisexual support group I have been facilitating. Participants of any gender/sex, ethnocultural background, education level, and income were eligible for participation. All attempts were made to select participants that represented diverse intersections of identity, though the sampling method and my own social positioning placed certain limitations on this aim due to its reliance on personal social connections. The decision to seek a more diverse sample across certain social identities runs counter to the IPA trend of pursuing a relatively homogenous sample. This decision enhances the likelihood of uncovering important subtleties in experience that vary in relation to different intersecting identities, rather than minimizing or erasing these subtleties and thereby supports the discovery-oriented nature of the study.

*Sample size.* This study engaged with six participants, which falls within the range of appropriate sample sizes for IPA (Pietkiewicz & Smith, 2014). The sample size was deemed sufficient based on considerations of saturation, meaning when “gathering fresh data no longer
sparks new insights or reveals new properties” (Creswell & Creswell, 2018, p. 186), the “richness of the individual cases,” and “pragmatic restrictions” (Pietkiewicz & Smith, 2014, p. 9). That is to say, the sample size was selected in response to content of the interviews, balancing the desire to access generative content, and the practical limitations imposed by the scope of the study.

**Sampling method.** Co-researchers were invited to participate through a snowball sampling technique. This approach involves researchers using their own social connections to find initial participants and then accessing additional participants for the sample through referral by the initial participants of others who fit the sample criteria (Noy, 2008).

The snowball sampling tactic is particularly suitable for this research study as it enables access to otherwise “hidden populations,” such as those that fall outside of “dominant heterosexual codes” (Browne, 2005, p. 48-9). The limited number of plurisexual-specific services and communities makes reaching this population for the purposes of research difficult. Given that plurisexual identity is stigmatized, many plurisexuals may also avoid contact or affiliation with organizations associated with minority sexual identity orientations. Thus, recruiting participants through snowball sampling has the advantage of potentially recruiting both those who identify publicly as plurisexual and those who only identify this way privately or without organizational affiliation (Browne, 2005).

The use of snowball sampling may also have a direct impact on the ability of my research to generate rich and detailed findings through the interview-based methodology. In knowing me directly or through trusted connections, participants are given the opportunity to vet my positioning within the research and decide whether they perceive me as capable of creating a safe space for sharing and protecting their confidentiality. Having had this opportunity, those who
decide to participate may feel more able to speak openly and authentically about their experiences, thereby improving the quality of the data collected (Noy, 2008; Browne, 2005; Osborne, 1990).

In accordance with the snowball sampling approach, I contacted potential participants by first reaching out to plurisexuals and other queer-identified individuals who are known to me through my own social networks and involvement in the queer community. Using language approved by the Institutional Review Board, I emailed three individuals to ask whether they were interested in participating or, regardless of their choice to participate or not, if they had contacts who they believed would be interested in participating (Noy, 2008). Out of these initial contacts, two individuals voiced interest in participating, and the third passed along information to 11 personal contacts that fit the research criteria. Two of these personal contacts subsequently reached out to me, requesting to participate in the study. The resultant sample included two ciswomen and two cismen. Due to the lack of representation of trans* individuals in the sample, a second round of recruitment was undertaken. Two more individuals with strong social ties within sexual and gender minority communities were approached to determine if they could reach out to any relevant contacts. Both individuals referred an additional participant to me, one who identifies as a ciswoman and one who identifies as non-binary and genderfluid. The resultant sample included six co-researchers. Though no sample of this size could be considered to adequately reflect the diversity of the plurisexual community, the sample size was deemed sufficient for a research project of this scale based on the richness of the field texts collected.

Because this snowball sample draws on my own social networks, it is “inevitably limited” in its ability to be entirely representative of the plurisexual population (Browne, 2005, p. 51); however, claims that any sample of this size could reflect the diversity of this population
would be unwarranted and rely on tokenizing individuals (Browne, 2005). Moreover, since IPA aims to explore knowledge that is particular, not generalizable to an entire population, this purposive sampling method is fitting for the research design (Conklin, 2007; Pietkiewicz & Smith, 2014).

**Participants.** Participants were given the option to select their own pseudonyms to be used throughout the research. A brief description of each participant will follow in order to provide a basis for readers to contextualize the individual experiences described in subsequent chapters and is also summarized for reference in Table 1. The language used reflects that which each participant used to describe themselves during the demographic and identity component of the interview.

Freddie is a 40-year-old ciswoman, who identifies as queer or gay and uses the term bisexual selectively. She is a White settler with Jewish Eastern European ancestry and selected “comfortable with extra” to describe her current economic situation. She is currently in a monogamous relationship with a genderqueer woman who identifies as gay and is monosexual. Together, they are the legal custodian caregivers of Freddie’s nephew. Previously, Freddie has dated plurisexual and monosexual men and women, but states that her “most prominent” relationships have all been different-orientation, noting in particular intimate relationships with her current partner and with straight men.

Juniper is a 32-year-old non-binary and genderfluid individual with “a feeling of being a man and a woman and other genders at the same time,” who identifies as queer. They identify as a White settler of French, English, Irish, and German descent and selected “enough, but no extra” to describe their financial situation currently and growing up. They are currently in a primary partner polyamorous relationship structure in which they have a queer plurisexual
partner with a “similar” gender/sex identity as well as engaging in other sexual experiences, sometimes with their partner and sometimes without, and at times dating other people. In the past, they have dated multiple people who identified as straight, one lesbian-identified individual, and, more recently, have dated mostly queer-identified individuals. When asked for other pertinent pieces of experience and identity, they stated that they also identify as fat and as having a mental health disability.

Lisa is a 23-year-old ciswoman, who identifies as bisexual. She is Afro-Caribbean, immigrated to the Lower Mainland four years ago, and selected the option “comfortable with extra” when asked about her financial situation. She is currently in a monogamous relationship with a cisgendered woman who identifies as queer and is monosexual. Lisa has had previous intimate relationships with straight men, lesbian/monosexual queer women, and a man who sometimes identified as bisexual.

Maxi is a 35-year-old cisman, who identifies as pansexual or bisexual depending on the context. He is a White Canadian, selected “comfortable with extra” to describe his current financial situation, and noted that he was raised “poor.” He practices relationship anarchy, a form of consensual non-monogamy that rejects the prioritization of sexual/romantic relationships over other forms of relationships (for further information see http://www.relationship-anarchy.com/). He currently has two central intimate sexual partnerships, one with a bisexual woman and one with a pansexual man, as well as engaging in other intimate partnerships when desired. He has had previous intimate relationships with gay men, straight women, and plurisexual queer individuals of different genders/sexes.

Penny is a 38-year-old ciswoman, who identifies as queer and bisexual. She identifies as Canadian and Métis and described her financial situation as “comfortable with extra,” noting that
this is “definitely not where [she] came from” in her economic background. She practices ethical non-monogamy and is currently in a sexual relationship with a straight cisman with “three to five other people in [her] life that [she has] really deep connections with.” Penny has had previous intimate relationships with straight men and plurisexual men and women.

Tomas is a 32-year-old cisman, who identifies as bisexual. He is Hispanic/Latino, from the Dominican Republic, and selected “comfortable with extra” to describe his financial situation. He is currently in a monogamous marriage to a straight ciswoman and has two children. He considers that a relationship that was “a little bit more open” than monogamy would best meet his needs. He has had previous intimate relationships with straight women and sexual interactions with men that may have identified as gay or bisexual. When asked if there was any additional information he felt was important to include when describing his identity or experience he noted that growing up in the Dominican Republic, he experienced a “very religious” culture that views non-heterosexuals as though they “either do not exist or are a sore in society or are poor people who are just sick and have mental illnesses.”

Collecting Field Texts

After voicing interest in participation, co-researchers were provided with additional information regarding the study in accordance with the ethical standards of the Institutional Review Board, emphasizing such aspects as the voluntary nature of the study, the absence of compensation, and the time commitment necessary for participation. With all six participants’ continued interest, I then began scheduling interviews. I offered each participant the option of meeting at a location of their choosing, at my personal apartment, or at a booked room in an educational institution. My aim in providing these options was to enhance the likelihood that the interviews could be conducted in a space that felt comfortable and convenient for the participants.
and thereby enhance their sense of safety and rapport within the interview context. Ultimately, four participants chose to meet with me at my apartment, one chose to meet me in a park close to their home, and one chose to book a room in their workplace.

All six interviews were conducted over the course of three weeks and lasted between 60-75 minutes. Each began with a conversation that reviewed the parameters and meanings of informed consent and the content of the consent forms. Each participant gave written consent for participation and for the interviews to be audio recorded. During this process, all participants were informed that I identified as a plurisexual myself and that this exploratory research was aimed at enhancing understandings of plurisexual experiences such that it might be used to improve the quality of care counsellors could provide plurisexuals. After the interviews, each participant was provided with a list of mental health resources and emailed with the prompt for the optional post-interview reflection. Two participants provided post-interview reflections, which were then included as a part of the field texts to be analyzed.

**Authoring Research Texts**

When all interviews were finished and their transcriptions completed, I began the process of text analysis. In accordance with IPA methodology, I reviewed each field text, including the two post-interview reflections, multiple times in order to immerse myself in the content (Pietkiewicz & Smith, 2014). Once the content was familiar, I engaged in a multi-step analysis, following the procedure laid out by Smith and Osborn (2004). I conducted a first phase of coding by annotating the field texts with initial thoughts and comments that arose as I reviewed the texts closely, paying particular attention to language and concepts that reflected recurring content or seemed particularly striking. Then, noting how these comments came together into broadly identifiable groupings, I compiled a comprehensive list of emergent themes, drawing on
language that was repeated by participants wherever possible. Next, I worked on “clustering” this list into preliminary superordinate and subordinate themes (p. 248).

Setting aside the initial commentary, I revisited each field text. Based on my interpretation of the intended meanings of the content, I used a colour-based coding procedure to reorganize the field texts initially according to ten superordinate themes. When reviewing the reorganized material, I noticed redundancy in the themes and chose to reconfigure the material into six superordinate themes, each with their own set of subordinate themes. Ultimately, the superordinate themes that emerged were: positive impacts of same-orientation relationships, challenges of same-orientation relationships, positive impacts of mixed-orientation relationships, challenges of mixed-orientation relationships, impacts of external interactions, and counselling-related insights. Sections that did not fit any theme were then reviewed to identify if any additional themes were needed to appropriately encapsulate the field text content, but no additional themes were identified.

To author the final research texts, I first created an account of the content that described the superordinate and subordinate themes, supported by excerpts from the interview dialogues. As a part of a member checking process, I then compiled the descriptions and excerpts for each co-researcher, individually, and asked that they inform me if the inclusion of any of that content felt as though it would be a misrepresentation of their intended meanings during our conversation or if the content would threaten their sense of safety or security if included in the final research texts. One participant asked for an alteration in their participant description in order to better reflect their demographic information and two participants requested superficial changes to their quotations to enhance clarity. These requests were implemented and did not significantly alter any of the study content. Ultimately, each participant responded that the excerpts reflected an
accurate representation of our interviews and that they did not feel their safety or security would be compromised by its being published. Co-researchers were not asked to review my analysis or discussion of the field texts as these reflect my own interpretations of the content.

**Validity and Reliability**

As with any qualitative study, it is critical to establish the procedures that were employed to enhance the validity and internal reliability of the study. According to Creswell and Creswell (2018), validity procedures help to establish “whether the findings are accurate from the standpoint of the researcher, the participant, or the readers of the account” (p. 199). A central method for supporting this study’s validity was the process of member checking (Creswell & Creswell, 2018; Mays & Pope, 1995). As described above, the participants were not only engaged in the initial collection of the field texts in the interview, they were also asked to review an initial iteration of the themes and descriptions that drew on their responses. By soliciting and incorporating feedback from the participants about whether my portrayal of our dialogue provided an appropriate account of their intended meanings at the time of the conversation, I have aimed to enhance the study’s validity and accuracy. I also sought out feedback on initial iterations of the research texts from an outsider researcher in the field of sexual and gender minority studies in order to enhance my reflexivity and minimize potential oversights or biases associated with my positioning as an insider researcher. Additionally, I conducted a review of the field texts to search for any content that was discrepant with the identified themes, and incorporated these perspectives where relevant as a means of making the account “more realistic and more valid” (Creswell & Creswell, 2018, p. 201). To improve the internal reliability of the study, I employed a review process in which I checked and rechecked the transcripts in an attempt to eradicate mistakes made during the transcription process and used a coding legend
that I referred back to repeatedly to “make sure that there [was] not a rift in the definition of codes” during the coding process (Creswell & Creswell, 2018, p. 202).

**Scope and Limitations**

IPA offers the opportunity to examine phenomena, such as the experiences of plurisexuals in their relationships with partners of varied sexual orientation identities, with attention to each particular person’s narrative of experience, while also drawing connections among experiences (Smith, 2004). In this study, IPA is harnessed in an exploratory endeavour to uncover what themes arise in looking at the co-created dialogue surrounding each of the six co-researchers’ experiences. As such, it is important to understand how the frameworks and methodology used in this study interact to create the boundaries of its purpose and applicability.

Having positioned this study as an exploratory qualitative research project investigating a relatively novel line of inquiry, my intention is to bring forward meaningful descriptions and interpretations of the co-created dialogues I engaged in with my co-researchers. As such, this study does not lay claim to being representative, replicable, or generalizable. Though exposing potential lines of inquiry for further research, this study does not speak to the experiences of the broader plurisexual population, nor does it reflect an attempt to distill the “essence” of the participants’ experiences. Looking more specifically, it is also important to note that the study’s scope and applicability it bounded by the small sample size, the lack of prior research in the specific area of interest, and the choice not to use specific measures to define mental health for participants. Additionally, with its basis in a social constructionist understanding of dialogue and self-reported experience, the content of the study is not meant to reflect any form of “objective” truth about the mental health impact of partner sexual orientation identity on plurisexuals or about plurisexual experiences with counselling. Instead, my aim has been to bring forward my
interpretations of the participants’ descriptions of their lived experiences and explore how these understandings might enrich the limited representations of plurisexual experiences, inform how mental health professionals conceptualize and support the flourishing of plurisexual well-being, and be generative in the promotion of health equity across sexual orientation identities.

In the next chapter, I will present the findings of the study, specifically bringing forward the perspectives of the co-researchers regarding their experiences as plurisexuals and framed by the themes that I identified through the process of inquiry and analysis.
CHAPTER 4

RESULTS: IMPACTS OF PARTNER SEXUAL ORIENTATION IDENTITY

In this study, I sought to examine how the lived experiences of plurisexuals were shaped by the sexual orientation identities of their partners and how these experiences, in turn, shaped their mental health. Another focal point of the study was to explore how safety and support might be enhanced for plurisexuals in the counselling context, but this topic will be addressed in a separate chapter. Supported by the flexibility of semi-structured qualitative interviews, the field texts created in collaboration with the co-researchers contain fruitful reflections on what they have experienced or have come to expect in relation to their mixed- and same-orientation intimate relationships. Though using the same interview schedule, the participant responses conveyed diverse perspectives rooted in each individual’s unique understandings, identities, and histories. At times their experiences aligned, suggesting threads of commonality, while at other times their experiences came in stark contrast to one another, highlighting the complex interaction between individuals and their distinct contexts.

In this chapter, I will present the results of my inquiry that relate to partner sexual orientation identity. My initial conceptualization for the inquiry involved the guiding organization of attending to impacts on the individual’s own sexual orientation identity, experience within the relationship, and interactions with those outside of the relationship; however, through the analysis process an alternative organizational framework emerged that seemed better equipped to convey the richness of the findings. The content of the field texts will therefore be communicated through the use of five superordinate themes, each with its own set of subordinate themes.
These five superordinate themes are: Positive Impacts of Same-Orientation Relationships, Challenges of Same-Orientation Relationships, Positive Impacts of Mixed-Orientation Relationship, Challenges of Mixed-Orientation Relationships, and Impacts on External Interactions. The first four themes presented in this chapter focus on impacts related more closely to how the individual experiences themselves and their interactions within their intimate relationships. This content was categorized as positive or challenging based on the expressed or perceived attitudes towards the subject matter. The fifth section, Impacts on External Interactions, highlights how the individual experiences their interactions with those outside of the relationship in light of whether they are in a same- or mixed-orientation relationship. To enhance transparency and allow the readers to make their own determinations regarding my use of the field texts, I will present quotes to support each set of themes. These quotes are presented with the intent of “economically and faithfully capturing common and idiosyncratic themes” within the field texts (Sandelowski, 1998, p. 377).

Additionally, in both Chapter 4 and 5, I strive to elevate the voices of the participants, keeping my personal reactions and reflections to a minimum as they will be incorporated more directly into the discussion presented in Chapter 6. That said, it is essential to acknowledge my interpretative influence over each step of the research process. Even before beginning the text analysis, my influence was present in how I constructed and used the guiding questions of the interview schedule. Furthermore, the dialogical nature of conversation meant that my own experiences and curiosities actively shaped the flow of conversation and which paths of inquiry became central to our co-construction of the field texts. In reviewing the field texts, a further layer of influence was incorporated as I coded the texts. While attempting to interpret the content in ways that were faithful to the spirit of the participants’ intent, the perceived relevance of
different units of text was impacted by my subjectivity. That is to say, the information that appeared most salient to me was inherently shaped, both consciously and unconsciously, by my subjective experiences, values, and perspectives. Finally, throughout this chapter, my interpretative influence is present in the ways that I have chosen to create, organize, and frame the thematic structure of the results and the examples used to illustrate them. This social constructionist informed recognition is critical to the interpretative phenomenological analysis methodology and to enhancing my ethical accountability as a researcher.

