

Counseling Individuals Who Practice Consensual Non-monogamy

Stacey Diane A. Litam, Cleveland State University

DESCRIPTION OF CONSENSUAL NON-MONOGAMY

Whereas monogamy, or a relationship structure consisting of two individuals in a committed relationship, represents the norm in many cultures (Cohen & Wilson, 2016), it is estimated approximately 20% of single adults in the United States had experiences with consensual non-monogamy (CNM; Hauptert, Gesselman, Moors, Fisher, & Garcia, 2016). CNM is an umbrella term that encompasses all forms of non-monogamy including polyamory, open relationships, and swinging. In a study combining two separate U.S. Census-based quota samples of single adults ($n = 8,718$), more than one in five participants reported engaging in CNM at some point in their lifetimes (Hauptert et al.). CNM, also called ethical non-monogamy, refers to relationship structures in which one or both partners engage in emotional, sexual, or romantic relationships with other people (Cohen & Wilson, 2016; Conley, Moors, Matsick, & Ziegler, 2013). It is important to note that CNM is starkly different from nonconsensual nonmonogamy (NCNM), or infidelity. Infidelity, or cheating, occurs when a mutual agreement about specific behaviors is breached and may occur in either monogamous or CNM relationships. Just as monogamous partners may mutually agree not to pursue extradyadic emotional and/or sexual relationships, individuals who practice CNM have established boundaries, rules, and agreements within their relationships which vary among partners. In CNM relationships, all individuals involved make consensual agreements about which romantic or sexual agreements they can or cannot pursue (Conley, Ziegler, Moors, Matsick, & Valente, 2013). When shared agreements between CNM partners are broken, infidelity occurs. Individuals who practice CNM are at greater risk for stigmatization, stereotypes, negative bias, and marginalization compared to their monogamous counterparts due to the societal pressures to conform to monogamist values. Persons who practice CNM may seek counseling when one or more partners need support to establish and maintain boundaries, strengthen communication skills, or address feelings of shame and fear if their lifestyles were to be revealed to their families, coworkers, or society (Johnson, 2013; Peabody, 1982). The unique challenges that CNM clients present to counseling represent an emerging interest within the mental health field (Johnson, 2013).

FORMS OF CONSENSUAL NON-MONOGAMY

Consensual non-monogamy (CNM) comes in many forms. Polyamory refers to relationship structures in which partners are open to or engage in more than one loving relationship (Barker & Langdridge, 2010; Zimmerman, 2012). Polyamorous relationships differ from open relationships, where primary partners retain exclusive emotional intimacy with one another and have implicit or explicit rules about which

PdivimuseB182fs

BENEFITS ASSOCIATED WITH CNM RELATIONSHIPS

Individuals who practice CNM do so for various reasons. A review of CNM literature conducted by Moors, Matsick and Schechinger (2017) identified major themes of benefits identified by people who engage in CNM. These relationship themes included higher rates of need fulfillment, engaging in a greater variety of non-sexual activities, and experiencing individual growth and development. People who practiced CNM described how relationship satisfaction increased when they were able to incorporate more than one romantic and/or sexual partner who met their needs. A study of 1,093 people in polyamorous relationships examined whether relational quality was affected by having needs met by two concurrent partners (Mitchell, Bartholemew, & Cobb, 2014). Interestingly, even when various needs such as autonomy, closeness, emotional support, security, self-esteem, self-expansion and self-fulfillment were met by more than one partner, levels of satisfaction or commitment with primary partners remained unaffected. Partners were able to appreciate and experience connection and fulfillment with multiple concurrent partners even when one partner fulfilled more needs than others.

Enjoying a greater variety of non-sexual activities was another benefit identified by CNM individuals (Moors et al. 2017). Dyadic withdrawal, or the tendency for people in monogamous relationships to withdraw from their social networks as level of commitment to one another increases (Kalmihn, 2003), may not be as salient within CNM relationships. Moors and colleagues posited how CNM provides a greater variety of nonsexual social interactions, activities, and experiences as individuals are continually exposed to an expanding social network. This benefit may become especially salient when one partner does not share particular hobbies or interests. Thus, individuals in CNM relationships are afforded more opportunities to expand their social networks beyond the existing hobbies or interests within their partnerships. Finally, individual growth and development represented an additional benefit identified by people who engage in CNM. As people in CNM relationships learn to incorporate coping strategies, maintain egalitarian structures, and engage in honest communication about their wants, needs and desires, they may inherently expand their worldviews and experience personal growth. CNM also affords opportunities for partners to explore connections with individuals who hold various non-dominant gender and sexual identities. Exploration of one's sexual and romantic identities represented an important benefit uniquely identified by individuals who engaged in CNM.

