

THERAPY WITH CONSENSUALLY
NON-MONOGAMOUS CLIENTS

by

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To my Dad, for always believing that I could do this, and never letting me settle for less.

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Abstract

This paper aims to provide a critical breakdown of the structure of monogamy in Western societies and provide therapists with information vital to supporting non-monogamous clients. Consensual non-monogamy (CNM) as a relationship style has increased in popularity over recent decades (Moors et al., 2017; Conley et al., 2018) and it is critical that the areas of relationship and family therapy stay current with emerging relationship structures. By not staying up to date with current relationship structures, therapists run the risk of promulgating harmful and oppressive attitudes within the therapy room, an effect all too familiar for the CNM community.

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Therapy with Consensually Non-Monogamous Clients

Chapter 1: Introduction

Introduction

This paper discusses how to support consensually non-monogamous clients within twenty-first century relationships. This paper will critically examine monogamy as the preferred relationship style, privileged over other relationship styles, and the way dominant discourse rejects and pathologizes consensual non-monogamy. Despite monogamy being the preferred relationship style, rates of divorce and infidelity remain high, suggesting that monogamy is not only challenging to achieve, but unrealistic. The idea that two people meet and live happily ever after seems naïve and unreasonable.

Non-monogamy has become an important topic in recent years. In fact, non-monogamy has become so popular that the Netflix series *Explained* (2018) dedicates an entire episode to this topic, essentially deconstructing monogamy as a social construct and illustrating human nature to be non-monogamous. Approximately twenty percent of Americans have engaged in a consensually non-monogamous relationship during their lifetime (Moors et al., 2017; Conley et al., 2018; Carlström & Andersson, 2019), and the Journal of Sex Research notes that topics such as polyamory and non-monogamy have increased in Google searches over the last ten years (Weisman, 2020). Additionally, there are many recent social changes that have impacted monogamy. These changes include women joining the workforce, longer hours spent working, as well as decreased interdependence between partners as a result of greater gender equality (Lee & O'Sullivan, 2019). Lee and O'Sullivan (2019) also note more progressive attitudes with regard to

sexuality and alternate relationship structure. Women joining the workforce meant that women were no longer financially dependent on men, allowing for greater freedoms regarding intimate relationship style (Lee & O'Sullivan, 2019). As men and women spent increasingly more time at work or at the office, there was more interaction with members of the opposite sex (Lee & O'Sullivan, 2019). This was a break from the traditional model of married men who went to work with other men and typically interacted minimally with women outside of their relationship. As equality between genders became more balanced, women depended less on men, while greater comingling between genders at work allowed for increased opportunities for romantic relationship developments (Lee & O'Sullivan, 2019).

Background Information

Sexuality is linked to our identity and self-esteem (Gott, 2005; Frost, 1997) and intimate relationships are the response to our deepest emotional and physical needs (Bildtgaard & Oberg, 2017). Having multiple intimate partners who can fulfill these needs means that the responsibility of meeting a person's needs does not fall to only one person. Erber and Erber (2011) state that intimacy "provides the motivation to seek relationships of depth" and that intimacy and psychosocial adjustment are positively correlated (Erber & Erber, 2011). If intimacy and psychosocial adjustment are positively correlated, and having multiple partners leads to increased intimate relationships, could those who engage in CNM relationships rate higher in psychosocial adjustment? People with a high need for intimacy report higher degrees of trust and wellbeing than people with a low need for intimacy (Erber & Erber 2011).

Frequency of sex is associated with personal happiness, relationship satisfaction, as well as positive health outcomes (Fleckstein & Cox, 2015). Relationship stability is predicted by sexual and relationship satisfaction (Fleckstein & Cox, 2015). Dissatisfaction with frequency of

sex has proven to be a contributor to relationship unhappiness (Fleckstein & Cox, 2015). In a study conducted by Conley & Piemonte et al. (2018), CNM participants reported higher levels of sexual satisfaction than their monogamous counterparts, as well as higher rates of orgasm during their latest sexual encounter. These results indicate that relationship satisfaction, personal happiness, and positive health outcomes would be greater for CNM groups than for monogamous persons.

Secularization of Western culture means that relationships have shifted away from marriage and have become more open to reflect many different non-marital relationship structures (Bildtgaard & Oberg, 2017), including consensual non-monogamy. Marriage is no longer the gateway to sex or to intimate relationships (Blazer, 2011). This is especially important as divorce rates remain as high as fifty percent (Lodge & Umberson, 2012), and those who divorce do not always go on to re-marry, even if they do engage in intimate relationships.

My personal journey with non-monogamy started when my father had an extramarital affair when I was twenty-four years of age. My parents divorced a few years after the affair started and I was forced to re-examine my values and attitudes toward marriage, sex, and family. I was on vacation with my grandmother, strolling the promenades in France, and we were discussing life, learning, and experiences. We often discussed my parents' divorce, especially the causes and impact it has had on family dynamics and relationships. Prior to the affair, my relationship with both of my parents was strong. The affair, however, strained my relationship with my father and has caused such deep-rooted shame in my father that we barely share connection today. As my grandmother and I talked and strolled, I asked her if she believed that lifelong monogamy was attainable in today's day and age. My grandmother revealed that she did not believe monogamy was reasonable given the climate of instant gratification in the digitized

world and increased life expectancy. She believed there to be too many obstacles, distractions, and opportunity for non-monogamy.

Statement of the Issue/Problem

Monogamy is understood by the scientific community, and by society at large, as the natural state of intimate relationships (Willey, 2016; Drazenovich, 2015). Other theorists understand monogamy as a social construct that is valued and privileged over other relationship structures. Monogamy is rooted in oppression, from Christian monogamous scripture to social and economic structures that seek to profit from monogamy (Ruti & Cocking, 2015; Ryan & Jétha, 2010). The fact that approximately fifty percent of marriages end in divorce (Lodge & Umberson, 2012; Rampage, 2002) suggests that alternative relationship structures may be more desirable and beneficial for many. Despite alternative relationship structures becoming increasingly visible they are still pathologized and criticized by many, including therapists. Therapists must be aware of their own bias when working with CNM clients and must take action to undo the harm that has already been caused by therapists who pathologized CNM clients and encouraged them to adhere to heteronormative monogamous relationship structures. Therapists must be social crusaders, empowering clients and taking an active position of allyship.

People in intimate relationships are often attracted to people who are not their partner (Lee & O'Sullivan, 2019). When a person finds out that their partner is attracted to or spends time thinking about another person, it can cause distress within the relationship, as this is perceived as a threat to the boundaries of monogamy (Lee & O'Sullivan, 2019). This threat is often catastrophized as the security of the relationship is called into question. Instead of recognizing this phenomenon as natural, society perpetuates and legitimizes feelings of jealousy

and anger. Illusions of happiness that are assigned to monogamy hurt people and families when persons are not able to follow through on their commitment to a monogamous relationship. Infidelity and divorce cause such emotional distress for both the people within the relationship and for any children in those families. Perhaps it is time to redefine successful relationships in a way that support natural desires and families alike.

Therapy and the CNM Community.

The CNM community continues to struggle with being accepted by mainstream culture. The CNM community struggles in particular with finding support from the therapeutic community. The history of the relationship between the CNM community and the therapeutic community is marred in conflict. CNM clients seeking support in therapy were judged and shamed for their choices instead of supported, validated and acknowledged (Girard & Brownlee, 2015). Therapists of today must understand the monogamy bias, their relationship with monogamy, and how to support CNM clients. The field of “couple” and family therapy needs to learn more inclusive language to include non-traditional relationship structures so as not to transmit further stereotyping and oppression

Purpose of the Paper

This paper aims to provide the field of therapy with ways to effectively support CNM clients. By reviewing literature this paper will define monogamy and monogamy bias, and summarize information about CNM relationships and how therapists can successfully support these emerging relationship styles. This paper aims to create greater understanding of the impacts of monogamy bias and to provide therapists with tools to support CNM clients.

Thesis Statement

With rates of infidelity and divorce so high, consensual non-monogamy seems like an attractive alternative to monogamy and marriage. Monogamy is recognized as the ideal relationship standard to strive for, and despite these rates of divorce, infidelity, and low relationship satisfaction, we continue to privilege and prioritize monogamy. CNM relationships have increased in popularity in recent decades (Weisman, 2020; Chakraborty & Posner, 2018), and yet the history between the CNM and therapeutic communities is marred in conflict, and therapists are not provided with training or guidance in how to support CNM clients. With the prevalence of monogamy bias, a history of conflict between the CNM community and therapists, and little to now training on CNM relationships, how can therapists support CNM clients effectively?

Significance of this Research

Monogamy and marriage continue to be the desired and privileged relationship status in Western society. Monogamy and marriage, however, are marred with divorce and infidelity statistics that reflect different realities of relationship and commitment (Orion, 2018). My own parents' relationship ended in divorce. If, on average, twenty to fifty percent of marriages are marred by sexual infidelity (Buss, 2017) and fifty percent of marriages end in divorce, why is monogamy still considered the preferred relationship style? Additionally, even when both partners remain faithful to one another, it is likely that at some point during the relationship each partner has noticed themselves developing feelings of attraction to someone outside of the relationship (Lee & O'Sullivan, 2019). If this is the case, then why does society continue to force us to believe that our ultimate goal is to find "the one"? As self-esteem is linked to our sexuality

(Gott, 2005; Frost, 1997) and relationships, then those who are unable to find “the one” are essentially told that they are not worthy.

Implications.

The influence of monogamy is so pervasive and implicit that it can be difficult to recognize monogamy bias. This paper aims to unveil and make explicit the impacts of monogamy bias on therapy, and provide therapists with effective therapeutic interventions to support CNM clients. The therapeutic alliance is known to be the most important predictor of therapeutic success (Osborn & Stein, 2019; Murphy & Hutton, 2018). Therefore it is important that therapists supporting CNM clients understand their own relationship with monogamy and monogamy bias and are able to develop awareness in this field. Supporting CNM clients means confronting this bias and creating safety for CNM clients in the therapy room. This may be particularly challenging for therapists who value monogamy and whose lives and family values are centered on monogamist principles. When therapists become triggered, it can cause countertransference in therapy, leading therapists to pathologize or misunderstand the client’s presenting problems (Lange & Hill, 2017)

Outline of the Remainder of the Paper

The next chapter in this paper will examine the research and literature on the topics on monogamy and consensual non-monogamy, and the origins of each. Chapter 2 will explore definitions and terms as well as acquaint the reader with benefits of monogamy and CNM as well as the different types of each. The third chapter will discuss the theoretical orientations from which this paper is written, and how they apply to therapy with CNM clients. The fourth and most important chapter examines how to successfully engage CNM clients in therapy. This

chapter provides concrete suggestions for how to develop successful therapeutic interventions for CNM clients. The fifth chapter will summarize the information presented in this paper.

Chapter 2: Literature Review

Introduction

Definition of Terms

Queer.

The term “queer” is currently used as an umbrella term for persons who are not heterosexual and are not cisgender (Ziyad, 2018). Currently the term “queer”, which is defined in the Merriam-Webster (n.d.) dictionary as strange or odd, holds space for the exploration of different expressions of sexuality and gender (Ziyad, 2018). The term “queer” challenges binary views of gender and sexuality (Zosky, & Alberts, 2016). The term queer has a history of oppression, being used as a slur to reject or demean people who are not heteronormative (Ziyad, 2018). For some, the term “queer” continues to carry pain and shame (Ziyad, 2018). For others, the term has been reclaimed as a way of creating identity and community outside of heteronormative standards (Ziyad, 2018; Zosky, & Alberts, 2016). For the purposes of this paper, the term “queer” acknowledges the pain and shame associated with the historical use of the term is used in support of the LGBTQ+ community and their choice to reclaim this word.

Folx.

The term folx is a recent addition to the growing vocabulary of queer terms. A derivative of the term “folks”, folx has been adapted to create greater inclusion and equality. Folx being preferred over terms that refer to groups but have a predominantly masculine assumption, such as the term “guys”. Replacing the letters “k” and “s” with an “x” represents further dissociation from gender norms so prevalent in language. Similar to the term queer, the “x” represents the concepts of variability and fluidity (Peters, 2017), challenging assumptions of binary identities.

