CONSENSUAL NON-MONOGAMY FACT SHEET

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KEY TERMS

> **Polyamory** refers to relationships where people, whether singly or while partnered, have multiple romantic and/or sexual partners. People in these relationships sometimes have group relationships involving three or more persons, or they may have several concurrent independent relationships.

> **Open relationship** refers to relationships where people are romantically exclusive to one partner while having other sexual partners. People in these relationships sometimes engage in sex as a couple (e.g., threesomes, group) or independent sexual relationships.

> **Swinging** refers to relationships where people are romantically exclusive to one partner and mutually seek out other sexual relationships together. People in these relationships sometimes engage in sex as a couple (e.g., group sex) or swap partners with another couple.

Conley et al., 2017; Moors et al., 2017; Sheff, 2015

Creating clear definitions regarding CNM relationships is challenging; these are broad definitions and not mutually exclusive. Not all relationships are practiced in the same

Consensual non-monogamy in the U.S. and Canada



About 1 out of 5 people
have engaged in CNM at some point during their lifetime

4-5%
of people in a relationship are currently part of a CNM relationship

12%
of people reported that CNM is their ideal relationship

(Fairbrother et al., 2018; Haupert et al., 2017)

A broad range of people engage in CNM — people from diverse race-ethnic backgrounds, income and education levels, geographic regions, religions, and policical affiliations. Lesbian, gay, and bisexual individuals are more likely to engage in CNM than heterosexual individuals. Engaging in CNM is also common for asexual/aromantic people.

Q & A SECTION

What is Consensual Non-monogamy?

Relationships can be thought of as agreements that partners decide upon. Some people may agree to be romantically and sexually exclusive to one partner (commonly referred to as monogamy), while some people may agree on varying levels of romantic or sexual openness with more than one partner. Consensual non-monogamy (CNM) is an umbrella term for relationships in which all partners give explicit consent to engage in romantic, intimate, and/or sexual relationships with multiple people. These are consensual relationships, not to be confused with infidelity. CNM can take a variety of forms. A relationship agreement might involve partners engaging in sexual, but not romantic relationships. Another type of agreement might include several people (three or more) in a relationship who remain romantically and sexually exclusive. Common forms of CNM (or ethical non-monogamy) include polyamory, open relationships, and swinging relationships.

What are the stigmatizing experiences of people engaged in consensual non-monogamy?

Societal views toward CNM tend to be negative and stigmatizing. For instance, these relationships are perceived as low in relationship quality, immoral, and harmful to children (Moors et al., 2013; Rodrigues, Fasoli, Huic, & Lopes, 2018). Likewise, people engaged in CNM report a range of stigmatizing experiences based on their relationship style, such as rejection from family members and criticisms about raising children (sometimes including loss of child custody; Sheff, 2011). Given fears concerning disclosure, many people engaged in CNM feel pressure to hide their relationship style from close friends and family (Kimberly & Hans, 2017; Sheff, 2011).

People who practice CNM also face stigma from healthcare professionals. In a therapeutic setting, 1 in 5 people engaged in CNM indicated that their therapist lacked basic knowledge about CNM and nearly 1 in 10 reported that their therapist pushed them to terminate their CNM relationship. These harmful therapy practices were linked with clients stopping therapy prematurely (Schechinger, Sakaluk, & Moors, 2018). Similarly, in medical settings, people engaged in CNM commonly experience judgmental interactions with healthcare staff (Vaughan, Jones, Taylor, & Roush, 2019).

What are the relationship and health outcomes of people engaged in consensual non-monogamy?

Although CNM relationships are stereotyped as dysfunctional, empirical studies suggest otherwise. People engaged in CNM and monogamy report equal levels of relationship satisfaction, trust, commitment, and psychological health (Conley, Matsick, Moors, & Ziegler, 2017; Rubel & Bogaert, 2015). People engaged in CNM tend to experience low levels of jealousy and mild forms of relationship insecurity (Conley et al., 2017; Ritchie & Barker, 2006). Further, people engaged in CNM experience unique relationship benefits, such as getting a wider variety of needs met and promoting personal growth (Moors, Matsick, & Schechinger, 2017). Considering sexual health, people engaged in CNM report high levels of safer sex strategies (e.g., barrier method usage, STI testing; Conley, Moors, Ziegler, & Karathanasis, 2012; Lehmiller, 2015). Overall, the available research suggests that CNM and monogamy yield similarly positive outcomes and can be equally viable relationship options.

RECOMMENDATIONS FOR RESEARCHERS

> **Provide options for relationship status questions:** Despite how common CNM is (Haupert et al., 2017), these relationships are often rendered invisible in research because relationship status questions typically do not include diverse options. Application considerations: Provide a variety of options for relationship status questions with brief definitions (e.g., single, casual dating, monogamy, types of CNM) as well as an open-ended option.

> **Examine assumptions of theories of intimacy and adapt measures:** Popular measures of intimacy often include items that do not apply to people engaged in CNM. For instance, a common way to assess relationship quality includes items that suggest low investment if a person reports that they are willing to date someone else (which applies to people engaged in monogamy, not CNM). Application considerations: Adapt measures to include people engaged in CNM (or develop new measures), including the ability to answer questions about multiple partners and provide feedback options on item wording to identify potential issues (Moors, 2019).

> **Research varied aspects of CNM:** Psychological research on CNM is an emerging area, yet there is still much to be understood about motivation, agreements, and interpersonal dynamics. Application considerations: Employ multiple methods (e.g., interview, survey) and approaches (e.g., testing extant theory, using grounded theory) when designing studies. Refrain from always centering questions on comparisons between people engaged in monogamy and CNM, as monogamy is not necessarily a "control group" to which CNM should be compared (Moors et al., 2017).



RECOMMENDATIONS FOR CLINICIANS

> **Pursue and provide CNM educational opportunities:** One of the most helpful practices that therapists can engage in is seeking information about CNM—endorsed by more than 1 out of 3 clients engaged in CNM (Schechinger et al., 2018). Application considerations: Attend trainings, read about CNM in professional literature and, if a mental health organization, provide trainings for staff and host support groups for CNM clients.

> **Acknowledge a CNM-affirming stance:** People engaged in CNM mention that they experience negative judgment (mentioned by 48%) and feel pathologized (mentioned by 38%) by their therapist (Schechinger et al., 2018). This includes reports that therapists suggest that CNM is unnatural, does not work, or stems from commitment issues. Application considerations: Reflect on potential personal biases, take a non-judgmental posture, and recognize how societal stigma may facilitate misattributing CNM as the cause or result of another problem.

> **Create inclusive environments:** Signaling inclusivity, especially for people with marginalized identities, helps create a welcoming professional space. Application considerations: Include options for relationship structure on intake forms and use the term partner(s) until clients have clarified which terms they use. Explicitly convey support for CNM on professional website and therapist directory provider profiles (e.g., APA Psychologist Locator, Psychology Today's Therapist Locator).

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