

Best Practices for Counselling Clients in Polyamorous Relationships

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CPC 695: Counselling Psychology Research Project

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September 18th, 2022

Abstract

Non-monogamous relationships are becoming a significant topic of conversation in psychology. Approximately 4%–5% of the population engage in non-monogamous relationships, yet counsellors receive little or no training on working with clients who choose these relationship structures (Balzarini et al., 2017). This research examines current trends in counselling polyamorous clients and suggests best practices and areas for growth. The literature clearly indicates that polyamorous clients face stigma and discrimination, both in and out of the counselling room (Cassidy & Wong, 2018; Schechinger et al., 2018; Trexler, 2021). Counsellors' lack of knowledge and personal biases toward polyamory need to be addressed in order for clients to receive appropriate and effective treatment in the context of an accepting therapeutic relationship (Kisler & Lock, 2019). Practitioners can use this research to begin recognizing and challenging their perception of non-monogamy, identify areas for further research, and adapt their current practices in relationship counselling to include clients who choose diverse relationship structures.

Keywords: polyamory, counselling, non-monogamy, best practice

Best Practices for Counselling Clients in Polyamorous Relationships

Couples counselling is a vast field in psychology, but there has been a recent increase in interest in exploring how to best provide counselling for those in non-monogamous relationships (Finn et al., 2012). Many clinicians are still unaware of how to best provide services for people in non-monogamous relationships. There are various factors that influence this, such as personal beliefs, social values around monogamy, and lack of knowledge around non-monogamous relationships and the various forms they can take. There is also societal stigma towards non-monogamy, which creates many barriers for non-monogamous clients (Grunt-Mejer & Campbell, 2016). The counselling room is not immune to this stigma. Marriage and family therapies have been built over decades on a foundational understanding that monogamous relationships are the superior choice for individual and familial health and happiness (Jordan, 2018). The field of counselling is just as vulnerable to stigma against non-monogamy as the general public. As such, the field must take action and challenge this stigma to better equip therapists to work with clients in non-monogamous relationships.

There are no specific guidelines for therapists to refer to when working with clients in non-monogamous relationships, despite the increase in research on non-monogamy. With 4%–5% of the population engaged in consensually non-monogamous relationships, relationship counsellors need to know best practices for working with these clients (Balzarini et al., 2017). Research on working with couples engaged in an open marriage has been growing steadily. However, the exploration of relationship counselling with non-monogamous clients engaged in romantically and sexually committed relationships still has very little dedicated research. Consequently, I propose the following research question to guide this inquiry: What are the best

practices for providing relationship counselling for those in a relationship involving multiple committed individuals?

I aim to answer this question by exploring research around the societal stigma towards non-monogamy, challenges faced by non-monogamous clients in therapy, how to reduce counsellor stigma towards non-monogamy, and how to increase counsellor knowledge of non-monogamy. I hope to provide some guidance for therapists uncertain about how to navigate relationship counselling with multiple individuals. This will give therapists more confidence in working with diverse clients, while also making the therapeutic community a more welcoming place for non-monogamous clients who have had difficulty finding support.

Self-Location

I will be mindful of my biases as I move forward in examining this question. My biases come from my own experiences in non-monogamous relationships. The practice of non-monogamy is aligned with my values and beliefs in relationships. This makes me more likely to approach non-monogamy positively. This is important to remember as I collect articles, because I need to ensure I capture research that might point out some common problems with non-monogamous practice, rather than only finding research that highlights the benefits of non-monogamy. Similarly, I will need to ensure that I do not vilify therapists who have had little exposure to working with non-monogamous clients. The fact that so many therapists still hold biases toward non-monogamous clients upsets me, particularly when there is considerable overlap between non-monogamous and LGBTQ2S+ communities, who already experience marginalization in other ways (Moors et al., 2021). This also connects to other identities I hold in my life. I may have some experience with non-monogamy, but as a cisgender, White, able-bodied man, I have additional privileges in society that protect me from the same level of

scrutiny as non-monogamous people with other marginalized identities (Borgogna & Aita, 2021). Also, I have only recently developed positive views toward non-monogamy. I have believed in, and endorsed, the values of monogamy for most of my life. While I have begun unpacking those beliefs and practicing an affirmative stance toward non-monogamy, it is likely that I still hold an underlying bias toward it. And, like most therapists in the field, I have received no official training on non-monogamy. I have only engaged with it through informal research and conversations. I have no official expertise and limited lived experience to provide additional insight into the topic. This may allow me to see the research with a less biased viewpoint, but I will have less insight into the topic, which could better inform the directions of investigation.

While engaging in this research I will continue to access research supervision in order to mitigate the possibility of bias influencing the direction of this paper. I will also continue to develop my practical skills in working with monogamous clients, ensuring I treat them with unconditional positive regard, and do not influence them towards non-monogamous practice. This will likely be a particular point of countertransference with me when clients and people in my life express highly mononormative beliefs or very strict views on how they perceive jealousy in relationships. When this occurs, I can access clinical supervision to discuss and challenge my countertransference. I also have a practice of journaling and engaging in role reversal experiential exercises to be able to better reflect on the limitations and harm my biases can produce (Bermudez, 1997).

I will also be careful in navigating the literature around non-monogamy. I will use a variety of search criteria in order to capture as broad a picture of polyamory as possible, hopefully mitigating my bias towards non-monogamy. This will include using terminology in my

searches that identifies polyamory as harmful, misguided, or unhealthy as a direct way to capture viewpoints different from my own. Beyond my personal biases in reviewing the literature, the evidence collected on and around polyamory seems primarily qualitative. This tends to be my preferred form of research, as I greatly value hearing descriptive narratives directly. However, for this literature review, I will need to be thorough in finding whatever quantitative research I can to provide the most comprehensive understanding of best practices. To avoid being complacent in this way, I will spend time intentionally searching for valid quantitative research and request assistance when I struggle to find it.

Literature Review

This literature review will cover a breadth of information on non-monogamous individuals' experiences in society and in therapeutic contexts. Following some definitions, I will begin by contextualizing the overall experiences of stigma that non-monogamous people face as this will inform how that stigma enters the counselling room. Then I will name the specific challenges they face in navigating relationships. From there I will explain the state of therapist knowledge of non-monogamy and the beliefs that are held towards non-monogamous clients. The literature was collected from databases including EBSCO eBook Collection, Global Issues in Context, Mental Health and Social Care Collection, PsycBooks, Psychology and Behavioural Sciences Collection, PsycInfo + PsycArticles, and SAGE Premier. The search terms were polyamory, non-monogamy, polygamy, counselling, therapy, and mental health, all combined in various ways. There were also deliberate searches made combining polyamory and nonmonogamy with terms such as problematic, harmful, and unhealthy.

