

Identity plus? Bi-curiosity, sexual adventurism and the boundaries of 'straight' sexual practices and identities

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Sexualities

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Abstract

This article reflects on interview and survey data from a study of non-gay-and-lesbian-identified sex-partners in New South Wales, Australia, to consider the ways that participants in 'alternative' sex sub-cultures (such as BDSM/fetish and swinging) challenge conventional understandings of heterosexual, homosexual and bisexual identity. It seeks to unpack the various meanings that 'sexual identity' might hold for those who are both strongly heterosexual *and* strongly same-sex-attracted. Drawing on queer theorists such as Sara Ahmed (2006) and Eve Kosofsky Sedgwick (1990, 1994) and Margaret Robinson's (2013) framework of 'strategic identity', it considers the ways that research participants who express strong, simultaneous affiliations with heterosexual, homosexual *and* bisexual identities might (productively) trouble academic research and sexual health policy frameworks.

Keywords

Bisexuality, heterosexuality, sexual health, women

The strategy researchers have taken is to say there are one of two things going on: either [a heterosexual who reports sex with men] is gay and just in denial or he's really straight and just completely confused. But either way, no one was interested in studying that person as an example of the phenomenon of sexuality and sexual orientation. When these folks showed up in research samples, they'd be deleted. No one was interested in explaining them. It was noise in the data. (Lisa Diamond in Todd Williams's, *Sexual Fluidity: The Lisa Diamond Interview*, 2009)

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It is not unusual within the field of sexuality research, and sexual health services, to read an articulation of the difference between sexual identity, and sexual behaviour. These articulations are often in the context of a concessional statement acknowledging that not all people who experience same-sex attraction, or practise same-sex behaviours will identify as gay, lesbian or bisexual. Despite these public acknowledgements, heterosexuality is generally assumed to exclude sexual interactions with people of the same sex, and sexual health services (particularly those focused on women's health) tend to assume a normative model of heterosexual practice.

This article draws on research conducted with non-gay-and-lesbian identified people who participate in adult sex/play parties in New South Wales (NSW), Australia, to consider the ways that non-normative sexual identities and orientations can co-exist within the umbrella of heterosexual identity. Drawing on the work of queer theorists such as Eve Sedgwick and Sara Ahmed, I reflect on the ways that sexual identities might be deployed strategically in relation to institutions such as sex research, or healthcare services. I also propose that liminal sexual identity categories such as 'bi-curious' offer a fertile space for researchers to explore the specificities of contemporary sexual identities and practices which, it has been argued, are characterized by their fluidity (Diamond, 2008). This queer reflection on non-gay-and-lesbian identities and practices is not intended as a 'me-too' claim that heterosexuality is *really* queerer than non-heterosexual identity. Rather, it is an invitation to an ongoing dialogue with other sexuality researchers, educators, policy makers and service providers, around the ways that we might better understand and support people whose sexualities do not conform with standard identity categories.

The seeds for this article were sown in the 'Bisexuality' panel at the *Health in Difference* LGBTI Health conference held in Melbourne, Australia in 2003. The session was a fairly small and friendly gathering of researchers, educators and community activists, and in the tradition of good community events everywhere, chairs were pulled into a circle for a general discussion following the formal paper presentations. During this discussion, the conversation moved to the representation of bisexuals within health research generally, and the opportunities bisexually active people had (or didn't have) for making themselves visible to social scientists and epidemiologists in general.

What followed was an energetic and good humoured debate about the relative merits of ticking various identity boxes on health-related surveys. While it was acknowledged that many chose to avoid identity categories and labels in general, it was agreed that the strategic deployment of identity was an essential tool for increasing bisexual visibility. Consequently, the group shared stories of actively choosing to tick the 'bisexual' box in favour of heterosexual or lesbian/gay, even if their current sexual behaviours might otherwise lead observers to place them in another category. Additionally, while some members in the group were personally most comfortable identifying as queer in their day-to-day lives, this was seen as too ambiguous a category for use when responding to health questionnaires, given the

knowledge that health budgets for specific 'priority populations' might be directly linked to survey responses.

In late 2010, my colleague Estelle Noonan and I ran a survey of non-gay-and-lesbian identified sex partners. The survey was part of the Australian Research Council Linkage project 'Safer-Sex Beliefs and Attitudes in Multi-Partnered Heterosexuals', in partnership with Family Planning NSW. The recruitment email specifically asked for participants who identified as 'heterosexual, bisexual, bi-curious or queer'. There were 105 people who responded, and respondents were fairly evenly divided between male and female identities (including seven transmen and one transwoman).