Relationship vs. Couple.

In this paper, the term “relationship” replaces the term “couple”. The term “couple” adheres to mono-heteronormative standards that exclude non-monogamous relationships, and this paper aims to facilitate the use of more inclusive language. The field of “couple” and family therapy are slowly adapting, referring to themselves as relationship and family therapists. This paper aims to support the movement to less restricting terms and to reject mono-heteronormative language.

Intersectionality.

The term intersectionality was coined by Kimberlé Crenshaw in 1989 and is part of the social justice movement focused on intersecting identities (Hopkins, 2017). Intersectionality acknowledges the ways that intersections of identity, such as race, gender, ability, socio-economic status, age, and sexuality are all impacted by systems of oppression (Crenshaw, 1994; Rice et al., 2019). Intersectionality critically examines forms of oppression and the compounding effects these systems have on the multiple identities located in one person (Crenshaw, 1994; Hopkins, 2017; Rice et al., 2019).

Compersion.

The term compersion is an important term in CNM language for therapists who work with non-monogamous clients to understand and be familiar with. Compersion refers to feelings of happiness or warmth at seeing one’s partner happy with another person (Benson, 2017; Kale, 2018, Lange & Hill, 2017). This could be happiness at seeing one’s partner engaged sexually or non-sexually (Benson, 2017; Lange & Hill, 2017).

Heteronormativity.

Heteronormativity is the privileging of heterosexual relationship (Meyer, 2017), whether implicit or explicit. Often this privileging happens implicitly, so that it becomes the “norm”

without even being discussed. This privileging devalues and shames those who do not meet this “norm”. The implicit belief that heterosexual relationship is “normal” and therefore the assumed relationship style erases other identities and relationship structures as valid and worthy (Nelson, 2015).

Mononormativity.

Mononormativity, similar to heteronormativity, is the privileging of monogamous relationship (Berry & Lezos, 2015). This happens through the assumption that monogamy is the typical and normal relationship style (Berry & Lezos, 2015). Relationship exclusivity is assumed to determine the value of a relationship, and non-monogamous relationships are really not that “serious” or important (Kean, 2017). This is especially reflected in the legal system, which does not recognize multiple concurrent marriages (Emens, 2004).

Consensual Non-Monogamy.

Consensual non-monogamy can be considered an umbrella term for any relationship structure that does not strictly follow rules of monogamy (Carlström & Andersson, 2019). Consensual non-monogamy refers to relationships where all partners involved have consented to extra-dyadic sexual and/or emotional relationships. The main aspect of this relationship style is that everyone involved is informed of the arrangement.

Essentialist vs. Constructionist.

Essentialist theorists posit that categories are predetermined and unchangeable (Rhodes, Leslie, Saunders, & Dunham, 2018). Essentialists believe that there are innate aspects of human nature that are stable across time, location, and culture (Pitagora, 2016). Alternatively, constructionists, argue that a person’s true essence is moulded by their experience, and is constructed rather than predetermined (Pitagora, 2016). Constructionists understand relationship

structure and sexual and gender identities as constructed by socio-cultural forces (Pitagora, 2016). These are important distinctions to be aware of when working with CNM clients in Western society, as their choices and identities go against the current of socialized relationship style and are considered “unnatural” in today’s climate.

Background Information

“Intimate relationships are among the most important relationships of our lives.”
(Bildtgard & Oberg, 2017).

Sexuality and relationship are located through time and culture (Cook et al., 2017; Bairstow, 2017). Relationships are often defined as a general set of rules that are agreed upon by the partners involved (Moors et al. 2017). In twenty-first century Western culture, romantic relationships are often assumed to be monogamous. Monogamous relationships are typically defined as relationships wherein each person only has one intimate or sexual partner, that is, romance or intimacy is experienced only within the dyadic partnership (Moors et al. 2017). The origins of monogamy can be traced to religious and legal policy of the nineteenth century (Willey, 2106). Monogamy is supported by theories of science and cultural norms and capitalism (Willey, 2016). Dominant discourse dictates that monogamous relationships are the ideal standard for which to aim (Jordan, 2018; Willey, 2016). This creates stigma around relationships that do not adhere to heteronormative monogamy and illegitimizes CNM relationships (Constantinides et al., 2019; Hudak & Giammattei, 2010). That is, in Western society, coupledness is not only the standard, but also the expectation, and couples that are together are expected to be heterosexual, homogenous couples (Willey, 2016;). Therapists who aim to support consensually non-monogamous relationships struggle due to the lack of literature on the subject (Bairstow, 2017). The field of therapy and counselling continues to use language

that is oppressive to those who do not adhere to heteronormative standards and poses risk, danger and insecurity to CNM folks seeking therapeutic support (Hudak & Giammattei, 2010; Constantinides et al. 2019; Orion, 2018).

Consensual non-monogamy can be considered an umbrella term for any relationship structure that does not strictly follow rules of monogamy (Carlström & Andersson, 2019). “Consensual non-monogamy (CNM) means that all partners in a relationship consent to expanded monogamy or polyamory” (Orion, 2018). Consensual non-monogamy is a type of relationship wherein partners consent to having multiple intimate or sexual partners (Moors et al. 2017). Consensual non-monogamy has many forms that allow for relationship outside of the central dyad. Most consensual non-monogamous partnerships have one primary relationship and several other secondary relationships. The key feature of consensual non-monogamous relationship is that each of the partners consents to and are aware of the non-monogamous partnership (Moors et al. 2017; Bairstow, 2017).

There are varying reports about the general occurrence of CNM. Approximately twenty percent of Americans have engaged in a consensually non-monogamous relationship during their lifetime (Moors et al., 2017; Conley et al., 2018; Carlström & Andersson, 2019). In addition to this, Moors et al. (2017), report that over five percent of Americans were currently engaged in a consensual non-monogamous relationship at the time of their study. While reporting of CNM relationship is more prevalent among members of the Queer community, studies have identified that approximately 20-25% of heterosexual relationships had some form of non-monogamous clause in their marriage (Girard & Brownlee, 2015). According to the Janus Report released in 1993, information collected revealed that approximately 21% of people surveyed were involved in some form of open marriage (Girard & Brownlee, 2015; Janus & Janus, 1993).

The reporting of consensual non-monogamy is affected by gender, with men and members of the Queer community reporting higher levels of previous or current engagement in consensual non-monogamous relationships (Moors et al. 2017; Girard & Brownlee, 2015). Despite the fairly high occurrence of consensual non-monogamy, there is still a lot of stigma surrounding those who engage in CNM. For example, as Moors et al. (2017) highlight, people who engage in CNM are viewed as “promiscuous and hedonistic”, and as unable to be satisfied by their relationship with their primary partners. Orion (2108) uses the terms “neurotic, unsatisfied or otherwise mentally ill” to describe society’s beliefs of persons engaged in CNM.

Non-consensual non-monogamy is typically referred to as infidelity, where a partner has an extra-relationship affair that the partners have not consented to beforehand (Moors et al. 2017). Approximately one third of monogamous partnerships are plagued by infidelity (McCoy et al., 2015). Statistics on marriage reveal that divorce rates are nearly fifty percent (Rampage, 2002) and that many of these relationships no longer adhere to traditional structures (Rampage, 2002). For example, young couples often engage in coitus or live together before marriage and older couples and members of the Queer community cohabit but do not marry (Rampage 2002). Increasingly, there are a variety of dyads who consider themselves a “couple” yet reject dominant discourse of privileging monogamous, heteronormative relationship.

Types of Non-Monogamy.

As described in an article by Mogilski et al. (2017), there are several forms of consensually non-monogamous relationships. Types of consensual non-monogamy include polyamorous relationships, open relationships, and relationships in which partners engage in “swinging” (Mogilski, et al. 2017; Richards & Barker, 2013; Zimmerman, 2012). In addition to

these common types of non-monogamy are partnered non-monogamy, monogamous/non-monogamous partnership, solo polyamory as well as polyfidelity (Zimmerman, 2012)

Polyamory.

The term “poly” means many and amoury means love (Badiee, 2017), meaning to have love for multiple people. Polyamory is typically associated with responsible non-monogamy (Badiee, 2017) and is therefore not used to describe having multiple casual sexual partners. The most common structure of polyamory is the primary/secondary model, where one partnership is understood to be the main relationship and additional relationships are centered on the main relationship (Mogilski, et al. 2017). The second most common CMN relationship model is the V-structure, where one partner is equally involved with two partners. Other CNM structures include triads, quads, and more expansive poly relationships (Mogilski, et al. 2017). In addition, there are me-poly and we-poly relationship structures (Benson, 2017). Me-poly refers to CNM relationships where partners have extra-dyadic relationships where the primary partner is not involved (Benson, 2017). We-poly relationships are more like a community of partners who all interact and are engaged with one another, whether sexually or platonically (Benson, 2017). This structure closely resembles swinging, however, here the difference is that some of the relationships may not be sexual in nature.

Open Relationships.

In open relationships partners agree on the boundaries of sexual interactions outside of the relationship, and therefore sexual interactions outside of the relationship are not considered as infidelity (Zimmerman, 2012). This relationship structure is typically represented by a paired partnership that maintains emotional intimacy and also seeks extra-relationship sexual experiences (Levine et al., 2018).

Swinging.

The concept of “swinging” is considered a lifestyle choice (Zimmerman, 2012) and is focused around sexual encounters and does not typically include the emotional intimacy involved in other types of CNM relationship (Balzarini et al., 2017; Lange & Hill, 2017). Swinging is considered more casual than other non-monogamous structures and typically after swinging occurs the partners return home together (Lange & Hill, 2017).

History of CNM.

Non-monogamy may seem a new and alternative relationship style, however, non-monogamy has been present in many cultures throughout history (Ryan & Jethá, 2010). While there are many systems that try to demonize non-monogamy and prove that non-monogamy is unnatural, there is much evidence to the contrary. In the animal kingdom there are very few examples of monogamy (Chakraborty & Purser, 2018, Ryan & Jethá, 2010), therefore it is not surprising that as many as twenty percent of North Americans have participated in CNM at some point in their lives (Moors et al., 2017; Conley et al., 2018; Carlström & Andersson, 2019). In fact, only three percent of mammals are sexually exclusive and there are no primates that practice sexual exclusivity (Ryan & Jethá, 2010). Even Darwin himself noted that “communal marriage” was common in previous eras of human history (Ryan & Jethá, 2010).

Sexuality is often understood from two opposing points of view, those who understand sexuality from an essentialist point of view and those who understand sexuality as a construct of culture and dominant discourse (Lewis, 2005). The essentialist camp posits that sexuality is innate and constant across time and location (Lewis, 2005). The constructionist camp posits that sexuality exists within context and is the product of social construct (Lewis, 2005). To illustrate this point, David Halperin compared the homosexual relationship styles of various cultures:

Does the pederast, the classical Greek adult, married male who periodically enjoys sexually penetrating a male adolescent, share the same sexuality with the Native American (Indian) adult male who from childhood has taken on male aspects of a woman and is regularly penetrated by the adult male to whom he has been married in a public and socially sanctioned ceremony? Does the latter share the same sexuality with the New Guinea tribesman who from the ages of eight to fifteen has been orally inseminated on a daily basis by older youths and who, after years of orally inseminating his juniors, will be married to an adult woman and have children of his own? Do any of these three persons share the same sexuality with the modern homosexual? (cited in Sullivan, 2003)

As the quote by Halperin (Sullivan, 2003) highlights, sexuality and the expression thereof exist on a spectrum and within cultural context. Without understanding the context of sexuality and its expression, we cannot truly understand our clients' sexuality and relationship choices.

In Western culture CNM has its roots in queer culture, as gay men were initially the only visible group engaging in CNM relationship structure. To date, sexual minorities, those whose sexual orientation or gender identity differ from assumed characteristics of the majority of the population, continue to report higher levels of non-monogamy than their mono-heteronormative peers (Carlström & Andersson, 2019). Research on CNM relationships did not appear until the 1990's, and has been growing slowly since then (Carlström & Andersson, 2019).