**Positive Impacts of Same-Orientation Relationships**

In discussing their experiences and perceptions about engaging in intimate relationships with other plurisexuals, co-researchers varied notably in how relevant their partners’ sexual orientation identities were for them. For example, Maxi remarked that “I didn’t have very much success dating monosexuals. Like, I just, for whatever reason, straight women or gay men just didn’t vibe with me.” While not ruling out potential partners based on sexual orientation identity, he noted that, for him, dating plurisexuals “made more sense.” Lisa, on the other hand, commented that although she did not think it was categorically “easier” or “harder” to date plurisexuals, she had “never made it a priority to find bisexual people.” Despite the unique ways that each participant related to the study’s content, trends and commonalities in experience emerged. Though not all participants had direct experience with same-orientation relationships, they all articulated ways in which they felt sharing their plurisexuality with their partner would offer opportunities that would positively impact their well-being.

**Minimizing Internalized Monosexism**

Experiencing lower levels of internalized monosexism within same-orientation relationships was a repeated topic raised by participants. When I spoke to Maxi, he described
how one of his current relationships had really helped quiet certain internalized binegative tropes around the legitimacy of plurisexuality. My curiosity led me to ask if he ever felt that being with a plurisexual had increased his internalized monosexism. He responded confidently “No, it’s definitely less.” Freddie reflected that in mixed-orientation relationships her biphobia had “definitely increased, for sure,” making her want to “suppress that side of [her].” In contrast, she stated that in a same-orientation relationship she did not feel she would become “more biphobic” and that she thought “it would be the other way around.” Both these co-researchers clearly conveyed the association between partnering with plurisexuals and minimizing internalized monosexism. Speaking more specifically, Juniper expressed that they had previously struggled with the monosexist trope that it was necessary to define exactly who they were attracted to. They found that being with other plurisexuals diminished the extent to which they internalized this trope because their plurisexual partners were “not feeding into that internal struggle.” They felt that this difference had had a positive impact on their well-being and stated that “mental health-wise…it just feels more right” to them to partner with other plurisexuals. Though findings that will be reported in relation to the challenges of same-orientation relationships will complicate this picture, multiple participants connected sharing a plurisexual identity with their partner to minimizing the internalized monosexism they experienced while in the relationship.

**Experiencing Comfort and Understanding**

Most co-researchers also voiced a belief that engaging in relationships with plurisexuals would result in experiencing more comfort and understanding within their relationships, particularly with regard to their sexual orientation identity. A part of this comfort seemed tied to experiencing less imposed monosexism from their partners. For example, Lisa associated dating plurisexuals with feeling understood, rather than judged or belittled. She stated that “when you
are with somebody who’s bisexual…there isn’t, sort of, a feeling sorry for you. It’s an understanding which you don’t get in any other relationship.” For her, the shared identity allowed an escape from binegative attitudes and a unique sense of being seen and understood since another plurisexual would be more aware of “what we go through on a daily basis.” Not having direct experience with same-orientation relationships, Tomas imagined how being in relationship with a plurisexual might differ in terms of the challenges Tomas had confronted in finding acceptance for his identity both personally and within his marriage. He stated that he thought the monosexism present in the relationship would be “a lot less” due to the shared non-monosexuality. Tomas remarked that the plurisexuals “would get it a lot more easily.” Embedded in this statement is the sense that plurisexuality feels like something that monosexuals struggle to “get,” where plurisexuals can access this understanding more effortlessly. For Tomas, the idea of being in a same-orientation relationship was associated with generally feeling “much more comfortable with [his] sexual identity” in his day to day life. Echoing this sense of increased comfort when with plurisexuals, Juniper said “when I have dated other queer people, or people who are more fluid, it's felt a lot more freeing, just around not having to feel in a box” and “not feeling judged for what I was into, like the genders of partners.” The salience of this feeling of comfort and security was perhaps most explicitly conveyed in Penny’s assertion that:

Overarching, after all this, the whole interview, overarching, my feeling [is that] my, my comfort with my own bisexuality is definitely comforted by another bisexual person….It's more comforted. It's more realized. It's a mirror. It's, it just feels, I feel more accepted.

Here, Penny associates the comfort of being with a plurisexual with the experience of having her identity feel more fully expressed and understood. Whether through minimizing binegative
judgments or enabling a fuller sense that their plurisexuality was accepted, participants voiced that relationships with other plurisexuals offered a distinct sense of comfort and understanding that did not feel as readily available within mixed-orientation relationships.

**Connecting through Shared Experience**

In addition to permitting a more generalized sense of being understood in their plurisexuality, co-researchers also valued the ability to connect with plurisexual partners over more specific experiences and passions they had in common. For example, Penny identified that she and a plurisexual woman she considers a life partner “do a lot of queer stuff” together. She gleefully described events that they had organized around topics of “health, relationships, sexual orientation identity, trans disability justice, [and] transformative justice.” She recognized that these topics are by no means of exclusive interest to plurisexuals, yet her excitement around doing this work appeared intrinsically connected to the sense that this individual was “a kindred spirit” as a plurisexual. For Maxi, talking to his plurisexual male partner about their common experiences of having straight women “expecting us to behave a certain way or expecting us to definitely want sex” provided an important opportunity for bonding. Lisa identified that plurisexuals could find positive connection in discussing “what it feels like to love more than one gender” and what it takes to “have to adapt to whoever you’re dating” based on who they are, but also in terms of adapting to “completely different genitalia.” Moreover, she expressed that when dealing with binegativity, she felt that receiving input from other plurisexuals who “know what you’re living” would not only be a point of connection, but also “a lot more valuable.” Thus, for the participants, having a similar sexual orientation identity also created the opportunity to discuss and bond over similarities in their lived experiences.

**Accessing Alternative Cultural Norms**
Alongside these opportunities for connection, same-orientation relationships also seemed to open the door for pushing against heteronormativity and mononormativity (here meaning the valuing of monogamous relationships over non-monogamous relationships). In particular, some participants linked same-orientation relationships to providing access to more flexible gender/sex scripts and enabling alternative relationship structures and expectations.

Multiple co-researchers noted that partner sexual orientation identity shifted how they would relate to the gender/sex roles set out by a heteronormative gender binary. Maxi noted the freedom he felt in being able to “dress how I want to dress” and “do what I want” in same-orientation relationships. He tied this freedom to his feeling that when his partners embraced attraction to more than one gender/sex he could more easily express his gender/sex dynamically without incurring judgment. Also highlighting the restricting impact of heteronormative expectations, Tomas stated that a significant advantage of same-orientation relationships was that the gender roles that the man of the house is supposed to have, like “you take the trash out and you fix things around the house,” there wouldn't be a lot of that pressure. Or, like, “you're the woman, you have to cook, you have to do the dishes, blah, blah, blah.” I think that that would certainly shift.

By already subverting the parameters of heteronormativity through both partners’ plurisexuality, Tomas felt same-orientation relationships would make him ask “why do we have to follow any of this?” This ability to question and disrupt gender/sex expectations was connected to a sense of liberation from the confines of dominant cultural norms surrounding gender/sex. The salience of this positive outcome was not mentioned directly by the co-researchers that identified as ciswomen.
Alongside undermining heteronormative gender/sex scripts, same-orientation relationships also permitted several co-researchers to challenge dominant cultural norms around relationship practices. Maxi described entering into his marriage with a bisexual woman and feeling free to propose a relationship structure that would allow him to continue having sexual experiences with same-gender/sex partners. This suggestion was met with the response “yeah, okay, same then,” an outcome that Maxi believed would not have been likely if he had been with a monosexual. Juniper described shifting over the past two years towards seeking out partners who “have more points in common” with them regarding queerness and having an openness to polyamory and kink. Describing their current relationship, Juniper explained that their same-orientation relationship allowed them to go even further in “deconstructing the idea of what a relationship should be.” They noted that even when the structure ended up appearing “somewhat normatively,” as with their marriage to their partner, the way they approached the decision in the partnership allowed it to feel like “choices we’re making” intentionally rather than “a default.” They remarked that “even though we’re married, we’re still going to have sex partners and go to kink events and…artistic naked dance things if we want to,” a flexibility they attributed, at least in part, to the comfort both partners felt in challenging monosexual and cissexual assumptions about relationships as plurisexuals. In this regard, inherently falling outside of monosexual expectations through their plurisexuality left space for some participants to feel more able to access alternative cultural norms that better suited their relational needs.

**Challenges of Same-Orientation Relationships**

Though on the whole most co-researchers seemed to have positive associations with the impacts of same-orientation relationships, challenges around engaging with plurisexual partners were also revealed. Situated in a monosexual culture, these challenges revolved largely around
different ways that they might encounter what multiple participants called “the baggage” associated with plurisexuality in their relationship. For some, there was trepidation around the ways that the partner’s sexual orientation development and identity might negatively impact how the participants related to their own identity or create conflict in the relationship. For others, same-orientation relationships brought the possibility of having to confront their own monosexism. Importantly, the language of challenge is used here to convey that additional labour might be required to deal with the concern, but not to indicate that the participants always connected these challenges with negative emotional or psychological impacts.

Managing Conflicting Plurisexual Experiences

In same-orientation relationships, both partners are likely to have been subject to cultural environments that stigmatize and delegitimize their plurisexuality. How each individual copes with and is shaped by these environments will differ and may show up in relationships in a variety of ways. In talking to the participants, I found the central concerns around dating other plurisexuals revolved around ways that the partner’s sexuality development process and relationship to their plurisexuality might create tension, conflict, or even emotional abuse in the relationship.

Both Penny and Lisa described the difficulties they had experienced when partnering with plurisexuals who were still uncertain or ambivalent towards their plurisexuality. Lisa reflected on the difficulties of having to deal with her partners’ “baggage” around their sexuality. She remembered the discomfort of a partner saying repeatedly that Lisa was the only same-sex person they were attracted to because “they were so scared of even identify[ing] as bisexual at that time.” While she recognized this behaviour as “a coping mechanism,” she used this example to illustrate how a partner’s internalized monosexism might be imposed on her in a relationship.
and negatively impact her mental health. In a similar vein, Penny discussed an intimate relationship with a woman who Penny said “didn’t know that she was bisexual until we were together for a long time.” Penny described with sorrow the experience of talking to her partner about the possibility of telling others about her same-gender/sex attraction. She highlighted the distress that accompanied having to be someone’s “secret.” Penny explained that “as a fully realized bisexual person struggling to, as you always do, I think, struggling to be seen and to be free to express yourself… there was a lot tangled up in that.” Her description of the relationship pointed towards the mental and emotional labour required to cope with this situation, as she worked to tell herself to “be okay” with it because her partner was just “in a different place” and reassuring herself that “it’s not always going to be like this.” The ongoing emotional impact of this experience was salient as she briefly broke into tears, recalling that having her partner not identify as bisexual to anyone else felt painful and like “a denial of the whole thing happening.” Though Penny spoke about her partner with compassion and understanding, this denial conflicted with her own need to be visible in her sexual identity.

For Lisa, same-orientation relationships also brought forward the risk that a plurisexual partner’s internalized binegativity could “be brought and used against [her]” more directly. Drawing on another experience, she reflected that a previous cismale partner, who was uncertain and insecure about his own potential plurisexuality, imposed his monosexism on her, resulting in serious negative consequences on her well-being. She felt the binegativity he had internalized around his own sexuality fuelled his policing of her sexuality “because it reminded him so much of his…own experiences.” She went on to describe how “now I’m facing [binegativity] in my relationship as intimate partner violence and then on the outside as well.” In this quote, Lisa displayed how harmful his imposed monosexism is for her in her description of it as intimate
partner violence, but does not go into more detail. She reflected that experiencing binegativity both in her relationship and from external sources “could crush [her] mental health basically.” Although Lisa was the only participant to bring up such an experience, it demonstrates how the internalized monosexism of one plurisexual partner might be weaponized against the other in a same-orientation relationship with grave consequences.

**Surfacing Internalized Monosexism**

While several participants stated that same-orientation relationships would most likely result in decreased internalized monosexism, there were also indications that this may not always be the case. Freddie, who had speculated that engaging in a relationship with a plurisexual would make her less biphobic and more “compelled” by plurisexuality, also reflected that “who knows, maybe my own insecurities and own internalized discriminations towards plurisexual people might surface.” The possibility of how internalized monosexism might show up in her relationships was further articulated as she discussed a past same-orientation relationship experience. When in a relationship with someone who identified as a bisexual man at the time, Freddie found that

> there were some things I was uncomfortable about, for sure…I also felt like, you know, I could be comfortable with myself going out. I mean, I was a young person, right? But I could go out and make out with other women, no problem, it was totally accepted in the relationship. If he did that with other men, I don't know if I would have felt comfortable with it. So, I guess there might have been a totally double standard there, which, you know, feels shitty. How does that even make sense? This isn't reciprocal.

Here, Freddie demonstrates her discomfort with the possibility that she might have a negative reaction to her partner’s expression of his plurisexuality and hold a “double standard” that treats
sexual expressions of plurisexual men differently than those of plurisexual women. Similarly, Lisa also noted that her internalized binegativity is “more reflected around gender-based stuff,” acknowledging that when she was with a bisexual man she was “surprised” when he talked about his sexual experiences with men “because I guess you sometimes forget that men are also bisexual.” Though neither Freddie nor Lisa took an explicit stance on whether surfacing such forms of internalized monosexism would ultimately be a negative emotional process or a positive opportunity to address it, both women revealed how engaging in same-orientation relationships might pose a challenge within their relationships by bringing to light their own monosexism.

**Positive Impacts of Mixed-Orientation Relationships**

While not every participant had personal experiences of same-orientation relationships, all participants had experienced mixed-orientation relationships. Despite the abundance of experience plurisexual participants had with partners who held different sexual orientation identities, relatively few positive impacts related to the individual within their mixed-orientation relationship were discussed. Given the exploratory nature of this study and the small sample size, however, it is relevant to highlight the positive impacts of mixed-orientation relationships even if they were only brought up by one or two participants as these perspectives may provide avenues for further exploration in future.

In talking about mixed-orientation relationships, the gender/sex of the partner held particular significance to participants and linked the experience to different advantages. Thus, in this section, the positive impacts of these relationships are organized according to whether the participant was referring to a same- or different-gender/sex relationship.

**Same-Gender/Sex Relationships**
**Decreasing identity uncertainty.** Due to the delegitimization of plurisexuality, many plurisexuals face ongoing doubt or uncertainty about their identity and its legitimacy. For instance, Freddie described the internal process of relating to her plurisexuality as being like a constant questioning, questioning of myself. It is a constant like ‘Oh I kind of feel attracted to that person [of a different gender/sex], but am I? But I’m still gay, right? Yeah, I’m totally still gay. I’m fully gay. I’m a hundred percent gay. I’m like more gay than, than [my partner] and super gay and do things gay and feel gay’…So it is like a constant kind of questioning and trying to prove yourself to yourself.

These experiences of constantly “questioning” yourself and having to “prove yourself to yourself” reflect common internal tropes of plurisexual sexual orientation identity uncertainty. For Freddie, being with a gay-identified woman quieted the complexity of managing her plurisexuality and made her feel less like she had to prove her queerness to herself. She explained that being in a monogamous relationship with a gay woman was “awesome” and “totally more relaxing” because it felt “great to be able to hang my hat on one person, one sexual identity.” She remarked that being with a gay-identified partner “affects my mental health in a really positive way” and made her “feel super grounded.” For Freddie, it seemed that partnering with a monosexual woman allowed her to spend less energy reinforcing her own identity certainty and legitimacy, even more so than would be the case if she were with a plurisexual woman.

**Connecting through shared queerness.** In same-gender/sex mixed-orientation relationships, both partners may find connection in shared identification and experiences with queerness that transcend issues of monosexuality versus plurisexuality. For Freddie, partnering with monosexual queer women let her plan her future in ways that were outside of the “normal
trajectory of life” that she “abandoned with great pleasure and relief.” Her same-gender/sex, mixed-orientation relationships offered the opportunity to resist heteronormative cultural expectations in much the same way as other participants described experiencing in same-orientation relationships. For Tomas, being with a gay man, as opposed to a straight woman, increased the possibility that his partner would be aware of and open to alternative relationship structures that appeal to him, because these alternatives tend to be discussed within the queer community. Furthermore, although he considered there to be a challenging “stigma from monosexual queer communities towards non-monosexuals,” he also felt that partnering with a gay man could ease some of the miscommunications regarding sexuality since the couple would have in common the experience of “fighting for their own right and fighting for their own ways of love” in a way “that is not the same for heterosexuals.” This shared struggle for queer rights provided one example of how shared queerness might offer an additional layer of connection to the partners in a same-gender/sex mixed-orientation relationship.