The demographic section of the survey included a scale that invited participants to identify 'strongly' 'somewhat' or 'not at all' with various categories of sexual orientation, including heterosexual, gay/lesbian, bisexual, bi-curious and queer, and respondents could nominate more than one identity group. Of the participants, 85% identified as either strongly or somewhat heterosexual, and 61% identified as being either strongly or somewhat bisexual. Clearly these two groups overlapped. As expected, we had a number of respondents who identified as 'strongly heterosexual' and 'somewhat bisexual', or vice versa. This was reflected in the answers to the survey questions that asked about sexual behaviours, where just over one-third of strongly heterosexual men, and nearly half of all strongly heterosexual women reported same-sex play in the past 12 months.

What intrigued me most in my study were the participants who identified 'strongly' with more than one identity category. For example, one man and one woman identified as strongly bisexual, strongly heterosexual, *and* strongly bi-curious. Four women were both strongly bisexual and strongly queer. Overall, 16 participants out of 105 demonstrated what I have termed 'identity plus'. A more disciplined researcher might dismiss respondents who expressed more than one 'strong' identity as 'noise in the data', or impossible 'data unicorns' (Jesdale, 2013). Equally, a researcher might consider these responses as mistakes, or anomalies that demand to be excluded from consideration. Reflecting on that conversation at *Health in Difference*, I have chosen to accept that some people might indeed choose to identify equally strongly with these different categories. But what does that mean? And why does the expression of multiple, parallel sexual identities seem so odd in the context of the broader field of sexualities research? What might 'identity plus' mean in the context of other sites that use sexual identity and sexual orientation as important signposts, or markers?

While both men and women expressed 'identity plus', this article reflects primarily on the ways that 'identity plus' might suggest new ways of thinking about women's expressions of non normative sexual identities and practices. As Diamond (2008), Halberstam (2012) and others have observed, while female sexuality has in the past been viewed as a 'problem' in relation to a (presumably unproblematic) male norm, it is increasingly framed in both popular debate and sexuality research as uniquely characterized by fluidity. As Halberstam (approvingly) puts it, Diamond's account of a 10-year study of women's shifts across the identity

categories of 'lesbian', 'bisexual' and 'heterosexual', 'tries to prove that the classification systems we use for desire, love and orientation do not work well for women' (2012: 83).

As the survey was embedded in a project that sought to explore how assumptions about the links between sexual identity and sexual behaviour flow into decisions made by health economists and healthcare providers (and others) about who should be able to access specific kinds of resources and services, 'identity plus' warrants consideration. For example, in my home state of New South Wales, sexual healthcare and health promotion services are resourced on the basis of epidemiological data, which is classified according to standard demographic categories like *male*, *female*, *gay* and *heterosexual*. All heterosexuals 'with recent partner change' are considered a priority population for sexually transmitted infection (STI) prevention, and the NSW Department of Health's current STI Action Plan calls for 'targeted health promotion campaigns... for those at heightened risk (such as, heterosexuals who also have same-sex partners... "swingers", [and] bisexuals)' (New South Wales Department of Health, 2006: 13). Because of funding restrictions, however, state-funded sexual health centres are explicitly instructed to triage out anyone who does not present as a sex-worker or a gay man, unless they present with a story of recent 'interesting' sexual practices. As a consequence, many women who identify as lesbian, heterosexual or bisexual (but do not also identify as a sex worker) are referred back to their general practitioner.

As Eve Sedgwick puts it, 'the common sense of our time presents [sexual identity] as a unitary category' (1994: 6). I do not know why 16 respondents who said they were strongly queer AND strongly bisexual, or strongly heterosexual AND strongly bisexual, identified the way they did. Nor do I know what the terms heterosexual, queer and bisexual mean to these participants – they may have any number of intersecting political, cultural or sexual affiliations that cause them to identify strongly with multiple categories. Or they may have a strong emotional identification with one 'orientation' and an equally strong erotic affiliation with another. Sedgwick notes that it is widely assumed that self-identification as gay/lesbian, straight or bisexual generally aligns (or should align) with one's public performance of sexual identity, and that this identity is assumed to be fixed over a lifetime. Further, this fixed identity is presumed to align with an equally unitary gender identity. In tandem, these gender and sexual identities are used in both popular and expert/specialist discourses (such as healthcare policy) as shorthand terms that presume not only specific sexual 'orientation' towards others with fixed sex/gender identities, but also presume sexual behaviours, fantasies, procreative choices, and cultural and political affiliations (1994: 6). So what might it mean to align strongly with multiple categories?