STIGMA AND BARRIERS TO TREATMENT

People who practice CNM often experience stigma in regard to their personal identities and relationships (Conley, Moors et al., 2013; Moors, Matsick, Ziegler, Rubin, & Conley, 2013). This stigma may be largely influenced by the presence of mononormativity, a social construct that presumes monogamous partnerships are the most natural and most acceptable form of relationship (Grunt-Mejer & Campbell, 2016). Conversely, CNM relationships are often misperceived to be less moral, less sexually satisfying, more sexually risky, and lower in quality compared to monogamous relationships (Levine, Herbenick, Martinez, Fu, & Dodge, 2018). In reality, the beliefs that monogamous individuals experience greater levels of happiness, enjoy better sex lives, and engage in less sexually risky behaviors compared to CNM persons have not been supported by research. In a study comparing relationship and sexual satisfaction between monogamous and CNM individuals, slightly lower sexual satisfaction and lower orgasm rates were reported in monogamous individuals (Conley, Piemonte, Gusakova, & Rubin, 2018). Additional U.S.-based studies comparing relationship satisfaction and psychological wellbeing between monogamous and CNM relationships indicated that levels of relationship quality and a sense of connection between partners did not significantly differ between both groups (Conley et al., 2018; Rubel & Bogaert, 2015). Individuals in CNM structures may additionally incorporate safer sex practices compared to people in monogamous relationships. People who practiced CNM reported greater rates of condom use with primary partners and extra dyadic partners and were more likely to seek regular testing for sexually transmitted infections (STIs) compared to those in monogamous relationships (Lehmiller, 2015).

Counselors must consider how existing mononormative beliefs may negatively impact their work with CNM clients. Biases and stigmatizing beliefs about CNM have been identified in medical and mental health professionals, which pose substantial barriers to care (Henrich & Trawinski, 2016; Williams & Prior, 2015). Of note, individuals who identified as gay, lesbian, and bisexual were more likely to have engaged in CNM compared to their heterosexual counterparts (Hauptert et al., 2016; Levine et al., 2018). Stigma

zip codes. It is important to note that professionals listed on this website have self-identified as being competent to work with these diverse groups of individuals. Professionals pay a small fee to be listed and are not endorsed by the website.

Resource:

Open list website: <http://openingup.net/open-list/>

American Psychological Association Division 44 Consensual Non-Monogamy Task Force

The American Psychological Association (APA) Division 44 Consensual Non-Monogamy Task Force was developed to promote awareness and inclusivity about CNM relationships. The APA Division 44 website provides extensive resources for individuals who want to learn more about, or who are providing services to, people engaged in CNM. The website resources include suggestions to assess relationship styles on demographic forms, a consensual non-monogamy inclusive practices tool, a CNM therapist brochure, and a literature list of peer-reviewed CNM articles. A link to the Kenneth R. Haslam collection with the Kinsey Institute provides resources to educate individuals about polyamorous relationships. Resources include conference materials, Internet resources, media coverage, and research articles developed to educate professionals, practitioners, and the public about the poly-community.

Resources:

Assessing relationship structure on demographic forms: <https://drive.google.com/file/d/1sut-gVSr8YNG6ua6nRtJY-A-BnWcl90d/view>

Consensual non-monogamy inclusive clinical practices tool: https://drive.google.com/file/d/1TE1_Z2l5wDtq6mnMyhall1ip14PE_f_E/view

Relationship and sexual diversity card:

https://drive.google.com/file/d/1PXCpf43PY2Wb4TKhfpKW56PR_oI6lhV4/view

Kenneth R. Haslam collection on polyamory: <https://kinseyinstitute.org/collections/archival/homosexuality-polyamory-transgender-asia-sexuality-and-erotica-collections.php#haslam>

PLISSIT And Ex-PLISSIT Models

The PLISSIT Model was developed to help clinicians address sexuality issues with patients and is an acronym for Permission, Limited Information, Specific Suggestions, and Intensive Therapy (Annon, 1976). The PLISSIT model involves four levels of interventions ranging from basic to complex and considers individual client needs and the comfort and expertise of clinicians in treatment. When clients' specific needs exceed the knowledge, skills, and awareness levels of the counselor, referrals may be made. The PLISSIT model outlines the needs of students and clients within the therapeutic setting and the helper roles and characteristics throughout each stage. The Ex-PLISSIT model (Davis & Taylor, 2006) is an extension of the original model and highlights the importance of explicit permission-giving as central throughout the model.