Different-Gender/Sex Relationships

Though the bulk of the reflections pertaining to different-gender/sex, mixed-orientation relationships focused on difficulties and challenges associated with such relationships, certain potential benefits of such relationships were also highlighted. Some of these benefits pertained to the ways that these relationships impacted external interactions with the individuals and so were included in a later section, but one that pertained to relationships directly was how processing conflicts and differences around these relationships could result in their eventual strengthening.

**Strengthening relationships through processing conflict and difference.** For some participants, there were indications that working through differences and building new understandings together enabled connection and resilience within the relationship. Lisa remarks
that mixed-orientation relationships offer the opportunity to “learn a lot from each other.” She explained that, for the plurisexual, this process entails a lot of emotional labour because “you’re kind of teaching them as you’re in the relationship, and every conflict that is about that, you are finding ways to tell, you know, teaching them more things.” Suggesting that the labour is uneven, at least at times, she still indicated that she benefits from this interaction. She asserted that “I think it definitely made our relationship stronger because once they understand my bisexuality, they, they understand a huge part of me as well.” Tomas also described how working through conflict had ultimately brought forward strength and resilience in his relationship. He explained that as a part of his process of discovering and coming to terms with his sexuality, Tomas had been “unfaithful” to his wife before they were married by engaging sexually with other men. Though he described this period as “very traumatic” for both him and his wife, he stated frankly that

it sounds hard to say, but ever since I was unfaithful, I feel like our relationship is way stronger, after we overcame that huge conflict and challenge. And I think there’s a lot more kindness between us in terms of like she, I feel so good that I’m out to [my wife] and that she knows who I am and that I feel like that part of my identity is no longer hidden to her and that really makes me feel warm.

Throughout the conversation, Tomas made clear that navigating how to relate to his sexuality while in a monogamous, different-gender/sex relationship and not being “out” to his family or some of his friends remains a significant challenge; however, having done considerable work to repair the relationship and build understandings around his sexuality, he saw increased self-acceptance and the strengthening of his marriage as some of the positive outcomes of this process. While this outcome could reasonably take place in a same-gender/sex, mixed-
orientation relationship, it seemed the immense pressure to fit within heteronormativity in a different-gender/sex partnership made this outcome hold more weight. Thus, while co-researchers were cognizant that different-gender/sex, mixed-orientation relationships were often associated with a variety of challenges, co-researchers also identified how these relationships created opportunities to work through challenges that ultimately brought out the strength and resilience of their partnerships.

**Challenges of Mixed-Orientation Relationships**

Mixed-orientation relationships can present a unique set of challenges. Focusing in on the experiences of plurisexuals within these relationships, the conversations I had with participants revealed a variety of ways that plurisexuals might encounter difficulties when their partners’ sexual orientation identity did not align with their own. Understandably, some of the themes that arose regarding these difficulties reflect a seemingly inverse picture of the positive impacts of same-orientation relationships; however, other themes came across that did not have an apparent parallel. In organizing the content, my choices reflect an attempt to avoid redundancy while still conveying as faithfully as possible what the participants found most salient regarding their experiences of different types of relationships. Unlike the previous section, this section does not have discrete themes based on same- or different-gender/sex partners because analysis of the field texts did not suggest that this distinction was as prominent within the comments of the participants.

**Hindering Identity Development**

Several participants indicated that being with monosexuals, especially early in their relationship history, created obstacles to exploring their plurisexuality. Penny stated explicitly that for many years she was “a serial monogamist…with men who were heterosexual” and that
during that time she “didn’t explore [her] own bisexuality” even though she was “aware of it for quite some time.” Before discovering his preference for partnering with plurisexuals, Maxi explained how he would “flip flop” between being “definitely straight one day and definitely gay the other day” as he tried to “fit in the tropes” of monosexuality. Lisa also noted the ways that being with monosexuals limited how she conceptualized her own sexuality, saying that “depending on who you dated, they kind of pushed you into a box and that really limited the amount of exploration you could do mentally because you kind of went with whatever the person said.” She went on to elucidate that this had a negative mental health impact for her because she felt she had to constantly question how people were going to view her and whether she was “actually straight,” restricting her ability to “live [her] life fully.” Tomas noted how he took his sexuality for granted, commenting that “in my head, when I was with those other heterosexual women, I was just also heterosexual.” After a while, however, Tomas’ sexual attraction to men started to express itself as a “really big urge” and he felt he “needed to find out what it was.” He described how this need to understand his desires and identity became so dire that he said “fuck it. I’m just gonna do this, even though I know that I could be hurting, or I was hurting the relationship that I was in” and cheated on his partner. This choice presented many additional hurdles for the relationship and the couple attended counselling to work through both the infidelity and the processing of Tomas’ plurisexual identity; however, for Tomas, living in intensely heteronormative and monosexist contexts constrained the options he felt were available to him in exploring and developing his sexual orientation identity. Though he continues to feel shame around his infidelity, he also recognizes that in some ways the process “really helped [him].” Given the potential significance of having opportunities for positive identity exploration,
it is important to attend to how these plurisexuals felt mixed-orientation relationships played a role in hindering their identity development.

**Enduring Heteronormativity and Cisnormativity**

Although not inherent to mixed-orientation relationships, co-researchers noted that mixed-orientation relationships often left them feeling more boxed in by cultural expectations around heterosexuality and the gender binary. Tomas felt as though his different-gender/sex, mixed-orientation relationship meant that he was “surrounded by heteronormative ways of interacting with other people” and limited his knowledge about and access to “other types of relationships.” Maxi commented that when dating straight women, he found himself falling more into “traditional male behaviour” because when he functioned outside of those boundaries the straight women were “not into it…because they’re just like ‘that’s not what a man is.’” When partnering with gay men, he also felt that expressing his “feminine side more” was “not as appreciated or not as embraced,” tying this to the sense that the gay men were “specifically after, like, a certain sort of sexual experience.” Thus, for Maxi, regardless of gender/sex, partnering with monosexuals left him feeling restricted by heteronormative and cisnormative expectations around gender expression. The personal and relational implications of this were indicated in his statement that he felt there was “a part of [him] that they’re not seeing” and that he could not be “truly, authentically [him]self” in these mixed-orientation relationships. For Juniper, who holds a genderfluid identity in which they feel simultaneously like a man, a woman, and other genders at the same time, partnering with monosexuals was also associated with invalidating or erasing a part of their identity. They explained that dating someone who felt “only attracted to women” or “only attracted to men” would create an immediate “cognitive dissonance” with their gender/sex. Weighing the impacts of this against the alternative, Juniper stated that having “significant”
relationships with monosexuals was “probably not something [they] would actually do now to be honest.” Though not inherently present in every mixed-orientation relationship nor absent from all same-orientation relationships, multiple participants linked the experience of being with monosexuals with a stronger imposition of the limiting expectations of heteronormativity and cisnormativity.

**Enduring Imposed Monosexism**

Participants described a variety of ways in which the impacts of monosexism and binegativity manifested in their mixed-orientation relationships. In thinking about monosexual partners they have had, Juniper recalled that “oftentimes, when I've dated people, it made me feel almost like in some ways I had to be what they were, you know, sexual orientation-wise,” which they attributed to both pressure from their partners and societal tropes of monosexism. Penny described how even when her partners did not express this sentiment directly, she felt that “being with a heterosexual man while being a bisexual women, your sexuality becomes like a performance thing. As much as you try not to say it is or want to say it is, it is!” She explained that her concerns around playing into the trope of being a “performative bisexual girl” impeded her comfort with engaging with other women and increased her anxiety levels in relationships and wider social contexts. On multiple occasions, Lisa experienced partners who either took for granted or felt threatened by her attraction to multiple genders/sexes. With a lesbian partner, Lisa experienced plurisexual erasure when discussing the possibility of having a threesome. When Lisa suggested the possibility of having the third person be a man, her partner reacted negatively, having assumed without question that the other person would be a woman. Lisa explained that she did not feel this was an intentional invalidation of her identity, but was rooted in an erasure of her different-gender/sex attraction and monosexual tropes around the fear that a plurisexual
partner will inevitably leave the relationship for a person of a different gender/sex. She also felt that past lesbian partners had fallen back on this trope when they had broken up, finding that regardless of the reason Lisa gave for ending the relationship, the ex-partner would assert “you broke up with me because you wanted to be with a guy” and that she just “wanted penis.” When partnered with a heterosexual man, Lisa had experienced more overt attempts to erase and isolate her from her plurisexuality. Wanting to go to a queer community event, Lisa was met with the reaction “no, you don’t need to do that, like, why would you want to? Like, you don’t belong to that community anymore.” For him, Lisa’s plurisexuality posed a threat that necessitated trying to control her interactions with women and with the wider queer community. Similarly, Freddie found that the heterosexual men she had dated saw her sexual orientation identity “as a threat” and had “not been supportive” of her connection to queer community. Though resting on a different monosexual trope, Tomas also found his plurisexuality was sometimes treated as a threat. He explained that when he was coming out to his wife, part of her response was to ask him if what it really meant was that he was “just going to, at some point, just kind of…say that you’re gay,” recognizing this as a binear negative stereotype. About this interaction, he commented “I think it’s really painful to hear it from someone who you’re in love with and that you were expecting to feel supported [by].” He noted that he “wouldn’t care too much” if such a comment came from a friend, but because it was his partner it was “a hundred times more relevant.” Here, Tomas highlighted not only another way that binar negativity can manifest in relationships, but also why it may be of particular importance to examine how monosexism plays out specifically within relationships.

**Experiencing Shame and Self-Doubt**
In discussing their experiences, a few participants brought up the shame and self-doubt they sometimes felt in connection to their sexual attractions and desire. Referencing a conversation in which his wife was struggling to understand Tomas’ plurisexual desire, he shared that “it makes me feel ashamed that I cannot say ‘No, I don't need any, to be with any other men.’” This shame was accompanied by self-critical questions such as “how am I different from a philanderer or a womanizer?” and “why do I need this? Everyone else can do it, why can't I?” These thoughts and emotions were strong enough that he described sometimes “wonder[ing] if, like, it would be much easier if I just woke up one day and I was straight or, or even gay” so that he could say with certainty “okay, this is over.” Despite being committed to and in love with his wife, Tomas struggled with how to manage the mental “toll” of feeling unable to be “authentic” to his identity and sexual needs, while also feeling a great deal of shame for having those needs in the first place. Though no longer as present for Maxi, similar forms of self-doubt arose in the past. When trying to make “monogamous, straight-looking relationships” work, he expressed that knowing he wanted something else “made [him] feel like [he] was not doing relationships right.” He expressed thinking he was “just, like, broken” and recalled asking himself if he was “always going to be in relationships where [he] cheat[s]?” until he discovered alternative relationship structures that aligned better with his relational needs and moved towards partnering with other plurisexuals.

Though taking on a different quality due to its ties to gender/sex and past trauma, Freddie also expressed a sense of shame around certain types of attraction. When asked whether the differences in sexual orientation identity caused conflict in her current mixed-orientation relationship, Freddie made clear that her partner was very supportive and that “the only conflict I can at all think of is my own and my own self disappointment and shame if I ever feel attracted
to a man." She noted that, generally, “regardless of their gender or orientation, I’m not going to sit there and go on about how attracted I am to somebody else” in a monogamous relationship because that would cause conflict “unnecessarily.” At first, she described having the sense that she might mention any attraction to her partner because “voicing it and getting it out there” made it “not a thing;” however, as we continued the conversation, she reflected and asked herself: “if it was a man, would I say? Maybe I wouldn’t say something. Yeah, maybe I wouldn’t say something because of the shame around it.” She contrasted this reaction to the fact that if she were attracted to a transman, she would share that with her partner much more easily. Though shame and self-doubt are complex and rarely have a single cause, the salience of these emotions was heightened by mixed-orientation relationships for several participants.

**Increasing Emotional Labour in Relationships**

The co-researchers identified various ways that they had to exert additional emotional energy in order to maintain their mixed-orientation relationships. This emotional labour appeared to manifest in a variety of forms. For Tomas, some of the difficulty surrounded ways in which he felt he’d had to “be defensive about my sexual orientation.” He struggled to help his partner understand the needs he felt in connection to his identity, feeling that the different analogies he tried to use always felt too “simplistic.” Moreover, he felt he needed to repeatedly confirm that “no, I’m not trying to take advantage of you. I’m just conveying how I’m feeling” and commented that this process was “just hard.” For Penny, emotional energy had to be exerted to discuss when she felt cismen she partnered with were treating her experiences with other women as if they were not “real” and reflected that she had ended multiple relationships because, at the time, she felt she “wasn’t allowed to do what [she] wanted to do as a bisexual woman.” Looking
back, she reflected that feeling consistently self-conscious about whether her partners treated her plurisexuality as legitimate was likely not good for her mental health.

Another form of emotional labour that was connected to mixed-orientation relationships was that of working to avoid conflict. For example, when I asked Maxi about whether he had experienced instances of monosexism in his mixed-orientation relationships, he responded that he did not think so, but that he recalled engaging in “conflict avoidance.” Maxi described a time when he developed feelings for his lab partner while in a relationship with a straight woman. He described exerting energy to hide these feelings from both the lab partner and his girlfriend because he “didn’t really know what to do” and felt that he “didn’t have the tools” to navigate the situation. For Lisa, dealing with plurisexual-related stigma and discrimination from people outside of her relationships made her more likely to try and avoid conflict regarding her plurisexuality within her relationship. She stated that when partnering with a monosexual, “if you’re experiencing [stigma and discrimination] from the outside, you’re too scared to experience it within your relationship and have a confrontation or have to explain things, so it’s easier just to, like, suffer in silence basically.” She commented further that when she did choose to engage in conversations that aimed to address her experiences as a plurisexual, she felt that “even though it makes the relationship better, it puts a lot of stress on the relationship.” Reflecting on the impact of dealing with the “anxieties” and “insecurities” that her partner brought to these conversations, she stated that

I think all of that creates a lot of tension on the relationship and can impact your mental health deeply because you are scared to have these conversations, you're scared to make mistakes and I think for the bisexual person, me in those situations especially, you feel isolated…You're figuring out everything by yourself and on your own.
Here, Lisa conveys the challenge of determining whether to engage with issues surrounding plurisexuality, but also the potential harm and isolation she experienced in even having to consider these questions in mixed-orientation relationships.

**Impacts of External Interactions**

The previous four themes focused on the ways that partner sexual orientation identity impacted the plurisexual partner, both internally and interactionally in their relationship. This section will attend to interactions outside of the relationship by examining the perceived shifts in how others interact with plurisexuals depending on whether they were understood to be in a same- or mixed-orientation relationship. Though several participants shared stories that spoke to experiences of biphobia on an individual level, here, I have tried to highlight findings that relate more directly to potential impacts of partner sexual orientation identity. That said, due to its salience in the field texts, I have also started by addressing the interplay between partner gender/sex and partner sexual orientation identity with regard to external interactions and included gender/sex-related considerations in this section, where relevant.

**Role of Partner Gender/Sex**

Multiple participants spoke to the experience of having others assume their sexual orientation identity based on the gender/sex of their partner. Lisa described feeling that when she was with men, her plurisexuality was “forgotten in the wind” because people would see her as being a part of a “heterosexual relationship” and by extension treat her as though she were heterosexual. Maxi talked about a recent experience when his mother had asked if he “was gay now” because he was in a relationship with a man. His exasperation with the underlying assumptions of this question came through as he described his reply: “really no. Really still no. Like, still not gay….I wasn’t straight when I was married to a woman and I’m not gay now.”
Perhaps due to the prevalence of using partner gender/sex as a visible signifier of sexual orientation identity, participants could not always distinguish whether the interactions with others were shaped by the genders/sexes represented in the relationships or the sexual orientation identities.

While some participants comfortably commented on the impacts of shared or differing sexual orientation identities, other participants explained that in their experience of external interactions, the gender/sex of their partner was actually more influential than the sexual orientation identity. For example, when Tomas described the increased comfort he would feel in entering queer social spaces in a same-orientation relationship, I asked whether this would be true with a partner of “whatever gender.” He replied that gender would not change this increased comfort. Freddie, on the other hand, stated that when it came to how others interacted with her, she believed that “it’s less to do with [her partner’s] sexual orientation and more to do with their gender, for sure.” She explained that from her perspective “it’s the gender and sexism that plays into how people treat you. Nobody can see your orientation, so people see your gender and make assumptions on it.” Juniper spoke to the interplay between partner gender and sexual orientation, commenting that in queer spaces having “similar genders and sexualities” resulted in more readily available acceptance since “that’s easily recognizable” and “doesn’t cause people to question whether or not we belong.” While commonalities existed in whether and how co-researchers felt the impact of partner gender/sex in shaping external interactions, the differences in perspective with regard to this were also significant.

**Same-Orientation Relationships**
Despite the potential confounding factor of partner gender/sex, co-researchers were still able to share their perspectives on what opportunities and challenges accompanied same-orientation relationships in relation to external interactions.

