2018

Nonmonogamous Clients' Experiences of Identity Disclosure in Therapy

Viktoriya Fuzaylova
Antioch University, New England

Follow this and additional works at: https://aura.antioch.edu/etds

Part of the Clinical Psychology Commons

Recommended Citation

Nonmonogamous Clients' Experiences of Identity Disclosure in Therapy

by

Viktoriya Fuzaylova

B.A., Brandeis University, 2005
M.S., Antioch University New England, 2011

DISSERTATION

Submitted in partial fulfillment for the degree of
Doctor of Psychology in the Department of Clinical Psychology at
Antioch University New England, 2017

Keene, New Hampshire

Department of Clinical Psychology

DISSERTATION COMMITTEE PAGE

The undersigned have examined the dissertation entitled:

NONMONOGAMOUS CLIENTS' EXPERIENCES OF IDENTITY DISCLOSURE IN THERAPY

presented on April 24, 2018

by

Viktoriya Fuzalova

Candidate for the degree of Doctor of Psychology
and hereby certify that it is accepted*.

Dissertation Committee Chairperson:
Kathi Borden, PhD

Dissertation Committee members:
Dean Hammer, PsyD
Cynthia Whitaker, PsyD

Accepted by the
Department of Clinical Psychology Chairperson
George Tremblay, PhD

on **8/31/17**

* Signatures are on file with the Registrar's Office at Antioch University New England

Acknowledgments

I would like to acknowledge here the immense contribution of the nonmonogamous community as a whole, composed as it is of close friends and distant strangers linked only by a shared identification and an internet connection, and individuals within it for their inspiration and enthusiasm about my research, the many conversations at unlikely places for academic endeavor which helped refine and bring authenticity to my inquiry, for critical and thoughtful feedback on design, and overwhelming outpouring of interest in participation. They challenged my worldview and encouraged me throughout this process to be a little truer and a lot more courageous as a person, a scholar, and a clinician.

I would also like to acknowledge the role of the Community-Academic Consortium for Research on Alternative Sexualities (CARAS) Mentoring Program and particularly the support and wisdom of Laura A. Jacobs, LCSW-R who unites a fighting spirit, snark, and a deep compassion in her advocacy, clinical work, and empowering students.

Finally I want to express my boundless love and gratitude for my partner in life and learning, Nat Budin, without whom this project and many others would not have come to fruition. I thank him, for his tireless emotional and technical support, nourishing affection, and general brilliance.

Table of Contents

List of Figures

Abstract

Presented is a qualitative phenomenological investigation of the experiences and perspectives of individuals who self-identify as consensually nonmonogamous regarding disclosure of that identity in psychotherapy. Members of this rarely-studied group (*n*=10) shared their accounts through an anonymous open-ended online questionnaire. Their prompted autobiographical accounts were analyzed for recurring themes and unique concepts which were drawn together into a model of disclosure of a nonmonogamous identity in a therapeutic setting. This model suggests that while nonmonogamous clients expect prejudice from their therapists, their desire for personal integrity and their culturally informed conviction that openness is necessary for best results, often leads them to disclose early in the treatment and to select therapists based on the reaction to the disclosure. Results also highlighted a tension between access to knowledgeable and affirmative care and financial considerations, which are largely due to the scarcity of therapists sufficiently informed about nonmonogamy. The findings of this study provide direction for further research and an impetus for systemic changes in the training and practice of mental health professionals.

Keywords: CNM, Coming out, Consensual nonmonogamy, Ethical nonmonogamy, Multicultural psychotherapy, Nondisclosure, Polyamory, Prejudice, Psychotherapy, Secrets, Self-disclosure, Stigma, Therapeutic relationship

Nonmonogamous Clients' Experiences of Identity Disclosure in Therapy

The field of clinical psychology is becoming more aware that some client populations have long been overlooked for having less consequence and privilege in the world or simply being too different from the clinicians and researchers (Sheff, 2016). In recent years, more interest and resources have been devoted to understanding these marginalized groups. Training programs for therapists now make a concerted effort to address ethnic and cultural differences, to pay special attention to the effects of socioeconomic status of clients, and to recognize the full spectrum of sexual and gender identity. There is an as-of-yet obscured portion of people in our clinics and offices who live intimate and social lives outside the social and theoretical norms, and who are consequently subject to the forces of oppression that silence and pathologize. These are our clients, who with their lives and words, call into question the social norms of monogamy, marriage, family, and commitment.

The term *consensual nonmonogamy* is a general category used by a number of loosely tied and variously overlapping communities that reject monogamy as a norm and a value and embrace a lifestyle that permits more than two consenting adults to form relationships. This term and the practices associated with it have been gaining popular and professional attention. I begin by briefly introducing the concept and reviewing the various types of nonmonogamy. Constructions of a nonmonogamous identity and associated politics are discussed as well as the discourse around language and public presentation. Because polyamory is often closely identified with the lesbian, gay, bisexual, and transgender (LGBT) community, these intersections were investigated for the significance of this association as well as to how one can help understand the other. I present an overview of the attitudes towards psychotherapy often referred to in polyamorous rhetoric and discuss both the perceptions and their possible sources

and briefly examine the role of self-disclosure in therapy and how perceived stigma affects the decisions around disclosure.

I then address the necessity of learning more about this group and the rationale for the present study. Finally I discuss the present study along with its findings and implications for practice and directions for further research.

Literature Review

Overview of Nonmonogamies

The terms "free love," "open relationships," and "communal marriage," were familiar in the 1970s (Rogers, 1972) and attracted some attention in the psychological literature. Rogers wrote about this phenomenon as "experimental relationships" (p. 144) and "alternatives to conventional marriage" (p. 125) in his book *Becoming Partners: Marriage and its Alternatives*. His was an appreciative overview of some of the creative and authenticity-focused efforts to redefine marriage and romantic and love partnerships to enable personal and relational growth, and a look to the future which he imagined would have room for a wider understanding of relationships.

In the past decade, there has been a resurgence of interest in nonmonogamous practices both in the mainstream media and in academic publications in the United States, the United Kingdom, and Australia. Articles in print and on the internet, news reports, a cable television series called *Polyamory: Married and Dating* (Garcia, 2012), and a number of books (Anapol, 2011; Easton & Hardy, 2009; Taormino, 2008; etc.), have introduced the public to current nonmonogamous practices, increased the visibility of nonmonogamous communities, and opened the discussion of relationship structures and family values.