Sara Ahmed's *Queer Phenomenology* engages with phenomenological thinking on orientation in order to consider how race, gender and sexuality operate together to orient bodies in time and space (2006). Ahmed's queer reading of orientation allows the term to open up the meaning of sexual orientation by considering other configurations and interrelations of bodies, spaces and objects. In her exploration

of sexual orientation and compulsory heterosexuality, Ahmed asks ‘if sexual orientation becomes a matter of being... what does it mean to think of “being oriented”?’ (2006: 69). Using orientation as a metaphor of directionality, Ahmed notes that conceptions of orientation that view heterosexuality as an idealized movement towards the ‘other sex’ imply a sense of innate ‘straightness’, a trajectory towards the ‘correct’ object, towards monogamy, and towards family life. In this context, lesbian, gay and queer sexualities appear as a form of ‘disorientation’, a turning away from all these things (2006: 72–78). As Ahmed observes, it is not so much the sexual aspect of same-sex relationships that disrupts ‘straight’ orientations, but the consequences of the sexual on other forms of relations, specifically social relations, family relations and relations to public spaces (2006: 100–101).

If sexual identity is a public statement, is sexual orientation, as Margaret Robinson puts it, an ‘immutable characteristic that is fundamental to the self?’ (Robinson, 2013: 19). This question is highly contested, with some supporting the strategic value of promoting the view that we are innately sexually oriented (as Lady Gaga puts it, *Born This Way*); while others propose a more fluid or contingent understanding of sexuality as changeable over time (Halberstam, 2012). However, the question of fixed vs fluid sexualities is not necessarily an either/or proposition. As Lisa Diamond observes, while sexual orientation may indeed be fixed (that is, an individual may understand themselves to be predominantly hetero-, homo- or bisexual), ‘sexual orientation is not the only factor determining... attractions’ (2008: 10).

If heterosexual identity implies orientation (i.e. a strong or even exclusive preference for sexual partners of the ‘other’ gender identity), then it follows that women who identify strongly as heterosexual should want male partners who identify as heterosexual, and vice versa. Lesbians should prefer other lesbians, gay men other gay men, and so on. And, as Sedgwick outlines, if sexual identity is presumed to dictate most (if not all) other sexual and emotional feelings, behaviours and affiliations, then a range of other assumptions can be made regarding people who strongly identify as heterosexual. Thus, it could be assumed that ‘strongly identifying’ heterosexuals will prefer to fall in love, cohabit, procreate, and form communities of cultural and political affinity primarily with other heterosexuals.

To take this assumption a step further, it may also be assumed that those who identify strongly as heterosexual will fantasize exclusively about sexual partners of the ‘other’ gender, and that sexual roles (such as insertive and receptive) will be attributed to the male and female partner according to normative understandings of what heterosexual people do in bed. It might also be assumed that those who identify strongly as heterosexual women have straighter, less adventurous or more vanilla sexual preferences and behaviours than those who identify as gay, lesbian or bisexual (see Albury, 2002). Following Sedgwick’s logic then, if we understand sexuality as a continuum or sliding scale (such as the Kinsey scale), it might be (incorrectly) assumed that to be ‘mostly’ heterosexual in terms of sexual behaviour means taking on *most* of the baggage of heteronormativity, or (mostly) agreeing with normative understandings of gender. In the context of sexual healthcare, this

tendency to assume might be expressed by a doctor who challenges a 'straight-appearing' woman's request for an anal swab, or a test for blood-borne viruses. Sexual identity can only ever be a blunt instrument when one seeks to understand or explain sexual feelings, thoughts and behaviours, yet it is too often used as a shorthand indicator of likely 'risk factors' within the field of sexual health. To quote Sedgwick again, 'some people, homo-, hetero-, and bisexual, experience their sexuality as deeply embedded in a matrix of gender meanings and gender differentials. Others of each sexuality do not' (1990: 26). This, to me, seems to sit at the heart of 'identity plus'.