**Enhancing visibility and celebration.** In the context of a dominant culture that derides plurisexuality, it is significant that multiple participants noted how same-orientation relationships might increase their sense of visibility, legitimacy, and pride in their sexual orientation identity. For instance, Juniper recognized that being with other plurisexuals enhanced their visibility when entering different spaces and commented that they “appreciate just not feel[ing] like I’m hiding.” Maxi explained that when surrounded by plurisexual erasure in society “part of me believes it, like, a little part.” Yet, for him, being in a serious relationship with another plurisexual man allowed him to feel “a lot more secure.” He observed that being with plurisexuals felt like “a shortcut to…validation” from others and at the same time as a reminder “bisexuality is real and it just doesn’t really matter, like, what other people think.” Speaking with slightly more ambivalence, Tomas articulated that he would feel more comfortable sharing his sexual orientation identity and relationship dynamics with close friends if he were in a same-orientation relationship; however, he also acknowledged that he felt like “we’re not there yet as a society” in terms of accepting plurisexuality and so “we would have to keep a little bit of a mask” on still to avoid stigma from external sources.

For Freddie, the gender/sex of her partner made a significant difference in how she imagined relating to her plurisexuality in same-orientation relationships. When considering being with plurisexual men, she felt that “the bi-ness would be super prominent and [she] would be more proud.” When it came to being with plurisexual women, however, she considered that on the one hand it may mean there was “more of a draw” to understanding and appreciating the
identity, but that it could also potentially result in choosing to “abandon the bi part after a while” because they would be “living gay.” Somewhat in contrast, for Lisa the plurisexual pride was not contingent on partner gender/sex. For her, same-orientation relationships represented an opportunity for “a lot more celebration” of her identity, which was appealing particularly because she had not experienced “much celebration around being bisexual” in the larger queer community nor found anything she would consider a “bisexual community” in Vancouver.

**Experiencing authenticity and belonging in plurisexual communities.** Finding a community that centred plurisexuality as the norm was not something all co-researchers had experienced, but those who had found such spaces described the experience positively. Maxi belonged to several communities in which he felt plurisexual norms were pervasive and he felt more able to be authentically himself. He felt that monosexuality was not assumed in those communities and that people were “more comfortable to be themselves” with regard to their gender and sexuality expressions. Specifically, he noted that he chose these communities because he was “not going to have to be just some subset of [him]self” in them. Similarly, Juniper identified feeling “most at home in spaces with other queer folks.” While spaces that centred “other trans queer folks” were particularly appealing for Juniper, they reflected that they did feel “more of a sense of kinship” in plurisexual queer spaces than in “explicitly…gay spaces.” They tied their increased sense of connection in plurisexual communities, at least in part, to the ways that these spaces felt “more inherently trans-inclusive” since being “interested in multiple genders” made more “space for there to be multiple genders.” Describing the “recharge” he experienced from being in a plurisexual-specific space, Tomas stated

that’s a place where I feel very safe, where I feel that I can say these things that feel so outrageous to say to [my wife] and it just feels like people get it and I don’t have to
explain. I don’t have to be defensive. I don’t have to give extra examples. I don’t have to provide more context…[or] feel ashamed and guilty for feeling that way.”

Instead, this space made him feel like “no one is judging me…It’s okay for me to be who I am,” conveying the deep sense of belonging he experienced when surrounded by other plurisexuals.

**Accessing belonging in the broader queer community.** Participants also indicated that engaging in same-orientation relationships also enabled them to access queer spaces more comfortably. Tomas reflected that in his current mixed-orientation relationship, he did not feel able to participate in many of the “queer social groups” he would like to attend. He explained that the barriers to attending included not being “out” to many people and also wanting to avoid the potential pain or discomfort he felt he might cause his wife by attending, particularly in light of his past infidelity. He anticipated that going on his own would be met with judgment-laden questioning such as “oh, is he sneaking out? Is he here just by himself?...Does his wife know that he’s here?” When asked whether this would differ if he were in a same-orientation relationship, he responded “I definitely think so. I think that they would be like, ‘oh they’re here together. That’s great. Welcome!’” and felt this would be true regardless of partner gender/sex. Penny expressed that particularly when partnering with men, she felt more able to enter queer spaces when she was in same-orientation relationships, since she felt plurisexual men were more likely to be received with the attitude of “you’re definitely safe” than heterosexual men. When asked whether being in same-orientation relationships shifted anything about entering queer spaces, Juniper said that “there’s definitely more automatic acceptance, for sure.” They noted, however, that in “cisgay communities” this acceptance was more readily available when their partner’s gender expression was also similar to their own. This remark also highlights a distinction
between queer spaces that are monosexually-normed and those that are plurisexually-normed that is often overlooked.

**Increasing imposed monosexism.** For some participants, same-orientation relationships were associated with more negative reactions from those external to the relationship. Lisa felt that “the treatment would be slightly different” and others might react with monosexist assumptions, such as that “people would assume that maybe were just experimenting with each other” or “that we’re gay and not ready to admit it.” Penny also felt that her relationships with plurisexuals might be met with heteronormative and monosexual judgments. She described a particular situation in which she had concealed her same-orientation relationship by telling others that her plurisexual cismale partner was straight. She explained that this seemed “easier” than explaining his sexual identity because she did not feel they would be understanding and would think that she was “weird.” More generally, she worried that others might fall into “not taking [her] seriously” or judge her for being “a slut,” particularly in the context of being both plurisexual and non-monogamous. Thus, while same-orientation relationships seemed to confer certain advantages with regard to external interactions, for some participants, there was also some apprehension that accompanied partnerships between multiple plurisexuals.

**Mixed-Orientational Relationships**

Participants also identified a variety of ways that their engagement in mixed-orientation relationships shaped their interactions with people outside of their relationships. Again, because gender/sex cues are often used by others to make assumptions about sexuality, it was not always possible to distinguish whether the shifts in external interactions were tied to having different sexual orientation identities or differing gender presentations, but distinctions are highlighted when possible.
Managing visibility. The majority of participants expressed that visibility became a concern when engaged in mixed-orientation relationships. Juniper asserted that even though they experienced more physical safety when in relationships that were assumed to be “straight,” they also “just internally felt really invisible” and like people made unjustified assumptions about how they approached relationships, family, and society more generally. In a similar way, Freddie expressed that when she partnered with a straight person, she “felt like a side of [her]self was completely invisible” and “suppressed.” Given how important belonging to the queer community was to Freddie, she felt she had to manage an additional burden of having to “advocate” for herself and her sexuality. To create more visibility for herself she had to “talk about sexuality more, talk about sexual identity more, talk about bisexual people more, [talk] about bisexual rights more.” For Tomas, the challenge of managing visibility was slightly different since he needed to conceal his sexual orientation identity in different arenas of his life. He explained that maintaining his identity concealment was something he had to think about “all the time” and that “takes a toll” on him. He felt that this burden was heavier within mixed-orientation relationships than it would be in a same-orientation relationship. Regardless of whether the intention was to guard against identity erasure or unwanted exposure, participants highlighted how mixed-orientation relationships brought up concerns around managing their visibility as plurisexuals.

Navigating the monosexism and comfort of others. For many participants, the prospect of mixed-orientation relationships opened up the possibility for encountering more monosexism and having to find ways to manage the discomfort others had around plurisexuality. Tomas felt that if some of his friends were aware of his plurisexuality and mixed-orientation relationship, they would “treat [him and his wife] differently.” He clarified that he did not think it “would manifest directly in like ‘oh, we’re not going to be friends anymore,’” but instead as “some sort
of distancing.” He feared that they would make assumptions that he was “sleeping around with other men” and pity his wife because she was with a person “who is taking advantage of her.” Also responding to the anticipated monosexism she might encounter, Penny explained that she worried about whether others would look at her relationships and “feel sad” for her monosexual partners. She wondered, “are they feeling bad that I’m putting this heterosexual man in this situation where he’s put himself?” Partly to avoid such types of stigmatization, Lisa commented that when people made assumptions about her sexual orientation identity based on her partner’s identities, she would often “just go with it” because that felt “easier for everybody around [her] and for [her]” than having to correct anyone or deal with potential biphobic responses. She felt that in mixed-orientation relationships it was often “easier to just pretend you’re straight or pretend you’re a lesbian,” though it came at a personal cost to her mental health.

**Shaping queer community belonging.** One of the most commonly identified impacts of mixed-orientation relationships was how they enabled or hindered connection with the broader queer community. This consideration was highly interwoven with the role of partner gender/sex. Generally, the legitimacy and sense of belonging offered by having a monosexual same-gender/sex partner was noted as a positive aspect of mixed-orientation relationships. Freddie remarked that being with a gay woman meant she felt and was treated by others “like a legitimate gay person” and could therefore “fully enter in a gay circle.” She framed this experience of being validated without having to “work to let my queerness show” as a “privilege” that she derived a lot of enjoyment from and that was “a really positive experience on [her] mental health.” Maxi remarked that, as a man, “holding a guy’s hand walking in the Pride Parade, you get a lot more smiles” and more “you belong here’ vibes from people” than when holding a girl’s hand. Though acknowledging that she does not always feel “heard” in queer
spaces, Lisa commented that “it’s definitely, for me, been easier to stay connected with the [queer] community as a whole if I’m dating a lesbian woman or queer women because you’re sort of, you’re already in that space…you’re already within the community.” She felt as though plurisexual identities were more likely to come up “kind of naturally” in queer social contexts and be met with understanding; whereas, in heterosexual spaces, others would overlook her plurisexuality and even other plurisexuals “wouldn’t be readily ready to tell you” how they identified. Thus, engaging in a same-gender/sex mixed-orientation relationship was associated with increasing the avenues for connection and belonging within the queer community.

In parallel, participants commented that having monosexual different-gender/sex partners was associated with feeling less welcome in the queer community. Juniper explained that before transitioning, when they were being viewed as a ciswoman partnered with a cisman, they felt as though they were not “really allowed” in queer communities, despite their plurisexuality. In retrospect, they saw this belonging as something they “really needed” at that time. Reflecting on how able she felt bringing different partners into queer spaces, Penny stated that the queer community “always say they’re open to everyone, but I would always feel a little bit weird about bringing a heterosexual partner, especially male heterosexual partner, to a queer space.” As a result, she often went to queer events by herself or with another queer friend, rather than with her heterosexual partners. She considered this a part of “an exercise in a mental awareness of privilege,” but also saw it as a part of a process of “compartmentalizing” in order to feel comfortable in monosexual-dominated queer spaces. While reflecting only a few of the examples contained within the field text, these excerpts illustrate how participants perceived the impact of mixed-orientation relationships on their sense of belonging in queer community spaces.
Accessing safety in same-gender/sex, mixed-orientation relationships. A distinct and consequential positive impact of partnering with monosexual, same-gender/sex partners was raised by Freddie. During the interview, Freddie referenced having endured traumatic experiences of violence that continued to impact how she related to others and, in particular, to cismen. Considering what she liked about partnering with monosexual women, Freddie stated “I feel like ‘okay, I’m here, I’m great, surrounded. I’m protected. I’m not experiencing any violence.’” Though not tying this concern inherently to her plurisexual identity, she voiced gratitude for the ability to avoid the possibility of “any man sneaking into [her] social or intimate world.” The positive impact of this context on her well-being was conveyed as she expressed that “there’s really…a kind of safety in people whose orientation doesn’t include it, you know…I really, I just love that, it’s amazing. It’s like a little heaven.” While this concern did not come across as the central reason she engaged in same-gender/sex, mixed-orientation relationships, it is critical to acknowledge the ways that certain relationships and communities can provide sexual and gender minorities with access to enhanced safety in the context of systemic and violent misogyny.

Accessing safety in different-gender/sex, mixed-orientation relationships. In the context of homophobia, biphobia, and cissexism within North American society, sexual and gender minorities are continuously faced with the possibility of experiencing violence and discrimination based on their identities. Juniper commented that, in the past when they had dated heterosexual men in mixed-orientation relationships, “the world perceived me as a straight woman” and this came along with a certain level of heterosexual privilege. This privilege was tied to better job prospects, more family acceptance, and more financial and emotional support in the face of mental health concerns. In contrast to when others interacted with them as a “non-
binary trans queer person,” they observed that they did not have to deal with “getting in shit from [their] family” for who they were dating or with getting stared at when walking in public. Ultimately, Juniper felt that an advantage to being in a mixed-orientation relationship that gave the appearance of “straightness” was that they experienced “more safety.”

**Intersecting Identities and Cultural Context**

Incorporating a thorough intersectional analysis of the field texts is not feasible with the scope of this research project and reflects a significant limitation of the study; however, it is important to highlight a few of the ways that intersectional considerations surfaced within the field texts. These examples are included with the hope that they will allow the readers to be aware of these considerations and the shortcomings of this study in building their own interpretations of the findings. Additionally, my intention is that their inclusion helps lay the groundwork for more in-depth intersectional explorations of plurisexual mental health in the future.

One example of how intersecting minority identities impacted the experiences of plurisexual participants was revealed when Lisa reflected on how a past mixed-orientation relationship had limited her ability to make the kinds of relationships she was seeking. She described that as an Afro-Caribbean bisexual woman dating a White heterosexual man, she “wanted to prioritize making relationships specifically with POCs who are queer,” since finding people that shared these intersecting identities with her was an important identity-related social need. She found making these connections particularly challenging because her partner inhabited social spaces that were predominantly filled with “White straight people,” leaving her marginalized across multiple identities. As a result, she felt that she “wasn’t able to make the meaningful relationships [she] wanted.” Juniper highlighted how different facets of privilege and
oppression shaped their experience as well. They recognized that in a past relationship, their partner had been able to “take advantage” of them in part because of the power conferred by the partner’s older age, community connections, and economic privilege. At the same time, they commented that being from “a White family that...in general has more access to resources and community” and being a part of a “generally middle classish” social environment now had allowed them to explore their gender/sex and sexual orientation identities more easily. They contrasted their access to resources, such as post-secondary education, to the experience of many “folks who are working class or poor, which is often tied with indigeneity or racialization.” They reflected that they had “probably gotten a lot less shit” and more acceptance as a queer person than others whose intersectional identities resulted in additional layers of marginalization and inequality. Furthermore, Tomas brought up how geographically-tied cultural context impacted how he experienced his own identities. Describing the impact he thought dating plurisexuals earlier in his life might have had, he expressed that he still “wouldn’t have dared to think that [he] was anything other than heterosexual” in the Dominican Republic because of the attitudes towards same-gender/sex attraction there. In contrast, he thought that if a partner he had dated in the United States had been plurisexual, it would have “planted that seed” that there were options outside of heterosexuality and he would have “found ways to explore that a little bit earlier.” The focus of the study and the short time allotted to each interview limited my ability to fully explore the ramifications of different intersecting identities and cultural environments. Nonetheless, these examples illustrate how the experiences of plurisexuals are by no means homogenous and suggest that further examinations of these factors are critical to enabling nuanced understandings of plurisexual perspectives and experiences.
Having focused exclusively on the impacts of partner sexual orientation identity in this chapter, the following chapter will deal with how participants conceptualized building counselling environments that are responsive to plurisexual needs and experiences.
CHAPTER 5
RESULTS: BUILDING SAFE AND SUPPORTIVE PLURISEXUAL COUNSELLING

A second focus of this study was to learn what these plurisexual participants perceived to be relevant to creating a safe and supportive counselling environment. In my initial conceptualization of the study, a primary area of interest was to explore the factors that plurisexuals would consider most important to creating a counselling context in which it felt safe to discuss issues directly related to same- or mixed-orientation relationships; however, as an interviewer, it was important to follow along with the threads of conversation that participants were most responsive to, rather than impose questions that followed only my own curiosities. As the conversation around counselling unfolded, it became clear that the participants had fewer reflections regarding this narrower focus and could more readily speak to the general considerations of what they looked for as plurisexuals seeking counselling. Through our conversations, the participants offered a variety of insights into how they go about looking for suitable counsellors, what concerns are most salient for them when seeking support, and the ways in which counsellors might demonstrate their commitment to building supportive counselling environments for this marginalized population.

Searching for Counsellors

For counsellors to construct practices that are responsive to the needs of plurisexuals, it is important to understand the process by which plurisexuals might look for and determine the suitability of different counsellors. With regard to the initial search for counsellors, five out of six of the participants stated that relying on personal recommendations was a central strategy that they would use to determine which counsellor to see. Two participants noted that they would be most likely to consider the recommendation of people who they trusted and who held similar
plurisexual identities to them. Other strategies that came up included using Google with keywords, asking for a referral from Qmunity, and looking at the counselling section of the LOUD Business Directory which they encountered at Qmunity. Each of these strategies was brought up by a single participant.

Another stage of screening involved reviewing the counsellors’ biographies and websites. Participants highlighted several markers that they have or would look for to signal competence in working with plurisexuals. Lisa, Freddie, and Maxi all stated that one of the first markers they used was to check that the counsellor mentions specific experience or interest in working with LGBTQ2S+ clients. Lisa stated simply that if there was no mention of queer issues “I won’t go to them.” Maxi noted that if queer issues are placed first on the list of topics the counsellor works with that would be good and “particularly telling.” Moreover, both he and Penny viewed mentioning bisexuality/pansexuality and polyamory specifically as stronger indicators of potential safety. Freddie commented that she looked for any of the many “different queer symbols and positive space things” on the counsellor’s website. These fairly direct markers of interest and experience seemed to reflect a minimum requirement for keeping the counsellors as potential options.