Likewise, there has been increased academic attention to nonmonogamous practices and

issues that arise for individuals around identity, intersectionality, the political and philosophical discourse within communities, and critical issues for treating nonmonogamous individuals and families in clinical practice (Barker & Langdridge, 2010). In 2006, *Sexualities* dedicated a special issue to introducing nonmonogamies and examining the questions of language and diversity. In 2010, a collection of papers deepening the discussion was published in a volume titled *Understanding Non-monogamies* [*sic*] presenting a variety of perspectives from multicultural and feminist standpoints.

While much of the popular literature remains in the form of self-help, or activist writing (Haritaworn, Lin, & Klesse, 2006), such activism is apparent in academic publications as well. The field of academic publications addressing the issues faced by nonmonogamous individuals and especially the needs of these individuals in a clinical setting is small and sparsely populated (Haritaworn et al., 2006; Sheff, 2005). What does exist largely attempts to introduce psychologists to the concept of polyamory and other forms of nonmonogamy, present gender and sexual orientation differences in practice and conceptual frameworks, and reframe it as a radical but valid new construct of love, sexuality and family for a more liberated new way of life (Shernoff, 2006).

What follows is a very brief definition and an overview of consensual nonmonogamy and the current literature concerning its various forms. The following discussion refers to contemporary secular Western practices and definitions only rather than any historical precursors or religious and cultural traditions in the United States or other parts of the world.

Definition. As the term implies, nonmonogamy refers to relational structures that do not adhere to the normative dyadic paradigm wherein sexual and emotional exclusivity are implied or explicitly stated. Within the nonmonogamous constructions of relationships, one or both of

these types of exclusivity are neither assumed nor practiced. The added qualifier of "consensual"

(or "negotiated") refers to the practice and expectation of awareness of the structure and the

agreement to the negotiated terms of the relationship. Notable is an inconsistency in usage both

colloquially and in academic literature. Nonmonogamy is used often omitting the implied

consensual qualifier, and is used both as an umbrella term for the various forms of consensual

nonmonogamy and at times to refer to a particular relationship form that contrasts with

polyamory in the level of commitment of relationships pursued, wherein polyamory may indicate

a greater level of emotional commitment. These distinctions are neither definitive nor are they

fixed, as is the case for much of the nomenclature around nontraditional relationship structures as

people search for terms to encapsulate a variety of intentionally personally constructed concepts.

In service of clarity, this paper uses *nonmonogamy* as an umbrella term to refer to practices such

as polyamory, *monogamish* relationships, open marriage, relationship anarchy, polyfidelity, and

subtler personal variations.

An important distinction is also to be made between consensual nonmonogamy and

patriarchal polygamy (Anapol, 2011, p. 180). Patriarchal polygamy is more precisely termed

polygyny, meaning the marriage between one man and multiple women. It is practiced legally

and covertly in various traditional and religious communities around the world—The

Fundamentalist Church of Jesus Christ of Latter-Day Saints (Anapol, 2010), Muslim

(Rambukkana, 2004), and Chinese (Anapol, 2010). The differences are then structural (though

rare examples of polyandrous cultures exist; Anapol, 2010) as well as political and cultural.

Patriarchal polygamy is distinct in its restriction of one gender from access to multiple partners

and power in structuring the relationship, whereas modern nonmonogamy places an emphasis on

egalitarianism and consent and is not built upon a religious practice (Sheff, 2005). Another

practice that falls within the definition of nonmonogamy or polygamy—but is expressly excluded from discussions of consensual nonmonogamy—is having affairs in secret from one's significant other despite outward declarations and appearances of monogamy.

Within the general definition of consensual nonmonogamy there is ample room for variation in practice, identification, and theoretical conceptualization. A subtler distinction to be made here too is one between the term nonmonogamous and polyamorous as different authors and members of the group use them differently—at times interchangeably and sometimes to underline an important contrast. Theoretical differences and those of practice, in turn, create variations in privilege and oppression, and consequently secrecy and expectations of bias in counseling experiences.

Prevalence. Though many acknowledge that nonmonogamy has been growing in popularity and may be more common than we assume (Sheff, 2014), attempts to estimate the prevalence of such relationships have been few and results admittedly imperfect. Blumstein and Schwartz (1983; as cited in Rubin & Adams, 1986) noted that of 3,574 married couples in their sample, 15-28% had "an understanding that allows nonmonogamy under some circumstances. The percentages are higher among cohabitating couples (28%), lesbian couples (29%) and gay male couples (65%)" (p. 312). Others estimate that between 20%-28% of lesbian couples, 30%-65% of gay male couples, and 33% of bisexual individuals were in or preferred some type of a nonmonogamous arrangement (Shernoff, 2006; Weitzman, 2006). One meta-analysis that used the prevalence of polyamory among bisexuals in studies and the known estimates of bisexuality in the United States arrived at an estimate of 1.2 to 9.8 million couples in the United States (Sheff, 2014). There are problems, however with the reliability of all estimates due to the difficulty of measuring prevalence of a mostly closeted population and the difficulty of

determining who precisely should be counted and who determines the criteria for inclusion

(Sheff, 2014).

  Polyamory. One category of consensual nonmonogamy that is most frequently referred

to in the literature is polyamory, a term that despite its etymological inconsistency has gained

popularity. It describes a number of relationship structures that nevertheless share an underlying

ideology and values. Within this category are multiple relationships that are structured

hierarchically and those that are expressly not hierarchical. A hierarchical structure may have

two people already involved in a committed relationship with each other also pursue

relationships with other people (Weitzman, 2007). In this type of arrangement, sometimes also

called an open relationship or open marriage, often the original couple is considered a primary

unit, with other relationships as secondary or tertiary. Secondary and tertiary partners to the

primary unit may have primary partners of their own and other non-primary ones. This gradation

speaks to the level of commitment, time spent together, quality of the relationship, etc. The

primary relationship may be a legal marriage or not, but it is in some way privileged as compared

to others (Weitzman, 2007). Some may have multiple primary connections as well as secondary,

such as open triads (or other numbers of people) where the primary relationship is among three

people (or more) and each member of the triad has secondary partners outside the triad (Easton

& Hardy, 2009).