Orion (2018) claims that "monogamy is not instinctive for humans" and despite monogamy being the cultural norm, having multiple sexual partners is natural in terms of survival (Orion, 2018). According to Orion (2018), humans closely resemble most non-monogamous species. Again, it is noted that only three percent of mammals engage in long-term monogamy (Orion,

2018), demonstrating that this may not be the most “natural” or even ideal form of relationship. It seems strange that systems of power attempt to promote the notion monogamy in natural in the face of so much evidence that mammals, and more specifically primates, are largely non-monogamous (Orion, 2018, Ryan & Jethá, 2010).

Attitudes Toward Sex.

There have been significant cultural shifts in attitude toward sexual activity in recent decades (Blazer, 2011; Moss, 2016). Attitudes toward sexuality and relationships influences the acceptability of certain practices and informs social norms (Visser et al., 2014). Heteronormative relationships centered on marriage were previously the gateway to sex and sexual activity, and this has been replaced by casual sexual relationships, known as hookup culture (Moss, 2016). These sexual encounters are intended to be brief, or for one night only, and carry no expectation of further commitment (Monto & Carey, 2014). Additionally, men and sexual minorities report greater interest and willingness to engage in CNM relationships (Sizemore & Olmstead, 2018).

Benefits of CNM.

CNM is allegedly a beneficial relationship structure, and now these claims are supported by research. In previous years CNM relationships have been characterized as hedonistic (Moors et al., 2017), the assumption being that couples engaged in CNM relationships are not able to be satisfied within their primary relationship. Research shows that CNM couples report equal or higher levels of satisfaction compared to their monogamous counterparts (Seguin et. al, 2017). There are many reasons that a couple may choose a CNM relationship style over the traditional model of monogamy. In their article published in 2017, Moors et al. describe three benefits of CMN relationships; need fulfillment, variety of non-sexual activities, and personal growth and development. The benefits that Moors et al. (2017) identify are benefits that did not materialize

in historical research conducted on monogamous relationships. The most commonly reported benefit of CNM was need fulfillment. Needs are the core elements of the human condition that contribute to physical and psychological wellness. Interpersonal needs, ones that might be fulfilled through relationship, include “affiliation, autonomy, dominance, nurturance, play, and sex” (Le & Farrell, 2009). Studies report that people engaged in CNM relationships feel that this model allows for greater need fulfillment than monogamous relationships (Moors et al., 2017). People engaged in CNM are able disperse the needs they have between several partners (Moors et al., 2017), reducing the risk that having only one partner might not be able to meet all of their needs, leaving someone feeling unfulfilled. Additionally, needs being unfulfilled by a partner is associated with both infidelity as well as relationship termination (Le & Farrell, 2009).

Need Fulfillment.

Need fulfillment is of particular note because Western cultural and ideological norms promote the notion that a singular intimate, romantic partner should meet all one’s needs and satisfy all expectations (Moors et al., 2017; Ruti & Cocking, 2015). CNM rejects this concept and instead promotes the idea that multiple needs can be met by multiple partners without compromising our love and affection per partner. A good way to conceptualize this is to imagine the love we have for our parents. Loving one parent does not compromise the love one has for one’s other parent or parents.

Abraham Maslow developed a framework to understand human motivations (Bayne, 2015). Maslow developed this framework as a response to what he considered a gap in psychological theories attempting to understand human behaviour (Bayne, 2015). Maslow’s needs are divided into five categories arranged in pyramid format, the most basic needs at the bottom and more complex needs at the top (Atkins & Harmon, 2016; Bayne, 2015). The most

basic needs are related to our biology, such as air, water, food and shelter (Atkins & Harmon, 2016; Bayne, 2015). The next set of needs involves safety, stability and security (Atkins & Harmon, 2016; Bayne, 2015). The third set of needs relates to our social needs for human connection (Atkins & Harmon, 2016; Bayne, 2015). The third category of needs includes need for love and belonging (Atkins & Harmon, 2016; Bayne, 2015), and intimate relationships are our response to our deepest emotional needs (Bildtgard & Oberg, 2017). The fourth set of needs is related our self-esteem (Atkins & Harmon, 2016; Bayne, 2015), and as Gott (2005) notes, sexuality is linked to our identity and self-esteem (Gott, 2005; Frost, 1997). The final category of Maslow's hierarchy of needs is self-actualization, for example feeling accomplished as though one is meeting one's potential (Atkins & Harmon, 2016; Bayne, 2015).

As Weeks (2005) describes, the concept of interdependence, borrowed from the theory of interaction (Strong and Claiborn, 1982), is the degree to which couples depend on one another and the extent to which each partner believes that the other can fulfill their needs (Weeks, 2005). Couples low on interdependence are at higher risk for affairs because they believe that their needs cannot be met within the relationship (Strong & Claiborn, 1982; McCoy, Stinson, Ross, Hjelmsted, 2015).

Non-sexual Activities.

The second noted benefit of CNM is the variety of non-sexual activities (Moors et al., 2017). In fact, non-sexual activities were reported as a benefit of CNM more frequently than sexually related benefits (Moors et al., 2017). Examples of these types of non-sexual benefits include "opportunities for social interactions, new experiences, fun" (Moors et al., 2017) as well as community or kinship based benefits such as support with household chores or daily life activities (McCoy et al., 2013). Non-sexual touch is also a reported benefit of CNM which

contributes to feelings of belongingness and contributes to need fulfillment. Non-sexual touching includes hugging, hand holding, and other physical connected used to denote warmth and support to one another (Moors et al., 2017).

Personal Growth.

The third most commonly reported benefit of CNM relationships is personal growth and development (Moors et al., 2017). CNM couples experience growth in the areas of autonomy, communication, and trust (Moors et al., 2017). In addition, people engaged in CNM are consistently resisting institutional monogamy and expanding their understandings of gender and sex (Moors et al., 2017). Outside of the boundaries of monogamous oppression, areas of emotional and sexual growth amongst CNM participants is able to develop more liberally. CNM partners are able to address issues of trust and jealousy and are better practiced at communicating their needs as well as setting boundaries. Being able to free the mind and soul from oppressive structures allows for the exploration and development of the self and greater freedom. CNM clients additionally benefit from sharing physical, emotional, and financial resources (Moors et al., 2017). This is true for both cohabitating and non-cohabitating CNM relationships (Moors et al., 2017). The duties of daily life are shared among more members, like members of a family, for example, house-cleaning, cooking meals, child-minding or pet-sitting (Fox, 2013).

Origins of Monogamy.

Monogamy is rooted in Christian scripture and the economic forces of capitalism (Willey 2016; Ruti & Cocking, 2015) and there are many psychologists, scientists, and historians who understand monogamy to be a current social construct. There is much evidence that the human species has previously been non-monogamous and that human's natural sexual desire is to be non-monogamous (Ryan & Jethá, 2010; Chakraborty & Posner, 2018). In fact, non-monogamy

was historically necessary in order for genetic diversity (Ryan & Jethá, 2010). Ryan & Jethá (2010) refer to our ability to maintain monogamous life choices as “willpower fortified by plenty of guilt, fear, shame, and mutilation of body and soul.” Monogamy was born out of the desire from colonial forces to separate themselves from the peoples they conquered, generating ideologies of “us” versus “them” (Fuechtner, Haynes & Jones, 2017; Willey, 2016). During this time there was great emphasis on distancing European colonialists from the animal world and from other races (Fuechtner, Haynes & Jones, 2017).

Monogamist culture has a history of oppressing non-monogamous relationships as well as relationships that use sex for pleasure instead of procreation. The term sodomy as used in the Bible was used not only to describe anal penetration, as it is understood today, but includes many forms of sex, including sex that used contraceptive methods (Sullivan, 2003). That is, sex that was not simply for the purpose of conception and procreation was deemed unnatural and sinful (Sullivan, 2003). Up until the late 1800’s, in Britain and parts of Northern Europe the penalty was death for sexual acts that were considered “unnatural” (Sullivan, 2003). Attitudes toward sex and sexual activity set the standard for social norms and inform policy-making (Visser et al., 2014), such as death penalty as a consequence for “unnatural” sexual acts.

Sexuality eventually became the subject of scientific study and theories were developed in order to naturalize monogamy (Willey, 2016). This was essential for the survival of monogamy, as it shifted monogamy from a Christian principle to a political one, secularizing principles of monogamy (Fuechtner, Haynes & Jones, 2017). It was Darwin’s theory of evolution that initiate the legitimization monogamous sexuality and mating strategies (Willey, 2016; Ryan & Jethá, 2010). Darwin’s theory of evolution provided the basis for determining monogamy as “natural” and anything other than monogamy as hedonistic, evil, and unnatural (Moors et al.,

2017; Willey, 2016; Ryan & Jetha, 2010). Despite naturalizing sexuality and monogamous mating strategies, Darwin conceded that there was much evidence that “communal marriage” was prominent, universal even, in previous periods of human history (Ryan & Jetha, 2010).

Western society defines strong and healthy relationships as ones that are “monogamous, permanent and stable” (Ruti & Cocking, 2015). Ruti and Cocking (2015) identify that individuals who are without romantic relationship are viewed as lacking or incomplete. Society dictates that happiness is the ultimate goal and one of the avenues to achieving happiness is maintaining long-term monogamous relationships (Ruti & Cocking, 2015). These principles strongly influence how society idolizes, values, and privileges monogamous relationships over non-monogamous relationships.

Economics, however, is the other force driving the idolization of monogamy. Henry Ford was one of the first to recognize the socioeconomic benefits of monogamy (Ruti & Cocking, 2015) and to capitalize on monogamy. The men working Henry Ford’s assembly lines were more reliable and productive if they were in stable long-term relationships (Ruti & Cocking, 2015). Henry Ford made note of this and made proof of marital status a condition for earning higher wages (Ruti & Cocking, 2015). In this way Ford privileged monogamous relationships over non-monogamous relationships, literally creating a wage gap between those who chose to live monogamously over those who did not or could not.

Types of Monogamy.

Western culture currently views monogamy not only as the norm but also as the most desirable and appropriate style of long-term relationship (Conley, Ziegler, Moors, Matsick & Valentine, 2013; Orion, 2018). Monogamy refers to a relationship where each partner agrees to being mutually exclusive sexually and romantically with each other (Conley, Ziegler, Moors,

Matsick & Valentine, 2013), however, within this definition there appears to be several styles of monogamous relationship (Conley, Ziegler, Moors, Matsick & Valentine, 2013). Serial monogamy tends to be the most common form of monogamy, wherein a person has only one partner at a time, but may have several partners across their lifespan (Conley, Ziegler, Moors, Matsick & Valentine, 2013). Lifelong monogamy refers to partners who have only ever had a sexual relationship with each, and the third type of monogamy refers to those who only have one sexual partner at a time (Conley, Ziegler, Moors, Matsick & Valentine, 2013).

Benefits of Monogamy.

In 2013 Conley, Moors, Matsick and Ziegler (2013) published an article that outlined the perceived benefits of monogamy. Participants were asked to answer the question “What are the benefits of monogamy?” (Conley, Moors, Matsick and Ziegler, 2013). The research question was posed in this way to allow participants to determine their answers without being guided to specific themes. The study identified eight themes reported by participants (Conley, Moors, Matsick and Ziegler, 2013). The themes reported by the participants are commitment, health, trust, meaningfulness, passion, sex benefits, morality, and family benefits (Conley, Moors, Matsick and Ziegler, 2013). Within the theme of commitment were reported benefits such as emotional security, dependability, ease of relationship and exclusivity (Conley, Moors, Matsick and Ziegler, 2013). The theme of health related to protective factors such as reduced risk of contracting sexually transmitted diseases, not having to use a condom, and reduced risk of physical violence (Conley, Moors, Matsick and Ziegler, 2013). Interestingly, twelve percent of respondents listed morality, including higher moral standards and values, as a benefit of monogamy (Conley, Moors, Matsick and Ziegler, 2013). This finding is particularly salient as it highlights the superiority and condescending attitudes that monogamous people may have

towards CNM relationships. CNM relationships continue to come under scrutiny by those who do not practice CNM, and as Fuechtner, Haynes and Jones (2017) note, many people believe that “monogamy is what separates us from them.” Fuechtner, Haynes and Jones (2017) go on to note monogamy as a Christian ideal that holds polygamy, or any deviation from monogamy, as threatening.