Participants also pointed to more complex markers that would indirectly signal an ability to create a safe and supportive counselling environment for plurisexuals. For example, Juniper and Maxi both felt that counsellors stating their use of “intersectional” lenses was important. For them, the mention of intersectionality signalled that the counsellor would be more likely to understand plurisexual experiences as well as incorporate understandings of privilege and oppression that they felt were critical to having a positive counselling experience. The importance of this issue was emphasized by Maxi’s post-interview reflection in which he
recognized that a counsellor not having a “strong command” of these intersectional perspectives was actually a “dealbreaker” for him in the selection process. Another indirect marker was identified by Penny, who said she used her counsellor’s belonging to burlesque, Burning Man, and kink communities to inform her belief that the counsellor would have experience working with clients who were engaged in mixed-orientation relationships. Freddie also stated that signs that the counsellor had awareness of or support for polyamory, kink, and sex work would show a comfort and competence with “alternative lifestyles” that she looked for, regardless of whether she had personal involvement in these areas. Both Freddie and Penny commented that the educational credentials of the counsellors were not particularly significant and would not be more important than other considerations, such as this familiarity with “alternative lifestyles.”

Freddie also emphasized that for her to feel able to share all aspects of her queer identity, it was important that the counsellor distinguished between “problematic substance use and, like, recreational healthy drug use” and signalled this understanding in their promotional material. Discussing an interaction that involved drug use with a counsellor that she viewed as “amazing” otherwise, she articulated that

I feel ill in the relationship with the counsellor because I can, like, feel… in fact the person actually said to me one time: ‘Do you feel judged Freddie?’ And I was like, ‘oh maybe a little bit.’ And it was like, it was dripping off of me, this feeling of just shame and judgment from the person.

She explained further that she felt that there was a queer culture of recreational drug use that was very “tied to” her “sex and gender identity” and so feeling this shame and judgment with regard to her recreational drug use meant that she felt like she could no longer share aspects of her identity with the counsellor. Freddie’s description provides insight into the distress that can arise
when a counsellor appears to disapprove of behaviours or community cultures that feel intertwined with the client’s identity. Thus, this substance-related marker was particularly important in light of previous distressing experiences she had had.

**Anticipatory Concerns in Attending Counselling**

Even with attempts to screen for suitable counsellors, participants described having a number of concerns that they would have about the attitudes and experiences they might encounter when attending counselling. Some participants identified different binegative assumptions that they would be worried about in the counselling context. For example, Penny was worried that she might be treated like she was “a shit disturber or an anarchist or a slut” if she discussed her sex life and explained that this created a genuine fear that she might “get subpar attention or subpar counselling” if she shared honestly around this topic. This fear was present despite Penny feeling she had “never experienced any sort of discrimination” from counsellors in the past. Lisa described being “super worried” that the counsellor “would assume things.” She gave examples of how this had happened in the past, explaining that “the assumption was like ‘this is your first same-gender relationship and thus you’re really confused and you don’t know what’s happening.’” Through this experience she felt that the underlying message from the counsellor was “all the problems you’re having are caused because of you,” which did not create a supportive environment for her. She also commented that she anticipated that some counsellors would guide the conversation with a partner such that it would “become about what I could do to make [my partner] feel better about my bisexuality” or would make her answer many questions about “bisexuality as a concept” and use up her session time “teaching them.” Sharing this aversion to using session time to teach counsellors, Maxi commented in his
post-interview reflection that “it can be exhausting and frustrating to explain ‘bi erasure’ or something to someone I’m seeking help from.”

Along similar lines, multiple participants worried that the counsellor would work from assumptions that reinforced heteronormativity and expectations around monogamy or non-monogamy. Tomas commented that he would not be able to feel supported in a counselling context in which the counsellor was “bringing that heteronormativity to the conversation of like, ‘oh you’re supposed to be with someone with your opposite-gender and you’re also supposed to be in a monogamous relationship.’” Noting the negative impact of drawing on normative relationship frameworks, Freddie explained that if counsellors worked from such assumptions through approaches like using the “nuclear family” as a “benchmark” of well-being, it would “make you feel like you are, you are not on track in terms of your relationship or your life” and be emotionally damaging. At the same time, Freddie wanted counsellors to avoid biphobic stereotypes and understand that “it is fucking possible” to be plurisexual and “in a healthy, monogamous relationship.” Conversely, Maxi warned against counsellor assumptions that supported “inbuilt monogamy” and “mononormativity.” He described a negative encounter in which he felt the counsellor had treated his consensual non-monogamy as if it were “fundamentally” the root of “the problem.” From this experience, Maxi understood that the counsellor’s understanding of relationship anarchy and polyamory was his primary concern. For him, if the counsellor did not “believe that you can be happy in multiple relationships,” then they could not genuinely have “any basis of communication” in the therapeutic relationship. Juniper brought together these concerns with critical gender/sex-related concerns as they remarked on how difficult it is to find a counsellor that “can understand the intricacies of being trans and non-binary and kinky and poly and queer.” Noting how few affordable counselling resources
Vancouver has, they commented that there are also “a lot of hang ups in cisgay communities” around gender and monosexuality. Thus, they found that even in accessing queer-focused services, they were worried that neither they, nor their partner, would “feel a sense of belonging” in accessing services as trans* plurisexual individuals. While these concerns do not represent a comprehensive list of the anticipatory anxieties plurisexuals might face in attending counselling, they provide insight into some of the diverse and complex reasons plurisexuals might approach counselling with trepidation.

**Enabling Safer Spaces**

Once individuals find a counsellor they are willing to book a preliminary session with, the vetting process continues as plurisexuals seek out professionals that provide an adequately safe space for the therapeutic process. Participants brought forward a number of considerations that would make them feel safer in the counselling context.

**Presence**

Given the number of concerns that accompany attending counselling as a plurisexual, it is perhaps unsurprising that the participants articulated the importance of feeling that their counsellors felt very present and non-judgmental with them. Feeling supported by a counsellor’s attentive presence, Penny described a very positive counselling experience in which the counsellor “didn’t write anything down. She just sat there and listened to me in a chair...[she] leaned in and just listened.” Similarly, Tomas noted that “feeling like there is eye contact” with a counsellor and that he’s “talking to a human, not just to some sort of thing that is taking notes and repeating things back” contributed to a positive counselling environment.

**Avoiding Presumptuous Language and Questions**
Participants recognized the importance of the language that counsellors used in making them feel accepted and comfortable. Both Lisa and Juniper expressed that the way counsellors used language surrounding partner pronouns would inform whether the counsellor was creating a safe counselling environment for plurisexual clients. Lisa remarked that she watches for “if they are talking about my past relationship experiences, are they assuming it was a he or [are] they using kind of neutral language?” Also wanting counsellors to avoid monosexist assumptions, Juniper stated that in relation to a client’s partners, counsellors should not “assume that because they saw one person who is using a certain pronoun that that means all their partners were users of that pronoun or gender.” Additionally, Juniper also brought up that counsellors should allow plurisexuals to “[opt] into the conversation around sexual orientation” because “not everyone wants to just hash out what their sexuality is in counselling” and “sexuality isn’t always relevant” to what plurisexuals want to talk about in counselling. Reflecting more generally, Tomas commented that “I really appreciate when the counsellor would ask questions because they don’t have any assumptions…there’s no assumption behind it. They’re just asking because they are really curious and they want to know more about it” and contrasts this to “leading” questions that presume heteronormativity or monogamy. He adds that it is critical that counsellors also use language and questions that avoid assumptions of monosexuality or compulsory monogamy with monosexual clients, explaining that he thought this “would also plant a seed in their heads and say there are different lifestyles. It’s okay to be different” and help build towards “a better, more welcoming society for plurisexual people.”

**Educating Oneself**

Partially in support of this ability to avoid problematic assumptions around plurisexuality, many participants articulated that it was important that counsellors invest time in learning about
the complexities of sexual minority experiences. Tied to the desire to avoid having to “spend all [her] time educating” her counsellor about “the type of people that we are and our lifestyle and who we are in identities,” Freddie suggested that counsellors have to put effort into learning about plurisexuality. She stated that a counsellor “would have to really understand, like, have done some studying, you know, or work understanding, really understanding what, like, a plurisexual identity is.” This sentiment was echoed by several participants. For Tomas, it was important that counsellors read books that incorporated “stories of plurisexuals” and that would help counsellors “deconstruct” their understandings not only of sexuality in general, but of their own sexuality. In his view, this process would help counsellors understand that “plurisexuality is probably, like, the way people would be if it wasn’t for heterosexism…that it’s not like a weird thing or like a thing just a few people do.” Moreover, he felt this reading could help counsellors question the role of “toxic culture” in creating the discrepancy between how many people engage in plurisexual sexual behaviour and how many people identify as plurisexual, which would help him feel more accepted and supported in counselling. Similarly, Maxi suggested that counsellors read books such as “What Love Is: And What it Could Be” by Carrie Jenkins or textbooks about relationship anarchy, as they could help counsellors undermine their own problematic assumptions and learn about different sexualities and their “subtleties.” The importance of this intentional learning was reinforced by Maxi’s post-interview reflection, in which he stated that “I don’t think it’s good enough for a counsellor to just be accepting and compassionate about queer issues. They need to specifically study queer issues if they hope to work with queer people.” For Lisa, the importance of investing time in learning about and working with queer populations was not simply about avoiding assumptions. She felt that without this investment, a counsellor might
be “ill-equipped” to support her and would not have “built up a list of resources” that could address her specific needs.

**Lived Experience of Queerness**

Beyond learning about and having experience in working with LGBTQ2S+ clients, multiple participants remarked that counsellors with lived experience of queerness, and particularly plurisexuality, would automatically set them more at ease in counselling. Maxi stated that he would definitely prefer if he knew that his counsellor was queer and particularly pansexual, elaborating that although he knew that “people can have empathy,” he would be “more quick to open up” to someone with a shared identity who would “get it.” Tomas explained that having a counsellor that is gay has been “really helpful” because they are “aware of all the dynamics that are related to the LGBTQ community,” but also commented that it “would have been even better” if his counsellor was plurisexual. Importantly, he noted that he felt his partner was “a little bit hesitant” to go to a counsellor who identifies as queer because “she might have thought that ‘oh, this person is more related to that sort of lifestyle, which…doesn’t match what I would want,” but that once she met the counsellor “she felt comfortable.” Being conscientious that not all counsellors would feel comfortable disclosing their sexual orientation identity, Lisa acknowledged that if she knew a counsellor was plurisexual she was “going to go to them, like, off the bat.” She explains that building knowledge through studying can be important and “obviously…matters a lot,” but still felt there was something particularly impactful about seeing a counsellor with “lived experience” of being plurisexual.

**Authenticity and Informality**

Another aspect of the therapeutic encounter that seemed important to participants was that the counsellor favour genuineness and informality over being what Penny called “too
professional.” For her, in an initial session, the way a counsellor put out their arm to shake hands over a desk, instead of coming around the desk to greet her, was a sign that the counsellor was “super professional.” This professionalism hindered her interest in continuing with this counsellor because it “would take [her] forever to get to the point where [she] could tell them intimate things about [her]self” and felt she “[did]n’t have time to wait.” Freddie also indicated a preference for less formality, commenting that she would look at indicators like whether a counsellor was “dressed like [a] professional” to determine whether she might find the counsellor to be too “mainstream.” Maxi described finding one of his counsellors on a dating application using one of the same photos in his profile as he had in his promotional material as a counsellor. Rather than feeling that this connoted a lack of professionalism, Maxi stated that “it actually just made me feel comfortable because he’s just like, because he’s doing what we all want to do, which is just, like, live his fucking life.” He appreciated the sense that the counsellor was authentically himself both in and outside of the counselling context.

Financial Accessibility

Both Lisa and Juniper drew attention to the financial barriers that accompanied accessing counselling. They commented on the limited number of options that could offer low-cost counselling in Vancouver. Moreover, Lisa put it plainly when she expressed “there aren’t many counsellors who are LGBT knowledgable, have lived experience, who offer accessible pricing” and emphasized that this was particularly problematic given how plurisexuals are often “the ones who face so many social impacts that results in…low socio-economics and stuff like that.” She and Juniper also commented on how the limited number of financially accessible counselling options also meant that there were long wait lists that delayed the much needed mental health support. Lisa remarked that this also meant that it was often necessary to see whichever
counsellor you were paired with, rather than getting a chance to “check out” different options. Thus, providing counselling at reduced rates was put forward as a way that counsellors could reduce the barriers to accessing counselling and increase the likelihood that plurisexuals could find satisfactory and safe counselling environments.

This chapter has briefly outlined the different insights my co-researchers brought into our conversation about building counselling environments that are accountable to the needs of plurisexuals. In the next chapter, I will discuss the implications of these findings and how they relate to the existing body of literature.
CHAPTER 6
DISCUSSION

In this chapter, I will discuss my reflections on the inquiry process, the study results, and their implications. First, I will briefly revisit how I went about working with the field texts to create this current iteration of the research text. I will then summarize the themes that emerged from the field texts, highlighting how my understandings of the participants’ perspectives map onto my initial research questions. My attention will then turn towards further interpretation of the study results and contextualizing their meaning. Though the rich narratives offered by participants provide countless areas of interest, I will prioritize explorations of only a few salient topics. In regard to partner sexual orientation identity impacts, I will discuss how the findings relate to the minority stress model and comment on the interplay between partner gender/sex and partner sexual orientation identity. Then, I will look at how participants conceptualized their own help-seeking strategies and experiences, emphasizing the role of microaggressions and microaffirmations. In these sections, I will endeavour to situate my discussion within the context of existing research; however, the novelty of this line of inquiry constrains the extent to which this is possible. In the final sections of the chapter, I will look at additional implications of the results on understandings of plurisexual mental health and the counselling context, offering my perspectives on how these understandings can inform those striving to provide quality counselling care that is responsive to the needs of plurisexuals. Finally, I will outline some of the limitations of this study and identify areas of interest for future inquiry.

Revisiting the Inquiry Intent and Process

To meaningfully contextualize and interpret the study results, it is important to return to the initial research questions and the ways in which I sought to approach the inquiry. In this
study, I aimed first to elucidate how plurisexual participants conceptualized the impacts of partner sexual orientation identity on their lived experience and how these impacts informed the risk and resilience factors shaping their mental health and well-being. In line with the exploratory intent of the study, I chose to use semi-structured interviews with no accompanying mental health measure to enable the dialogues to surface any range of potential mental health implications and avoid presupposing a particular mental health concern. This choice centred the participants’ own understandings of their mental health and opened the possibility for more generative understandings of plurisexual mental health concerns for future research. It is critical to note that the goal of this inquiry was not to make categorical claims regarding whether same- or mixed-orientation relationships are positive or negative for plurisexual mental health. Instead, I have aimed to uncover some of the ways that plurisexuals perceive their mental health to be shaped by such relationships so as to illuminate how plurisexual well-being might best be supported within their given relational context.

Accompanying this line of inquiry, I also sought to examine what considerations the participants thought were most relevant to building a safe and supportive counselling environment. While I entered into the research with particular curiosities regarding how the participants thought counsellors could shape their practice to support plurisexuals in mixed- or same-orientation relationships, I discovered that participants more readily brought forward more general considerations regarding how to create a positive therapeutic environment for plurisexuals. Given the dearth of plurisexual-specific research examining mental health and therapeutic best practices, even these broader insights provide rich information for mental health practitioners to consider in creating plurisexual-affirming care practices.
In analyzing the field texts, I separated the content that related to the first set of research questions, dealing with same- and mixed-orientation relationships, from the content related to the second research question regarding counselling. I reviewed the field texts and identified a number of superordinate themes related to each research question, each of which was elaborated using a set of relevant subthemes. Although the majority of these themes and subthemes were identified because of their repeated appearance within the various field texts, the discovery-oriented nature of this study led me to include some subthemes that were reflected only once or twice within the dialogues with participants.

Foundationally, this study is aimed at the promotion of mental health equity across sexual orientation identities as a way to build towards broader health equity. Building health equity can be defined as “the practice of ensuring fair, inclusive and respectful treatment of all people” in a way that “honours and accommodates the specific needs of individuals/groups” (The 519, n.d.). This framework rejects the assumption that providing different groups of individuals with the same interventions and care will result in the same degree of benefit to all groups, regardless of social contexts or identities. Instead, it acknowledges that health disparities exist due to systemic oppression and recognizes the need to specialize care to address the marginalization of disadvantaged groups. Ultimately, researchers working from a health equity framework seek to revise existing health models and uncover new approaches to care that will help ensure that all people receive treatment that is responsive to their particular needs. With this in mind, I aim in the following chapter to outline how this study can promote health equity by informing approaches to mental health, counselling, and research that will enable specialized and well-attuned care for plurisexuals in the face of their continued marginalization.