  A variation on this is the "V" which includes three people with two of them in

relationships with the third but not each other, the third becoming the point of the "V." One of

the two of these can be a primary relationship or there may not be a hierarchical difference.

Extensions of this are the "Z," the "W" (following the same naming logic), and a variety of other

interconnected configurations sometimes referred to as "constellations" (Easton & Hardy, 2009,

p. 35) or "polycules" (Veaux & Rickert, n.d.), which may be flat, hierarchical, or otherwise structured to suit desires, ideologies, practical considerations, and evolving forms of relatedness. Some polyamorous-identified individuals are single, either by choice or circumstance, but date multiple people in the same open and transparent manner as their more committed counterparts (Weitzman, 2007).

Another common form is the polyfidelitous triad, quad, or other number of people forming a family (sometimes referred to as tribe or pod) with a shared relationship containing three or more participants who do not engage in relationships outside of it and may all live together and share household and child-rearing responsibilities (Weitzman, 2007). In this model each party is in a relationship with every other, though these relationships may or may not be sexual, and parties are regarded as equal participants.

Swinging. Swinging is the practice of couples allowing for brief sexual encounters outside their dyad without an emphasis on the formation of long-term emotional relationships (McDonald, 2010; Sheff, 2005). Swinging is another nonmonogamous practice, though opinions on its inclusion under the umbrella of consensual nonmonogamy vary due to cultural, ideological, and political differences (Jenks, 1998), that frame it as a practice that is nevertheless not incorporated into a distinct sociocultural identity. According to some authors, swingers themselves tended to consider themselves to be monogamous, were unconnected with nonmonogamous communities, and did not seek to build a community of their own as many believed that interaction with other swingers outside play was detrimental to the "fun" of it (McDonald, 2010).

Some authors point out other major differences between nonmonogamy and swinging in "attitudes regarding gender roles" (Henshel, 1973), swinging being a largely heterosexual

practice (Barker, 2011; Bartell, 1971), and differences in political leanings (Easton & Hardy 2009; Jenks, 1998). Unlike nonmonogamous people, swingers eschew discourse of the philosophical, sociological or political meaning or impact of their practices, because sexual encounters with relative strangers are seen as recreational and intended as sexual play between the monogamous dyad for the purpose of enhancing the bond between them (McDonald, 2010). Likewise, the processing of emotional and interpersonal dynamics is generally resisted by swingers, and emotional safety is ensured through negotiation of the structure of the encounters and particular acts and roles taken on during play. There is more emphasis on fantasy fulfillment and even jealousy is used as a tool to enhance sexual play. Nevertheless, swinging too places a value on open negotiation and honesty as a necessary condition for the safety and successful functioning of the primary relationships and outside sexual practices (McDonald, 2010).

Other issues of language. A popular sex columnist, Dan Savage, has also recently coined the term "monogamish" (Karpel, 2011) to refer to open primary dyadic relationships that, while functioning largely as traditional dyadic committed relationships, nevertheless do not adhere to traditionally defined ideas of sexual fidelity. There is an expectation of a consensual, negotiated process of outside involvements, but not necessarily all of the partners' participation as with swinging (Parsons, Starks, Gamarel, & Grov, 2012). Earlier, Shernoff (2006) discussed his extensive experience and observation working with homosexual male couples, noting that his clients developed new private definitions of terms such as fidelity, meaning honesty, or even "emotional monogamy" rather than sexual exclusivity.

Language takes on the same spirit of redefinition and asserting power in self-definition. Klesse (2007), in discussing the term polyamory itself (which is linguistically confused), pointed out that embedded in its construction was concern about perception and a desire to distance the

term from associations with terms like pedophilia and necrophilia, which betrayed a self-

consciousness and an expectation of persecution or at least willful misunderstanding.

A note in closing that bears emphasis is that despite the variety of relationship

configurations outlined here, this list is most certainly incomplete. In the words of Carl Rogers

(1972), when talking about the boom in communal experimentation with relationship structures,

the list changes and grows "with the rapidity which immediately outdates anything which can be

written," and "that any general statement one might make [about any of these categories] is

simultaneously true, for some, and false, for others" (p. 125). This appears to be as true today as

45 years ago when he wrote those words.

Nonmonogamy, Gender, and Sexual Orientation

People choose nonmonogamy for different reasons. Most of the literature concerning

nonmonogamous practices has been generated within specific fields of research characterized by

gender and sexual orientation. Authors have examined nonmonogamous relationships between

gay men pointing to the efforts to create meaningful relationship structures more reflective of the

men's notions of masculinity outside the prescribed heteronormative forms. Writings on

relationships between women have discussed nonmonogamy as an expression of the rejection of

traditional gender roles and sexual objectification, as well as a formation of intimate familial

social networks. Literature focusing on bisexuals has explored the conflicts of maintaining this

identity within a monogamous framework and has conceptualized nonmonogamy as a way to

maintain the visibility of their sexual orientation. In this section I summarize their findings on

nonmonogamous practices within these populations, as well as perceived stigma associated with

these nonmonogamous identities.

Gay men. The *gay scene* refers to a loose community of gay men present in most cities in

Europe, the United States, and Australia. Until just the last decade, gay men and their

relationships existed almost entirely outside the mainstream cultural and legal institution of

marriage due to the lack of access to legal and religious recognition. As a result, they have had to

find other meaningful ways to frame commitment and give status to their relationships (Klesse,

2007). This innovative reconceptualization has sometimes been characterized by a fundamental

rejection of heteronormativity in relational practices. Strict monogamy is viewed by some

members of these communities as a heterosexual value, and having been excluded and

marginalized from institutions that uphold and perpetuate these values, some gay men have

developed a view of monogamy that exists as a continuum of openness rather than a binary

construct. This expanded model of monogamy incorporates a great variety of attitudes towards

sexual fidelity, emotional intimacy, and partnership, and allows for flexible and individually

negotiated relationship structures (Sheff, 2006).