Arguably the most noteworthy benefit of monogamy is the privilege that is entangled with it. There is an acceptance of long-term, stable, and monogamous relationship that is not reflected in other relationship structures. Harmful and oppressive language, policy, attitudes, norms, and bias define people and relationships that do not adhere to monogamist principles, thus the need for a shift in couple and family therapy.

As Sara Ahmed (2010) describes in *The Promise of Happiness*, marriage or long-term, stable, monogamous relationships are the pathway to happiness. Ahmed’s (2010) critique of the pathway to happiness challenges the assumption that happiness is derived from meeting socio-cultural expectations (Ahmed, 2010). Ahmed (2010) comments on Western culture’s obsession with finding “the one” in order to be happy, and the assumption that those who are not spending a considerable amount of time searching for someone to spend their lives with are deemed “other” or lonely (Ahmed, 2010).

Summary

All of this information is presented to help therapists situate relationship styles and monogamy bias in order to support CNM clients more fully. It is important for therapists to know that monogamy is a privileged relationship style and that it is a relationship style that does not suit everyone. Monogamist culture has a history of oppressing those who do not observe its

principles and the therapeutic community shares this history by having pathologized and oppressed clients in the therapy room (Barker, 2011).

While there is ongoing debate about the “naturalness” of both monogamy and non-monogamy, it is important that therapists recognize and respect all forms of relationship structure, regardless of their own beliefs. There are noted benefits to both monogamous and non-monogamous relationships (Conley & Moors et al., 2013; Finn et al., 2012). Benefits of CNM include increased relationship satisfaction, need fulfillment, non-sexual activities, and personal growth and development (Moors et al., 2017; Seguin et. al, 2017).

There are many types of CNM relationships structures, including polymamory, open relationships, and partners who consider themselves swingers. In addition to these relationship types are partnered non-monogamous relationships, monogamous/non-monogamous partnerships, solo polyamory and polyfidelity (Mogilski, et al. 2017; Richards & Barker, 2013; Zimmerman, 2012). While we are socialized to know and understand the language associated with monogamy, it is important that therapists are equally familiar with terms used by the CNM community, including the types of relationship structures listed as well novel terms such as compersion (Benson, 2017; Kale, 2018). This demonstrates a willingness to engage with and support CNM clients and CNM culture. As attitudes toward sex and sexual activity become more secular and more progressive, attitudes toward relationship style are also affected, and the therapeutic community needs to be aware of these shifts in order to support clients effectively.

Chapter 3: Theoretical Orientations

Introduction

It is important to note the different ways in which monogamy is understood. Feminism and queer theory understand monogamy as a cultural construct and norm that is perceived as the desired relationship standard to achieve, while the study of monogamy in the scientific community is understood as a mating strategy (Willey, 2016; Drazenovich, 2015). The fact that monogamy is understood in the scientific community as a mating strategy validates society's perception that monogamy is the "normal" or "natural" way of being together (Willey, 2016; Drazenovich, 2015). The monogamy bias influences the way we study relationships, and relationships are influenced by the way we study monogamy. Thus, it is necessary to examine the theories and approaches used with clients, particularly clients who do not fit into the "couple" model.

Binary Thinking.

Scientific study often reduces components or theories to be as simple and measurable as possible, and while this creates scientific "accuracy", it eliminates and makes invisible concepts that cannot be quantified (Willey, 2016). The scientific community, therefore, often reduces concepts to be as measurable and simple as possible, creating binary definitions of identity. Forcing people to conform to binary identities erases from view the identities of people who do not meet the criteria for the identities that sit on either end of the spectrum, such male/female or heterosexual/homosexual.

Identity and Relationship Classification.

Identity exists on a continuum, as do relationship structures. Someone who is currently involved in a monogamous relationship may still identify with the CNM community, may have enjoyed

CNM relationships previously, and may do so again in future. Feminist and queer theory aims to reimagine concepts of objectivity, as well as definitions of identity, understanding that knowledge is located across time and culture, and therefore knowledge is directly influenced by cultural norms (Willey, 2016).

Early theories and approaches of “couple therapy”, as it is often still referred to today, encouraged clients to adhere to dominant discourse, gender and marital roles, and provided heteronormative sex and parenting support (Gurman, 2010). This would have been extremely damaging for CNM clients seeking support from the therapeutic community, as CNM clients would have been pathologized and directly instructed to reject their chosen relationship style. Therapists must understand that this history of oppression taints the CNM community’s view of therapy and the type of support CNM clients might receive.

Feminist Theory

Feminism is a political and social movement focused on social justice and equality, typically understood to have progressed in “waves” characterized by different goals and objectives (Bell, et al., 2019). Early feminism, or first wave feminism, was focused on basic human rights for the sexes, such as the right to education, to control their own bodies and the right to vote or own property (Bell et al., 2019; Frisby, Maguire, & Reid, 2009). Since then, however, feminism has undergone substantial transformation. Initially feminism was focused on the experience of the Western, Caucasian, middle-class, heterosexual woman and their liberation from an oppressive patriarchal system, however, feminism has since expanded to incorporate global, social, historical and cultural contexts (Bell et al., 2019; Frisby, Maguire, & Reid, 2009). Feminism examines gender inequality and now champions equality for all, including men, members of the queer community, people of low socio-economic standing, people of different

ethnicities, and focuses on their liberation from oppressive, patriarchal regimes (Bell et al., 2019; Adichie, 2012; Jagose, 2009). Current feminism critically examines narratives that determined heterosexual males to be the most worthy and advanced human form (Frisby, Maguire, & Reid, 2009). Prior to queer theory, feminism was the primary oppositional force to heteronormative identity and regime (Jagose, 2009).

The rise of third wave feminism brought with it a focus on identity (Bell et al., 2019), challenging assumptions of essentialism, that being male or female required specific traits or characteristics, and rejects notions of superiority based solely on gender (Jagose, 2009). Third wave feminism critiques privilege and the structures that privilege specific identities over others (Rice et al., 2019), and focuses on the sexual liberation (Srivastava, Chaudhury, Bhat, & Sahu, 2017). Feminism and queer theory both examine privilege and intersectionality, and the way the layers of identity impact a person's experience (Rice et al., 2019). Third wave feminism champions ambiguity and challenges binary thought patterns and identities (Aune & Holyoak, 2018; Fixmer, & Wood, 2005).

In addition to the contributions feminism has made to the areas of gender equality, feminism challenges monogamy and marriage because of the ways in which institutionalized marriage denies the best interests of anyone who is not a heterosexual male (Wandrei, 2019). Non-monogamy is understood as a threat to the institution of marriage, which benefits mononormative relationships and capitalist interests (Wandrei, 2019).

Queer Theory

Attitudes in therapy and counselling toward non-monogamy are closely tied to attitudes of the LGBTQ+ community. In fact, only when homosexuality was no longer considered a disorder and was removed from the Diagnostic and Statistical Manual of Mental Disorders was

there a shift in the therapeutic literature regarding CNM relationships (Finn et al., 2012). Much of the early research on CNM relationships was initially conducted with homosexual men, as they were the most visible group who were openly engaged in CNM. While there is much discussion on the relevance of queer theory to non-monogamous relationship structures it is important to note that many queer theorists hypothesize that queer theory is dwindling in value (Jagose, 2009). According to Jagose (2009), there are many critics who claim that queer theory is an extension of heteronormative binaries and continues to promote exclusion, bias, and standards that many folx do not meet.

Queer theory critically examines sexuality and the impact of power and discourse on sexuality and sexual practices. Queer theory understands marriage and monogamy as oppressive political structures that seek to control the way in which intimacy is expressed (Ruti, 2017). By normalizing monogamy and marriage society has privileged heterosexual monogamous couples and has created an otherness around those who do not subscribe to this relationship structure (Ruti, 2017). In Western culture, Queer culture has been characterized by and “organized around promiscuous, anonymous, and fleeting sexual encounters” (Ruti, 2017).

Queer theory is a lens through which to view cultural norms and dominant discourse that challenges fixed or assumed identities and standards (Jordan, 2018; Constantinides et al. 2019). Queer theory offers an alternative perspective to the dominant heteronormative binary bias so prevalent in Western culture (Constantinides et al 2019). Similar to Foucault, whose theories examine power and knowledge and how these are used together to construct identities control the masses, queer theory examines dominant discourse and narratives and challenges the definitions promoted with binary thinking that shape societal norms (Drazenovich, 2015; Green, 2010).

Queer theory acknowledges power dynamics and systems of oppression and then goes on to name them these systems and confront them (Constantinides et al. 2019).

Western society's obsession with binary identities has created a culture that focuses on right versus wrong, normal versus abnormal (Jordan, 2018; Drazenovich, 2015). This creates an atmosphere of "us versus them" and focuses on differences instead of similarities (Constantinides et al. 2019). Queer theory understands that identity and relationship structure are constructions that have been shaped by political, social, familial, and religious institutions (Jordan, 2018), and therefore rejects assumed hierarchies and the privileging of certain groups over others. There is much evidence that sexual identity and relationship structure vary across time and culture. For example, in Islam, a harem refers to the part of a household where a man's wives and concubines all live together (Cartwright-Jones, 2013), which demonstrates how monogamy is not the preferred or assumed relationship style.

Of particular relevance is how relationship is portrayed in media and taught in classroom education. Despite increased visibility of queer folk on television and in schools, most sex and relationship education continues to focus on heteronormative sex and relationship structure (Drazenovich, 2015). Heteronormative education does not provide information for folk who do not fit those models (Drazenovich, 2015). While we pretend to accept queer culture, our culture clearly communicates how, instead, we are simply tolerating it. Dominant discourse continues to prioritize the heterosexual male as the most productive and valuable member of society in many ways, and folk with other identities are less important, less valuable, and less worthy (Drazenovich, 2015). Queer theory then, is an instrument for normalizing "fringe" identities through exposing the harmful binaries and narratives of dominant discourse (Drazenovich, 2015) and allowing other identities to become visible. By normalizing these identities and rejecting

binaries, queer theory invites CNM to mainstream culture and normalizes variation in relationship styles.

Attachment Theory

Intimate relationships often have the greatest impact on our ability to moderate our affective responses, therefore attachment theory is greatly relevant to CNM relationships. While affect regulation is important in all relationships, CNM structures are often managing multiple concurrent intimate relationships. Securely attached individuals tend to “maintain and enhance relationship quality and a partner’s welfare, overcome relational obstacles, restore emotional equanimity and relationship stability in times of need, and encourage a partner’s personal development” (Mikulincer & Shaver, 2005).

Attachment theory, developed by John Bowlby and Mary Ainsworth, suggests that infant-caregiver interactions form the foundation of the relationship with the self and with others (Schröder et al., 2019; Boyd, Bee, & Johnson, 2009) and is often used to understand intimate relationships of adults (Barbaro et al., 2016). There are four different attachment styles; secure attachment, avoidant attachment, ambivalent, and disorganized/disoriented attachment (Boyd, Bee, & Johnson, 2009). Emotional availability and contingent responsiveness of the caregiver lead to secure attachment (Boyd, Bee, & Johnson, 2009). Poor attunement and caregiver responsiveness tend to predict insecure attachment styles, such as avoidant, ambivalent, or disorganized attachment (Boyd, Bee, & Johnson, 2009). Attachment style can change over time, especially if a major disruptive event occurs in a child’s life, however, attachment style tends to be fairly stable over time (Boyd, Bee, & Johnson, 2009).

Attachment style in adults reflects the type of attachment formed in infancy and is related to adult intimate styles (Barbaro et al., 2016). Attachment affects the ways in which people

respond to distressing situations within relationships. Anxiously attached individuals are characterized by an overdependence on their partner for stability and reassurance (Barbaro et al., 2016). Anxiously attached persons are sensitive to rejection and fear abandonment from their partner (Barbaro, et al., 2016). It is important to remember that these clients are not being “oversensitive,” their nervous systems are responding to attachment trauma experienced in infancy.