Impacts of Partner Sexual Orientation Identity on Lived Experience
In examining the impacts of partner sexual orientation identities, five superordinate themes emerged that revealed many aspects of how the plurisexual participants conceptualized the impacts of same- and mixed-orientation relationships on their lived experiences. Though by no means constituting an exhaustive list of impacts, I suggest that these themes and their elaborative subthemes can be understood to answer, at least in part, research question 1A. While a more detailed description of these themes is contained in Chapter 4, I have summarized these findings below.

The first theme that related to impacts of same- and mixed-orientation relationships brought together the ways in which co-researchers conceptualized the positive outcomes of same-orientation relationships in relation to themselves and their relationships. They identified that sharing a plurisexual sexual orientation identity with their partner allowed for them to experience less internalized and imposed monosexism. They reported feeling less confined by plurisexual stereotypes and stigma, instead experiencing more comfort and understanding regarding their plurisexuality. Additionally, they conveyed how sharing their sexual orientation identity with their partners created the opportunity to bond over commonalities in lived experiences. These shared experiences provided space to strengthen their relationships and normalize their experiences. Same-orientation relationships also freed some participants to intentionally resist dominant cultural norms of heteronormativity and compulsory monogamy, allowing them to consider and access alternative structures for relating to gender, sex, sexuality, and relationships more easily.

The second superordinate theme highlighted some of the potential challenges or negative impacts of same-orientation relationships. The co-researchers shared concerns about how partnering with plurisexuals who had their own “baggage” surrounding their sexuality
development and identity made them vulnerable to experiencing binegativity within their relationships or to having constraints imposed on their preferred level of identity disclosure. Furthermore, some participants revealed how partnering with another plurisexual opened the possibility of having to confront the ways that they might project their internalized monosexism onto their partners. Having to confront their own monosexism was not necessarily viewed as negative, but was associated with the possibility of increased labour or relationship stress.

The third and fourth themes addressed the impacts of mixed-orientation relationships. The third theme addressed the positive impacts of such relationships. When partnering with someone of the same gender/sex, being in a mixed-orientation relationship was associated for one participant with decreased sexual orientation identity uncertainty. This relationship structure allowed her to spend less energy questioning and confirming her own identity. Same-gender/sex, mixed-orientation relationships also allowed some participants to find avenues for enhanced connection within their relationships through shared identification with and experiences of queerness. Conversely, participants identified how different-gender/sex, mixed-orientation relationships sometimes led to conflict related to differences in sexual orientation identity, but in doing so also created opportunities for the partners to work through these challenges in ways that ultimately brought out the strength and resilience of their partnerships.

The fourth theme addressed the challenges of mixed-orientation relationships and brought forward multiple considerations. Analysis of the field texts conveyed how dating monosexuals often inhibited the participants’ ability to conceptualize or explore their own plurisexuality by imbedding them in monosexual-centric contexts and exposing them to expectations that delegitimized or erased their plurisexuality. In mixed-orientation relationships, co-researchers reported anticipating and experiencing monosexism that was imposed directly by their
monosexual partners. Within their intimate relationships, they experienced pressure to conform to monosexuality and had to endure and contest binegative tropes that were perpetuated by their partners. Moreover, participants linked mixed-orientation relationships to increased exposure to and reinforcement of heteronormative and cisnormative expectations. Internally, some co-researchers experienced shame and self-doubt surrounding their sexual attraction and relational needs. At times, these individuals grappled with feeling like a burden or bad partner to their monosexual partners. Finally, the co-researchers spoke to a variety of ways that mixed-orientation relationships seemed to create additional emotional labour for them as plurisexuals. They perceived an increased need to expend energy explaining and legitimizing their identities to their partners. Moreover, they described putting effort into avoiding conflict regarding their plurisexuality so that they would not have to confront imposed monosexism both inside and outside of their relationships.

The last theme that addressed the impacts of partner sexual orientation identity looked at the ways that same- and mixed-orientation relationships shaped interactions with those outside of the relationships. While distinctions from the impacts of partner gender/sex could not always be made, same-orientation relationships seemed to bring increased visibility to and celebration of the participants’ plurisexual identities. In addition, having a plurisexual partner was connected to engagement with communities that centred plurisexuality, rather than monosexuality, which enhanced participants’ sense of authenticity and belonging. Moreover, when entering queer community spaces that generally centre monosexuality, several participants felt that same-orientation relationships would allow them to feel more welcome, particularly if the relationships were also same-gender/sex. One possible drawback to same-orientation relationships also surfaced when participants pointed out concerns that other people might impose binegative
assumptions on the relationship, deeming it less legitimate because of monosexist stereotypes that they would apply to each plurisexual involved and the relationship as a whole. Critically, though beyond the scope of this research, future research would benefit from integrating examinations of the interplay between participant gender/sex, partner gender/sex, and each of the dynamics related to mixed- and same-orientation relationships described here.

When it came to how mixed-orientation relationships impacted external interactions for the participants, several issues were brought to light. For instance, being with a monosexual, whether heterosexual or gay/lesbian, elevated concerns around plurisexual identity visibility. For some this meant that they needed to employ strategies to enhance their visibility and for others this meant ensuring their identity concealment could be maintained. Another impact of mixed-orientation relationships was that participants anticipated encountering monosexist beliefs that they were somehow taking advantage of their partners, or that the plurisexual individual was actually monosexual. In some cases, participants suggested that they might go along with such assumptions in order to make others feel more comfortable, regardless of the negative impact it might have on them personally. Alongside these issues, participants articulated that mixed-orientation relationships had implications on their sense of queer community belonging and their sense of safety, hindering or heightening their access depending largely on the interconnected implications of their partners’ sexual orientation identity and gender/sex. Finally, while a thorough investigation of the impacts of various intersecting identities could not be addressed in this study due to limits in scope and resources, the findings supported that other aspects of identity, such as ethnic and racialized identities or socioeconomic background were influential in how participants experienced their identities, relationships, and interactions.
Looking at the overall trends reflected in the field texts, it is difficult to ignore that the number of concerns participants voiced was notably higher in relation to mixed-orientation relationships and that same-orientation relationships were associated with a greater number of potential benefits. This pattern appeared to be linked in large part to the extent to which monosexism had the opportunity to be reinforced or destabilized in different relationship structures. These findings may seem somewhat intuitive given the current cultural context in which monosexism is pervasive and yet remains relatively unaddressed, particularly in monosexual-normed communities. For example, it follows that by nature of being the primary targets of monosexism, plurisexuals are inherently forced to deal with issues of monosexism more directly and frequently than monosexuals. This may enable them to develop and exchange more tools, understandings, and coping mechanisms that allow plurisexual partners in same-orientation relationships to support each other in subverting the impacts of monosexism. Moreover, plurisexual partners may find acceptance, visibility, and a sense of belonging more readily accessible in same-orientation relationships due to their shared identity in the face of this form of systemic oppression. Paralleling this, Vencill et al. (2018) noted that in mixed-orientation relationships a heterosexual partner may not recognize “the daily minority stressors” that accompany plurisexual identity and same-gender/sex attraction, while gay or lesbian partners may “exacerbate minority stress for their bisexual partners by minimizing different-gender/sex attractions and perpetuating myths” about plurisexuality (p. 16-17). Toft and Yip (2017) stated that “it is not surprising” that some plurisexuals in their study “preferred to form intimate relationships” with other plurisexuals because monosexual partners had “often internalized discursively constructed prejudices” about plurisexuality (p. 239). While this generalization would not hold true for all monosexuals, it may be useful to consider how mixed-
orientation relationships might increase the risk of plurisexuals encountering monosexism in their intimate relationships.

However, just as relationships that include plurisexuals should not be seen as inherently more “problem-oriented” than others, neither mixed- nor same-orientation relationships should be conceptualized as innately more positive or negative for plurisexuals. Such claims would not only go beyond what can be generalized from these results given the research design, but would also erase the capacities people have to process differences and find their way to connection despite conflict. Moreover, such assertions would bypass generative explorations of the subtleties of how risk and resilience factors for mental health might play out differently in each type of relationship.

**Mental Health Impacts of Partner Sexual Orientation Identity**

This study offers a preliminary exploration of the influences of same- and mixed-orientation relationships on plurisexual participants’ lived experiences and the potential interactions between these experiences and mental health. The experiential descriptions participants provided focused mainly on the thoughts, feelings, and interactions they associated with same- and mixed-orientation relationships rather than explicitly delineating the mental health impacts of their experiences. Where overt statements regarding mental health impacts were elicited within the dialogue, co-researchers generally offered perspectives regarding the direction of the impact. That is to say, they commented on whether an experience felt positive or negative for their mental health or well-being, not on the magnitude of the impact or on any specific symptomology-related impacts. Particular contexts in which positive mental health impacts were referenced included when participants discussed: (a) the decrease in internalized monosexism experienced in same-orientation relationships; (b) the increased identity certainty
when partnering with a same-gender/sex person in a mixed-orientation relationship; and (c) the increased access to queer community connection experienced in same-gender/sex, mixed orientation relationships. Participants commented explicitly on the perceived negative mental health impacts with regard to the following contexts: (a) when having to deal with a partner’s internalized monosexism being projected on them in a same-orientation relationship; (b) when having to question whether being in a different-gender/sex, mixed orientation relationship would lead to misattributions regarding their sexual orientation identity; (c) when having partners question the legitimacy of their sexual orientation identity in mixed-orientation relationships; (d) when experiencing isolation and fear surrounding conversations with monosexual partners in which plurisexuality is treated as a source of relationship conflict; and (e) when having to go along with sexual orientation identity misattributions in mixed-orientation relationships in order to avoid relationship conflict or discomfort in external interactions.

To further examine the ways that participant descriptions of same- and mixed-orientation relationship experiences might map onto mental health impacts, I drew on Meyer’s minority stress model as a useful tool for contextualizing the impacts of sexual minority stressors on mental health. As outlined in Chapter 1, this model creates a framework for separating sexual minority stressors into four categories of stressors that are unique to the sexual minority experience, namely experiencing “antigay prejudice events,” anticipating identity-based rejection and discrimination, dealing with identity concealment and disclosure, and navigating internalized homophobia (Meyer, 2003, p.10). In addition, a fifth consideration of sexual minority coping strategies that support their health in the face of the other minority stress factors rounds out the model.
Following my initial conceptualization of the interpretative process, I reviewed the findings in relation to this model. I discovered several ways in which the field texts reflected components of the existing minority stress model. For instance, a few participants touched on antigay prejudice they experienced and their anticipation of rejection based on their same-gender/sex attraction with heterosexual partners, family members, and coworkers. In regards to considerations of identity disclosure to others, five out of six of the participants presently engage in a relatively high level of self-disclosure. Nevertheless, multiple participants spoke to the distress they experienced in relation to managing disclosure of their same-gender/sex attraction, particularly at early stages of their identity development. Given its salience in his life presently, Tomas provided a rich description of the negative psychological and emotional toll of navigating self-disclosure dilemmas on a daily basis. For Penny and Lisa, an important way that disclosure-related stressors played out was when there were discrepancies in the level of disclosure that each partner was comfortable with, which parallels findings looking at minority stress in same-sex relationships (Rostosky, Riggle, Gray, & Hatton, 2007). Perhaps due to the focus of the interview questions, comments that pointed towards the presence of internalized homophobia as a stressor were largely absent from the field texts. That said, Tomas’ descriptions insinuated a certain level of shame around his same-gender/sex attraction, but this was voiced largely in relation to the ways in which this attraction came into conflict with the relationship agreements of his marriage. When it came to coping strategies in dealing with each of these factors, participants discussed self-acceptance, positive self-talk, selective identity disclosure, and establishing supportive social connections. Yet, while aspects of the field texts fit with the existing model, many themes related to the unique stressors plurisexuals face as sexual
minorities and the ways these play out in same- and mixed-orientation relationships could not be accounted for within Meyer’s minority stress model.

Thus, I returned to the study results to identify common threads that could reveal how partner sexual orientation might inform what mental health risk and resilience factors are associated with same- and mixed-orientation relationships. I determined that underlying the various impacts of mixed- and same-orientation relationships that the participants identified, there are several core issues that are common to both forms of relationship. These issues include how the relationship impacts a plurisexual’s (a) exposure to monosexism, (b) sense of community belonging, (c) agency over identity concealment, (d) agency over identity visibility, and (e) sexual orientation identity development and acceptance. There are strong parallels between these considerations and the existing categories of stressors in the existing minority stress model. Based on these parallels, I would suggest that mixed- or same-orientation relationships create mental health risk environments when they increase exposure to monosexism, or when they thwart an individual’s sense of community belonging, agency over identity concealment or visibility, and/or identity development and acceptance. Conversely, these relationship structures promote mental health resilience environments when they decrease exposure to monosexism, or when they foster and support an individual’s sense of community belonging, agency over identity concealment or visibility, and/or identity development and acceptance. The field texts also suggest that these dynamics would be impacted by other variables such as the individual’s gender/sex, partner gender/sex, partner number, and cultural context. This conceptualization opens the possibility for future research to examine the impacts of partner sexual orientation identity on plurisexual mental health by investigating whether these considerations consistently play out differently in mixed- and same-orientation relationships.
Elaborating the Minority Stress Model

The process of trying to utilize a minority stress model to analyze and synthesize the findings of this study highlighted some of its shortcomings. Based on my interpretations of the field texts, I identified several elaborations of this framework that might help the model better account for plurisexual experiences.

Factoring in Intimate Relationships

The first area of expansion that I recommend is the addition of a relationship-level component to the model. Looking at the overarching framework of the existing model, attention is given to stressors as they pertain to individual, group, and society-level considerations, but not to specific intrarelationship dynamics among intimate partners. Researchers such as Rostosky et al. (2007) have used the minority stress model to look at how same-sex couples experience and cope with minority stressors imposed by external interactions, but take for granted that these stressors are not enacted directly between partners. This assumption is poignantly contradicted by the narratives that participants shared, particularly with regard to the ways they have been subjected to monosexism within their intimate relationships. Adding this layer to the model would enable fuller examinations of how minority stressors play out within relationships, as well as what factors help create resilience environments in which the individuals are more “able to survive and thrive” in the face of stressors within and outside of the relationship (Meyer, 2015, p. 210). Moreover, it would support more detailed inquiry into how factors such as relationship status (e.g. single vs. partnered), structure (e.g. mixed-orientation vs. same-orientation, or monogamous vs. non-monogamous), or the different identities (e.g. sexual orientation identity, gender/sex) of those in the relationship might help explain existing health disparities.
One could argue that minority stressors that happen within intimate partnerships could fit under the general categories of the model (i.e. discrimination enacted by a partner could fit under the existing category of discrimination); however, participants indicated that experiencing binegativity in interactions with partners felt different than when they encountered these dynamics with other people in their life. For instance, when discussing an instance in which Tomas’ wife had voiced the binegative concern that he was eventually just going to “come out straight being gay,” he reflected that “I think it's really painful to hear [binegativity] from someone who you're in love with and that you were expecting to feel supported [by].” I asked if “it’s different or the same as if that same reaction were coming from a friend,” and he replied that he “wouldn't care too much about what a friend would say, but of course if it's coming from [my partner] it’s going to be a hundred times more relevant.” Therefore, there may be important differences in the impact of intimate relationship dynamics on sexual minority mental health as compared to the impacts of interactions with other social connections.

The absence of a relationship-level component to the model may also reflect the common belief that intimate relationships act largely as buffers to minority stressors, but, as noted in the literature review in Chapter 2 and supported by this study’s field texts, this assumption may not always hold true. This perspective was reflected by Vencill et al. (2018), who asserted that even though intimate relationships are usually considered a protective factor in health, “due to stigma and binegativity, relationships with heterosexual, gay, and lesbian individuals have the potential to increase minority stress among bisexual people” (p. 16). Without an intimate relationship-level component to the minority stress model, such concerns may be overlooked and the model may be limited in how effective it is at explaining the complex interactions between minority stressors and mental health. Given that people will differ in what they define as an intimate
relationship and in whose perspectives they experience as most impactful, it may also be fruitful to examine the influence of who is enacting the stigma more broadly alongside the addition of the relationship-level consideration.

**Monosexism**

As outlined by Meyer (2003, 2015), the minority stress model does not incorporate understandings of monosexism as a distinct oppressive system that impacts the experiences of sexual minorities. When first examining the model, the minority stress categories of discrimination and anticipated rejection may seem to leave space for concerns of binegativity, but the description of discrimination as “antigay prejudice events” and the omission of significant examples regarding monosexual discrimination negate this understanding. Moreover, the category addressing internalized oppression refers exclusively to internalized homophobia. Of note, Meyer’s (2015) more recent work acknowledges that gender minorities are also impacted by unique minority stressors and other researchers have examined how cisgenderism and transphobia result in particular forms of minority stress for trans* individuals (Hendricks & Testa, 2012; Bockting et al., 2013). Yet, with rare exceptions (see Ross et al., 2010), considerations of monosexism have still not been adequately addressed in Meyer’s model. As seen throughout participant descriptions of both mixed- and same-orientation relationships, monosexual discrimination and internalized monosexism contribute to the daily minority stressors plurisexuals face within and outside of their intimate relationships. These stressors can take place in conjunction with or separately from enactments of homophobia, transphobia, and other forms of sexual and gender minority oppression. In light of the significant health inequities plurisexuals experience and the growing research that highlight the contributions of monosexism in creating
these disparities, the addition of monosexism to conceptualizations of the minority stress model is critical.