Gay men may form open relationships that include negotiated (to various degrees)

parameters regarding permissible extra-dyadic encounters and what constitutes infidelity. Many

allowed sexual partners outside the primary relationship, sometimes with qualifications that these

encounters be anonymous and one-time engagements, sometimes allowing ongoing relationships

with limitations around the degree of emotional intimacy or attachment. Some sought to

privilege and protect the primary relationship by reserving certain sexual acts, or agreeing not to

bring outside partners to the home the couple shared (Adam, 2006). Furthermore,

nonmonogamous gay men maintained an emphasis on fidelity to the primary dyad by redefining

it in terms of honesty, and understanding commitment as a dedication to longevity (Heaphy,

Donovan, & Weeks, 2004). Despite these seemingly firm parameters, however, studies such as

Coelho's (2011), that interviewed gay nonmonogamous couples found that individuals found

fulfillment in physical, emotional, and mental connections and evolving sexual friendships, and valued the social networks they developed, although these attachments may at times have strained the primary relationships.

These gay men discussed their preference for nonmonogamous relationships in terms of expanding sexual opportunities and excitement. They sought innovative relational structures in pursuit of greater "variety, experimentation, and adventure" (Coelho, 2011, p. 656), rather than for political reasons or as some have suggested, due to a decline in sexual activity within a relationship over time (Blumstein & Schwartz, 1983, and MacWhirter and Mattison, 1984; as cited in Coelho, 2011). Many viewed monogamy as unnatural and high sexual drive and exploration as an important aspect of their masculinity, an opportunity to engage in a discourse around their masculine identity (Coelho, 2011; Klesse, 2007).

It is important to note, however, that many of the studies that have informed these conclusions were conducted prior to the widespread concern regarding AIDS, which reintroduced the stigma of promiscuity, and introduced serious health fears into gay male communities (Adam, 2006; Hickson et al., 1992). These studies were also prior to the movement for equal marriage rights for homosexual couples, which created a political incentive for homosexual relationships to at least appear to adhere to the values and relational forms acceptable in heteronormative culture (Coelho, 2011).

Women. By and large, current studies examining nonmonogamous practices among women appear to focus almost entirely on nonmonogamous bisexual women, although some indicated a prevalence of nonmonogamous practices among lesbian women in the 70s, until such practices became associated with bisexuality (Rambukkana, 2004). Current literature suggests that among bisexual women, nonmonogamy is common as a socio-political stance, a reclamation

of agency and sexuality (Kassoff, 1989), an effort to maintain a bisexual identity, make it more visible (Sheff, 2005), and to build a community (Labriola, 1999). Nonmonogamous bisexual women, however, face stigmatization of their nonmonogamous identities both in the heterocentric mainstream society and institutions, and among queer women for being bisexual (Sheff, 2005).

Women of all sexual orientations and relationship arrangements in mainstream society face a number of complex and sometimes conflicting cultural expectations surrounding their sexual desires and behavior. When asked, women consistently reported a preference against sexual encounters outside committed relationships (Peplau & Garnets, 2000) and couched those encounters in discussions of intimacy and expression of affection rather than the excitement and variety sought by men (Hatfield, Sprecher, Pillemer, Greenberger, & Wexler, 1989). These attitudes exemplify cultural values in which women and men are socialized (Franceschi, 2006). Other social norms for women address the amount of sexual desire (Blumberg, 2003) as well as their inferior place in the power structure of a relationship (with a man; Sheff, 2005). Unlike the nonmonogamous men discussed above, women who practice consensual nonmonogamy violate the norms prescribed for their gender by doing so.

Deliberate rejections of these norms are attributed to the radical feminist political lesbianism movement in the 1970s which viewed lesbian relationships as "prioritizing women over men" and rejecting the oppression of women by rejecting both men and opposite-sex desire (Rambukkana, 2004, p. 149). Furthermore, this group introduced nonmonogamous practices in women's relationships as a denunciation of the institution of marriage and thus conceptualized nonmonogamy as "essentially lesbian" (Rambukkana, 2004, p. 151), and "politically necessary" (Kassoff, 1989, p. 167). Kassoff talked about some lesbian women using nonmonogamous

relational structures to overcome histories of putting the needs of others above their own and to individuate from partners by learning how to set boundaries. She encountered couples that were "symbolically nonmonogamous" (Kassoff, 1989, p. 173) as a political stance though not relating to multiple partners in practice. She also talked about the overwhelming prevalence of the primary/secondary model among nonmonogamous lesbian women in her clinical practice and research interviews, a finding supported by Labriola's (1999) writing ten years later. This model allows for the security of the primary relationship, is also most like traditional monogamous marriage, and allows for the "subjugation to the couple" of the secondary partners (Labriola, 1999, p. 220). Labriola also described the Multiple Primary Partner model, which I discussed earlier as polyfidelity, where three or more individuals form a relationship as equal partners to intentionally create an extended family or community and share resources and child-rearing responsibilities, and the Multiple Non-Primary Relationships Model, which connects people together much more loosely and with little commitment of time or resources, allowing individuals to concentrate on other pursuits that are of greater importance to them such as careers, art, or political activity.

As with gay men, lesbian women's lack of institutional support or cultural blueprints for same-sex relationships has left an opening for a creative "do-it-yourself" approach to relational identities that are guided by "reflexivity" and attempt to target "freedom" and "equality" between partners (Heaphy et al., 2004, pp. 169–171). This may be a freedom from the confines of gender roles or expectations of monogamy, as well as the ability to have both "sexual freedom" and "true love" (p. 176), and allow relationship boundaries to shift organically over time with friendship becoming a stronger aspect of relationships, and more likely to be maintained even after the romantic relationship ends, with ex-lovers "incorporated into personal

networks and families of choice" (p. 177).

By the late 1980s, and even more so by the late 1990s, the message of female empowerment through pursuing relationships with other women took on the form of intolerance of those who were not willing to entirely eschew men or hide their opposite-sex attractions, namely those who identified themselves as bisexual rather than lesbian (Klesse, 2007; Rambukkana, 2004). While I discuss the particular forms the anti-bisexual attitudes take in the lesbian community as those engender stigmatization of nonmonogamy, this historical note is important in understanding bisexual nonmonogamy as it exists today. In part due to the apparent necessity of "closeting" either hetero- or homosexual desire, women who identified with both and espoused the empowerment of feminist anti-marriage anti-monogamy discourse either began to forge a new bisexual identity or chose to sublimate those desires (Rambukkana, 2004).