There is an expanding body of literature on the limitations of plotting homo-hetero-bisexuality on a linear continuum. As Weinrich and Klein observe, the continuum model can suggest that bisexuality is 'a compromise or point intermediate' between hetero and homosexuality (2002: 5). Fritz Klein's Kleinian Sexual Orientation Grid (KSOG) offers a more nuanced, multidimensional model for understanding sexual orientation and identity across multiple axes, including sexual attraction, behaviour and fantasy. The KSOG also takes account of emotional and social preferences, community affiliation, and self-identification, and takes account of the possibility of changing preferences over time by considering past, present and 'ideal' experience across each axis (Klein, 1993). However, as Weinrich and Klein (2002) note, even in a more complex framework of the KSOG, bisexuality may still appear 'as the combination of heterosexuality and homosexuality', rather than a discrete space of its own (2002: 5).

Following Rubin's *Thinking Sex* (1984), Sedgwick emphasizes the range of possible dualistic 'sexual identities' or orientations that do not depend primarily on gender (Sedgwick, 1990). These sexualities, she proposes, may be less hetero/homo, but more 'orgasmic/nonorgasmic, non-commercial/commercial, using bodies only/using manufactured objects, in private/in public, spontaneous/scripted' (1990: 35). To cite her deceptively simple axiom in *The Epistemology of the Closet*, 'people are different from each other' (1990: 25). While designations like *man*, *woman*, *gay*, *straight*, *bisexual* are supposed to indicate sexed and gendered identity, they actually tell us very little about what people do with their bodies, or what their desires, pleasures, or fantasies might be. As Sedgwick observes, there are many other dichotomies that might be brought into play as a means of establishing 'sexual orientation': some people want to have a lot of sex, others not much; some are very genitally focused, others have more diffuse experiences of sexual pleasure; for some an overt recognition (and play) with power is central to their sexual experience, while others don't acknowledge power as part of sex (1990: 26–31).

These sexual orientations may be central to the identity of those who experience them, yet are not easily articulated when other dichotomized assumptions about male/female and hetero/homo are so heavily culturally and politically inscribed as the primary determinants of sexual identity. This is particularly the case for women who fall outside the bounds of heteronormativity, whether they identify as lesbian, heterosexual, bisexual, or something else entirely. In his study of 44 women who identified as 'highly sexual', Eric Blumberg found their lives had 'been enormously

affected if not almost completely organized around their sexuality' (2003: 148). For some, the intensity of their sexual desire was a major organizing factor in their everyday lives. For others, the negative responses of partners and friends, and the broader sense of social disapproval were strong influences on their identity. This overwhelming sense of difference meant that all but one participant felt they had 'struggled' to define their sense of self in relation to external perceptions of their 'weird' or 'dirty' sexuality (2003: 150). For 12 of Blumberg's respondents, the resolution of their struggle with their 'highly sexual' identity had led them to see their sexuality as *the* defining factor in their sense of self (2003: 151).

Blumberg notes that his participants' reported experiences of being 'highly sexual' were beyond the boundaries of most expert discourses on female sexuality; and did not conform with common diagnostic measures for 'sex addiction', 'compulsivity' or 'premature sexualization' (2003: 156). Despite the difficulty of coming to terms with a socially unacceptable sexual identity, 'the interviewees overall expressed strong satisfaction with themselves and their sexual choices, and had grown to see themselves as psychologically strong because of having made conscious choices in this area' (2003: 154). Blumberg's study does not indicate whether his respondents were part of sexual subcultures or communities that might offer spaces and contexts for developing alternative understandings of their actions and desires (2003: 155). However, Blumberg makes it clear that his interviewees developed their sense of identity *in spite of* their cultural and familial surroundings, and in some cases were actively opposed by their partners and friends (2003: 156).

Returning to Ahmed's conception of orientation as an embodied trajectory towards (or away from) other bodies, spaces and objects, it seems important to take account of the ways that other orientations (such as feminism, socialism or Christianity) might also impact on sexuality and sexual identity. As feminists such as Lynne Segal (1983) have observed, it is possible to simultaneously be erotically drawn to a particular kind of sex (such as BDSM), and feel repelled by it on political or moral grounds. In her longitudinal study of women's changing sexual identifications, Diamond (2008) notes her own concern regarding homophobic interpretations of her work, observing that public recognition of the fluidity of sexual identification for some (though not all) women and men might be used to justify 'cures' for homosexuality (2008: 10).