Resources:

The PLISSIT model clinical tool: http://projects.hsl.wisc.edu/SERVICE/modules/3/M3_CT_The_PLISSIT_Model.pdf

PLISSIT model handout: <https://www.gvsu.edu/cms4/asset/64CB422A-ED08-43F0-F795CA9DE364B6BE/plissit.pdf>

Using the Ex-PLISSIT model to address sexuality and sexual health: <http://ascnuk.com/wp-content/uploads/2018/09/P-22-The-Use-of-the-Ex-PLISSIT-Model-to-Address-Sexuality-and-Sexual-Health-Within-Stoma-Care.pdf>

Ex-PLISSIT model with descriptions: <https://sexualot.com/plissit-model/>

More Than Two

This website was developed by Franklin Veaux and Eve Rickert, the authors of *More Than Two*, a book about non-monogamy that features a hands-on toolkit for creating and enjoying a happy and successful polyamorous relationship. The website includes resources and guidelines to help individuals understand

Resources:

More Than Two website: <https://www.morethantwo.com>

Polyamory basics: <https://www.morethantwo.com/polyhowto.html>

Issues with jealousy and insecurity: <https://www.morethantwo.com/jealousy-insecurity.html>

Guide to rules and agreements: <https://www.morethantwo.com/rules-agreements.html>

Negotiating safer sex: <https://www.morethantwo.com/polycatsafersex.html>

REFERENCES

- Annon, J. S. (1976). *Behavioral treatment of sexual problems: Brief therapy*. Oxford, UK: Harper & Row.
- Barker, M., & Langdridge, D. (2010). What ever happened to non-monogamies? Critical reflections on recent research and theory. *Sexualities*, 13, 748-772. <https://doi.org/10.1177/1363460710384645>
- Cohen, M. T., & Wilson, K. (2016). Development of the Consensual Non-monogamy Attitude Scale (CNAS). *Sexuality and Culture*, 21, 1-14. <https://doi.org/10.1007/s12119-016-9395-5>
- Conley, T. D., Moors, A. C., Matsick, J. L., & Ziegler, A. (2013). The fewer the merrier? Assessing stigma surrounding consensually non-monogamous romantic relationships. *Analyses of Social Issues and Public Policy*, 13(1), 1-30. <https://doi.org/10.1111/j.1530-2415.2012.01286.x>
- Conley, T. D., Piemonte, J. L., Gusakova, S., & Rubin, J. D. (2018). Sexual satisfaction among individuals in monogamous and consensually non-monogamous relationships. *Journal of Social and Personal Relationships*, 35, 509-531. <https://doi.org/10.1177/0265407517743078>
- Conley, T. D., Ziegler, A., Moors, A. C., Matsick, J. L., & Valentine, B. (2013). A critical examination of popular assumptions about the benefits and outcomes of monogamous relationships. *Personality and Social Psychology Review*, 17, 124-141. <https://doi.org/10.1177/1088868312467087>
- Davis, S., & Taylor, B. (2006). From PLISSIT to Ex-PLISSIT. In S. Davis (Ed.) *Rehabilitation: The use of theories and models in practice* (pp. 101-129). Edinburgh: UK: Churchill Livingstone
- Graham, N. (2014). Polyamory: A call for increased mental health professional awareness [Letter to the Editor]. *Archives of Sexual Behavior*, 43, 1031-1034. <https://doi.org/10.1007/s10508-014-0321-3>
- Grunt-Mejer, K., & Campbell, C. (2016). Around consensual nonmonogamies: Assessing attitudes toward nonexclusive relationships. *Journal of Sex Research*, 53(10), 45-52. <https://doi.org/10.1080/00224499.2015.1010193>
- Hauptert, M. L., Gesselman, A. N., Moors, A. C., Fisher, H. E., & Garcia, J. R (2016). Prevalence of experiences with consensual nonmonogamous relationships: Findings from two national samples of single Americans. *Journal of Sex and Marital Therapy*, 4, 424-440. <http://doi.org/10.1080/0092623X.2016.1178675>
- Henrich, R., & Trawinski, C. (2016). Social and therapeutic challenges facing polyamorous clients. *Sexual and Relationship Therapy*, 31, 376-390. <https://doi.org/10.1080/14681994.2016.1174331>
- Hosking, W. (2013). Satisfaction with open sexual agreements in Australian gay men's relationships: The role of perceived discrepancies in benefit. *Archives of Sexual Behavior*, 42, 1309-1317. <https://doi.org/10.1007/s10508-012-0005-9>
- Johnson, A. (2013). *Counseling the polyamorous client: Implications for competent practice*. VISTAS 2013. Retrieved from <https://www.counseling.org/docs/default-source/vistas/counseling-the-polyamorous-client-implications.pdf?sfvrsn=9>
- Kalmijn, M. (2003). Friendship networks over the life course: A test of the dyadic withdrawal hypothesis using survey data on couples. *Social Networks*, 25, 231-249.
- Lehmiller, J. J. (2015). A comparison of sexual health history and practices among monogamous and consensually nonmonogamous sexual partners. *Journal of Sexual Medicine*, 12, 2022-2028. <https://doi.org/10.1111/jsm.12987>
- Levine, E. C., Herbenick, D., Martinez, O., Fu, T-C., & Dodge, B. (2018). Open relationships, nonconsensual nonmonogamy, and monogamy among U.S. adults: Findings from the 2012 National Survey of Sexual Health and Behavior. *Archives of Sexual Behavior*, 47, 1439-1450. <https://doi.org/10.1007/s10508-018-1178-7>