Unsurprisingly then, feminist themes of sexual radicalism as political liberation and relational power dynamics permeate discussions of nonmonogamy among bisexual women. Nonmonogamy addresses some issues faced by bisexual women (and all women) who form relationships with men and therefore must navigate gendered cultural constructions of male-female relationships, as well as the issues around identity and visibility (Sheff, 2005).

Bisexuality is largely defined in "androcentric" (Sheff, 2005, p. 254) terms as a sort of combination of the only two "real" sexual orientations—heterosexual and homosexual (Klesse, 2007, p. 78). Some bisexual women define their sexual orientation in terms of attraction rather than behavior (Sheff, 2005), while for others nonmonogamy allows them to engage with the distinct qualities of relationships that each gender has to offer simultaneously, without having to choose. Nonmonogamy is fairly prevalent among bisexuals (Klesse, 2007). In one study of a sample of 217 bisexual men and women, a third reported being in a nonmonogamous

relationship, and 54% expressed a preference for nonmonogamous relationships (Page, 2004).

The form of nonmonogamy most often practiced by bisexual women is polyamory (Sheff, 2005).

In fact, nonmonogamy appears so well suited for the expression of bisexual desire that

bisexuality is assumed of polyamorous women and widely regarded as the norm, to the point of

female heterosexuality being viewed as somewhat deviant in that community (Sheff, 2005).

Women in this study varied as to the relationship between their bisexuality and their polyamory,

with some opening up their monogamous relationships to more authentically express their

bisexuality and some experimenting with female partners after becoming polyamorous.

Likewise, women structure their bisexual relationships differently, with some seeking out triads

or group sexual experiences, while others pursue separate one-on-one relationships.

As discussed earlier, women are often objectified in the dominant discourse as providers

of pleasure, care, and affection while they are expected to restrict their own desire. In 40

interviews conducted with bisexual-identified women (Sheff, 2005), participants discussed their

reasons for seeking nonmonogamous relationships and identities, and explored issues of power

and agency. Sheff introduced the concept of sexual subjectivity to this discussion in examining

how bisexual women claim power to make sexual choices aimed at personal pleasure and

personal relational goals. Nonmonogamy was regarded by her participants as a deliberate

rejection of patriarchal constructs of femininity and gender roles and a striving for greater

"authenticity," through this subjectivity. Some of her interviewees discussed rejecting "feminine

values" of "living for other people" (Sheff, 2005, p. 260) by consulting and asserting their own

needs and wants, as well as rejecting the societal norm that only "love justifies desire" by

expressing the more "masculine" desire for its own sake (pp. 263–264) and seeing themselves as

having potent sex drives. For some, nonmonogamy allowed for a reframing of friendships with

other women, when they were not seen as competitors for the attention of a man, and the development of closer connections as well as more positive view of themselves.

Another major theme that participants in Sheff's (2005) study identified as being important to their decision to practice nonmonogamy was power in relationships. She spoke to the common belief that women enjoy a more powerful position in polyamorous relationships as they emphasize equality in terms of decision making and open communication, because women are in greater demand in polyamorous relationships, and are able to have a say in their male partners' choices of other partners. Furthermore, when traditional gendered relational dynamics interfere with these relationships, such as women feeling the burden of sole responsibility for the emotional maintenance of the relationship, women have the "ability to acquire resources and have allies," as well as the social support to leave the relationship, which too is a form of power (Sheff, 2005, pp. 274–276).

To some bisexuals, the importance of nonmonogamous relating is not just in the ability to pursue greater authenticity in their relationships or fuller enactment of their identity, but also, and perhaps more saliently, in the ability to have greater public visibility of their bisexual identities. It allows one to be seen as behaviorally bisexual by having concurrent relationships with men and women, when monogamy offers only a kind of re-closeting (Esterberg, 2006; Halpern, 1999; Moss, 2012).

Rambukkana (2004), pointed out that both bisexuality and nonmonogamy (especially of the polyamorous or polyfidelitous types) are "liminal identities" in that they exist on the line between gay and straight or between normative relationships and "radical" sexuality (p. 144). This is consistent with other authors' thoughts on the subject as they have noted the peculiar in-between space that is occupied by bisexual nonmonogamists (Sheff, 2005). This uncertain

locality may be at the center of the stigma experienced by bisexuals, doubly so by nonmonogamous bisexuals, triply when they are women, and likely more still if they are women of color. Historically women of color have been sexualized in the dominant culture, represented as highly sexual and sexually deviant, both to demonize and exoticize (Willey, 2010). With these representations and stereotypes still in circulation, the possibility of being seen as immorally promiscuous by being openly nonmonogamous is particularly damaging as it does not simply marginalize the individual, but seemingly confirms the stereotype of the entire race, ethnic group, and culture.

Other nonmonogamous groups. Though most literature focuses on the practice of nonmonogamy among gay men and lesbian and bisexual women, it is also practiced by people of other sexual identities. Bauer (2010) described a community he referred to as the "dyke+ scene" which in addition to lesbian women included bisexual, pansexual, and queer women, butches, femmes, genderqueers, and trans women and men, and formed around mutual interest in Bondage/Discipline/Sadism/Masochism (BDSM). Within this community, he stated, polyamory and other forms of nonmonogamy were the dominant mode of relating, with all of his study participants reporting either currently being in nonmonogamous relationships, planning to be, or defining their relationships as monogamous but engaging in group or extra-dyadic BDSM play. As discussed earlier in the context of gay male relationships, within this BDSM community exclusivity was largely regarded in terms of emotional exclusivity, and while extra-dyadic BDSM play or group play may generate "a unique BDSM intimacy," it was seen as not detracting from or threatening emotionally exclusive relationships (Bauer, 2010, pp. 146–147). Bauer also found commonalities between the values of BDSM practices and polyamory in high regard for consent, negotiation, and "an explicit and honest way of communicating" (p. 147).