Given the limitations of sexual identity, it is not surprising that people who experience their own sexuality as fluid might prefer to avoid signifiers of sexual identity altogether. For others (such as the participants at the *Health in Difference* panel) identity is not rejected, but pragmatically deployed, in order to achieve strategic aims. In reflecting upon her qualitative study of 40 bisexual Canadian women, Robinson considers the reasons they offered for identifying as either polyamorous or monogamous. For many women, a polyamorous identity was chosen as a means of signposting bisexuality, even when the woman was not actively engaged in, or seeking, multiple concurrent relationships. As Robinson's interviewees observed, bisexual women may be misread as 'lesbian' when they partner with a woman, and 'heterosexual' when they partner with a man. Consequently,

some of her interviewees claimed polyamory not so much as a sexual orientation, but a cultural and political orientation, intended to signal an ongoing trajectory through a lesbian or heterosexual relationship, towards bisexuality (2013: 23). As Robinson notes, 'strategic identities bond people together, identify outsiders and insiders, enable political action on behalf of the group, and frame concepts such as disclosure, outing, or community belonging' (2013: 23).

Robinson suggests that viewing sexuality in terms of strategic identities rather than 'immutable' orientations raises a potential to reassess bisexual and polyamorous people's claims to formal relationship recognition and other forms of sexual citizenship (Robinson, 2013: 34; Weeks, 1998). In this context, she argues, rights to public/state recognition sexual/relational orientation (i.e. towards bisexuality) can be argued to be parallel to rights to freedom of religious expression. Robinson notes that the notion of 'strategic identity' may be particularly salient for healthcare practitioners, particularly in the field of mental health, given that 'relational identity labels [such as polyamory] may reflect goals and values as much or more than they do sexual practice' (2013: 34). As Robinson puts it, 'a bisexual woman... may identify as polyamorous to signal that she rejects sexual ownership, that she values connections with more than one gender of person or as a buffer against bisexual erasure' (2013: 34). Similarly, I suggest, an expression of bisexual, heterosexual and/or bi-curious or queer identity may be a strategic identity that relates to desires, aspirations, political affiliations, sub-cultural affinities, or embodied sexual practices (past or present). Whether one is ticking the demographic box on a researcher's survey, or disclosing a sexual history to a healthcare provider, to state one's 'identity' is to enter into a system of classification. Not only does the tick in the identity box express an orientation towards specific sexual partners or sexual practices; it also signifies an orientation towards (or away from) a range of anonymous 'others' who have previously identified the same way. Given the range of possible meanings an individual may ascribe to their identity (and the strategic reasons they may have for aligning with a particular identity in a particular time and place), it is important for researchers and healthcare providers (among others) to avoid foreclosing the meanings any individual may bring to their expression of sexual identity.

The recruitment advertising for my study specifically sought 'heterosexual, bisexual, bi-curious and queer' participants who attended 'adult play parties, swing/bdsm/erotic clubs, or house-parties' and were 'interested in contributing to the development of safer-sex resources for people who attend play parties or clubs'. Recruitment emails were circulated on sex-seeker websites, and mailing lists for clubs and house-parties. The survey was preceded by key informant interviews with BDSM and swing party promoters, and many respondents appeared to be affiliated to the Sydney BDSM and play party scenes, which include all-male parties, all women and trans* parties and mixed/pansexual parties. Some of these take place in licensed clubs where genital play is not permitted, others take place at private venues such as homes or warehouses, which have their own 'house rules', and others at commercial sex-on-premises venues that follow safe-sex codes of conduct suggested by the AIDS Council of NSW.

In order to be considered as a valid response, each participant needed to have attended a sex party or play party (of any kind) in the previous 12 months, suggesting that survey respondents were likely to be sexually adventurous, and to have some degree of active association with a sexual subculture (rather than just receiving email updates on parties via a mailing list). As Robin Bauer observes, 'BDSM communities provide their members with semi-public social and play spaces' that promote specific forms of communication and negotiation around sexual and emotional boundaries, including negotiations specifically focused on health and safety (2010: 147). The wording of the recruitment email issued an explicit invitation to participants who were likely to be invested at some level with the idea of safer-sex, and production of community-specific resources (although I don't imagine every respondent would articulate their motivations using these exact terms).

The mean age range of participants was 35–44, most (85%) were currently in paid employment, 60% were university educated (half of these with a postgraduate qualification). Given the maturity, and relative privilege of participants, it is possible to imagine that 'identity plus' was knowingly chosen by some respondents as a form of strategic identification, or was intended to signal other aspects of sexuality that are not expressed by identity categories that solely emphasize gender or 'object choice'.