Key Terminology

I will define some terminology, starting with consensual non-monogamy. Consensual non-monogamy is an umbrella term used to refer to romantic or sexual relationships outside of a dyadic relationship (Cohen & Wilson, 2017). This is in contrast to monogamy, which is the romantic and sexual exclusivity between two people in a committed relationship (Cohen & Wilson, 2017). Monogamy is also an umbrella term describing various heterogeneous experiences influenced by couples' experiences with monogamy and mononormativity (van Tol, 2017). The term mononormativity refers to the assumption that monogamy is the default and homogeneous experience of all relationships, as well as the privileging of monogamous relationships over other forms of relationships (Cassidy & Wong, 2018). In this paper, the focus will be on a particular form of consensual non-monogamy: polyamory. Polyamory is the practice of engaging in multiple romantic and intimate relationships (van Tol, 2017). This is in contrast to other forms of consensual non-monogamy, in which there is a core dyad who are romantically monogamous, but sexually non-monogamous. Polyamory, often referred to as poly, is when people are engaged in multiple relationships, not just with multiple sexual partners. There is no agreement in the literature about whether polyamory should be defined as a behaviour, relationship orientation, or lifestyle (Kisler & Lock, 2019). There are various structures that polyamorous relationships can take, but two commonly used terms are hierarchical or non-hierarchical relationships (van Tol, 2017). This refers to whether the individual has a relationship prioritized over others, or if they place equal importance on all their relationships. In hierarchical relationships, the central partner is referred to as the primary, while other relationships are referred to as secondaries.

Polygamy is another important term to address in the context of non-monogamous relationships. Non-monogamy has historically been identified using the term polygamy, which is defined as multiple marriages (Liversage, 2020). Multiple relationships have existed worldwide in various cultural contexts. Liversage (2020) notes that polygamy exists in Europe, North America, Africa, Asia, and the Middle East, and most commonly in West African countries. The literal distinction between polygamy and polyamory is that polygamy is explicitly defined by marriage, not solely the existence of a relationship. However, in the literature, I found that people also used polygamy when discussing multiple relationships in a non-Western societal context, or when discussing multiple relationships in the context of specific cultural or religious groups. The term polyamory was typically used to discuss multiple relationships occurring within a context where religious or cultural norms did not prescribe them, but by individual choice in engaging in relationship. There is, of course, overlap between these two concepts, but it is important to note that the literature on polyamory is much more focused on Western society and individuals who engage in multiple relationships outside of cultural or religious scripts.

Stigma and Discrimination

In Western society, as well as many other parts of the world, monogamy is the assumed default. This is despite the long-standing histories and cultural practices of many groups who have practiced non-monogamous relationships. The assumption ignores the fact that the practice of monogamy was imposed on many groups, particularly as colonial powers spread across the world (Carter, 2009). Carter (2009) notes that defining monogamy as the only acceptable relationship structure was an intentional practice of colonial and Christian powers to enhance control and dictate moral authority over colonial subjects within Canada. Carter expands further, saying enforcement of monogamous marriage was seen as a cornerstone of creating moral order

in Canada after confederation. This was implemented through large propaganda campaigns, describing polygamy as a savage, uncivilized, and amoral practice. In the late 19th century, the Canadian government perpetuated misleading narratives of child brides and the liberation of Indigenous women from savage men (Carter, 2009). When in reality, many Indigenous women wanted these practices and enjoyed the autonomy, control, and equality that their cultural practices of non-monogamy emphasized. These campaigns were also used to target Mormon groups, Chinese workers, and Japanese immigrants. The campaigns painted these groups as deviants who challenged the moral order in Canada. These images and connections of the word polygamy to “savage” practices still exist in Canada today. For example, in Canada, the practice of polygamy falls under the scope of the Zero Tolerance for Barbaric Cultural Practices Act (2015). This title alone paints a specific image of polygamy. These messages of polygamy contribute to unconscious negative attitudes towards non-monogamy.

This example of the development of monogamous standards in Western Canada is not meant to position one relationship structure as superior to the other. Rather, it demonstrates that both monogamy and non-monogamy are complex social practices that have been shaped and defined by centuries of cultural influence (Carter, 2009; Liversage, 2020). Neither are biologically determined practices. However, because of the deliberate privileging of monogamy by Western societies in the last 150 years, monogamy has been privileged over non-monogamy. The historical privileging of monogamy and disparagement of polygamy is a significant source of mononormativity, which then informs many therapeutic practices and modalities that can bias therapists when working with non-monogamous clients.

Because of mononormativity, non-monogamous clients face unique relationship challenges due to stigma (Henrich & Trawinski, 2016). These challenges can include being

pathologized or vilified by strangers, friends, or family members (Kisler & Lock, 2019). By engaging in their preferred relationships, non-monogamous clients have to decide how, when, and to whom they will disclose their relationship information. This adds stress when clients and their partners are not able to be honest about themselves with people in their lives. Many polyamorous clients share their relationship status only when necessary, because they do not want to constantly explain, justify, or rectify stereotypes about their relationships (Brown, 2020). Consensually non-monogamous clients are often exhausted by this, which can be part of why it is frustrating for clients when therapists provoke the need for explanations and justifications (Kisler & Lock, 2019). Brown (2020) heard from research participants who were both non-monogamous and a sexual minority that they found coming out to people as non-monogamous more challenging than disclosing their sexual orientation.

Polyamorous clients generally experience less stigma than non-monogamous dyads whose relationship is not sexually exclusive (Grunt-Mejer & Campbell, 2016). Polyamorous individuals may also mitigate external stigma more easily if they are engaged in a hierarchical relationship structure (Balzarini et al., 2017). If someone has a primary partner, it is typically easier for them to pass as a monogamous couple. Balzarini et al. (2017) note that this can make navigating external stigma easier, but also add internal strain on relationships, particularly the relationships with secondaries. The secondary relationship is often hidden from friends or family, which tends to decrease relationship satisfaction (Balzarini et al., 2017).

Stigma also becomes apparent for polyamorous people raising children. Poly parenting can provide a range of benefits, including more positive role models for children, more adult support in parenting, and more role models practicing healthy communication and intimacy (Klesse, 2018). However, the stigma against polyamory can create barriers, despite the fact that

polyamorous parents are as capable of successfully raising children in safe and happy homes. At least 15% of poly parents reported their children experienced distress about the non-normative aspects of their family structure (Klesse, 2018). This is often due to bullying or additional attention given to the child because of their parent's relationship structure. This can even manifest in involvement from children's services because of the perceived threat to the child. This means poly parents must be careful about who they choose as partners and the roles they allow in childcare. This is also part of why many poly families may choose to pass as monogamous, rather than be open about their relationships with the public. Even situations that should be cause for celebration can be more stressful for poly parents. When parents go to the hospital to give birth, they have to face the process of disclosing their relationship status multiple times to different hospital staff (Arseneau et al., 2019). This can be difficult because of unpredictable reactions from hospital staff. These constant experiences of stigma and negative reaction can compound.