Another group that has been studied in relation to nonmonogamy is the community of people identifying themselves as asexual. Though it has as of yet attracted little academic attention, the discourse among asexuals around relationship structures and the meaning of sexuality in relationships further enriches the understanding of the practice and aims of nonmonogamy. A survey of people recruited through asexuality.org indicated that though many aspired to heterosexual and monogamous relationships, and some believed that intimate relationships were not possible for asexuals, nonmonogamous relating was not uncommon. When sex was not assumed to be a defining characteristic of an intimate relationship, monogamy could be seen as a romantic value but not a necessity. Nonmonogamy could then be a way to challenge the significance of sex in close intimate connections, build relational clusters, and for some to have nonsexual intimate relationships with partners who are not asexual (Scherrer, 2010). It is not yet apparent if nonmonogamous relationships are subject to stigma within the asexual community, though asexuality itself may be stigmatized and pathologized.

Anapol (2011) highlighted the otherwise undocumented appeal that nonmonogamy has for people with high functioning forms of the Autism Spectrum Disorder and Social Communication Disorder (referred to by the older designation of Asperger's Disorder), speculating with some of her colleagues that these individuals may have been drawn to an explicitly defined, structured, and even strategic form of intimate relationships that nonmonogamy offered, or that perhaps with less consciousness of social norms, these individuals were "less likely to be bound by mononormative relationship expectations" (pp. 33–34). Here too, the stigma of nonmonogamy has not been examined.

Something must be said as well regarding bisexual men and nonmonogamy. Anecdotal personal accounts, suggest that there are bisexual-identifying men who practice various forms of

consensual nonmonogamy, but it seems few have participated in research as is evidenced by

their pronounced absence in the literature.

Heterosexual nonmonogamies. There is a distinct lack of literature on specifically

heterosexual-identifying people in polyamorous relationships, and no evidence to suggest that

this is because heterosexuals do not have open relationships. Nonmonogamy, however, has been

apparently more accepted as a lifestyle within the queer community than in the mainstream

heteronormative culture, which may go some lengths to explain this gap. What literature there is

addressing nonmonogamous practices in heterosexual relationships has looked more narrowly at

the primarily group sexual activities such as swinging—swapping partners for the purposes of

recreational sex (Jenks, 1998), or dogging—engaging in anonymous sexual activities in open

rural spaces (Bell, 2006). Heterosexuals in multiple consenting romantic/family relationships

have been left invisible.

Stigma

As I have discussed particular communities that practice consensual nonmonogamy and

the particular structural and ideological forms that it takes within these communities, I also noted

the judgments and prejudices found within these communities in regard to nonmonogamous

practices. To understand the ways that individuals and families discuss their nonmonogamous

relationships and identities within the therapy room, it is essential to understand the full scope of

the stigma nonmonogamy carries outside these communities, in the dominant culture, and what

judgments are expected by nonmonogamous people. In the next section I examine stigma and

what little is known about the treatment of nonmonogamous clients by mental health

professionals, including pathologization of the nonmonogamous client in therapy.

Barker (2005) argued that the stigma of nonmonogamy is based on its existence outside

the dominant paradigm of marriage as being between a man and a woman, monogamous, and

within a male-dominated power structure. By breaking this seemingly universal paradigm,

people desiring multiple partners openly, with greater equality, and including same-sex partners,

risk being "demonized" (p. 77), "punished," or presented as "strange" (pp. 80–81). They are

viewed as hypersexual "players" or "sluts" (Rambukkana, 2004, p. 147), at times fetishized

(Klesse, 2005), often ostracized for being unable to sustain socially sanctioned monogamous

relationships, and "blamed for the spread of HIV" (Pawlicki & Larson, 2011, p. 58).

As a result, the experience or expectation of stigmatization of nonmonogamous

individuals is similar to the experiences and expectations of all LGB individuals who face

homophobia, so much so that the term polyphobia has come into usage (Halpern, 1999). The

term, and its very existence, makes implications about the dangers of being out. Most people

identifying as nonmonogamous, due to their proximity to the LGBT community, are well aware

of the history of persecution of LGBT individuals who dared to be visible. This is a history of a

struggle for acceptance, such that acceptance seems impossible without the struggle. Part of this

struggle is loss of the privilege currently enjoyed by nonmonogamists who remain invisible

shielded as they are by the lack of awareness on the part of the general public (Sheff, 2010).

There is, therefore, incentive to stay invisible and closeted, and threat involved in coming out

either individually or as a community.

Stigma in mainstream culture. In recent years, there has been a resurgence of efforts to

increase the visibility of, and the interest of mainstream media in the practice of secular

nonmonogamy. A brief look at portrayal of nonmonogamy in literature and contemporary media

allows further understanding of the stigma faced by those involved in multiple consensual

relationships. We can see monogamy presented as the norm, the correct form of relationships, in

popular literature. The formation of a monogamous relationship has commonly been the goal of

a fiction plot or at least a return to monogamy after straying. Monogamy has thus been presented

as the only possible stable choice. When nonmonogamy has been portrayed in popular novels

such as in the works of Robert Heinlein or Laurel K. Hamilton, it has been in the context of

science fiction or fantasy, and necessarily otherworldly and strange (Saxey, 2010).

Perhaps most overtly damaging has been the misinformed association of negotiated

nonmonogamy with adultery (Barker, 2005; others) and the attitudes regarding promiscuity in

women discussed earlier. In an analysis of print media on the subject of polyamory in the United

Kingdom (Ritchie, 2010), these were found to be the focal points of most explanations of

polyamory. Journalists and advocates, by drawing the distinction between the "fun" of adultery

and the safe "romance and domesticity" of polyamory have de-emphasized sexuality in the latter,

introducing the practice as less challenging to the social norms. These articles have presented an

"assimilationist" narrative about polyamory, designed to assuage public fear of the strange and

protect the polyamorous community against the implied accusations of promiscuity and

dishonesty.

Perceptions of stigma. Cultural messages about relationship norms are internalized to

fuel fear about the repercussions of being seen as transgressive. Due to such fears, a

preponderance of individuals choose to keep their nonconforming relationships hidden in various

areas of their lives (Barker, 2005). Their intimate connections and important relationships

become secrets. Because of the relative invisibility of nonmonogamy and the dangers of being

out, most people practicing it are not willing to claim the identity and many remain in the closet.