The largest 'strong' identity category for male respondents was heterosexual (27), and the largest 'strong' category for women was queer (22), with bisexual and heterosexual coming a close second (17) and third (15). Two males and five females nominated their 'identity plus' as both strongly queer and strongly bisexual. One female respondent was strongly queer, strongly bisexual and strongly bi-curious, and one was strongly heterosexual, strongly bisexual and strongly bi-curious. Five women and three men overall identified as strongly bi-curious. I had included the category of bi-curious in the recruitment email and survey as it appeared fairly frequently in the sex contact advertising we reviewed while putting the project together, and had assumed it would be primarily used as a qualifier for other sexual identities (i.e. strongly lesbian, somewhat bi-curious). What might it mean then, for these two women to identify as strongly bisexual *and* strongly bi-curious?

I had initially considered bi-curious as a transitional or 'beginners' identity: a signifier of sexual interest in the absence of experience. If bi-curiosity were solely a transitional identity, though, I would expect it to be erased by the espousal of bisexual identity – yet for two respondents, it was not. It could be argued that the term bi-curious diffuses or downplays the importance of bisexual identities (Barker and Langdridge, 2008). I am hesitant, however, to conclude that bisexual self-identification is more 'authentic' than bi-curious identity. Bi-curiosity has a fair amount of 'interesting' cultural currency, however. As a number of researchers have observed, the term (along with others such as heteroflexible, and barsexual) is linked in popular imagination to the contemporary phenomenon of 'straight girls kissing' (Rupp and Taylor, 2010).

While 'straight girls kissing' can be viewed as simply a trend, or as a performance of 'compulsory bisexuality' that is primarily motivated by the approval of

male onlookers (Fahs, 2009), it could also be read as a form of sexual exploration, in other words, part of the 'questioning' process that is sometimes included under the umbrella of the Q in the LGBTIQ acronym. It could be read as an expression of an authentic identity in its own right. For example, Thompson and Morgan (2008) observe that while several North American studies have offered respondents the opportunity to self-identify as 'mostly straight', few have included this group in detailed data analyses, or explained whether they have grouped 'mostly straight' respondents with those who identify as '100% heterosexual', or those who identify as bisexual (2008: 16). In contrast, Thompson and Morgan's own research suggests that 'mostly straight' women experience their sense of sexual identity in ways that are different from women who identify as heterosexual, lesbian and bisexual, and should be recognized as a discrete identity category (2008: 20).

The public or performative aspect of 'straight girls kissing' is also significant when considered in the light of Sedgwick's proposal that 'other' orientations may be more central to sexual identity than the categories of straight/bisexual/gay. While 'mostly straight' young women's public sexual displays can be dismissed as a symptom of what has come to be known as 'porno chic' or the pornographication of mainstream culture (McNair, 2012), for some women they may be an expression of an orientation towards the kinds of public, or exhibitionistic sex that are a feature of 'adult' play parties, and dogging, otherwise known as outdoor sex meet-ups (see Bell, 2006; McDonald, 2010). As Maya Lavie-Ajayi and colleagues argue in their study of young women's non-monogamous practices, sex can be a social activity that extends beyond the two (or more) participants in a physical sexual encounter (2010). While young women's sexualities are undoubtedly situated within a broader cultural context that emphasizes their position as objects of a 'male gaze', Lavie-Alayie et al.'s research clearly indicates that they do not see themselves as simply providing entertainment/pleasure for men. They are also motivated by a desire to have fun, to be seen to be having fun, and to share the fun of sexual adventures and experiences with their female friendship groups. As Lavie-Alayie et al. observe, these homosocial orientations towards other women are rarely acknowledged in formal sexuality education that focuses on romantic dyads (2010). I suggest they may also be overlooked or de-legitimated by health services for young people.

I am aware that bi-curious identity could also be read as a 'distancing' identity, embraced by those who are closeted, or by heterosexuals who want to explore same-sex activity without attracting the stigma attached to lesbian, gay or bisexual identities. Given that a number of respondents who identify as strongly queer, gay or lesbian also identified as somewhat bi-curious, I suspect it has other meanings beyond this. While I do not know how my survey respondents understood their self-identification as bi-curious in relation to their other identities, the centrality of curiosity as an identifier leads me to speculate that to identify as bi-curious might signal a particular stance not just in relation to questioning one's sexual identity, but to learning how to *do* different kinds of sexualities. Perhaps ongoing identity plus as both bisexual and bi-curious signals a sense of sexual provisional or

apprentice status – not quite a beginner, but not quite an expert either? My point of departure here is Jonathan Bollen and David MacInnes's qualitative study of sexually adventurous gay men and sexual learning, in which interviewees were invited to self-define 'sexual adventurism' through accounts of trying, or learning, new sexual practices (2004). While most interviewees' stories of 'esoteric' practices (such as piss-play or fisting) resonated with then-current literature on gay men's sexual adventurism (Kippax et al., 1998), one man told a story of 'learning to be fucked'. As Bollen and MacInnes put it:

this man's experience, and the experiences of other men who recounted occasions of learning to be fucked, or learning to enjoy being fucked, suggest a temporal perspective on adventure in sex that is relative to the past experience and future orientation of the participants involved. (2004: 23)