Borgogna and Aita (2021) used the minority stress framework to compare the mental health of monogamous and consensually non-monogamous participants. This framework helps explain how marginalized groups face greater external and internal stressors, which in turn lead to poorer mental health outcomes than their non-marginalized counterparts. This includes additive aspects due to intersecting identities. For example, people who are both a gender and sexual minority will experience higher mean depression rates than people who only hold one of those identities (Borgogna & Aita, 2021). These authors found significant examples that upheld the application of the minority stress framework to consensually non-monogamous individuals. After controlling for gender, sexual orientation, and age, consensually non-monogamous participants had higher rates of depression and experiences of sexual assault than monogamous

individuals. The authors noted that this aligns with the minority stress framework. It identifies that an individual practicing polyamory is exposed to additional stress as a minority in society. This is one of the first quantitative studies to show distinct differences in the mental health status of consensually non-monogamous individuals.

Sexual trauma, in particular, is important to note, as 45% of non-monogamous participants reported being sexually assaulted in the past 12 months (Borgogna & Aita, 2021). The authors did not speculate why these rates of sexual assault are so high, but recommended that the mechanisms be examined in further research. Polyamorous individuals are not the only people who experience higher rates of sexual violence. Other groups who face discrimination, such as gender and sexual minorities, experience higher rates of sexual violence than controls as well (Eisenberg et al., 2021). This alarming rate of sexual violence may indicate that non-monogamous people face specific and increased discrimination and violence due to their relationship practices.

Beyond external biases and stigma, polyamorous clients face potential internalized polyphobia or shame (van Tol, 2017). Clients have likely been raised in families, communities, and societies that are highly mononormative. Because of this, polyamorous clients may feel shame around their feelings, values, and behaviours regarding polyamory. This could potentially impact their self-image, their view of their partners, and their experience with relationships as a whole. Polyamorous individuals and relationships face various forms of internal and externalized stigma. It is necessary for therapists to be mindful of this, as well as the fact that stigma can enter the therapeutic space.

Common Relationship Issues

Non-monogamous clients face some challenges within their relationships that monogamous clients do not contend with. van Tol (2017) outlines five continua of communication and negotiation that people in polyamorous relationships must navigate: the continua of monoamory to polyamory, or the permission to engage in other relationships; sex and physical contact; privacy and disclosure; clear contracts and open negotiation; and togetherness and freedom in terms of decision-making. These continua are often much more straightforward with monogamous couples because of the assumed practices of monogamy. With polyamorous clients, they must navigate these continua in every relationship, which can get more complicated with every relationship added into their life or their partners' lives. Therapists must be prepared to help polyamorous clients navigate these complexities without judgment, while being equipped with knowledge around non-monogamous practices and experiences.

Navigating Multiple Relationships

Multiple relationship is the inherent difference in relationship counselling with non-monogamous clients. While therapists are likely to have received some education in couples counselling, it is less likely they will have received training on how to do relationship counselling with three, four, five, or more individuals (Weitzman, 2006). Duplassie and Fairbrother (2018) conducted an analysis of critical incidents in the relationships of polyamorous participants, in order to identify factors that help or hinder polyamorous relationships. Hindrances included difficulty with emotions such as jealousy, fear, and mistrust. They also identified a common difficulty in finding the right people and a lack of community. It was difficult for participants to find people who approved of polyamory, let alone people with whom they also wanted to be in a poly relationship. Another prevalent issue was difficulties with

communication. The last major hindrances were related to practical concerns, such as money, long-term relationship feasibility, and sexually transmitted infection measures.

These practical needs can also include basic institutional difficulties, as polyamorous unions are often not legally recognized. Polyamorous clients may face barriers when having children, buying property, or seeking recognition as married or in a common-law relationship (Henrich & Trawinski, 2016). Lack of legal recognition can cause problems if the relationship ends. Polyamorous clients may have difficulties navigating child support, custody, and alimony (Jordan et al., 2017). Even when poly parents are together, there are more complicated discussions to navigate around division of labour, financial responsibility, and care roles over children when there are multiple adults potentially acting in parental roles (Klesse, 2018). It also means that nonbiological parents may miss significant events because of the institutional assumptions made about the number of parents attending an event. For example, most hospital spaces do not allow more than one support person during delivery (Arseneau et al., 2019). These dynamics may come up in therapy as partners express their feelings of frustration or isolation in a relationship.

Jealousy

Jealousy is a factor that exists in all kinds of relationships, but non-monogamous communities and clients face jealousy much more frequently, due to their relationship structures (Rubinsky, 2018). This means non-monogamous clients may have alternative perspectives and practices around jealousy. For example, it is common for people in polyamorous relationships to strive for compersion, defined as the feeling of taking pleasure in a partner's enjoyment in other relationships (Balzarini et al., 2017). van Tol (2017) noted that jealousy takes on a different narrative in polyamorous relationships. Jealousy in monogamous relationships is conventionally

seen as the fault of the transgressor of the relationship boundaries. Because someone has violated the relationship, their partner's subsequent actions, such as ending the relationship, are justified. In polyamorous relationships, the partner experiencing jealousy acknowledges the emotional experience and takes responsibility for their feelings.

Rubinsky (2018) conducted a mixed method study of 141 participants to better understand polyamorous individuals' conceptualization of jealousy and related concepts. They found that polyamorous clients talked about jealousy as an umbrella term used to discuss various emotional experiences. Jealousy was labeled an emotional experience in response to individual insecurities and self-worth, rather than a violation of relationship rules. In polyamorous relationships, the conversation about jealousy was less about their partner's behaviour and more about the investigation of internal emotional experience. This theme continued into discussions of possessiveness. Many participants identified their frustrations with monogamous concepts of jealousy because of the perceived reduction of partners to possessions. Discussing jealousy, and examining internal responses, was a defense against possessiveness over one's partner or partners. Most participants identified openly discussing jealousy as their primary method of navigating it within their relationships. However, the goal of the discussions was not to change their partner's behaviour, but to express their feelings and receive support or validation.