- Mitchell, M. E., Bartholomew, K., & Cobb, R. J. (2014). Need fulfillment in polyamorous relationships. *Journal of Sex Research, 51*, 329–339. <https://doi.org/10.1080/00224499.2012.742998>
- Moors, A. C., Matsick, J. L., Ziegler, A., Rubin, J. D., & Conley, T. D. (2013). Stigma toward individuals engaged in consensual nonmonogamy: Robust and worthy of additional research. *Analyses of Social Issues and Public Policy, 13*(1), 52-69. <https://doi.org/10.1111/asap.12020>
- Moors, A. C., Matsick, J. L., & Schechinger, H. A. (2017). Unique and shared relationship benefits of consensually non-monogamous and monogamous relationships. *Special Issue: Controversial Issues in Human Sexuality Research: The State of the Science, 22*(1), 55-71. <https://doi.org/10.1027/1016-9040/a000278>
- Peabody, S. A. (1982). Alternative life styles to monogamous marriage: Variants of normal behavior in psychotherapy clients. *Family Relations, 31*, 425-435. <https://doi.org/10.2307/584176>
- Perez-Stable, E. J. (2016). *Director's message: Sexual and gender minorities formally designated as a health disparity population for research purposes*. National Institute on Minority Health and Health Disparities. Retrieved from https://www.nimhd.nih.gov/about/directors-corner/messages/message_10-06-16.html
- Rubel, A. N., & Bogaert, A. F. (2015). Consensual nonmonogamy: Psychological well-being and relationship quality correlates. *Journal of Sex Research, 52*, 961-982. <https://doi.org/10.1080/00224499.2014.942722>
- Schechinger, H. A., Sakaluk, J. K., & Moors, A. C. (2018). Harmful and helpful therapy practices with consensually non-monogamous clients: Toward an inclusive framework. *Journal of Consulting and Clinical Psychology, 86*, 879-891. <http://doi.org/10.1037/ccp0000349>
- Williams, D. J., & Prior, E. (2015). Contemporary polyamory: A call for awareness and sensitivity in social work. *Social Work, 60*, 268-270. <https://doi.org/10.1093/sw/swv012>
- Zimmerman, K. J. (2012). Clients in sexually open relationships: Considerations for therapists. *Journal of Feminist Family Therapy: An International Forum, 24*, 272-289. <https://doi.org/10.1080/08952833.2012.648143>