Avoidant attachment style in adults results in persons rejecting and denying intimacy, whether emotional or sexual (Barbaro, et al., 2016) Again, it is necessary for therapists to help clients understand the avoidant cycles and to help them shift this pattern. Insecure attachment styles, such as anxious and avoidant are related to negative internal models of self (Schmitt, 2005).

These patterns can be exceptionally difficult when anxiously attached and avoidant attached partners are engaged in intimate relationship. While one partner is seeking intimacy the other is avoiding intimacy. This of course, is complicated further if there are multiple concurrent partners in the relationship. In one study completed by Dumas et al. (2008), attachment style was used to assess for risk factors of intimate partner violence. Their study concluded that females with strong attachment anxiety who were partnered with males with strong attachment avoidance were more likely to experience intimate partner violence (Dumas et al., 2008),

Attachment style affects affect regulation (Mikulincer & Shaver, 2005). In their study, Moutsiana et al. (2014) conclude that attachment, along with quality of early environment, shape the neural networks used in emotion regulation. Affect regulation influences depression, interpersonal problems, dysfunctional attitudes, self-criticism, neediness and self-esteem (Watson et al., 2019). The study conducted by Watson et al. (2019) demonstrates that client

perception of high levels of therapist empathy predicts changes in affect regulation in clients, and this is particularly true for clients who are anxiously attached (Watson et al., 2019). When clients believe their therapists to be genuinely empathic, this facilitates self-awareness, symbolization and affect regulation in clients (Watson et al., 2019). Increased affect regulation capacity has been shown to be related to a decrease in depressive symptoms, dysfunctional attitudes, fewer feelings of neediness and an increase in self-esteem (Watson et al., 2019).

Insecure attachment styles in infancy lead to insecure attachment in romantic relationship (Schmitt, 2005). The first type of insecure romantic attachment is “fearful” (Schmitt, 2005). Individuals who display fearful attachment style view themselves as well as others negatively and find it difficult to trust (Schmitt, 2005). The second type of insecure attachment found in adult romantic relationships is “preoccupied” (Schmitt, 2005). Those who have preoccupied attachment style view themselves negatively but view others positively. Persons with preoccupied attachment style have low self-esteem and are low in emotional stability, however, they do not find it difficult to trust others (Schmitt, 2005). The third type of attachment style is labeled “dismissive” (Schmitt, 2005). Dismissive attachment style is characterized by a difficulty to trust others and low sociability but do not suffer from low self-esteem or emotional stability (Schmitt, 2005).

Because insecure attachment is related to personality traits such as low self-esteem, interpersonal distrust, and emotional instability (Schmitt, 2005), it is important to support clients in understanding these patterns in their relationships. It is important to remember that in infancy, developing insecure attachment was adaptive in that it protected the infant and helped to have their needs met. In adulthood, while the attachment style is similar to the one developed in infancy, it is no longer serving the same purpose or having the same positive protective factors. It

is important to share this knowledge with clients and to help them to shift these behaviours in order to support them in their relationship.

Emotionally Focused Therapy

Initially labeled “couple therapy”, emotionally focused therapy is devoted to supporting intimate relationships reducing discord and distress within the relationship(s) (Gurman, 2010). Emotionally focused therapy (EFT) is a comprehensive approach rooted in attachment theory, systems theory and experiential theory that has been empirically validated (Gurman, 2010; Byrne, Carr, & Clark, 2004). Although the EFT framework has been designed for work with monogamous couples, EFT can easily be translated to work with CNM clients as well (Constantinides et al., 2019). EFT works with relationships that are experiencing distress and attributes this distress to attachment issues within the relationship (Byrne et al., 2004). EFT focuses on the emotions that this distress creates and helps relationships to address and understand the reactive patterns caused by this distress (Byrne et al., 2004). If the emotions can be addressed and validated, then the relationship is able to develop more secure attachment, creating safety within the relationship (Byrne et al., 2004). One of the benefits of EFT is that relationships tend to show continued improvement even after the end of therapy (Byrne et al., 2004).

An important aspect of EFT for CNM clients is systems theory. Systems theory examines how relationship is influenced by interrelated and interdependent factors (de Bel, Kalmijn, & van Duijn, 2019). Systems theory focuses on how relationship and emotion cannot be examined in isolation and must be considered within the context of systems that influence it (de Bel, Kalmijn, & van Duijn, 2019). This is of particular importance when working with CNM clients because of the multiple relationships that are involved.

Intersystem Approach

The intersystem approach, as outlined by Weeks et al. (2016) in their book *A Clinician's Guide to Sex Therapy* is a helpful approach when working with CNM clients (Zimmerman, 2012). The intersystem approach was developed to combine individual and systems theories in order to support clients more fully and can be understood as a meta-framework with which to approach therapy (Weeks et al., 2016). The intersystem approach recognizes the bilateral influence of an individual's inner and outer worlds (Weeks et al., 2016). The intersystem approach identifies five systems that interact and influence a client's experience (Zimmerman, 2012). The five systems; biology, psychology, family history, sociocultural and relational influences, should be acknowledged by the therapist for their effect on the client (Zimmerman, 2012). Similar to the concept of intersectionality, the intersystem approach acknowledges all of these different systems and that they have a powerful impact on the client. Additionally, the intersystem approach understands that these systems do not operate in isolation. An important part of working with clients is to help them understand how all of these interlocking systems compound their experiences. Using an intersystem approach helps to externalize the problems clients are facing by framing them as the outcome of a multitude of systems that work together and keep the client trapped in their circumstance. Within the intersystem approach, the sociocultural and relational influences are of most importance. As noted previously, sociocultural and relational expectations pose great barriers for CNM clients. CNM clients are no doubt aware that these systems pose barriers, however, they may not be aware of exactly how this impacts them. Additionally, sometimes clients need support disentangling themselves from these systems.

Summary

There are multiple theories that can be applied to therapeutic work with CNM clients. Regardless of the framework, principles of social justice, inclusion, non-judgment, and unconditional positive regard should be upheld. Multiculturalism, feminist theory and queer theory all support these principles, and provide a framework for how to embody and incorporate these principles.

In addition to the principles that are applied using certain frameworks, I believe that work with CNM clients should be rooted in attachment theory, emotionally focused therapy, as well as an intersystem approach. Attachment theory will inform the therapeutic process about the client's relational style and the role the client play within the relationship. Emotionally focused therapy, supported by attachment theory, focuses on reducing distressing emotions within a relationship, restoring the relationship to a more balanced and harmonious position. The intersystem approach helps clients to understand the impact that the many systems of which they are a part; biological, psychological, familial historical, sociocultural and relational, influences them and their relationships. All of these theoretical orientations come together to provide a comprehensive approach for working with CNM clients.

Chapter 4: Therapy with CNM Clients

Introduction

This chapter aims to provide therapists with frameworks that are effective in supporting CNM clients as well as exploring different modalities that therapists might use when working with CNM clients. There are overlapping common features from these frameworks and modalities that speak to the importance of these factors.

Many non-monogamous individuals have a fear of obtaining clinical support, for good reason. Non-monogamous individuals worry that their clinicians will criticise their lifestyle and pressure them to develop a monogamous relationship style (Cohen, 2016) or pathologize their needs and relationship structure (Finn et al., 2012). CNM clients require acceptance, normalization, and validation on the part of the therapist (Bairstow, 2017).

Therapists are given little to no training in the areas of sex and sexuality (Girard & Brownlee, 2015). Even less training is provided to consider alternative sexualities and relationship structures (Berry & Lezos, 2017). As a result, therapists are not equipped to support clients who are not heteronormative and who do not conform to the ideal of monogamy and marriage (Berry & Lezos, 2017). As Rampage (2002), states “if couples are choosing not to marry, or not to stay married, we should consider the possibility that it is the institution, rather than the people, that needs to be changed.” A thorough understanding of alternative relationship structure, appropriate language, and sensitivity to clients’ relationship style is necessary for therapists working with CNM clients (Berry & Lezos, 2017). Validating the emerging relationship styles of the twenty-first century has great value (Rampage, 2002). Therapists must support and strengthen non-traditional relationships instead of fearing them or blaming them for undermining the institution of marriage and monogamy (Rampage, 2002).

Monogamous relationships are reinforced and privileged in so many ways (Kisler & Lock, 2019; Jordan, 2018) and because of this people engaged in non-monogamy have to work much harder to find support and resources for their relationship and lifestyle choices (Baumgartner, 2009). CNM clients have to forge support networks that acknowledge and validate their choices, which is difficult considering the stigma surrounding this relationships style. In addition to the challenges that come with CNM lifestyle, CNM relationships are often lacking clarity, support, and resources to support their lifestyle.

Couple and family therapy are founded on the notion that monogamy and coupledness are the ultimate relational style (Kisler & Lock, 2019; Jordan, 2018; Cohen, 2016) and that the nuclear family is what everyone strives for (Orion, 2018). The nuclear family model, however, only represents thirteen percent of families in the United States of America (Orion, 2018). The most common family structure is actually a blended or “step” family (Orion, 2018). The dyad, or two person couple, remains the assumed and therefore privileged relational style even among relationship experts (Jordan, 2018; Cohen, 2016). The privileging of monogamous relationships therefore means that non-monogamous relationships are marginalized. Some of the ways in which CNM relationships are marginalized include family benefit plans, “family-only” memberships, and parent-teacher meetings where more than two parents attend and teachers assume the biological parents are the only “real” parents (Henrich & Trawinski, 2016).

In addition to the social validation that privileges monogamous relationships, non-monogamous relationships are trapped within the confines of a legal system that does not recognize the validity of these relational styles (Jordan, 2018). For example, being married to multiple persons at one time is illegal, as per section 293 of the Criminal Code of Canada (Criminal Code of Canada, 2020), but those who are recognized as married under the legal

system enjoy more rights. Additionally, if a person dies and has not prepared a will, their possessions go to their family members. But what constitutes a family member? Who is considered “family” in polyamorous or CNM relationships? Therapists must be aware of the political, social, and legal challenges that non-monogamous relationships face and should work to create inclusive and ethical standards working with these clients (Jordan, 2018).

The benefits of non-monogamous relationships have appeared in research as early as the 1970’s (Finn et al., 2012). During this time, however, it was reported that therapists in the United States of America condemned this relationship style and encouraged clients to replace this relationship style with one considered to be more “healthy” (Finn et al., 2012). Therapists who subscribed to this view assumed that unhealthy attachment and unfulfilling marriages were to blame for those seeking non-monogamous relationships (Finn et al., 2012). This pathologizing of non-monogamy is harmful and painful for marginalized folx who believe there is something “wrong” with them. These attitudes toward non-monogamy only shifted when homosexuality was removed from the Diagnostic and Statistic Manual of Mental Disorders and therapists and counsellors began to re-evaluate their position on other intimate relationships (Finn et al., 2012).

“Society’s very definition of marriage constrains us from more effective intervention” (Rampage, 2002). One of the most important aspects of working CNM clients is affirming and supporting the relationship style, and doing so helps to build strong therapeutic alliance (Finn et al., 2012). Therapists who work with CNM clients should encourage openness, honesty and the development of the rules of relationship (Finn et al., 2012). The development of the rules of relationship is a very important part of non-monogamy. As Baumgartner (2009) states “we are not taught by society to be very good at consensual, loving, non-monogamy.” Research suggests that many CNM relationships have been endured a trial and error method of rule development as

a result of the lack of knowledge on how to successfully proceed (Kisler & Lock, 2019).

Some of the rules that non-monogamous couples struggle with in CNM relationships include communication around scheduling of partner time, management of emotions such as jealousy, and expression of emotions relating to compersion (Benson, 2017; Kale, 2018). It is important that therapists are aware of and recognize the challenges that CNM clients face and help to break down some of those barriers.