Rubinsky (2018) also identified themes in participant responses around when people experience jealousy in polyamorous relationships. First, *missing out* reflected how participants felt when their partner spent disproportionate amounts of time with other partners or if their partner only engaged in certain activities with other partners. This could also include jealousy over sexual intimacy. Participants did name jealousy over their partner's sexual intimacy with other partners. Particularly if the other partnership explored other forms of intimacy. The other

primary theme that triggered jealousy was *lack of open communication*. Although communication is necessary in all relationships, in polyamorous communities, communication skills are viewed as a core ideology (Balzarini et al., 2017). This is because in most polyamorous relationships, the partners develop rules for navigating intimacy and knowledge of other relationships. Jealousy came up more often when communication around these agreements failed.

One of the benefits of polyamory can be the chance to experience relationship milestones multiple times (Trexler, 2021). However, this can also trigger jealousy in some polyamorous clients. Rubinsky (2018) noted that some participants expressed feeling jealous when their partners experienced an enjoyable milestone with another partner, such as enjoying the period of time at the start of a new relationship where partners are less likely to have struggles or challenges. These triggers reflect jealousy that comes up more commonly in monogamous relationships. While jealousy often takes different forms in polyamorous relationships, polyamorous relationships do not inherently have perfect communication. Rubinsky's study noted that a minority of participants said they did not communicate about jealousy because their partners became defensive or angry. Jealousy is likely to come up with polyamorous clients. Therapists must be aware of this and many other factors when working with polyamorous relationships.

Therapeutic Context

Clients who practice non-monogamy often experience dissatisfaction in therapeutic environments. Henrich and Trawinski (2016) interviewed polyamorous clients about their experiences in therapy and identified two themes that describe challenges clients faced from their therapists. First, therapists did not have knowledge around polyamory or non-monogamy.

Throughout their education, most therapists receive little to no training for working with non-monogamous clients (Kisler & Lock, 2019; Weitzman, 2006). If therapists are not trained, clients have to spend time educating them, hampering the therapeutic alliance. This creates another barrier for therapists, regardless of their level of training in the area. Because non-monogamous clients may have had experiences with uninformed or biased therapists in the past, they may interpret any exploratory questions as ignorance (van Tol, 2017). For example, if a trained therapist asks a client what polyamory means to them, the client may interpret that as another situation where they have to educate or explain polyamory to someone. Therapists may never have had their underlying relationship biases challenged due to this lack of education. This reflects the second theme clients identified; their therapists were often biased toward monogamy (Henrich & Trawinski, 2016).

Interviewees noted that they often felt their therapists were shaming them and attempting to manipulate them into reverting to a monogamous relationship structure (Henrich & Trawinski, 2016). These trends are reflected in research examining therapist bias around non-monogamy and polyamory. Even therapists who receive training are still unlikely to learn about different types of consensual non-monogamy (Kisler & Lock, 2019). And the biases held towards people practicing different types of non-monogamy can differ. For example, Grunt-Mejer and Campbell (2016) compared attitudes toward people practicing monogamy, swinging, open relationships, polyamory, and cheating. They found that monogamy was seen most favorably, followed by polyamory, open relationships, swinging, then cheating. The authors theorized that because polyamory still maintains the social norms of emotional connection as part of sex, it is viewed more favorably than open relationships and swinging. The sample was primarily heterosexual participants, but participants who identified as part of a sexual minority rated all consensually

non-monogamous practices and monogamous practices as similarly favorable, only viewing cheating poorly. The authors theorized that individuals who identify as a sexual minority have already challenged heteronormativity and are more likely to accept practices challenging mononormativity.

Grunt-Mejer and Chańska (2020) analyzed professional discourse on non-monogamy in Poland and observed that most therapists saw non-monogamy as incompatible with concepts of functional or healthy love. Many of their statements and beliefs centered around mononormative ideas, such as a biological basis for monogamy, that true love can only be focused on one person, and that people cannot put meaningful time and energy into more than one relationship. Similarly, they expressed the moral value of monogamy as a noble practice. The therapists described polyamorous clients as people who are self-centered, afraid of meaningful commitment, looking for avenues to explore problematic sexual standards, or easily manipulated by partners who want to explore polyamory. Pathologizing clients in non-monogamous relationships can cause harm and is indicative of a lack of awareness in the field, especially given empirical evidence of the benefits of polyamorous relationships (Kisler & Lock, 2019). Therapist bias can also obscure the reason why a client is attending therapy. Polyamorous clients may mention their relationships in passing, but then the therapist focuses on their polyamory, rather than the issue on which the client wanted to focus (Brown, 2020).

Even therapists who believe they are approaching non-monogamy from an affirmative and nonjudgmental standpoint need to be mindful. Finn et al. (2012) interviewed therapists who considered themselves accepting of non-monogamous relationships. The authors found several ways in which therapist mononormative bias still showed up. They found that therapists only tolerated non-monogamy as something used to enhance a central dyad's relational strength.

While they spoke nonjudgmentally about non-monogamy, they spoke of it as a practice in the service of their core dyadic relationship. Grunt-Mejer and Chanska's (2020) analysis of therapist discourse on polyamory found these perspectives to be quite common. Many therapists said they would consider polyamory a potential learning experience for couples, but maintain the goal of "healing" the central relationship. Finn et al. found that therapists would also discuss non-monogamy in stilted terms when working with couples who wanted to explore it. Therapists tend to prepare couples by describing non-monogamy as a dangerous and difficult journey, rather than offering preparation and guidance. Finn et al. also found that these therapists viewed couples as deficient in some way if they explored non-monogamy. The therapists tolerated the desire to explore non-monogamy, but only so couples could gain perspective on issues in their relationship such as intimacy, authenticity, or excessive sexual desire. The therapists would then use this exploration to help couples take what they had learned and reorient back to a monogamous relationship. This is not to say that this cannot be helpful for some couples.

However, therapists who only use this approach when exploring non-monogamy show a particular bias and could damage their relationships with some of their non-monogamous clients. Therapists cannot assume they can ignore mononormative biases. The structures of relationship counselling are based on mononormative ideas. This includes the approach labeled couples or marriage counselling. All relational assessments are designed for dyadic relationships, while non-monogamous assessments are largely designed to evaluate lack of fidelity in relationships (Girard & Brownlee, 2015). Polyamorous clients have clearly indicated that for counselling to feel safe and effective, therapists must provide affirmative and nonjudgmental practice (Kisler & Lock, 2019). This means therapists must actively work to understand the distinct and unique challenges polyamorous clients face compared to monogamous clients.

Summary

Polyamorous clients face stigma and shame in both internal and external spheres in their lives. This stigma can influence the dynamic of their relationships and the decisions they have to make to navigate a mononormative world. Polyamorous relationships also have some unique challenges in the form of navigation of jealousy, open communication between multiple people, practicalities of multiple relationships, and societal barriers. Finally, polyamorous clients can experience stigma and marginalization at the hands of therapists or other mental health professionals. In the following section, I will expand on how mental health practitioners can use this information to make changes to how they approach working with non-monogamous clients.

