Toward Inclusive Science and Practice

Here's what you need to know about consensually non-monogamous relationships.

By Heath Schechinger, PhD

Have you heard of consensual non-monogamy (CNM)—a relationship structure where all people involved openly agree to having more than one concurrent sexual and/or romantic relationship? How many of your clients are in CNM relationships? Do you think your clients would feel comfortable disclosing that they were considering or in a CNM relationship? How comfortable are you treating CNM clients? Questions like these are becoming more relevant for mental health practitioners as interest in CNM is on the rise.

With nearly half of marriages ending in divorce (often on account of sexual infidelity; Allen & Atkins, 2012), it may not be surprising to read that an increasing number of people are questioning whether a traditional sexually exclusive monogamous relationship is suited for them. Americans are increasingly searching on the internet for more information about CNM relationships (Moors, 2017). Likewise, there are an increasing number of descriptions and depictions of CNM relationships in the mainstream media (e.g., The Atlantic, Forbes, New York Times, Showtime, HBO). In recent years, research on CNM relationships has been enjoying somewhat of a renaissance as psychologists have been collecting data

that suggests CNM relationships might be much more common than one might think. A very recent estimate by Haupert and colleagues (2016) indicates that more than 20 percent of Americans have lifetime experience with some form of CNM relationship, and research by Conley and her colleagues (2013) estimates that nearly 5 percent of individuals in the U.S. are currently in a CNM relationship. For those keeping score, current engagement in CNM (5 percent) is similar to the number of people who identify as LGBTQ (notably, there is a bit of a confound as those identifying as LGBTQ are also participating in CNM; Conley, Moors, et al., 2013). How then, are CNM relationships structured, and who are the people participating in them?

"CNM relationship" for the uninitiated, is an umbrella term that captures an incredibly diverse array of relationship configurations. Swinging, for example, is quite different than polyamory, which is different from monogamish relationships, etc. Even within a given category (e.g., polyamory), one CNM relationship (e.g., a "non-hierarchical polyfidelitous triad") can look quite different to the next (e.g., an "open quad"). The list of broad CNM relationships types provided by Sheff (2014) is a good starting place for those seeking background information. More detailed and nuanced discussions of CNM relation configurations can be found in the books " Opening Up" by Taramino (2008) and " More than Two" by Veaux and Rickert (2014).

The people and reasons for participating in CNM are just as varied as the relationship configurations they adopt. Individuals in CNM relationships are sometimes

stereotyped as being disproportionately white, educated, and middle class (Sheff & Hammers, 2011), but burgeoning research suggests that the people in CNM relationships reflect demographic characteristics similar to people in monogamous relationships. That is, while men and sexual minorities report more previous and current engagement in CNM, monogamy and CNM populations do not appear to differ regarding political affiliation, race/ethnicity, age, education level, income, religion or geographic region (Haupert, Gesselman, Moors, Fisher, & Garcia, 2016; Rubin, Moors, Matsick, Ziegler, & Conley, 2014). People also list many unique reasons for engaging in CNM, such as having an extended network and more people to depend on, more sexual and non-sexual variety, opportunities for personal growth, and CNM feeling more honest (see Moors, Matsick, & Schechinger, 2017, for a comparison of the benefits of CNM and monogamy). Notably, some of the reasons pertain to sex, and many of the reasons do not. In sum, let's keep in mind that people from all different backgrounds and stages of life are engaging in CNM for a number of unique reasons.

There are also many stereotypes and misperceptions about CNM relationships, spanning domains from their stability and risk (e.g., they are less committed or at greater risk of contracting a sexually transmitted infection (STI)) to more mundane characteristics (e.g., they are less likely to floss their teeth or pay taxes on time; Conley, Moors, Matsick, & Ziegler, 2013; Moors, Matsick, Ziegler, Rubin, & Conley, 2013). When these stereotypes have

been explored by researchers, however, they have been largely discredited. For example, ample work shows that CNM relationships have similar levels of commitment, longevity, satisfaction, passion and love as monogamous relationships, and the prevailing conclusion is that that neither relationship structure affords more benefits or disadvantages (Conley, Ziegler, Moors, Matsick, & Valentine, 2013; Hutzler, Giuliano, Herselman, & Johnson, 2016; Rubel and Bogaert, 2015). STI rates between monogamous and CNM populations have also been found to be essentially equivalent because of the frequency of infidelity in ostensibly monogamous relationships, and because people in CNM relationships are using safer sex practices (e.g., use of condoms or discussing STI testing (Conley, Moors, Ziegler, & Karathanasis, 2012; Lehmiller, 2015). Unfortunately, when presented with research findings that portray CNM positively, people are more likely to discredit them compared to monogamy(Conley, Matsick, Moors, & Ziegler, 2017). In other words, we need to be thoughtful about how our biases may be impacting our perceptions of CNM. Given the pervasive negative stereotypes of CNM relationships, however, it is unsurprising that individuals in CNM relationships are subjected to a considerable amount of (unwarranted) stigma (Conley, et al., 2013).

Research on minority stress suggests that individuals who are disproportionately exposed to discrimination, victimization, and peer and parental rejection tend to experience more mental health burdens (Cochran, 2001)

and utilize mental health services more frequently than more privileged populations (e.g., heterosexuals; Cochran, Sullivan, & Mays, 2003; Meyer, 2003). Notably, there is significant convergence in the concerns and stigma experienced by both the CNM and lesbian/gay/bisexual (LGB) communities (e.g., coming out concerns, moral grounds discrimination, being hyper-sexualized, perceived negative impact on children, judged as “unnatural,” marital and adoption rights, and workplace discrimination). Further compounding this problem, we have limited data about the experiences of those in CNM relationships seeking clinical services. Given the size of this population, pervasive societal stigma, and limited therapist training, it is critical we acknowledge this population and take steps to adequately address their needs.