In Bollen and MacInnes's accounts, orientations or preferences for new sexual practices are not defined or identified in advance, but unfold through processes of 'going with the flow' of a sexual encounter (see also MacInnes et al., 2002). Given that my survey respondents could also be framed as sexually adventurous, it may be that their self-identifications reflect a similar sense of flow or fluidity, signified by the marker of 'curiosity'.

However, in proposing bi-curiosity as a kind of temporal identity aligned with sexual learning, I'm mindful of Steve Angelides's observation of the role bisexuality has played in the history of sexuality (2001). In his meticulous unpacking of the ways theorists of sexuality from Freud to Sedgwick have understood bisexuality in relation to hetero- and homosexuality, Angelides notes that bisexuality as a sexual practice and identity has primarily been positioned by theorists as either an abandoned past or future utopian ideal, and consequently has been refused acknowledgment in the present tense (2001). My suggestion that bi-curious identity might flag a particular learning relationship with both past and future sexualities should not be understood as a dismissal of the meaning it might have for anyone who identifies as bi-curious in the here and now. On the contrary, the meaning of bi-curious identity for *those who identify as bi-curious* is yet to be fully explored by sex researchers in general, and by researchers focused on sexual health in particular.

The term 'sexual adventurism' gained traction in the field of HIV prevention in Australia, due to Kippax et al.'s study which found that gay men who seroconverted reported having previously participated in a range of 'esoteric' sexual activities, ranging from group sex to fantasy role play, at much higher rates than men in control groups (1998). This has led to an ongoing focus on sexual adventurism and pleasure seeking within gay men's health research and service provision. While I did not offer 'sexually adventurous' as a possible identity in my study, 36 respondents had had sex with between 3 and 10 partners who were not 'regular partners' in the previous 12 months, and 20 had sex with more than 20 partners. Respondents participated in a range of genital activities (including fisting), and non-genital activities, including kissing, hugging, flogging and play-piercing). The health

promotion and resource project that draws on this research specifically names sexually adventurous women (and, by extension their partners) as a target group, stating:

The positioning of women's sexual health in a limited framework of reproduction can be damaging for all women including sexually adventurous women. In the context of sexually adventurous women the focus of sexual contact with other women is not reproduction. Ideally, the focus is one of desire and pleasure, therefore all sex and sexual health messages to sexually adventurous women require a pleasure seeking framework. (AIDS Council of NSW, 2013)

The (limited) literature on sexually adventurous heterosexual women suggests that many women get into swinging or sex partying specifically to have sex with women (Jenks, 1998). Previously heterosexual (or mostly straight) women who seek out sexual encounters with other women are not likely to be welcomed into lesbian spaces or communities where lesbian identity is explicitly or implicitly politicized in opposition to heterosexuality (see Rust, 1992; Wilton, 2002). Swinging and BDSM party spaces offer opportunities to engage in sexual adventurism, and establish relationships with other women. In the absence of beats (i.e. 'cottages' or public sex sites), or sex-on-premises venues, sex parties and 'sex-seeker' websites provide the safest spaces for 'mostly straight' or bi-curious women to meet other women for sex. For these women, 'identity plus' might involve a strong commitment to an existing relationship with a male partner, plus a strong commitment to seeking out future sexual relationships with female partners. This deviation from heteronormativity can raise difficulties, however, when women seek to access sexual health information and services, as indicated in two recent Canadian studies.

In one case, a community action research project with bisexual women, swingers, and people who do not identify as bisexual, but have sex with same- and different-sexed partners, sought to identify some of the limitations of STI and HIV health promotion and services in Canada (Namaste et al., 2007: 358). As Namaste et al. observe, while there are some sexual health studies (with limitations) targeting non-gay-identified men who have sex with men (or MSMs), there are very few targeting non-lesbian women who have sex with women (2007: 360). This scarcity in academic literature has a flow-on effect to sexual health resourcing, particularly in relation to STIs, where women are excluded from 'risk categories', and subsequently may disappear from view (2007: 361). This finding is reflected in other studies of the challenges lesbians and bisexuals face in accessing appropriate healthcare, such as Formby (2011) and Martin and Pallotta-Chiarolli (2009). As Namaste et al. observe, bisexually active men and women are viewed as 'vectors of disease' in both heterosexual and lesbian communities, but as they also observe, 'paradoxically. . . no major HIV [or STI] campaign has ever been directed to them' (2007: 362).