Implications for Counselling Psychology

The growing research has made it clear that polyamorous relationships face challenges and stigma that are largely absent in monogamous relationships. Because of this, there are various questions that need to be explored in how the field of psychology works with those in polyamorous relationships. Do current couples counselling frameworks apply to polyamory? Do polyamorous relationships require different approaches to work with the unique problems that arise? How can counsellor bias towards polyamory be addressed in structural and individual ways? The field of counselling must address these questions and its conceptualization of working with polyamorous clients.

Couples Counselling Framework

Couples counselling, developed over many decades, is a large area of focus in counselling psychology. However, it is unclear how well accepted theoretical approaches work with polyamorous clients. As I discussed previously, those in polyamorous relationships face many of the common challenges and ruptures that monogamous relationships face. The

mononormative assumptions that may inform a theoretical approach, or a counsellor's beliefs, will likely impact a theory's application to polyamorous relationships. If a theory, or counsellor, explicitly or implicitly views attachment outside of a couple as signs of deficit within the relationship, then it is likely to be a framework that undermines and dismisses concerns of polyamorous clients (Baumgartner, 2009). Counsellors must know whether their approach is informed by this deficit mindset and how this could lead to assumptions or misidentification of the problem when working with polyamorous clients. Almost all counselling theories and frameworks are based on the idea of a couple. Their application to polyamory depends on the flexibility of their interventions and practices to be applied to more than two people. The presence of strongly mononormative beliefs in a counselling framework is more indicative of bias than evidence-based practice, given that there is no definitive evidence to show monogamy as a superior form of relationship (Cassidy & Wong, 2018).

However, there is little direct research to support specific modalities or interventions with non-monogamous clients. In some cases, therapists can use existing counselling theories to address problems in polyamorous relationships. For example, the Gottman method of assessing behaviour patterns, conflict management, and sequences of interaction can still be used to assess polyamorous relationships (Kolmes & Witherspoon, 2017). But in general, more research is needed to explore therapeutic approaches that might be effective in addressing specific concerns in polyamorous relationships. It may be informative for counsellors to explore the use of a family systems or group approach to working with polyamorous relationships, given the potential presence of more than two people in the counselling space (Bettinger, 2005). There is little direct research because many researchers have focused on the impact of stigma and bias on non-monogamous clients. They recognize that the effectiveness of frameworks will be heavily

influenced by the underlying knowledge and biases of the therapist. Polyamorous individuals overwhelmingly report that their frustrations with therapists are not about the therapeutic approach, but about the attitude and education of the therapist.

Jealousy

Therapists should be particularly mindful of changing their relationship counselling practices around the way they address jealousy with non-monogamous clients. As discussed earlier, consensually non-monogamous relationships often have distinct practices and attitudes around jealousy that are different from those seen in monogamous relationships (Mogilski et al., 2019). The public tends to consider jealousy negatively, but polyamorous communities recognize jealousy as an opportunity for growth or insight (Balzarini et al., 2021). When therapists approach polyamorous clients, they should be mindful that traditional norms for discussing jealousy may not be relevant with polyamorous clients (Rubinsky, 2018). Polyamorous relationships consensually agree that sex and love with multiple individuals is permissible as long as it is within previously set boundaries. To assess these boundaries, people in polyamorous relationships typically expect regular and honest communication about engagement with other partners (Mogilski et al., 2019). Therapists must be prepared to work in this context, as clients may experience distress over their partner's engagement with other partners, but do not wish to see any change occur in the negotiated rules of the relationship. Polyamorous clients are also more likely to seek assistance in reaching a state of compersion rather than attempting to change boundaries in a relationship. Compersion, in particular, is often seen as a strongly related component of polyamorous relationships (Rubinsky, 2018). It is a state that people feel is connected to their identity of being polyamorous. Compersion is also important to be aware of, because it directly relates to the relationship orientation and relationship satisfaction of clients.

Unsurprisingly, monogamous couples tend to have a low score for compersion, but this is also related to greater relationship satisfaction for them (Balzarini et al., 2021). Polyamorous partners reported the converse trend. As compersion scores increased, there was a stronger association with relationship satisfaction. Therapists should base conversations around jealousy on the client's needs and personal experiences. However, therapists should still be aware that polyamorous relationships often have different ways of framing and working on jealousy in their relationships. Ultimately, polyamorous clients ask to be treated nonjudgmentally, not be pathologized, not have to teach their therapist, to be treated without discrimination, and to have their relationship decisions respected (Cassidy & Wong, 2018; Kisler & Lock, 2019; Schechinger et al., 2018; Trexler, 2021).

Cultural Competence

In recent years, there has been a strong emphasis on cultural competence in therapy. These values include working with polyamorous clients. Clinicians have an ethical responsibility to maintain a duty of care towards all, but particularly those who face oppression or discrimination (van Tol, 2017). In the context of polyamory, "culturally competent therapy calls for self-awareness of the clinician and an examination of the structures that promote mononormative ideals and marginalize alternative relationship formations" (Kisler & Lock, 2019, p. 44). This self-awareness around mononormativity is necessary, but there are other cultural factors to be mindful of with non-monogamy.

There are strong connections between polyamory and the LGBTQ2S+ community (Borgogna & Aita, 2021; Cassidy & Wong, 2018). Clinicians should be mindful of the additional stigma and bias clients may face when they are part of one or more gender or sexual minorities. Clinicians need to be aware of pronoun use, partner preferences, preferred labels, and be

prepared to assess potential impacts of marginalization from friends, family, or community, given that polyamorous clients may hold multiple minority identities (Borgogna & Aita, 2021).

Therapists should also be aware of the different cultural contexts that could inform client engagement with multiple relationships (Joffe, 2016). It is important for therapists to educate themselves on these different cultural contexts in order to challenge their own biases towards multiple relationships. Many Western biases towards multiple relationships come from the heavily discussed practices of polygamy seen around the globe. Western researchers identify problems with many polygamous practices that are culturally forced. Where women are forced to accept polygamous marriages, children are groomed for marriage from early ages, or men are culturally allowed to engage with multiple women, while women must remain monogamous (Liversage, 2020). These harms occur in some, but not all, polygamous practices around the globe, and they are distinct from the concept of polyamory. Polyamory is the engagement in multiple relationships with consent, open conduct, and equal participation from all partners (Joffe, 2016). However, many people associate the concept of multiple relationships of any kind with forced marriage and child sexual abuse, because of the efforts to promote certain images of monogamy and polygamy. These attitudes can only be challenged when identified. It is necessary for therapists to reflect on how these messages may shape their perceptions of people in consensual non-monogamous relationships.