In-depth interviews of nonmonogamous individuals have highlighted the concerns about

their professional and personal relationships being jeopardized as well as a disinclination to

become a focus of political debate (Moss, 2012). They worried about losing jobs and their

children, being ostracized by their communities and even rejected by their families. It is not

entirely clear how many of these fears are founded in realities of loss and rejection, and how

many cases there have been of people losing jobs or custody of their children because of being

found out to have multiple partners, but the threat has undoubtedly been felt and discussed,

warnings spread, and many have chosen to hide their relationships (Moss, 2010). In a study

surveying 2,169 nonmonogamous bisexual adult respondents, 59% were not out to their parents

about their nonmonogamy, and 79% were not out to their extended family (Weitzman, 2006).

Furthermore, most nonmonogamous families chose not to come out in their children's

schools (Pallotta-Chiarolli, 2010). In a summary of some preliminary results of an ongoing

longitudinal study of polyamorous families as well as a field study of "roughly 600 people,"

Sheff (2010, p. 170) drew parallels between homosexuality and nonmonogamy in the perceptions

and effects of stigma. Like same-sex couples, nonmonogamous families faced accusations of

being unfit parents and their "lifestyle" being damaging to their children. Studies of same-sex

couples, however, have shown time and again that what affects children is the "discrimination

that results from stigma" that comes from outside the family, and the necessity of managing their

parents' image in interactions with other systems (Sheff, 2010, pp. 177–179). Further qualitative

data from Pallotta-Chiarolli's interviews and internet research with *polyfamilies* (p. 182) indicate

that many parents worry about the effects of the stigma, that problems (even when not related to

nonmonogamy, such as learning difficulties) may cause legal scrutiny of the family and

pathologizing on the part of the schools and child welfare systems. Some teach their children to

deflect questions and lie at school. Others worry about the effects of asking their children to keep

secrets and consequently make the choice not to come out to their children themselves, sparing

them that particular burden. Out polyfamilies often try to assuage or repel concerns of others by compensating and choosing to be more actively involved in school functions and committees, PTAs, and community service organizations. They also find it necessary to prepare their children to "handle marginality" by teaching "verbal, mental, and emotional strategies" to actively defend themselves from discrimination (pp. 183–186).

Another fear that is widely discussed in nonmonogamy literature and often propagated socially in the communities, and which too mirrors the LGBT community's struggle, is that seeking help from mental health professionals openly is invitation to be judged as dysfunctional, and for their nonmonogamy to become the focus of clinical intervention in lieu of their presenting concerns (Klesse & Easton, 2006; Weitzman, 2006). History presents us with an understanding of the development of distrust passed down among practitioners of nonmonogamies.

Nonmonogamy and the Field of Mental Health

Researchers as far back as the 1970s were growing concerned about the therapeutic community's preparedness to treat the increasingly recognized and "sizeable" population of "alternative lifestyle clients" (Hymer & Rubin, 1982, p. 532), citing accounts of covert and masked bias (Constantine, Constantine, & Edelman, 1972). Some early research found that as many as 17% of the therapists surveyed admitted that they would attempt to convince their clients to abandon their nonmonogamous lifestyle. However this bias was not explained in terms of psychological theory or prevailing views about relationships. In this study, negative attitudes toward nonmonogamy were most highly correlated with negative views of extramarital sex and the therapists' own participation in extramarital sex (Knapp, 1975). Rubin and Adams (1986) found that 27% of nonmonogamous clients felt that their therapists were often unsupportive of

their lifestyle and relationships.

Almost a decade later, though acknowledging the positive impact of greater awareness of alternative lifestyles through popular media and the growing movement towards affirmative approaches to working with "women and homosexual clients" (Hymer & Rubin, 1982, p. 539), their findings confirmed Knapp's (1975). When 57 randomly recruited therapists were asked about their clinical work with nonmonogamous clients, as well as "projective questions" about perceptions of open marriages, swinging, and extramarital sex (without consent of the primary partner), researchers found overwhelmingly negative evaluations. All three categories were described in terms of fear of intimacy, personality disorders, regression, marital problems, or identity problems. Furthermore, even though extramarital affairs were evaluated more negatively than open marriage (though not more negatively than swinging), more therapists expressed personal experience participating in extramarital sex (40%) and likely future participation (33%), than in open marriage (11% and 12%, respectively) or swinging (14% and 5%, respectively). Even therapists intending to be supportive, such as Kassoff (1989), who attempted to develop guidelines for treating nonmonogamous clients and argued that pathologizing this population might be misguided, presented her understanding of the etiology of nonmonogamous behavior as an early history of neglect and abuse or abusive adult relationships.

Hymer and Rubin's (1982) concern about the negative experiences of alternative lifestyle clients in therapy and "evaluation apprehension" (p. 540) continues to ring true three decades later for members of nonmonogamous communities (Moss, 2012; Shernoff, 2006). Calls for more research and better training resound in the writing of the few therapists specializing in serving this population with due expertise (Bonello, 2009; Weitzman, 2006).

In recent years there has been more attention paid to this, and some clinicians who have

built practices specializing in working with clients in the alternative sexuality communities have

shared their experiences and suggestions for engaging with nonmonogamous clients in a more

affirmative and informed manner. Easton (Klesse & Easton, 2006) has been championing better

training for clinicians that is based on providing information about alternative sexualities and

lifestyles—LGBT, polyamory, sex work, and sadism/masochism practices—with a focus on

healthy navigation of both relationship problems and problems unrelated to sexuality or

relationships. She has emphasized the role of the "countercultural communities" as sources of

support and the political and practical necessity of learning from the members of these

communities about how they function and thrive rather than falling back on assumptions of

dysfunction and pathology.

Anapol (2010), Klesse and Easton (2006), and Weitzman (2006) outlined common

concerns relating to nonmonogamy that may bring clients into therapy as well as suggestions for

affirmative approaches to guiding them through these problems. Weitzman also offered practical

advice to therapists, such as to be mindful of the available seating in their offices such that more

than two participants in a nonmonogamous constellation may feel welcomed, to discuss the

potential for multiple relationships, as well as to use more inclusive language when marketing a

therapeutic practice ("partner[s]" rather than "spouse"), and emphasizing the necessity to refer

clients out if one is not entirely comfortable with nonmonogamy. All of these therapists

underscored the requirement for better resources for practitioners that would help repair the

ruptured relationship between the psychological field and the nonmonogamous client seeking

help.