One of the most important aspects of supporting non-monogamous persons with responsible management of their relationships is helping them to develop boundaries and rules for their relationship (Orion, 2018; Finn et al., 2012; Henrich & Trawinski, 2016). This often includes prioritising the primary relationship or central dyad (Finn et al., 2012), except when working with those who identify as relationship anarchists (Constantinides et al., 2019). Relationship anarchists identify as such because they do not adhere to hierarchical prioritization of any one relationship over others and reject even common CNM structures (Constantinides et al., 2019). For other CNM relationships, however, prioritizing the central dyad refers to the prioritizing of time and energy of the central dyad over the other parties involved (Finn et al., 2012). Orion (2018) notes that persons in CNM relationships may seek professional support for:

- Personal growth
- Communication skills
- Placing more value on love and freedom than on jealousy
- Managing jealousy
- Developing and maintain boundaries and “rules”
- Maintaining family commitments
- Good time management

- Good self esteem
- Respect for each partner
- Other factors idiosyncratically (Orion, 2018, p. 31)

It is very important when supporting CNM clients to engage them in a discussion to determine each person's expectations of the relationship (Orion, 2018; Bairstow, 2017). By identifying expectations therapists will be better equipped to help CNM clients create the boundaries, rules, agreements or contracts of their relationships (Orion, 2018; Henrich & Trawinski, 2016). If existing boundaries, rules, agreements or contracts exist, therapists must be open, non-judgemental and curious about the dynamics of these rules and the impact they have on the CNM relationship. Maintaining a curious and non-judgmental approach allows the therapist to clarify and understand the relationship and its existing structures (Orion, 2018). Clarifying and understanding the boundaries of the relationship will also help the therapist distinguish relational issues versus individual's issues (Orion, 2018).

An important part of clarifying is defining the terms and boundaries to ensure all parties have the same understanding of expectations (Orion, 2018). Many CNM folks use the terms rules, boundaries, agreements, contracts or expectations interchangeably (Orion, 2018). Other terms such as loyalty, honesty, trust, commitment, security or freedom, however, are subject to personal bias and understanding of each term (Orion, 2018). It is important that the therapist facilitate defining these terms to ensure that there is mutual understanding of what these terms mean and what is expected of each member of the relationship (Orion, 2018). Orion (2018) warns that rules of the relationship should not be an attempt to "control the uncontrollable".

Bairstow (2017) outlines a set of guidelines for therapists who are supporting or aim to support consensually non-monogamous relationships. The inclusive guidelines are as follows:

- Educating oneself about monogamy
- Identifying ones own values and beliefs related to monogamy
- Working with the couples definition of monogamy
- Being aware that partners may have varying concerns about nonmonogamy
- Addressing if infidelity is present
- Avoiding assumptions about the ways nonmonogamy will impact the relationship
- Recognizing that opening a relationship is an ongoing process (Bairstow, 2017).

Bairstow (2017) highlights the necessity for therapists to educate themselves, addressing bias and judgement about nonmonogamy, and helping clients to define nonmonogamy in their own language. As bias, often referred to as a blind spot, can be so embedded in our thoughts and schema, educating oneself with regard to nonmonogamy and stigma is essential. It is highlighted here as well that this responsibility falls on the therapist and not on the client (Jordan 2018; Bairstow, 2017). As has been discussed, each person will come to therapy and the world of nonmonogamy with a different understand and definition of nonmonogamy, so it is important that the therapist creates space to explore these definitions and to assist the relationship in developing the rules of their unique CNM relationship (Bairstow, 2017; Finn et al., 2012).

An important distinction in Bairstow's (2017) guidelines for therapists is the addressing of infidelity within the relationship. One study conducted in the United Kingdom asserts that fifty-six percent of men and thirty-four percent of women have been unfaithful at least once in their current relationship (Mulherin, 2015). While rates of infidelity are difficult to measure due to varying definitions and relationship (for example, one person may say that they have cheated, but not within their current relationship), the common perception is that infidelity rates are high and that many relationships are plagued with infidelity (Whisman & Snyder, 2007; Blow &

Hartnett, 2005). This is especially important if clients are coming to therapy to explore how to safely open up their relationship after infidelity has occurred. Exploring safety, trust, and rules within the relationship will be pivotal to the success of the relationship. Even if infidelity has not occurred within a relationship it is important to explore feelings of trust within the relationship when considering non-monogamy. Infidelity, when working with CNM relationships, may also pertain to violation of the relationship rules. This is as important to address as any other type of infidelity as this results in the same kind of attachment wounding (Bairstow, 2017).

Additionally, Bairstow (2017) discusses the importance of acknowledging that non-monogamy is an ongoing process that requires constant revisiting and renegotiating. Rules that once felt safe in CNM may no longer provide safety, security or comfort. Similarly, the rules and expectations of nonmonogamy that once provided excitement may no longer fulfill that need. As Orion (2018) notes, simply placing rules on nonmomogamous interactions can limit the excitement and pleasure intended to be drawn from those experiences.

In a study presented in the article *Honouring the Voices of Polyamorous Clients: Recommendations for Couple and Family Therapists* Kisler and Lock (2019) discuss two themes identified by participants. The first theme in supporting clients is identifying and addressing stigma associated with polyamory (Kisler & Lock, 2019). The second theme is supporting clients in navigating polyamorous relationships (Kisler & Lock, 2019). Again, this study highlights how concepts of bias and stigma are of ultimate concern for CNM clients and how therapists are essential in the creation of safety (Girard & Brownlee, 2015). Additionally this article illustrates the lack of prescribed rules in non-monogamy (Baumgartner, 2009) and CNM clients need assistance when it comes to navigating their relationships (Kisler & Lock, 2019).

Multicultural Practice

Multicultural practice is crucial for today's therapists as our communities become increasingly diverse. Multiculturalism, as referred to here, includes not only ethnic backgrounds, but also any identities that shape the context of a person's world. Multicultural counseling is a process that requires cultural competence and emotional awakening (Sue & Sue, 2016).

Emotional awakening is similar to developing self-awareness, but acknowledges the feelings related to culture, race, sexual orientation, gender identity and other marginalized groups (Sue & Sue, 2016). Both therapists and clients come to therapy with racial and cultural identities, and multicultural practice acknowledges these identities and the impact they have on the therapeutic process (Sue & Sue, 2016). Multicultural practice requires the ability to adapt to each individual client's cultural characteristics and the flexibility to modify counseling based on those characteristics (Sue & Sue, 2016).

As diversity continues to grow in North America, it is likely that therapists and clients will come to therapy with varied experiences, therefore cultural competency becomes an essential part of therapy (Eklund et al., 2014). The Canadian Counselling and Psychotherapy Association's Code of Ethics (CCPA, 2007) highlights a need for therapists to be aware of the diversity of all clients and to ensure awareness so as not to perpetuate discriminatory practices. In fact, maintaining a multicultural practice reflects all of the guiding principles outlined in the Code of Ethics:

- Beneficence
- Fidelity
- Nonmaleficence
- Autonomy

- Justice
- Social interest (CCPA, 2007)

Beneficence refers to “being proactive in promoting the client’s best interest” (CCPA, 2007). Beneficence with regard to therapy with CNM clients means rejecting dominant discourse and assumptions about relationship and happiness. Fidelity as outlined in the CCPA Code of Ethics means “honouring commitments to clients and maintaining integrity in counselling relationships” (CCPA, 2007). This means maintaining strong therapeutic alliance and ensuring the relationship is not affected by the views of the therapist. The principle of nonmaleficence is of particular importance in therapy, particularly with clients who experience marginalization, such as CNM clients. It is critical that the therapist is not promulgating harmful assumptions, stereotypes, and views onto clients. This includes language that can be triggering for clients, even when the therapist is not intending to cause harm (Baristow, 2017; Devora, 2014). Therapists must educate themselves, at a minimum, of some basic and common terms used in CNM communities (Bairstow, 2017). Respecting the rights of clients to self-determination, the principle of autonomy, is of equal importance as the practice of nonmaleficence with regard to CNM clients. The principle of autonomy grants the client the right to be the expert of their own life and acknowledges their ability to make choices for themselves. The principle of justice refers to “respecting the dignity and just treatment of all persons” (CCPA, 2007). By acknowledging the dignity of all persons, even those who fall outside of social norms, therapists validate the choices and experiences of CNM folx. The final principle, societal interest, refers to the therapist’s obligation not only to the client, but also to society at large. There are many ways to operate under principles of social justice, however, by challenging universal assumptions

therapists are able align themselves with folx who have been marginalized outside of the therapy room.

Central to the practice of multicultural competency is the process of identifying where the self lacks cultural knowledge or may be biased, and engaging in a process of education in order to correct this (Eklund et al., 2014). The discussion of cultural factors validates the experiences of persons who do not identify with mainstream culture (Eklund et al., 2014), and creates safety by promoting an atmosphere of openness and non-judgement. Confronting the biases held against those in the CNM community is of utmost importance. Only when those biases are confronted can we begin to understand them and confront our own assumptions (Cohen, 2016).

Existential Therapy

Working from an existential therapeutic framework is very helpful for CNM clients (Berry & Barker, 2014; Barker, 2011). Existential therapy focuses on the ways in which clients choose to define themselves and focuses on choice and meaning-making (Bairstow, 2017; Berry & Barker, 2014; Barker, 2011). Existential therapy is important because it seeks to understand the client's worldview and challenge underlying assumptions, often taught to clients through dominant discourse (Bairstow, 2017; Barker, 2011). By emphasizing client choice and free will existential therapy acknowledges the client as the expert in their own lives and focuses on client strengths (Barker, 2011). Again, here the point is to let the client define and describe problematic areas instead of being pathologized by the therapist (Barker, 2011). Through a process referred to as bracketing (Bairstow, 2017; Berry & Barker, 2014; Barker, 2011), therapists set aside their own assumptions and bias and allow the client to define and make meaning of their non-monogamy (Bairstow, 2017; Barker, 2011). The next central exercise in existential

therapy is called horizontalization. Through the process of “horizontalization” therapists assist clients to contextualize their new definitions against the broader dominant discourse (Bairstow, 2017; Berry & Lezos, 2016; Berry & Barker, 2014).

“Horizontaling” involves expanding the clients’ need for therapy to the broader psychosocial “horizon” (Bairstow, 2017; Berry & Lezos, 2016). Existential therapy with folx in CNM relationship is also helpful because it allows each person present in the relationship to construct their own meaning of non-monogamy, contributing to a deeper understanding for themselves and within the relationship (Bairstow, 2017).

Nine Principles of Clinical Support

In their book *Sex Therapy with Erotically Marginalized Clients: Nine Principles of Clinical Support*, Constantinides et al. (2019) offer guidelines and practices for working with clients who have been marginalized, pathologized or oppressed due to their relationship style. The nine principles are:

1. Maintain Transparency and Name Systemic and Individual Oppressions
2. Challenge Binary Thinking and its Constrictions
3. Support Willingness to Experience the Anxiety of Uncertainty
4. Practice a Relational and Dialogic Approach to Sex Therapy
5. Emphasize Clients’ Own Words, Knowledge, and Narratives
6. Locate oneself and Respond to Clients’ Meta-Communication
7. Support Participation of Family and Communities
8. Practice Active Allyship
9. Build a Community of Colleagues (Constantinides et al. 2019).

Maintain Transparency and Naming Systems of Oppression.

The pathologizing of non-monogamous relationships and individuals is rampant throughout media, society, education, and the legal system (Jordan, 2018; Baumgartner, 2009). So how do therapists work effectively with clients society has labeled psychologically unwell? In order to create safety and work effectively with any population that has been “othered” therapists must acknowledge personal and social bias, educate themselves, and develop self-awareness. Creating safety also involves naming structures of oppression as well as the therapists’ relationship to these structures (Constantinides et al., 2019). Therapists must adopt a practice of complete and utter transparency that acknowledges bias and recognizes differences of inherent power and oppression within the therapeutic relationship.

Non-monogamy continues to be stigmatized and pathologised, therefore therapists must be responsible for seeking information on these relational styles and for creating safety in the therapy room which invites clients to disclose their relationship style and the type of support they are seeking (Jordan, 2018). As non-monogamous clients continue to be marginalized, it cannot be their responsibility to educate their therapists on their needs (Jordan, 2018), this responsibility belongs to the therapist.

Challenge Binary Thinking.