Therapists must be aware of the impact society has on polyamorous clients. Many therapists tend to prioritize the individual psychological context over the social context, and this can blatantly ignore the societal impacts polyamorous clients experience (van Tol, 2017). Practitioners must acknowledge that in some cases, the problem has more to do with society than with the client themselves. Many clinicians will not use this systemic lens with polyamorous

clients, particularly if they are highly mononormative. Harmful perceptions of non-monogamy must be challenged, especially since consensually non-monogamous people in the United States report being just as, if not more, happy, healthy, and relationally satisfied than monogamous people (Cox et al., 2021). Counsellors should maintain a systemic lens that incorporates their understanding of the cultural factors and barriers likely to impact polyamorous clients (Kisler & Lock, 2019). With that context in mind, they can begin to reflect on their own biases and how they show up in the counselling room.

Therapist Bias and Knowledge

The stigma towards polyamory, and how it shows up in the counselling room, was one of the most common themes in the literature. Clinicians must be adept at identifying their attitudes and beliefs to engage in ethical practice (Canadian Counselling and Psychotherapy Association [CCPA], 2020). However, many clinicians and institutions do not address the need to reflect on biases towards consensually non-monogamous clients (Cassidy & Wong, 2018). Clinicians are not exposed to training and information about non-monogamous relationship structures.

Polyamorous clients frequently terminate therapy due to their clinician's lack of knowledge of non-monogamy (Schechinger et al., 2018). Additionally, many clinicians still view polyamory as harmful or tend to pathologize clients using diagnoses or attachment issues to explain their desire to be polyamorous (Trexler, 2021). It is unsurprising that many polyamorous clients report dissatisfaction with their experiences in therapy, given the variety of issues they encounter with clinicians. Counsellors, both on an individual and systemic level, need to begin incorporating education on consensually non-monogamous relationships. On an individual basis, this is a relatively straightforward task that requires counsellors to seek knowledge around non-monogamy. To increase knowledge on a broader scale, counsellors can advocate for more

educational opportunities and for training institutions to thoroughly address non-monogamy. Those positioned to offer learning opportunities can provide professional development opportunities in workplaces, create workshops or trainings, provide non-monogamous resources to colleagues, or advocate for changes to training programs (Cassidy & Wong, 2018). Counsellors with roles in academia can include information on non-monogamy. These opportunities to share knowledge on non-monogamy are increasing in the field of counselling and contribute to improved outcomes for polyamorous clients in therapy (Schechinger et al., 2018).

Challenging stigma and bias can be complex but does not need to be a daunting task. Polyamorous clients simply want to be treated with a nonjudgmental approach, as any client would hope, in a vulnerable environment like the counselling room. Counsellors can begin by examining their own biases. Therapists must reflect on the messages they have received about monogamy and non-monogamy, healthy relationships, moral attitudes towards multiple partners, and what shaped those beliefs and values (Trexler, 2021). As therapists begin to educate themselves on the subject, this reflection may come naturally. Counsellors can ask themselves if they are pathologizing polyamorous clients, hyper-focusing when clients mention polyamory, or attempting to guide polyamorous clients to monogamous relationship structures (Kisler & Lock, 2019). It is also common for counsellors with personal experiences of infidelity to hold biases towards polyamorous relationships (Henrich & Trawinski, 2016). Counsellors should be mindful of how personal relational experiences can impact their views towards people engaged in multiple relationships. If counsellors struggle to identify their biases, tools such as the Consensual Non-Monogamy Attitude Scale, can help specify their biases (Cohen & Wilson, 2017).

There are myriad ways counsellors can challenge their biases. They can engage in reflective practice, seek supervision, treat clients as experts, and practice keeping their preconceptions of non-monogamy out of the counselling room (Cassidy & Wong, 2018). As counsellors educate themselves, they will better understand the breadth of societal stigma towards polyamory.

Recommendations for Practice

Clinicians can take immediate action to better serve their polyamorous clients, despite the many gaps in research. Various authors have outlined common themes where therapists can improve their daily practice.

A Welcoming Environment

Office procedures and material can be more welcoming to non-monogamous clients. They can leave blank spaces on forms for relational status, rather than having check boxes for people to fill in (Borgogna & Aita, 2021). Forms can also have spaces specifically for relational structure, where people can describe their relationships in terms they prefer (van Tol, 2017). It is not necessary for clients to disclose they are in polyamorous relationships, but it is helpful for therapists to provide as many safe opportunities for clients to disclose at different points in paperwork and intake processes (Cassidy & Wong, 2018). Therapists can also create changes to the wording of their materials. Explicitly stating that they acknowledge and work with non-monogamous clients is a straightforward recommendation (Borgogna & Aita, 2021). Demonstrate comfort and knowledge around sexual health as an indirect way to be more welcoming for polyamorous clients (Duplassie & Fairbrother, 2018). Have resources and information for sexually transmitted blood borne infections, place condoms in the waiting room or bathroom, and have material explicitly stating an expertise in sexual health. People in multiple

relationships usually navigate sexual health carefully (Duplassie & Fairbrother, 2018). By demonstrating comfort in the topic, therapists can create a welcoming environment for non-monogamous clients.

Improving Sessions

Polyamorous clients, unsurprisingly, will gravitate towards therapists who promote polyamory as a valid and meaningful relationship practice (Jordan, 2018). Therapists can also shift their language to relationship counselling, rather than couples counselling, to be more welcoming (van Tol, 2017). Language shifts can also occur in how therapists ask about relationship status at intake. For example, asking: how many people are part of your current relationship (Jordan, 2018). Therapists should also remember that polyamory and non-monogamy mean different things to every client (Kisler & Lock, 2019). Therapists can ask clients what polyamory looks like, or means to them, rather than assume. However, should be mindful and consider explaining why they are asking these questions in order to avoid misunderstandings (van Tol, 2017). This is to mitigate making the client feel like their therapist is uninformed, when the therapist is simply trying to better understand the client's personal experiences and values with polyamory.

Working with more than two clients in relationship counselling may also require some logistical changes in practice. Therapists could consider increasing the length of their sessions if they provide counselling to a trio or more people in a relationship, so there is enough time to hear from all (Cassidy & Wong, 2018). This may also mean some accommodations or flexibility in scheduling, as finding availability for three, four, five, or more people will be more difficult than with one or two (Rubinsky, 2018). Clinicians should generally be mindful to make time for clients to process the various difficult emotions that can arise in polyamorous relationships

(Duplassie & Fairbrother, 2018). Many polyamorous clients may initially seek assistance in communication or logistical issues, like managing time and energy in multiple relationships. But if the focus is immediately on problem solving, and space is not given for clients to express and listen to each other's emotional experiences, there can be an increase in difficulties in the relationship (Duplassie & Fairbrother, 2018).