In an attempt to provide some much-needed data on this topic, our research team conducted a survey of 249 CNM therapy clients (who were not recruited on the basis of going to therapy) and found that over one-third looked specifically for a therapist who was CNM-affirming, and they had better treatment outcomes when they screened for CNM-affirming therapists (Schechinger, Sakaluk, Moors, in preparation). One out of every four therapists was rated as being unhelpful, nearly one in three therapists were rated as lacking the basic knowledge of CNM necessary to be considered clinically helpful, and approximately one in ten of the CNM clients prematurely terminated therapy due to a negative experience with their therapist regarding their relationship structure.

Notably, the most common mistake therapists made was inaccurately assuming their CNM client was monogamous (committed by 41 percent of therapists). These results of clearly point to the need for educating therapists about CNM issues, and there are a number of steps that can be taken to improve the quality of care mental health clinicians are providing.

Fortunately, mislabeling or inaccurately assuming your CNM client as monogamous is something that can be addressed relatively quickly and easily by asking if a relationship is open or closed, or by including a question assessing your client's relationship structure in the demographic section of your intake questionnaire. I have also outlined seven reasons why I think it is important for clinicians to inquire about relationship structure.

- Reduce the frequency of misidentifying CNM clients. This reason is straightforward—by having this information you are less likely to make an incorrect assumption.
- Safer avenue of disclosure. Clients who are exploring or in the early stages of discovering their relationship orientation may experience some fear about disclosing or discussing their curiosity or identity with CNM. Some (but not all) clients may feel more comfortable selecting from a list of relationship structure options on an intake form than they are discussing it in person. Let's at least give them a choice. If we aren't asking, they may not know it is safe to disclose.
- Signal that your practice is aware of CNM. While it cannot be assumed that everyone at a site that asks about relationship structure is CNM-affirming, it at least signals

that a site has enough awareness of relationship structure diversity to ask about it.

- Increase in-session disclosure/discussion. Since we do not typically ask about relationship structure on our demographic forms and it cannot be assumed that therapy is a safe place for disclosure, we may be treating many more CNM clients than we realize. Since CNM-identified or questioning clients might not be disclosing their relationship structure status in session, you may need to go out of your way to make sure your client's know it is safe to disclose to you. Asking signals safety and puts the issue into the awareness of both the therapist and the client, which may remove potential barriers to bringing it up in session.
- Validate CNM client's experience/identity. We live in a culture that is incredibly monocentric and there are few symbols that explicitly normalize CNM or communicate that it is safe to disclose your CNM status. Failing to ask about relationship structure presumes monogamy as the default—it is a microaggression and functionally reinforces the notion that monogamy is the only option. Asking in session or including an item in your intake questionnaire is a small but potentially critical way of legitimizing the experience or identity of your CNM clients.
- Increase awareness among staff and non-CNM clients. In addition to validating your CNM clients, including an item on your intake form will also increase awareness to staff and non-CNM clients. While it does not replace the need to train staff on CNM issues, including an item holds

significant potential to help increase exposure, normalize CNM relationships, and decrease prejudice. Our hope is that including relationship structure in demographic questionnaires will become the norm, similar to asking about race, gender, and sexual orientation.

- Data collection. We are not able to empirically evaluate how well we are serving our CNM clients—and how our professional conduct might be improved—unless we gather data about this population. In other words, we cannot answer the questions we are not asking, and we cannot help clients we do not know exist.

A number of counseling sites across the country are starting to acknowledge the importance of including relationship structure in their demographic questionnaire, and it is likely this trend will continue. For example, I recently petitioned to include a standardized intake question regarding relationship structure on the University of California counseling centers intake questionnaire. The leadership accepted the request and starting in the Fall 2017, students seeking therapy services at all ten of the UC counseling centers will be given the opportunity to disclose how they think of themselves or identify regarding their relationship structure. Example language for how to ask about relationship structure is included in an article that my colleagues and I recently submitted for publication (Schechinger, Sakaluk, & Moors, in preparation).

Creating more CNM visibility by assessing relationship structure is a practical step clinicians can take to help

make the world a little safer for the CNM community. In order for large-scale progress to take place, however, support from governing bodies such as the American Psychological Association (APA) is needed. Rather than reinventing the wheel, similar strategies used to raise awareness of LGBTIA issues could be utilized.
For example, a CNM-focused Task Force could be created in Div. 44 to:

- Advocate for including CNM in education and training programs;
- Foster collaborative relationships with the LGBTQIA community and leaders;
- Clarify points of convergence and divergence with the LGBTQIA communities;
- Establish an initiative that CNM individuals be included in mainstream psychological research;
- Identify research priorities;
- Initiate a standing committee to be formed to ensure stable representation and a visible presence in the APA; and eventually
- Establish comprehensive guidelines for psychological practice- similar to those created for lesbian, gay and bisexual clients (see APA, 2012), as well as transgender and gender nonconforming people (see APA, 2015).

CNM-identified or questioning clients may represent a sizeable minority of the individuals accessing our services, and those seeking mental health services are tasked with finding culturally competent care within systems that, in many cases, are not adequately prepared

to address their concerns. I believe it is time to make asking about relationship structure a standard practice; for APA Div. 44 to consider adopting a CNM task force to increase CNM representation in research and education; and improve the quality of mental health care by creating comprehensive CNM treatment guidelines. These steps, in turn, will help to foster greater liberty for individuals to adequately consider all their romantic relationship options, while effectively confronting anti-CNM biases that persist in society and our field.

Footote

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