Binary thought patterns limit the ways in which complex and intricate ideas are understood (Constantinides et al. 2019). Binary thinking can be helpful in taking complicated concepts and reducing them to simple concepts that can be more easily understood. Binary thinking helps us to define concepts or theories more easily and helps us to measure or characterize items of study into groups. Thinking in this way, however, creates opposition between groups instead of taking a detailed account of all possibilities that may exist on a spectrum (Vignoles, 2018). Binary thinking can be harmful when it erases a person’s experience

or identity. Western culture is replete with binary thought patterns that affect our interactions with the world and focuses on differences instead of similarities (Constantinides et al. 2019; Vignoles, 2018). From an early age children are taught binary thought patterns, such as up versus down and right versus wrong (Vignoles, 2018). An important component of creating safety for clients is acknowledging their identities and choices along a spectrum and eliminating this harmful practice of focusing on differences and “othering” people (Constantinides et al. 2019). Challenging binary thinking is difficult because it forces the mind to consider infinite possibilities and removes the certainty that comes with concrete opposites.

Support the Anxiety of Uncertainty.

“Our job, as sex therapists, is not just to help clients find their own answers, but to also help them learn to survive in the murky gray areas without answers” (Constantinides et al. 2019). Uncertainty tolerance is difficult in a culture where there is a predicted formula for happiness (Ruti & Cocking, 2015) and where happiness is conflated with stability. Non-monogamy is an ongoing process and a constant renegotiating of rules, expectations and agreements (Bairstow, 2017; Finn, 2014). Due to the ever-changing aspect on non-monogamy, it is imperative that therapists support clients in developing comfort in not-knowing (Bairstow, 2017; Finn, 2014). As Finn (2014) points out, rules are often intended to control and predict the relationship and to create comfort and familiarity. It is often difficult to predict and control such things, and clients must feel capable and competent in tackling the unexpected. As Finn (2014) and Orion (2018) point out, non-monogamous relationship are often misconstrued as turbulent or unstable, with the assumption that monogamy represents stability. This characterization falls into the trap of binary thinking and overlooks the instability that exists in monogamous relationship (Finn, 2014).

Acknowledging that therapists do not have all the answers allows the client to be the

expert and changes the power dynamics inherent in the therapeutic relationship (Constantinides et al. 2019). This also models the skill of tolerating uncertainty and learning how to move through it (Constantinides et al. 2019). Emotion regulation is an important tool used to support clients in developing uncertainty tolerance (Han, Diefenbach, Anderson, & Carleton, 2019). Supporting clients with adaptive thinking and assisting them to develop an attitude of gratitude greatly improves their ability to tolerate uncertainty (Chumakova & Kornilov, 2013). Uncertainty tolerance is necessary for folx who choose to challenge binary thinking and explore possibilities that do not follow dominant discourse.

Practicing a Relational and Dialogic Sex Therapy.

Practicing relational and dialogic therapy brings us back to Kimberlé Crenshaw and the concept of intersectionality (Crenshaw, 1994; Harrison, Friedman, 2019). Berry & Lezos (2017) point out that supporting the diversity of a client includes understanding all of the identities that one person may hold and the challenges that may be specific to the client with regard to their relationship. This includes not only intersecting identities of the client but also the intersecting identities and privileges of the therapist and how that impacts the therapeutic relationship (Constantinides et al. 2019). The dialogic aspect refers to the language used and the power of language to define and locate both therapist and client (Constantinides et al. 2019). In order to be fully transparent and proactive in their position, therapists must be overt and clear in their dialogue with clients about their position of openness and understanding of intersectionality (Constantinides et al. 2019).

Emphasize Clients as Experts.

Emphasizing the client as the expert of their own experience includes valuing, highlighting and centring the clients' narrative (Constantinides et al. 2019). Dominant discourse

and narratives are influenced by power dynamics (Constantinides et al. 2019), and as such, CNM clients may not have much experience being heard. Letting the client use their own language to create their identities, rules, and narratives helps them to build value and meaning for themselves. As Constantinides et al. (2019) are quoted “language legitimizes our experience.” According to Finn et al. (2012) the therapists’ role working with non-monogamous clients is to assume that the clients are the experts in their relationship and to support them in responsible management of their relationship. Each CNM client will bring their own values and definitions to their experience of CNM, and it is important to emphasize these experiences and to help clients create their own positive experience of CNM (Bairstow, 2017).

Locate Oneself.

A person’s intersecting identities informs their worldview (Watts-Jones, 2010). Locating oneself in the therapeutic alliance involves not only the naming of intersecting identities but also the naming the privileges and identities of the therapist (Watts-Jones, 2010). This process must be initiated by the therapist and includes a discussion of how these locations might impact the therapeutic process and alliance (Watts-Jones, 2010; Constantinides et al. 2019). Initiation of this conversation by the therapist signals to clients a comfort with these conversation topics and invites the clients to share in their experiences of marginalization and oppression (Watts-Jones, 2010; Constantinides et al. 2019). Locating oneself requires practice and forces therapists to work outside of their comfort zone (Watts-Jones, 2010). It cannot be stressed enough how important this process is to developing the therapeutic alliance with marginalized folx.

Support Participation of Family and Communities.

People who are engaged in CNM or have other fringe identities often suffer from isolation (Constantinides et al. 2019). CNM clients often find it challenging to develop this part

of their identity and require the support of social groups and community (Benson, 2017).

Supporting clients to invite family, friends and community into their marginalized experience helps clients to create a safe place for themselves where they feel seen and heard (Benson, 2017; Weitzman, 2006).

Normalizing the experiences of CNM clients is critical in therapy, but it is also important that clients are able to connect with others in the CNM community in order to normalize, validate, and feel good about their choices and desires (Constantinides et al., 2019, Benson, 2017). For clients, connecting with community might mean connecting with existing community that feels safe enough to talk to about their CNM lifestyle or it might mean reaching out and building new community with persons who mirror their identities (Constantinides et al., 2019). The community aspect of CNM provides clients with a network of support (Weitzman, 2006), which helps with the development of rules and boundaries of CNM relationships, exploration of fantasy in CNM relationship and identity development (Constantinides et al. 2019; Weitzman, 2006).

Building new community or inviting community can be difficult for clients due to stigma and shame (Constantinides et al., 2019). It is important to be mindful of this when encouraging and supporting clients to build community. In instances where it may not be safe to invite family or local community into their CNM experience, online support can provide anonymous and easily accessible community (Constantinides et al., 2019, Benson, 2017). Benson (2017) also highlights the variety of CNM structures and how clients might struggle with finding acceptance even with CNM communities. As discussed, CNM experiences vary and it may take time for clients to find their niche within CNM culture.

Practice Active Allyship.

Practicing allyship is an important part of therapy and social justice. Being an ally is not an identity and is instead an active, ongoing process that requires awareness and commitment (Sawyer, 2019; Constantinides et al. 2019). Active allyship requires therapists to acknowledge privilege and to commit to change (Sawyer, 2019). An important part of active allyship is education, including education of self and the education of others, and is a process of growth that requires deep learning and listening to those who have been oppressed (Sawyer, 2019). Active allyship reflects the sixth principle outlined in the Canadian Counselling and Psychotherapy Association (CCPA) Code of Ethics, societal interest (CCPA, 2007).

Build a Community of Colleagues.

When a therapist asks a client to invite family and community into their experience of marginalization, the therapist must model the same principle by developing a community for themselves (Constantinides et al., 2019). By modeling this important skill clients are shown how to surround themselves with support. This is also important for therapists in order to develop and maintain relevant working knowledge of the language and struggle of CNM clients. This refers not only to a community of therapists who work with CNM clients but also a network of professionals to whom you could refer clients for other services (Constantinides et al., 2019). This could include for example doctors, lawyers, personal trainers or physiotherapists who are specialized in working with CNM or other erotically marginalized clients (Constantinides et al., 2019).

Alternative Family Structures Approach.

Lee and O'Sullivan (2019) note an increase in acceptance of alternate relationship structure. The alternative family structures approach is a lens from which to approach other forms of therapy, and is not a mode of therapy itself (Constantinides et al. 2019). AFSA is based

on principles of feminism and social justice as well as concepts of allyship and is therefore an ongoing approach of growth and learning (Constantinides et al., 2019). AFSA is a framework that helps therapists to affirm and support unconventional family structures (Constantinides et al. 2019). There are two components to conducting therapy with ASFA clients; stage one is for assessment and data collection and stage two for planning an agreement between parties (Constantinides et al. 2019), referring to the establishment of rules or guidelines for the relationship (Orion, 2018). Ryan and Jethá (2010) note that there are intangible costs paid by families when sexual nature is denied, therefore it is important to support CNM families through therapy to determine and define a lifestyle that supports their needs.

As Orion (2018) notes, the nuclear family represents only thirteen percent of family structures in the United States of America, with blended family types being the majority. This proves a need for understanding non-nuclear and nontraditional family structures. Lewis Henry Morgan, a scholar interested in family structures and the social influences of family conceptualization argued that family structures of previous eras were reflective of non-monogamous relationship (Ryan & Jethá, 2010). According to Morgan, both men and women previously held multiple spouses (Ryan & Jethá, 2010). In the Netflix series *Explained* (2018), it is discussed how tribes or “families” in hunter gatherer societies all took care of one another, including each other’s children. Family structure, therefore, was focused on the whole community at large, not simply genetic family (Chakraborty & Purser, 2018). The Bari tribe found in South America continues to follow this structure (Chakraborty & Purser, 2018; Small & Abbas, 2003). The Bari tribe of South America believe that every man who has sex with a woman while she is pregnant is responsible for that child (Chakraborty & Purser, 2018; Small & Abbas, 2003). Within the Bari tradition, this means that children benefit from the support of

multiple male “fathers”, contributing to a great sense of community (Chakraborty & Purser, 2018), and not to feelings of jealousy as Western values would teach.

CNM Relationships with Children

Clients who choose a CNM lifestyle often struggle with whether or not, or how, to tell children about this relationship structure. Often CNM parents will express concern over the impact that their lifestyle might have on their children (Orion, 2018) and this is often the reason cited for not explaining their lifestyle choice to their children. This often turns out to be, however, a fear of being judged by their children and a way for parents to protect themselves (Orion, 2018). But if adults do not find monogamy to be emotionally or sexually satisfying and instead choose a non-monogamous lifestyle, why would we hide non-monogamy from our children? As Cohen (2016) notes, teaching children that monogamy is still standard and ideal can be problematic. Educating children on dominant discourse and happiness scripts (Ahmed, 2010) and providing alternatives promotes informed decision-making and presents more realistic choices to children (Cohen, 2016). Orion (2018) notes that parents who engage in CNM relationships are careful to introduce this choice, and to introduce the partners, much in the same way that divorced or separated parents are careful to introduce new partners. CNM lifestyle does not expose children to inappropriate or dangerous sexual activity, it is way of introducing different avenues for romantic and emotional relationships (Orion, 2018).

Summary

There are many ways that therapists can be of value to CNM clients. Repair can begin by acknowledging the harmful historical relationship between the CNM community and the therapeutic community. As Orion (2018) notes, supporting the development of personal growth and communication skills with CNM clients is effective, as well as helping clients to reframe the

values of love and freedom over jealousy and possession (Orion, 2018). Additionally, therapists must support clients in developing the boundaries of their relationships and maintaining family commitments (Orion, 2018). Time management as well as self-esteem are also of utmost importance, especially when managing multiple concurrent relationships (Orion, 2018).

Therapists must also be social crusaders, advocating for social justice whenever possible. This includes naming systems of oppression, challenging binary thinking, locating oneself, and practicing allyship (Constantinides et al., 2019). Additionally, and this is not limited to work with CNM clients, therapists must support uncertainty tolerance and emphasize the clients as the experts. Therapists should support clients in developing a community of support and model this action to clients by building a community of colleagues themselves (Constantinides et al., 2019).

Frameworks.

Adopting a multicultural practice and ensuring that therapists adhere to the Code of Ethics as outlined by the Canadian Counseling and Psychotherapy Association is an important factor in supporting CNM clients (Eklund et al., 2014; CCPA, 2007). Additional frameworks that support CNM clients include an existential model, the alternative family structures approach, and an intersystem approach (Lee & O'Sullivan, 2019; Constantinides et al., 2019; Weeks et al., 2016; Zimmerman, 2012; Berry & Barker, 2014; Barker, 2011).