Areas of Assessment

Clinicians should assess for client's identities with other minority groups, particularly those of sexual and gender minorities. This can give a clinician insight into potential experiences with minority stress, as well as help them identify strengths that clients may already have in facing societal stigma and hidden relationships (Borgogna & Aita, 2021). Because of the minority stress that contributes to high rates of depression and sexual violence among polyamorous individuals, clinicians should consider specifically assessing for these factors (Borgogna & Aita, 2021). Clinicians should also assess how long clients have been engaging in polyamory. This is to better understand their experience with the relational structure and the potential mononormative biases that may still influence them. For example, monogamous clients typically have more difficult experiences with jealousy (Mogilski et al., 2019). This could make jealousy more intense for clients who are first transitioning into polyamory. Therapists can also use assessment tools when working with clients who are beginning to explore the option of consensual non-monogamy. The only scale currently available to assess this is the Willingness to Engage in Consensual Non-Monogamy Scale (Sizemore & Olmstead, 2017).

Education

Information and reflection on non-monogamy could be integrated in several areas of a typical graduate school program. Possible courses that could be infused with information on

polyamory could include couples counselling, social justice and diversity, professional practice and ethics, and human sexuality (Sanabria & Murray, 2018). Ideally, this information would be integrated broadly with a focus on giving students opportunities to learn more about the experiences of non-monogamous individuals, to reflect on their own values and biases around non-monogamy, and develop comfort in speaking to the subject with at least a base level of knowledge. Graduate programs can provide opportunities for future therapists to develop their knowledge in these areas, but it is up to individuals to engage with this subject area. Particularly when noting that reflecting on bias is an ongoing practice. Practitioners who are already out of graduate school will have to take the initiative to access additional training, books, academic research, and records of lived experience. This does not have to be done all at once. There is a wealth of formal and informal resources for clinicians to be able to learn more about non-monogamy.

Both graduate school programs and individual practitioners should be mindful to explore polyamory in the context of both working with individuals and with groups. Clinicians may encounter individual clients who are struggling with non-monogamy in some capacity, but they may also be working with multiple people involved in a non-monogamous relationship. These situations will require different skills as therapists will be navigating different intra and interpersonal dynamics. Graduate programs can incorporate discussions of polyamory into group and family counselling courses, giving students examples of applying group and family techniques to scenarios involving multiple people in relationship. Therapists have many of the tools they need to be able to work successfully with non-monogamous clients, both individually and in relationship counselling. What many therapists have often missed are opportunities to be exposed to information and experiences of non-monogamous people.

Summary

Overall, clinicians should be primarily concerned with reducing their own biases towards non-monogamous individuals. The research in this field is clear that polyamorous clients still regularly face stigma in the counselling room. Non-monogamous clients ask counsellors to be open-minded, poly-affirming, and at least somewhat familiar with the idea of polyamory. Counsellors can easily meet these requests. It is a therapist's responsibility to examine their own beliefs and biases around polyamory and to take appropriate action to challenge their internal biases. Therapists begin this process by reflecting on their biases, educating themselves on non-monogamy, and using their newfound knowledge to make actionable change to their therapeutic practice.

Fundamental Next Steps for Research

Research on polyamory has increased in recent years, but much of it is broadly focused and does not address the context of effective counselling (Klesse, 2018). One of the broad gaps is culturally specific research on the dynamics of polyamory. Much of the research is based broadly in Western countries, but with no specific focus on culture. This homogenizes the experience of diverse polyamorous individuals and communities. While there is research that investigates the experiences of polygamy around the world, much of it explores polygamous practices that are not fully consensual. The cultural experiences of people engaging in fully consensual multiple relationships still have not been commonly researched. Many current studies on polyamory have limited samples and samples that are not representative of the population (Kisler & Lock, 2019). This impacts the cultural validity of much of the research on polyamory, but also a lot of the statistical validity and reliability. There is almost no longitudinal, quantitative, or outcome-based research on polyamorous clients' experiences with therapy (Cassidy & Wong, 2018).

Currently, counsellors have insight into the broad themes of harmful or beneficial practice when working with polyamorous clients. However, there is little research to identify what specific changes counsellors can make that will have statistically noticeable outcomes for polyamorous clients. Balzarini et al. (2019) note that there is little research into the unique aspects of polyamorous relationships and how those might be more relevant in certain therapeutic contexts. They suggest it would be worthwhile to explore the impact of tangible and intangible investments in polyamorous relationships. Tangible investments are described as children or possessions, and intangible investments reflect time, effort, and emotional experiences. They note that people only invest in one partner in monogamous relationships. They suggest that gaining insight into how people spread these investments across multiple relationships could help better understand the common strains and strengths in polyamorous relationships.

As jealousy manifests uniquely in polyamorous relationships, it should be more fully explained. There is some evidence of the trends in how polyamorous people conceptualize jealousy, but none on how therapists can effectively support clients in managing jealousy or reaching a state of compersion (Balzarini et al., 2021). There is an understanding that jealousy is different in polyamorous relationships, but there is no research that explores how to work with that. More research is needed to better understand the unique relational dynamics that influence jealousy in polyamorous relationships and how therapists can expand their practice in this regard (Rubinsky, 2018). Jealousy is also more difficult to assess in polyamorous relationships. Most jealousy scales do not allow mixed emotional responses around jealousy, which makes it difficult to account for the complexity of emotions that can occur in multiple partner relationships (Mogilski et al., 2019).

Impacts on children and family dynamics also require more research. There is research reporting the benefits and challenges parents experience raising families in a polyamorous context, but there is little direct research on children's experiences. There is little to no research on the impacts that polyamorous parents have on the wellbeing of the child or their future. The research that explores some impacts is from the perspective of the parents, rather than direct data from children (Klesse, 2018). This area needs to be further researched to better understand the common barriers or strengths children experience in having polyamorous parents. There is likely already research on children raised in more communal family structures around the globe. This research on communal family structures could give further insight into the possible concerns or benefits that can occur when children are raised with more than two attachment figures in their life. However, the specific impact of having polyamorous parents, particularly in highly mononormative and individualistic societies, needs to be researched.

Schechinger et al. (2018) note there is research that indicates global therapist helpfulness, but very little to suggest the nuances of practice that can be implemented. They suggest more studies need to be conducted on the impact of specific therapeutic practices on work in non-monogamous clients to better understand the outcomes. This would also help address the lack of modality specific practice with polyamorous clients. There is almost no research on the effectiveness of certain modalities, such as CBT or narrative therapy, in working with individual polyamorous clients. Various approaches have been posited as having a higher likelihood of being effective, but there is no empirical research to verify these claims (Trexler, 2021). This includes group and family counselling, which have been suggested as promising avenues to explore with relationship counselling with multiple partners, but still lack significant research in this area. There needs to be more statistically significant, empirical, and outcome-based research

to start creating scientifically meaningful guidelines for counselling with polyamorous clients (Schechinger et al., 2018).