**Identity Visibility**

The labour required to make decisions about and manage identity concealment for sexual minorities is significant and certainly constitutes a minority stressor for plurisexuals (Rostosky et al., 2007). However, this labour is distinct from that required to create identity visibility for plurisexuals and other sexual minorities. Throughout the interviews, participants brought up concerns around the challenges of displaying their plurisexuality in ways that would be readable to themselves and others. The significance of having this ability was reflected in how impactful participants felt it was when their plurisexuality was recognized and met with understanding and celebration. Visibility was connected both to self-affirmation and to finding meaningful connections with others who shared a plurisexual identity. While some of the participants found plurisexual signaling equipment (e.g. bisexual flag pins) or consensual non-monogamy helped enhance their visibility, these constituted only partial answers to the challenges of visibility they experienced.

The issue of visibility holds significance for multiple populations, but plays out in a unique way for plurisexuals because of the structural erasure of plurisexuality in the “dichotomous organization of sexuality” into a heterosexual/homosexual binary (Hartman, 2013, p. 40). In this framework, there is no recognition of plurisexuality or mixed-orientation relationships. Instead, plurisexuals’ sexual orientation identity and relationships are categorized as either “gay” or “straight” depending on the gender/sex of their partner, an experience described with frustration by multiple participants. By using this framework, the heterosexual/homosexual binary created by monosexism attempts to deny plurisexuals access to
the tools that would enable them to communicate their desired identities. Consequently, in contexts in which plurisexuals desire visibility, they must exert additional energy to resist the structural erasure of their sexual minority identity. Given the salience of this consideration in the participants’ reflections, I suggest that a visibility or display component be added to the minority stress model in order for it to better account for the experiences of plurisexuals.

In my view, the three extensions of the model suggested here can assist researchers in nuancing their research questions. Additionally, they can support the use of a more holistic framework for mental health practitioners who incorporate minority stress perspectives into their work so that they can be more attuned and responsive to their clients’ distinct needs. These elaborations are not exhaustive and are aimed primarily towards enhancing the model’s applicability to plurisexual experiences; however, they may also enable more nuanced understandings of minority stress experiences for other sexual and gender minority populations.

**Partner Sexual Orientation Identity and Partner Gender/Sex**

Throughout the field texts, there was a complex interplay between the impacts of partner sexual orientation and partner gender/six on the participants’ experience. The salience of partner gender/six appeared dependent on a variety of factors, including how the individual conceptualized the relationship between gender/six and sexual orientation identity, the salience of gender/six to them personally, and whether we were discussing same- or mixed-orientation relationships.

Though generalizable conclusions cannot be drawn from the co-researchers’ experiences, two points stood out to me when examining the field texts. First, the role of partner gender/six seemed more impactful in mixed-orientation relationships than in same-orientation relationships. When it came to mixed-orientation relationships, partner gender/six played an important role in
how the co-researchers experienced their sense of identity legitimacy and belonging. Seen from this perspective, it is possible that sharing a plurisexual identity in a same-orientation relationship may provide some plurisexuals with a layer of identity affirmation and connection that diminishes the importance of whether their partner’s gender/sex promotes or hinders their identity legitimacy and belonging. Framed another way, if mixed-orientation relationships increase the level of monosexism plurisexuals face, it may be critical to select, whether consciously or unconsciously, partners with a gender/sex that has the potential to moderate the risk of exposure to other stressors such as imposed heteronormativity or homophobia. The field texts suggest that this process would likely play out differently depending on the gender/sex of the plurisexual.

The second point that stood out to me was that discourses of how partner gender/sex impacted plurisexual experiences was much more readily available to participants than how partner sexual orientation identity did. This apparent pattern parallels the relative absence of research examining same- and mixed-orientation relationships as compared to research examining differences in same-gender/sex and different-gender/sex relationships. On the one hand, this may suggest that in the current cultural context, partner gender/sex is experienced as more impactful than partner sexual orientation identity; however, given that the participants articulated a number of ways that partner sexual orientation identity did inform their experiences, it is possible that it could also connote a failure of current discourses to account for the complexities of gender/sex and sexuality dynamics. From a deconstructionist perspective, this lack of language could be understood as a means to limit the ways that sexual minorities are offered to conceptualize their own experience. The absence of language to describe how partner sexual orientation identity impacts plurisexual experience may, in fact, support monosexist
power structures that attempt to erase and delegitimize plurisexual experiences more broadly. In light of this possibility, I would be interested to see what additional insights would be exposed if current gender/sex and sexuality discourses were expanded to include more versatile language regarding how the sexual orientation identities of those in intimate relationships interact.

Creating Safe and Supportive Counselling Environments

Plurisexual Help-Seeking Experiences

To contextualize my interpretations of the results in relation to building supportive counselling environments for plurisexuals, it is important to first provide an overview of the research addressing plurisexual experiences of help-seeking more generally. Perhaps unsurprisingly given the additional stressors they experience, sexual minorities have been found to seek out mental health services at higher rates than other populations. Analyzing data from the Statistics Canada Canadian Community Health Survey, Tjepkema (2008) found that Canadian LGB populations seek out mental health professionals significantly more than heterosexuals, with plurisexuals seeking out social workers and counsellors more frequently than any other sexual orientation identity group.

Despite seeking out support services more often, these populations also report higher levels of unmet needs. In an Ontario-based study, 53.8% of the sexual minority population reported an unmet mental health care need in the last 12 months (Simeonov et al., 2015). Looking at disaggregated Canadian data, Tjepkema (2008) found that plurisexuals demonstrated a significantly elevated rate of unmet health care needs as compared to both heterosexual and gay and lesbian populations. Moreover, Page (2004) found that plurisexual women and men were less likely to seek support for concerns regarding their sexual orientation and rated the help they did receive with these issues as less helpful than lesbian and gay participants in comparable
studies. Thus, plurisexuals report higher rates of usage and yet still have higher rates of unmet needs with regard to mental health services. Given this understanding, it is critical to examine how plurisexuals experience therapy and what role counselling professionals play in facilitating or impeding the population’s mental health and their sense of safety in the counselling environment.

**Summary of Results**

When conceptualizing my second research question, a primary area of interest was to explore what the participants felt would support them in discussing issues related to same- or mixed-orientation relationships. This topic felt most directly related to the first research questions. Consequently, I asked questions focused on this line of inquiry in each interview, but discovered that participants found this to be a difficult question to answer. In my view, the participants are the experts in what they need in order to build counselling environments that feel safe for them and so it is critical to honour what they see as the most salient concerns to be addressed. At the same time, it is important to examine why this line of questioning may not have felt as relevant or accessible as other questions.

One reason that questions focusing on counsellor approaches to mixed- and same-orientation may not have resonated is that, for most participants, the framework of “mixed-orientation” and “same-orientation” relationships was relatively new and unexplored. Looking over the field texts, however, I found that Lisa articulated another important possibility. When discussing what she felt would help counsellors enhance her sense of safety in sessions, she expressed that “when you haven’t really been given an option,” referring to having unbiased counselling support, “you sort of never think about what life would be like if it was better because [you]’ve never experienced it.” In reflecting on this comment, I am left with the
possibility that it jumped too many steps to ask about how counsellors could support dynamics related to partner sexual orientation identity when the counselling field has not yet succeeded in consistently providing plurisexuals with even the most basic level of unprejudiced, quality care.

Outside of that particular line of inquiry, the participants offered a variety of insights with regard to their experiences of seeking out and engaging with counselling. When looking for counsellors, participants favoured using personal recommendations from people they knew, but also mentioned using the internet or referrals from LGBTQ2S+-focused organizations. To determine whether counsellors might be suitable for working with plurisexuals, the participants described looking for various markers of queer or plurisexual awareness, interest, and competency. Examples of these markers included listing LGBTQ2S+ issues or the use of intersectional lenses in the counsellor’s professional promotional material, as well as exhibiting familiarity with or belonging to communities that were associated with alternative lifestyles.

When discussing what concerns they might have regarding the quality of care they would receive, the co-researchers voiced that they would be wary of experiencing monosexist attitudes and approaches or other problematic assumptions that undermined the complexity of their lived experiences. Alongside these concerns, they were able to describe several factors that might assist them in feeling that their counsellors were committed to building supportive therapeutic environments for plurisexuals. They expressed that counsellors could enhance their comfort as a client by demonstrating active engagement and presence during sessions, while avoiding language that conveyed monosexist assumptions. The participants articulated that they would be put at ease most easily when counsellors also had lived experience of being queer, and ideally plurisexual, and when counsellors prioritized authenticity over professional formality. In addition, they suggested that counsellors should commit to learning about plurisexuality so that
they would not be put in the position of educating their counsellors. Lastly, participants stated that counsellors should strive to provide financially accessible counselling services, given the economic hardship many plurisexuals face. Many of the concerns raised by the participants echo aspects of existing research. For instance, research reflects that discrimination, fear of judgment, and cost are central concerns and barriers for plurisexuals in the help-seeking process and that plurisexuals are more likely than gay/lesbian individuals to perceive financial cost as a barrier to accessing mental health care (Simeonov et al., 2015; McNair & Bush, 2016; Ferlatte et al. 2019).

**Plurisexual Microaggressions and Microaffirmations**

In the broadest sense, this study supports existing research that plurisexuals continue to consistently experience and anticipate binegativity in their daily lives. This binegativity showed up in mixed- and same-orientation relationships as well as external interactions and was a central concern in the participants’ thinking about pursuing counselling. Though the exact manifestations differed, each participant voiced that they were faced with plurisexual erasure, subjected to plurisexual stereotypes, and experienced their sexual orientation identity as stigmatized in multiple contexts. In particular, the participants’ descriptions supported Salim, Robinson, and Flanders’ (2019) contention that plurisexual stigma is commonly expressed through sexual minority-specific microaggressions, which are associated with negative mental health outcomes (Flanders, 2015). To understand how even well-intentioned therapists might participate in the pathologization or delegitimization of plurisexuality, it is necessary to understand the concept and impact of such microaggressions.

Building off Sue et al.’s (2007) definition of racial microaggressions, microaggressions can be understood as “the brief, commonplace, daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or
negative . . . slights and insults to the target person or group” (p. 271). For the plurisexual participants, such microaggressions were reflected in interactions such as when Maxi’s mother asked if he “was gay now” because he had a male partner despite having clearly communicated about his plurisexual identity, when Juniper felt pressured to match the sexual orientation identity of their partners because plurisexuality was not treated as a legitimate identity option, or when Lisa’s lesbian partner assumed that Lisa would only be interested in another woman as an additional sexual partner. In a counselling context, plurisexuals may experience microaggressions when monosexist assumptions are enacted or when “issues pertaining to sexuality [are] ignored, avoided, overrepresented in treatment, or pathologized” (Shelton & Delgado-Romero, 2013, p. 66). Such microaggressions were reflected in the field texts when participants talked about when counsellors made assumptions about the gender/sex of their partners, assumed that their plurisexuality or non-monogamy was the root of their problems, or insinuated unintentionally that they, as counsellors, felt bad for the partners of the plurisexuals for having to deal with concerns related to their plurisexuality.

Particularly because microaggressions are “often unconsciously communicated by well-meaning and kindhearted individuals,” their negative impact and the underlying prejudice they are built upon can be easily overlooked or dismissed (Shelton & Delgado-Romero, 2013, p. 59). Yet, the cumulative effect of these “small injustices” create “an environment of hostility and confusion [for] the target of the aggression” and so have negative psychoemotional impacts that extend beyond the moment of the microaggression (Shelton & Delgado-Romero, 2013, p. 59). Counsellors can support plurisexuals by discussing how they have experienced and coped with microaggressions in their interactions with their partners, families, friends, and in other contexts. When microaggressions are enacted by counsellors, however, this can seriously harm the
therapeutic process. In the counselling context, sexual orientation identity microaggressions have been found to leave clients “feeling uncomfortable, confused, powerless, invisible, rejected, and forced or manipulated to comply with treatment” (Shelton & Delgado-Romero, 2013, p. 66). Not only does having to process these experiences take additional energy for the client and detract from attending to the goals for which they came to counselling, it may also exacerbate their problems. In the face of plurisexual microaggressions, clients may understandably stop feeling able to be honest with their counsellor or may feel the need to terminate counselling. Thus, to provide appropriate care to plurisexuals, counsellors must not only be aware of the microaggressions plurisexuals may experience outside of counselling, but also how they might be enacting microaggressions in therapy themselves, even if unintentionally.

The study results also bring forward the possibility that microaffirmations may play an important buffering role in plurisexual mental health (Flanders, 2015). Microaffirmations are “apparently small acts…that are public and private, often unconscious but very effective, which occur wherever people wish to help others to succeed,” in this case supporting the legitimacy of plurisexuality (Rowe, 2008, p. 46). They can take the form of “gestures of inclusion and care, and graceful acts of listening” and through “providing comfort and support when others are in distress” (Rowe, 2008, p. 46). In counselling, this may take many forms, such as having identity-affirming content in promotional material or using language in sessions that reflects an awareness and celebration of plurisexuality. Although Salim et al.’s (2019) study did not show a significant impact of microaffirmations on depression, suicidality, or happiness for plurisexual women, plurisexual microaffirmations have been correlated with decreased anxiety and stress in a sample of plurisexual men, women, and gender diverse individuals (Flanders, 2015).
Participants were not asked specifically to identify microaffirmations they had experienced, but it is still helpful to consider how this form of microcommunication might have contributed to some of the dynamics described in the field texts. For instance, co-researchers described feeling more comfort and understanding regarding their plurisexuality in same-orientation relationships, which could reflect the presence of well-attuned microaffirmations focused on providing care, attentive listening, and comfort. Here, the shared identities might heighten the partner’s awareness of what constitutes a relevant microaffirmation. Moreover, it is plausible that finding commonalities in experience with a partner who shares one’s sexual orientation identity may act as a microaffirmation in and of itself. Interestingly, the results suggest that microaffirmations that support other aspects of identity, such as gender/sex fluidity or non-monogamy, might also act to provide positive reinforcement for an individual’s plurisexuality. Harnessing microaffirmation to support a plurisexual partner’s sexual orientation identity, however, is by no means limited only to those who hold a plurisexual identity themselves. Microaffirmations, perhaps especially those that reinforce desired visibility, understanding, and inclusion, might be an important mechanism through which mixed-orientation relationships can support plurisexual well-being in the face of systemic marginalization and stigmatization. Such interactions may support or play a part in some of the positive impacts of mixed-orientation relationships such as decreasing plurisexual sexual orientation identity uncertainty and finding connection through shared experiences of queerness.

Microaffirmations may also be critical to the provision of quality care by counsellors. Given the extensive erasure and delegitimization of plurisexuality within Western cultures, small acts that communicate awareness, comfort with, and celebration of plurisexuality may have significant impacts on plurisexual clients. These microaffirmations could be expressed in a
variety of ways and may be relevant from before the counsellor and client meet. For instance, while not discussed in this language, it seemed that competency markers, such as listing plurisexuality as an area of focus, were experienced as microaffirmations of plurisexuality in addition to signaling competency. Tomas noted that he really appreciated when counsellors used the language of “binegativity” and “monosexism” in session because it helped him comprehend “exactly what’s going on” and showed that his counsellors were familiar with some of what he was experiencing. In reflecting on the interviews, I have also come to understand that even using the framework of “mixed-orientation” and “same-orientation” relationships should be considered an important tool for enhancing plurisexual visibility and validating plurisexual lived experiences. This language subverts the heterosexual/homosexual sexuality binary and can provide plurisexual clients and their partners with new ways of relating to how monosexism may be playing out both inside and outside of the relationship. While further examination is necessary to determine the different forms plurisexual microaggressions and microaffirmations can take, these forms of interpersonal communication seem pertinent to the development of counselling environments that feel safe enough for plurisexuals to engage in.

**Additional Implications**

On a personal level, this line of inquiry allowed me to encounter the experiences of other plurisexuals in such a way as to expand my understanding of how plurisexuality, intimate relationships, monosexism, and mental health interact. I witnessed both significant commonalities and great diversity within the narratives that the participants shared with me. This provided me with the opportunity to reflect on how the participants’ experiences paralleled and contradicted my own, thereby enabling me to nuance my understandings of myself and of the diversity of plurisexual experiences. It also enabled me to ask questions about my own
relationship to plurisexuality, monosexism, and the multifaceted considerations that surface when trying to approach these with an intersectional lens. Finally, it highlighted new insights and approaches for me that I hope can support my own attempts to provide clients with ethical and compassionate counselling that is embedded in understandings of holistic, anti-oppressive, and identity-affirming care.