Existential therapy helps clients to make meaning of their choice and circumstance as well as helping to define the self, thereby creating identity (Berry & Barker, 2014; Barker, 2011). The alternative family structures lens helps to validate and recognize client choice in relationship style (Constantinides et al., 2019). This approach is particularly useful since many families are no longer defined by the nuclear family model.

Chapter 5: Summary, Recommendations and Conclusions

Summary

Non-monogamy is a topic that has increased in popularity over the last decade (Weisman, 2020). From google searches to Netflix shows, it is clear that there is public interest in learning about this alternative to monogamy (Weisman, 2020; Chakraborty & Posner, 2018). Many social changes have led to this shift in attitude toward non-mongamy, including women joining the workforce, a decrease in interdependence between partners (Lee & O'Sullivan, 2018) and the secularization of relationships (Biltgard & Oberg, 2017). The ways in which monogamy is understand varies, some believing that monogamy is the only natural and appropriate style of relationship (Willey, 2016; Drazenovich, 2015), while others understand monogamy to be a social construct (Ruti & Cocking, 2015). As many as twenty-fifty percent of marriages are plagued by infidelity (Buss, 2017) and fifty percent of marriages end in divorce (Lodge & Umberson, 2012; Rampage, 2002), so why does Western society still consider this the most natural and appropriate relationship style?

Therapy and the CNM Community.

The therapeutic community and the CNM community have a complicated relationship. While those engaged in or seeking to engage in a non-monogamous relationship often need support, clarity, and a safe place to determine how CNM might impact them, the therapeutic community rejected and pathologized this lifestyle (Girard & Brownlee, 2015). CNM clients who sought therapy regarding their relationship style were told that they suffered from various disorders and were encouraged to transition back into a mono-heteronormative lifestyle (Gurman, 2010). This monogamy bias is still prevalent today, made obvious by the ways that monogamy is privileged in society. It is important that therapists, especially those who consider

themselves “relationship” or “couple’s” therapists are aware of the monogamy bias and the history of shame that surrounds CNM clients seeking therapy. There is very little, if any, training on sexuality, relationships, or alternative relationship structures for therapists (Berry & Lezos, 2017). This in itself privileges of monogamy and communicates that CNM and alternative expressions of relationship and sexuality are unimportant.

Implications

As the secularization of relationship continues and the traditional model of relationship becomes less and less the norm it is important that therapy understands and accepts these changes. When as many as twenty percent of Americans have engaged in a CNM relationship at some point in their lifetime (Moors et al., 2017; Conley et al., 2018; Carlström & Andersson, 2019) it is important to consider that this represents a shift away from coupledness and marriage. I believe that counseling and therapy ought to be arenas of safety, social justice, and support and therefore that therapists should understand monogamy bias, their own relationship with monogamy/non-monogamy and be clear on how to support non-traditional relationship styles. The therapeutic community needs not only to support CNM clients, but also to undo the harm that has been caused by former practitioners who pathologized and rejected CNM clients. I believe that repairing this relationship requires knowledge of CNM lifestyle and awareness of one’s own location to monogamy.

Legal System.

Currently our systems are built to support, protect and privilege monogamy. As non-monogamy continues to rise in popularity, many of these systems will need to adapt. For example, there are many laws that protect monogamous or “legal” relationships, leaving CNM relationships vulnerable, including family and wills and estates laws. Increasing non-monogamy

will affect how child and spousal support expenses are determined, as well as how common-law relationships are defined and what happens when there are multiple concurrent common-law relationships.

Acceptance vs. Jealousy.

Perhaps only when the therapeutic community accepts CNM relationships will society develop a more balanced understanding of intimate relationships. Whether clients choose monogamy or non-monogamy, having knowledge of these two relationship styles provides opportunity for informed choice. While monogamy continues to suffer from high rates of infidelity, non-monogamous partners can be spared the pain that is caused when people commit to monogamous relationships but are not able to fulfill that commitment. As non-monogamy becomes more established, we can begin to let go of fear and jealousy, focusing instead on community, acceptance, and support.

Recommendations

As interest in alternatives to monogamy grows (Weisman, 2020), it is important to remember that each relationship will differ in its definition and expression (Brandon, 2016). It is important not to assume that clients value monogamy (Brandon, 2016). I believe that therapists should try to acknowledge and confront monogamy bias in the therapy room, helping clients to understand that concepts of relationship are influenced by biopsychosocial factors (Brandon, 2016; Willey 2016).

Terms and Benefits.

By learning and using the language and terms of the CNM community, therapists recognize, support, embrace and validate the choices and identities of the CNM community. This reflects a familiarity with the subject material and a comfort discussing these topics in

therapy. Many of the terms in CNM culture also have to do with the type of relationship structure that clients may have adopted. Some common terms include polyamory, open relationships, and swinging, however, less familiar are terms such as monogamous/non-monogamous partnerships, paternered non-mongamy, polyfidelity and solo polyamory (Mogilski, et al. 2017; Benson, 2017; Zimmerman, 2012). Being familiar with these terms allows a base level of understanding present in therapy while still allowing space for the client to define and determine their own style of CNM relationship structure.

Additionally, therapists must be familiar with the benefits of CNM. There are many noted benefits of CNM relationships, including increased relationship satisfaction as compared to monogamous relationships, need fulfillment, non-sexual activities, and personal growth and development (Moors et al., 2017; Seguin et. al, 2017). In addition to the benefits noted above are benefits such as shared household duties, including cleaning and preparing meals, child minding, and pet-sitting (Fox, 2013).

Theoretical Orientations for Supporting CNM Clients.

In order to effectively support CNM clients, I suggest that therapists adopt a multicultural, feminist practice that operates through the lens of queer theory. Multiculturalism, as referred to here, includes not only ethnic backgrounds, but also any identities that shape the context of a person's world or worldview (Eklund et al., 2014; Watts-Jones, 2010). As diversity continues to grow in North America, it is likely that therapists and clients will come to therapy with varied experiences, therefore cultural competency becomes an essential part of therapy (Eklund et al., 2014). Feminist and queer theories are focused on social justice, equality, power, and identity (Bell, et al., 2019; Rice et al., 2019) and are equally as important as adopting a multicultural practice. By operating from these theories, frameworks and practices therapists will

be better equipped to support CNM clients and clients who do not adhere to heteronormative standards.

In addition to these frameworks of multicultural practice and feminist and queer theories, the work conducted by therapists should be informed by attachment theory and emotionally-focused therapy. Attachment theory suggests that infant-caregiver interactions form the foundation of the relationship with the self and with others (Schröder et al., 2019; Boyd, Bee, & Johnson, 2009) and is often used to understand intimate relationships of adults (Barbaro et al., 2016). There are four different attachment styles; secure attachment, avoidant attachment, ambivalent, and disorganized/disoriented attachment (Boyd, Bee, & Johnson, 2009). Emotional availability and contingent responsiveness of the caregiver lead to secure attachment (Boyd, Bee, & Johnson, 2009). Poor attunement and caregiver responsiveness tend to predict insecure attachment styles, such as avoidant, ambivalent, or disorganized attachment (Boyd, Bee, & Johnson, 2009). Attachment affects the ways in which people respond to distressing situations within relationships. Attachment style can change over time, especially if a major disruptive event occurs in a child's life, however, attachment style tends to be fairly stable over time (Boyd, Bee, & Johnson, 2009).

Emotionally focused therapy is a comprehensive approach for working with CNM relationships that has its roots in attachment, systems, and experiential theories (Gurman, 2010; Byrne et al., 2004). Emotionally focused therapy has been empirically validated and one of the primary benefits of EFT is that relationships tend to show continued improvement even after the end of therapy (Byrne et al., 2004). Emotionally focused therapy focuses on the emotions that this distress creates and helps relationships to address and understand the reactive patterns caused by this distress (Byrne et al., 2004). If the emotions can be addressed and validated, then

the relationship is able to develop more secure attachment, creating safety within the relationship (Byrne et al., 2004).

Therapeutic Recommendations for Working with CNM Clients.

Therapists working in the field of relationship and “couple” therapy should develop awareness of and confront the monogamy bias that is so prevalent in society today. The therapeutic community needs to familiarize themselves with the painful history of shaming CNM clients and the privileging of “healthier” relationships styles associated with monogamy (Finn et al., 2012).

When working with CNM clients, it is important to be familiar with general CNM relationship structures but also to understand that each CNM relationship will have different boundaries. It is important to let the client be the expert on the relationship, informing the therapist of the rules and definitions of their individual relationship (Barker, 2011). Additionally it is necessary for therapists to help support clients in the areas of time management and boundary setting, communication skills, personal growth, valuing love and freedom over jealousy, and notions of self-esteem, identity, and respect for the self and all partners (Constantinides et al., 2019; Orion, 2018). It is necessary for therapists to understand that the rules and boundaries of CNM relationships are not fixed, and are an ongoing negotiation requiring time, effort, and attention (Bairstow, 2017; Finn, 2014). Therapists should make the time to ensure that all partners have the same understanding or definition of terms, as one partner’s definition of trust may vary from another partner’s definition of the same word (Orion, 2018).

From my experience, adapting an existential therapeutic framework is often very helpful when supporting CNM clients (Berry & Barker, 2014; Barker, 2011). Existential therapy focuses

on the ways in which clients choose to define themselves and focuses on choice and meaning-making (Bairstow, 2017; Berry & Barker, 2014; Barker, 2011). Existential therapy seeks to understand the client's worldview, challenge underlying assumptions, emphasizing client choice and free will, acknowledges the client as the expert in their own lives, and focuses on client strengths (Bairstow, 2017; Barker, 2011). Again, here the point is to let the client define and describe problematic areas, and to guide the therapeutic process instead of the therapist coming to the situation as the expert (Barker, 2011).

Therapists should try to adhere to the nine principles of clinical support as outlined by Constantinides et al. (2019). These nine principles include being transparent with the client and naming oppression, challenging binary thinking, developing uncertainty tolerance to help manage anxiety, engaging in relational and dialogic therapy, locating oneself, practicing active allyship, and supporting clients in building a network that support their relationship choices (Constantinides et al., 2019).

Therapists should also pay attention to family structure and acknowledge an increase in acceptance toward alternative family structure (Lee & O'Sullivan, 2019). AFSA is a framework that helps therapists to affirm and support unconventional family structures (Constantinides et al. 2019). Alternative family structure can be used to describe families affected by divorce or re-marriage, sometimes known as "blended families", but also includes CNM families where there may be more than two "parents" to one child (Orion, 2018; Henrich & Trawinski, 2016). The alternative family structures approach is a lens from which to approach other forms of therapy, and is not a mode of therapy itself (Constantinides et al. 2019). AFSA is based on principles of feminism and social justice as well as concepts of allyship and is therefore an ongoing approach of growth and learning (Constantinides et al., 2019)

Conclusions

Monogamy continues to be the preferred and privileged relationship style, however, CNM relationships are growing in popularity. In order to best support CNM clients I believe that therapists should educate themselves on monogamy bias as well as best clinical practices for working with CNM clients. Adopting a multicultural practice that operates from a base of feminist and queer theories will guide therapists to openness, non-judgment, and will help therapists not to uphold oppression within the therapy room.

Theoretical frameworks include attachment theory, emotionally focused therapy, and an intersystem approach. In addition to these frameworks and guiding principles I believe that therapists should follow the nine principles of clinical support for erotically marginalized clients as outlined by Constantinides et al. (2019) in addition to using an existential approach to therapy.

Therapists should also commit to learning the terms and definitions of CNM language. This demonstrates openness, willingness, and comfort discussing topics related to CNM. As with other clients, therapists should let CNM clients be the expert of their own relationship style and what these definitions and terms mean to them. This will be different for each relationship, and it is important that therapists create safety for the exploration of these subjects.

I believe that therapy should always be a place that provides safety, support and allyship. The therapeutic community can become a community of allies for the CNM community. While there is still much work to be done before we reach this goal, there is presented in this paper a lot of research and evidence of how to support CNM clients effectively.

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