While there is still a lack of academic research, there are many books, online communities, workshops, and anecdotal accounts of polyamorous relationships that therapists can turn to for insight and education (Cassidy & Wong, 2018; Trexler, 2021). As research continues, therapists will be better equipped to serve polyamorous clients.

Reflexive Statement

I started this process with a highly positive bias towards consensually non-monogamous relationships. This may have impacted the direction my research took, but I was as mindful as possible of how my values align with many concepts present in non-monogamous communities. I believe the information I gathered is representative of how the counselling field approaches and discusses non-monogamous clients. While this research has affirmed my beliefs and values around non-monogamy, I think that is because the data supports many of my beliefs, rather than evidence of my bias impacting my research. I believe this is because in the breadth of my search, the themes I identified in this paper were by far the most common. Even when I directly used search terms to attempt to find research that identified harms of polyamory, I was only finding articles that identified the harmful lay attitudes towards those who practice polyamory. I could not find academic literature that clearly outlined polyamory as an unhealthy practice. Only literature that outlined that people often perceive polyamory as an unhealthy practice. That being said, I have still learned plenty and uncovered more to think about.

Significantly, I find myself reflecting on how my own beliefs around polyamory may impact the way I support my clients. Earlier, I discussed therapists often trying to guide their polyamorous clients back towards monogamy. I would worry about my tendency to do the

opposite. To present non-monogamy as an alternative to struggling monogamous couples, even if that may not be an appropriate option. Or to try and keep pushing for non-monogamous clients to keep trying when they identify they wish to change to a monogamous structure. I need to be mindful that while I may privilege polyamorous structures, values, and concepts of jealousy, clients with whom I work may not have the same depth of value. I will continue to engage in the practices I have been using throughout this process in order to ensure my biases and countertransference in this way is managed. I will continue to access supervision and directly focus on how I can effectively practice in relationship counselling with all clients, including monogamous couples. I will also continue to explore exercises to engage in self-reflection in ways I have not before. This can include developing specific journal prompts for me to engage with when working with certain clients who evoke strong feelings of bias or countertransference in me (Gillem, 1999).

I have reflected on what my role is, moving forward, as I hope to educate and support other practitioners working in relationship counselling. As a graduate student and new therapist, what is my place in challenging the paradigms and practices of counsellors who have been working in this field for years, if not decades, more than I have? I believe it is important to examine our practices regularly, but I am uncertain of how to do that in a way that my information will be considered valid. I hope to spread what I have learned, support others already engaged in this work, and engage in further training for myself. Ultimately, I can never force others to accept a paradigm shift. All I can do is present what I know to the best of my ability. However, this research has emboldened me, and I know it will frustrate me when I meet and work with clinicians who refuse to challenge their mononormative beliefs and practices. Luckily, I have not encountered that yet. I will have to learn how to manage my own reactions, while also

engaging authentically with other counsellors who may disagree with a positive approach to non-monogamy.

One of my other frustrations doing this work was the limited research on non-monogamy in therapeutic settings. I began this process with the goal of finding as much quantitative research as possible. There is a moderate amount of qualitative research, but, despite my efforts, I could not find quantitative data that evaluated effective counselling practice. There are obvious research implications, but my personal frustration with this comes from the roadblock it creates in challenging ways of thinking about non-monogamy in counselling. It is possible that some people will not accept qualitative data alone as evidence of effective practice. Because of the lack of quantitative data in this field of counselling, it may be difficult to convince some people that mononormative practices may need to be reconsidered.

Overall, going through this process has affirmed that I want to engage with clients in a way that is positive and accepting of non-monogamy. But it has also left me with plenty to reflect on how I can best serve these clients on a broader scale by effectively advocating for shifting away from mononormative attitudes and beliefs.

Conclusion

In this paper I meant to address the growing need for information and guidance on counselling non-monogamous clients. It is clear that there is significant societal stigma towards non-monogamous individuals and relationships (Henrich & Trawinski, 2016). This stigma is present in the field of counselling as well (Jordan, 2018). The foundation of couples counselling is focused on the mononormative and based on the understanding that monogamy is the only appropriate form of healthy relationship. This mononormativity in counselling impacts polyamorous clients seeking therapy. Clients report experiences of being judged, shamed,

misinterpreted, or manipulated by counsellors who are not accepting of non-monogamous practices (Brown, 2020; Finn et al., 2012; Grunt-Mejer & Chańska, 2020).

One of the primary causes of this treatment is the lack of education therapists receive around working with non-monogamous clients (Kisler & Lock, 2019; Weitzman, 2006). Education on non-monogamy is not standardized in most graduate school programs, and any therapist seeking training in this area will likely have to seek it out themselves. This creates two problems. First, therapists generally do not know how to work with non-monogamous clients and the unique challenges they face compared to monogamous clients. Second, the lack of training means most therapists are never in an environment where they have their mononormative assumptions or beliefs challenged. This, in turn, creates the potential for poor service or harm towards clients.

Therapists, both individually and as a whole, need to begin challenging their internal assumptions and biases towards non-monogamy. This must be an active pursuit intentionally implemented by counsellors, institutions, and professional organizations. Without intention, most counsellors will not truly work to examine their beliefs around monogamy and non-monogamy (Cassidy & Wong, 2018). As therapists reduce the impact of mononormativity on their work with clients, polyamorous individuals report an increase in satisfaction with therapy (Schechinger et al., 2018). At the start of this paper, I posed the question: What are the best practices for providing relationship counselling for those in a relationship involving multiple committed individuals?

This question cannot yet be thoroughly answered. A lot of research is still needed to better understand the specific modalities, theories, and interventions that are most effective with polyamorous clients. However, research has begun to address polyamorous clients' challenges

and needs. There is understanding of the stigma and biases that poly clients face in and out of the therapy room. Researchers have worked to understand and explain unique challenges and concepts in polyamorous relationships, like time management, jealousy, hierarchical relationship issues, and cultural barriers. Therapists have access to enough resources to begin examining their own views, clinical practices, and educational focus around non-monogamy. Clinicians must begin to engage in this area to provide effective and nonjudgmental counselling for polyamorous clients. And therapists can continue to engage with additional training as further research is completed on effective interventions to use with this client base. There is a significant movement to expand counselling's understanding of working with non-monogamous clients, and this movement will continue to grow as more and more therapists engage with challenging mononormativity in themselves and their counselling spaces.

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