Based on the dialogues I had with participants, my review of the literature, and my personal and professional experiences, I have also developed a series of recommendations for counselling professionals working with the plurisexual population. First, it is important for counsellors wishing to work with plurisexuals to seek out information regarding the lived experiences of plurisexuals. This pursuit should be aimed not only at understanding the added stressors and barriers plurisexuals face, but also the ways in which plurisexuality can be celebrated and seen as a source of strength and resilience. This objective may require that counsellors seek out additional plurisexual-specific literature, videos, or educational opportunities, as well as consultations with those with lived or professional experience with plurisexuality (Hendricks & Testa, 2012). As a part of this process, counsellors should examine and address their own internalized monosexism and heteronormativity, as well as the ways different counselling interventions may be perpetuating the pathologization of plurisexuality. Second, I suggest that counsellors be transparent with clients about their awareness, experience, and comfort with plurisexual-specific issues so that plurisexual clients can make informed decisions about whether the practitioner seems adequately equipped to create a safe and supportive environment that will address their therapeutic needs.

Once engaged in a therapeutic relationship, counsellors can draw on the elaborated minority stress model discussed earlier in the chapter to help incorporate considerations of social
context and the stigmatization and discrimination plurisexuals encounter. Counsellors can assist clients in processing experiences of monosexism and other interlocking systems of oppression, unpacking internalized shame and binegativity, discussing dilemmas of identity concealment and identity visibility, strengthening new and existing coping strategies, and identifying multiple sources of identity affirmation and celebration. The use of microaffirmations of plurisexuality throughout these processes would also be encouraged. Additionally, it may be useful to do psychoeducation that provides plurisexuals and/or their partners with information regarding plurisexual health disparities and introduces concepts of monosexism and binegativity in order to provide a foundation for understanding and contextualizing plurisexual experiences.

Interventions aimed at processing monosexism should address both covert minority stressors, such as subtle binegative microaggressions, and overt manifestations of anti-plurisexual violence and discrimination (Baams, Grossman, & Russell, 2015). Moreover, consideration should be given to how these experiences of rejection and victimization may inform the therapeutic process. Given the dearth of plurisexual-specific resources, I recommend that counsellors also play an active role in assisting plurisexual clients to find and access social supports and services that have demonstrated knowledge of the distinct needs of plurisexuals. Additionally, counsellors can advocate for the investment of resources in developing more structural supports that foster plurisexual belonging and well-being, such as social and support groups.

When addressing intimate partnership-related concerns, counsellors should attend to how dynamics related to mixed- or same-orientation relationship status may be creating risk or resilience environments for each partner. As mentioned earlier in the chapter, particular consideration may be warranted in regards to how relationships are impacting exposure to monosexism, perceived community belonging, individual agency over identity concealment,
individual agency over identity visibility, and sexual orientation identity development and acceptance processes. Similar to Rostosky et al.’s (2007) suggestion regarding supporting same-sex couples, I view the counsellor’s role as helping “to develop their abilities to provide effective support to each other and garner support and validation for the relationship” internally and externally (Rostosky et al., 2007, p. 398). Drawing on the work of Addison and Coolhart (2015) regarding the use of relational intersectional lenses in therapy, I echo their suggestion that counsellors should incorporate understandings of the complex intersectional identities of both the clients and the therapist in case conceptualizations and explicitly address these identity facets in session. Also in line with their assertions, I believe that asking open-ended questions around social identities such as gender/sex, sexuality, race/ethnicity, and class and acknowledging the fluidity of such identities will enhance the therapeutic process.

While such interpersonal interventions are important, they are not sufficient given the broader context of monosexism within Western society. The awareness that stigma should be considered a significant social determinant of health that impacts “multiple life domains” has been growing (Hatzenbuehler, Phelan, & Link, 2013, p. 813). It can shape not only the availability of social relationships, but also an individual’s access to other resources such as social supports, health services, and financial security. Thus, as a part of building a holistic approach to ethical counselling practice, I believe it’s critical to engage with the structures and systems that perpetuate the marginalization and stigmatization of plurisexual identity.

Some researchers have put forward interventions that may be useful in this endeavor. For example, Persson et al. (2015) assert that public health and sex education campaigns that directly address binegativity and the lived experiences of plurisexuals are important interventions for decreasing monosexism. Researchers have also suggested that mental health service providers
should be given education that enhances LGBTQ2S+-competent service capacity, including training regarding the use of gender-neutral language and appropriate pronouns (Simeonov et al., 2015). In designing these trainings, I suggest that particular attention should be given to incorporating plurisexual-specific content, as such trainings often conflate plurisexual and monosexual experiences. Providing further avenues through which broader social change can be supported, Rostosky et al. (2007) put forward that counsellors “can also facilitate transformative change for sexual minorities by using their expertise in a variety of ways,” such as “program development and evaluation, consultation to organizations and coalitions, education and training of heterosexual allies, creation of new knowledge through research and effective dissemination, and policy analysis and recommendation” (p. 399). Rather than focusing only on mitigating the harm of structures such as monosexism, heteronormativity, and cisgenderism on plurisexuals, these approaches take a preventative approach by trying to dismantle the systems of oppression that contribute to health inequity.

**Scope and Limitations**

The intent of this study was not to create a generalizable recounting of plurisexual experience, nor a definitive set of themes reflecting all major relational mental health considerations for plurisexuals. Instead, this study was undertaken in hopes that my examination and retelling of the participants’ narratives might elucidate some aspect of the complexity of their lived experiences and uncover new avenues for exploration in the ongoing project of promoting health equity across sexual identities. Within this framework, there are several limitations to this study and the presented research text that are important to acknowledge.

**Limited Consultation**
While a great deal of ground was covered in the interviews with co-researchers, the limited time allotted for each interview also bounded what content could be explored. Moreover, as a one-time interview, the findings reflect the experiences of participants as conceptualized at the moment and in the context of the particular dialogue, rather than offering any longitudinal understandings. In addition, due to constraints in time and resources, only one iteration of the results was shared with co-researchers through the member checking process, where multiple rounds of consultation may have allowed for further conversation around the emergent themes and their applicability to the co-researchers’ experiences.

**Limited Representation**

With six participants in this study, no claims could be made that the diversity of narratives held within the plurisexual population are represented within this study. Although IPA methodology is not aimed at creating data that can be “generalized over a whole population,” it is relevant to note some of the particularities of the sample and the perspectives that were absent or less represented (Pietkiewicz & Smith, 2014, p. 9). First, it is important to recognize that a broad definition of plurisexual was used in this study in order to be as inclusive as possible, but this choice also meant that the overlap rather than the distinctions among different plurisexual subgroups (e.g. bisexual, pansexual, queer) were highlighted. The sample reflected some diversity in cultural and ethnic/racial backgrounds and relationship structure (i.e. monogamy, non-monogamy) and were between the ages of 23 and 40. Most participants identified as “comfortable with extra” in terms of their current financial circumstances, though multiple participants noted that this did not reflect the circumstances in the past. Of the participants, five identified as cisgendered and only one participant identified as trans*. This underrepresentation of trans* perspectives is common within research and particularly limiting when examining
plurisexual mental health since many plurisexuals also identify as trans* (Eady, Dobinson, & Ross, 2011). Also, the sample included only individuals who currently live within Vancouver. Given the relatively progressive context of Vancouver, the findings may not coincide with the experiences of those in other settings, such as more rural areas of British Columbia or other parts of Canada. Some of the other perspectives that were absent from the sample include those of Indigenous plurisexuals from the Coast Salish territories, plurisexual ciswomen in relationship with heterosexual cismen, plurisexual trans* individuals in relationship with monosexuals, plurisexual youth and older adults, plurisexuals who are not “out” or at all networked within sexual minority contexts, and individuals who describe having to cut back financially or who struggle to make ends meet. As mentioned previously, this study also omits perspectives of those who identify on the asexual/aromantic spectrums. Each of these perspectives is vital to a more complete picture of the dynamics of mixed- and same-orientation relationships and their impacts on plurisexual mental health, and of the practices that can be harnessed to support plurisexuals in counselling.

Lack of Intersectional Analysis

This study focused on the impacts of partner sexual orientation identity on plurisexual participant’s lived experience and well-being. From a queer theory perspective, however, it was not surprising that the findings reflected the importance of other aspects of identity in shaping plurisexual experiences. While the short duration of the interviews limited my ability to address the impact of other participant identities, the field texts clearly demonstrated the importance of approaching plurisexual mental health through an intersectional lens.

Intersectionality refers to “a framework for analyzing the way in which multiple social locations and identities mutually inform and constitute one another” (Diamond & Butterworth,
Intersectionality rests on the view that “no identity status is experienced – or can be meaningfully understood – in isolation” (Diamond & Butterworth, 2008, p. 371). This sentiment and the limitations of attempting to address a single component of sexual identity in this study was highlighted in Juniper’s post-interview reflection. Thinking about their experience in the interview, they wrote:

One thing I have been reflecting on is how it was difficult to sometimes see myself and my story in the interview questions. I think this might be because the questions were fairly narrow / specific. Sometimes they didn’t leave a lot of space for someone who might have multiple pieces of themselves impacting their experience. It’s hard to tease out what is about mixed-orientation relationships, what is about sexism, what is about trans status, what is about other factors.

While this comment may reflect particularities of how I conducted the interview, from an intersectional perspective, this response would also be expected based on the study design.

When using an intersectional approach, the intent is not only to identify the different intersecting identities, but to examine the “relationships among social identities as intersecting categories of oppression and inequality” (Galupo et al., 2014, p. 435). From a health equity perspective, this understanding is important because it brings to the fore that experiences of oppression are not distributed evenly and consequently not everyone faces the same mental health risk factors or has access to the same resilience environments or resources (Meyer, 2015). This understanding, in turn, can inform how different interventions are shaped and targeted not only between populations, but within them. Although it was beyond the scope of this inquiry, I recognize that any attempt to forward health equity must necessarily incorporate intersectional considerations such as how monosexism plays out differently according to gender/sex,
ethnic/racialized identity, class, ability, age, as well as other identities. Thus, future research would benefit greatly from using diverse samples and prioritizing the use of intersectional analyses in examining plurisexual mental health.

**Future Research**

The field of sexual and gender minority research is only just beginning to uncover the factors that contribute to plurisexual mental health disparities. This study drew attention to the possibility that partner sexual orientation identity has a role in shaping the mental health risk and resilience environments that plurisexuals are exposed to. Yet, further research must be undertaken to determine if this assertion can be generalized beyond the current sample and to examine the interplay between this variable and other identities, experiences, and social determinants of health.

Given the novelty of this line of inquiry, there are countless areas of inquiry that would help elucidate or expand upon the meaning of the findings reflected in this study. For instance, given the dearth of such research, examinations of the impacts and dynamics of same-orientation relationships and of what fosters queer spaces that can be experienced as inclusive by plurisexuals, asexuals, and monosexuals would be fruitful. More generally, the existing research and this study suggest that further exploration of the mental health impacts of partner gender/sex, number, and sexual orientation identity is warranted. Such research would benefit from using frameworks of gender, sex, and sexuality that enable more complex conceptualizations of sexuality, such as the Sexual Configuration Theory framework put forward by van Anders (2015). Future research in this area would also benefit from attending, in particular, to considerations of socioeconomic status as it has been shown to be a significant social determinant impacting plurisexual mental health outcomes (Fredriksen-Goldsen, Shiu, Bryan,
Goldsen, & Kim, 2017). Finally, I would suggest that the frameworks of same- and mixed-orientation relationships are useful in uncovering previously underexamined relational dynamics and should be harnessed in future research. Because people of any sexual orientation identity might reasonably end up in a mixed-orientation relationship with a plurisexual, this line of inquiry has relevance to all populations, not just to those examining plurisexual mental health. Though not exhaustive, these areas of exploration provide a jumping off point for researchers interested in supporting the flourishing of plurisexual populations and building towards health equity.
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Table 1

**Participant Demographic and Identity Information**

<table>
<thead>
<tr>
<th>Age</th>
<th>Sexual Orientation Identity</th>
<th>Gender Identity</th>
<th>Ideal Relationship Structure</th>
<th>Current Relationship Structure</th>
<th>Ethnic/Cultural Identification</th>
<th>Current Financial Situation</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freddie 40</td>
<td>Queer, gay, bisexual</td>
<td>Ciswoman</td>
<td>Monogamy</td>
<td>Monogamy</td>
<td>Jewish Eastern European ancestry</td>
<td>Comfortable with extra</td>
<td></td>
</tr>
<tr>
<td>Juniper 32</td>
<td>Queer</td>
<td>Non-binary, genderfluid</td>
<td>Polyamory</td>
<td>Polyamory</td>
<td>White settler of French, English, Irish, and German descent</td>
<td>Enough, but no extra</td>
<td>Identifies as “fat” and as “having a mental health disability”</td>
</tr>
<tr>
<td>Lisa 23</td>
<td>Bisexual</td>
<td>Ciswoman</td>
<td>Monogamous</td>
<td>Monogamous</td>
<td>Afro-Caribbean</td>
<td>Comfortable with extra</td>
<td></td>
</tr>
<tr>
<td>Maxi 35</td>
<td>Pansexual, bisexual</td>
<td>Cisman</td>
<td>Relationship anarchy</td>
<td>Relationship anarchy</td>
<td>White Canadian</td>
<td>Comfortable with extra</td>
<td>Grew up in lower socio-economic bracket</td>
</tr>
<tr>
<td>Penny 38</td>
<td>Queer, bisexual</td>
<td>Ciswoman</td>
<td>Ethical non-monogamy</td>
<td>Ethical non-monogamy with monogamous sexual relationship</td>
<td>Canadian and Métis</td>
<td>Comfortable with extra</td>
<td>Grew up in lower socio-economic bracket</td>
</tr>
<tr>
<td>Tomas 32</td>
<td>Bisexual</td>
<td>Cisman</td>
<td>Open relationship</td>
<td>Monogamy</td>
<td>Hispanic/Latino from the Dominican Republic</td>
<td>Comfortable with extra</td>
<td>Grew up in “very religious” cultural context with deeply engrained homophobia and biphobia</td>
</tr>
</tbody>
</table>

Note: For more details on participant demographic and identity information, see the Implementation section of Chapter 3.
Appendix

Interview Schedule

Part 1: Demographic and Identity information

- How old are you?
- What is the sexual orientation identity label(s) you most identify with?
- What is the best way to describe your current gender identity?
- What relationship structures do you feel best meet your needs? (e.g. monogamy, non-monogamy, polyamory, relationship anarchy, etc.)
- What relationship structures, if any, do you participate in currently?
- What best describes your ethnic and/or cultural identification?
- How would you describe your financial situation right now:
  - Comfortable with extra
  - Enough but no extra
  - Have to cut back
  - Cannot make ends meet
- Is there anything else you feel is important for me to know about you based on other aspects of your identity or experience?

Part 2: How do plurisexual individuals experience and conceptualize the impact of same- and mixed-orientation relationships on their mental health and well-being?

General History

- Can you start by telling me a little about some of the people you have been partnered with?
• Did many of them have sexual orientation identities that were different from yours?

  Different? If so, how?

Impact on Sexual Orientation Identity (SOI)

• In your life, how has the sexual orientation identity of different partners impacted how you understand or experience your own sexual orientation identity?
  
  o What has been the impact of being with individuals with the same SOI?
  
  o What has been the impact of being with individuals with a different SOI?
  
  o How do these impacts differ?
  
  o How have any of these impacts affected your personal mental health and well-being?

Impact on how others interact with you

• Has being in a mixed-orientation relationship shaped how you feel others perceive or interact with you?
  
  o Has this impacted you in ways that feel significant to your mental health or well-being?

• Has being in a same-orientation relationship shaped how you feel others perceive or interact with you?
  
  o Has this impacted you in ways that feel significant to your mental health or well-being?

Conflict and connection in relationship

• In what ways have differences between your SOI and your partner’s SOI created conflict within the relationship that feels significant to your mental health?
o Can you think of a time when issues of monosexism contributed to relationship conflict (ex. binegativity, identity erasure, or stereotypes)? If so, how?

o How do partners interact with or relate to this conflict?

o How does this differ in same-orientation relationships?

• In what ways have differences between your SOI and your partner’s SOI created opportunities for connection, growth, or resilience?

  o How do partners interact with or relate to these opportunities?

  o How does this differ in same-orientation relationships?

Impact on Sexual Minority Stressors

• How does being in a relationship with someone with a different SOI facilitate or impair your ability to cope with internalized monosexism? How about with the same SOI?

• How does being in a relationship with someone with a different SOI facilitate or impair your ability to cope with experiences of sexual orientation identity stigma or discrimination? How about with the same SOI?

• How does being in a relationship with someone with a different SOI impact how socially connected you feel outside of the relationship?

  o Are there social supports that feel more or less accessible? How does this manifest?

  o Are there social spaces that feel more or less accessible?

  o What impacts do you feel this has on your mental health?

  o How does this differ for same-orientation relationships?
Part 3: Enhancing Counselling Care

- How would you/do you choose a counsellor with whom you feel comfortable talking about your mixed- or same-orientation relationship?
  - What might you be worried about in going to a counsellor to talk about concerns regarding your mixed- or same-orientation relationship?

- What considerations do you feel are relevant to creating a supportive counselling environment when dealing with your experiences of mixed- or same-orientation relationship concerns?
  - What would make you more or less likely to open up or trust the counsellor with information about your mixed-orientation relationship? What about a same-orientation relationship?