Namaste et al.'s participants collaborated with researchers and a community Advisory Committee to develop safer-sex information resources specifically

addressing women who have sex with both men and women, while not invoking any specific identity. Two posters were developed, each depicting a woman, and using the following slogans: The first reads: 'I know what safer sex is with him, but with her?' The second slogan reads, 'My girlfriend says I can't catch an STD from her. My boyfriend is clueless about these things. What do you think?' (2007: 375). This mode of address invites observers to identify with orientations towards particular relationships (with him, with her), and practices (safer-sex), without foreclosing other forms of orientation and identity. Similarly, AIDS Council of NSW's *iloveclaude.com* sexual health website targets 'sexually adventurous women across different ages, geographical locations, cultural backgrounds and sexual identities in the BDSM/Swingers/Kink communities' without identifying these women as lesbian, heterosexual or bisexual (AIDS Council of NSW, 2013).

In their pilot study conducted at a Canadian swingers' club, Patrick O'Byrne and Jessica Watts found participants were highly sexually active, but were also relatively unlikely to seek testing for sexually transmissible infections (STIs). O'Byrne and Watts noted their presence as sexual health researchers was welcomed by patrons at the club, and suggested STI testing at the club (similar to the rapid testing offered in some gay men's sex-on-premises venues) might be an appropriate form of resourcing for the community (2011: 95).

As Angelides observes, 'sexual identity, indeed all identity, is... in a state of perpetual crisis: an inability to complete, and the compulsion to repeat, the forever unstable and shifting norms and boundaries...' (2001: 193). Taking a conference conversation on the strategic function of identity as a point of departure, I have sought to offer not so much proof that 'identity plus' exists, but to reflect on the ways that excesses of identity might be used to flag different orientations, in Ahmed's sense of the term. While sexual identity is widely recognized as fluid and contingent by researchers, policy strategists, community activists and healthcare providers alike, this theoretical recognition does not always translate into policy and practice.

The participants in the 'Multi-Partnered Heterosexual' study who expressed 'identity plus' may well have been data unicorns. They may have become distracted, and clicked multiple buttons while completing their surveys, and I may have been best served to dismiss their multiple strong identifications as noise. Whether or not 'identity plus' actually exists, it has offered me an opportunity to consider the limits of the identity categories 'heterosexual', 'bisexual', 'queer' and 'bi-curious', each of which has its own historical baggage, and set of political and cultural meanings. Rather than doing away with labels, 'identity plus' combines them, in ways that do not immediately make sense, but suggest productive ways to looking across some of the gaps that open up when healthcare services presume that clients who present as heterosexual do not engage in same-sex play, or have multiple, concurrent sexual encounters, or do not pursue adventurous sex.

In considering the possible implications of 'identity plus', I have reflected on the ways that multiple sexual orientations (i.e. towards same-sex play, or sexual adventurism) might co-exist within heterosexuality. I have also considered the ways that

seemingly trivial or trivializing identities such as bi-curious might be used to signal particular orientations towards sexual learning, or sexual performance. To identify as strongly heterosexual *and* strongly bi-curious *and* bi-sexual may signal a strategic desire to be recognized by others as non-normatively sexual in a way that defies standard categories. Just as Margaret Robinson notes that mental healthcare providers ‘cannot presuppose that a client who identifies as polyamorous has any sexual partners, let alone multiple ones’ (2013: 34), I suggest that sexual healthcare providers should not presuppose the sexual histories of ostensibly heterosexual clients. I would further suggest that they should take care not to conflate women’s diverse needs for sexual health resources and sexual health services with their reproductive health needs.

My musings here are not intended to stake a claim for heterosexual exceptionalism within specialized lesbian, gay, and bisexual healthcare and other community support services – these exist for important reasons. Rather, I hope to engage researchers, educators, policy makers and service providers in an ongoing project of rethinking what it means to tick the ‘heterosexuality’ box, and what identity categories can (and cannot) tell us about the diversity of sexual practice, and sexual orientation in an era Jack Halberstam has dubbed ‘the end of normal’ (2012).

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