The calls for more research and training, however, seem to continuously miss their

intended target. Most of the available literature on the topic tends to be found only in journals

with a specialized and limited audience, in books that are largely out of date and out of print. In my case, some of the publications required months of hunting and special orders from overseas because they could not be found in libraries or book stores in the United States. Clinicians are not likely to encounter this literature unless they independently develop a particular interest in the subject. People responsible for the development of training curricula and guidelines for practice are also likely left in the dark. This is evident in the distinct absence of any mention of modern consensual nonmonogamous practices in textbooks on family therapy or even therapy with LGBT clients.

The American Psychological Association (2003) itself, in publishing its widely circulated and taught *Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists*, refers to "dimensions of race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimensions" (p. 380), omitting any mention of diverse relationship structures or orientations. Nonmonogamous practice is mentioned only once in *Professional practice guidelines for psychotherapy with lesbian, gay and bisexual clients* (APA, 2012) to say that "non-monogamous or polyamorous relationships may be more common and more acceptable among gay men and bisexual individuals than is typical for lesbians or heterosexuals" (p. 17). This both misleads and fails to provide clinicians, researchers, and educators with adequate information or guidance regarding multiculturally competent practice where issues of relationship structure/orientation are concerned. More research and more education are certainly needed.

Though rarely examined in academic literature, there is nevertheless a history of distrust among sexual minorities and nonmonogamous individuals towards mental health professionals,

and it appears that this wariness is not entirely unfounded. Negative views may well be based on negative experiences in therapy around disclosure by clients of their nonmonogamous identities or practices. Though some practitioners share hard-won clinical experience working ethically and effectively with nonmonogamous clients, the dearth of availability of training and adequately informed therapists is an ethical concern that seemingly goes on unrecognized.

Self-Concealment

As suggested above, nonmonogamous clients in therapy frequently avoid disclosing about this aspect of their lives. Next, I briefly discuss a recently emerging controversy regarding the assumed necessity of disclosure in therapy, and the research that suggests the value of disclosure in view of the intersectionality of identity and marginalization of the nonmonogamous population, as well as the possible risks to their well-being and the progress of therapy when the identity is concealed.

By drawing a parallel between the experiences of nonmonogamous individuals with stigma and secrecy and those with a lesbian, gay, or bisexual (LGB) identity, theoretical models that have been developed to understand the experiences of stigma and secrecy among those with an LGB identity may also be useful in understanding the experiences of nonmonogamous individuals. Summarized below are two such frameworks. One describes the process of internalizing stigma and the resulting reluctance to self-disclose, and the other provides a model of the interplay of relevant variables in the decision to disclose one's identity to a care provider.

Effects of self-concealment. Whether a reluctance to come out in therapy as nonmonogamous is rooted in past experiences of negative treatment by mental health professionals, understanding the effects of self-concealment in therapy is a crucial part of developing more affirmative and more effective treatment practices.

Talk therapy is predicated on the premise that discussing painful material and shameful secrets in therapy is beneficial and effective in managing psychological disorders (Farber, 2006; Kelly, 1998). The "mere act of disclosure" is widely regarded to be powerfully healing, particularly in the cases of traumatic experiences like abuse and warfare (Pennebaker, 1997; Sloan & Marx, 2004). It is so fundamental to the practice of psychotherapy, having been first asserted by Freud (1913, as cited in Kelly, 1998), that it is rarely questioned by practitioners or examined in any depth. Recent research on concealment and secrets kept in therapy is, at best, contradictory. When they looked more closely at the impact, some researchers found that concealing information in therapy did not influence satisfaction in therapy adversely (Hill, Thompson, Cogar, & Denman, 1993), did not impact symptom reduction even when the secret kept is relevant (Farber & Sohn, 2007; Kelly & Yuan, 2009), and could, in fact, effect a better reduction in symptoms than disclosure (Kelly, 1998). Disclosing a secret to a therapist, meanwhile, was shown to lead to greater anxiety, vulnerability, and shame (Farber, Berano, & Capobianco, 2004; Stiles, 1984). Farber (2006) also argued that despite assumptions to the contrary, keeping information from one's therapist may serve a protective function, especially in avoiding discussing traumatic events.

Much of the discrepancy appears to be methodological in nature, specifically in the varying definitions of secrets used in the inquiries, and in the difference between measuring short term symptom increases rather than long-term outcomes of therapy. As might be imagined, long-term effectiveness of therapy is not a function of avoiding short-term discomfort. Outcomes are, however, positively linked with the quality of the therapeutic relationship, and keeping secrets takes a toll on the working alliance (Kelly & Yuan, 2009). Children have been shown to benefit from disclosing their witnessing of violence, as measured by improvements in behavior

and adjustment and attitudes towards violence (Graham-Bermann, Kulkarni, & Kanukollu, 2011).

While it has been shown that clients rarely conceal in-the-moment reactions in sessions, but often conceal acts and events of which they feel ashamed, they are by and large successful in their deceptions (Kelly & Yuan, 2009), and perhaps even derive a sense of satisfaction from the control this grants them to represent themselves in a more favorable light. None of these studies examined the impact of concealing an important part of one's identity—closely held and integral to one's social presentation and view of self. When a concealable identity, such as a client's sexual orientation is considered, other factors emerge as salient. Holding a marginalized identity can result in a loss of privilege and an impact on mental health, and the effect is compounded with each marginalized identity one holds. For example, when the additional variable of race was added in a study of identity disclosure by lesbian and heterosexual women, significantly more distress and poorer outcomes were found for those of a marginalized identity when this identity was concealed (McIntyre, Antonucci, & Haden, 2014).

While white heterosexual women in the study were unaffected by keeping some aspects of their identity concealed, those concealing a homosexual identity were more aware of stigma, spent more time thinking about its implications, and the more stigma they perceived, the less likely they were to commit to a stable identity and be open, thus losing opportunities for social integration and support. If they experienced more than one type of marginalization due to intersecting identities (e.g., lesbian and person of color), they concealed more, suffered from greater distress and had poorest outcomes (McIntyre et al., 2014). It may be that the more intersecting stigmatized identities a client is hiding, the greater the risk of negative impact on the therapeutic relationship.

Minority stress. Though there has yet been no work done to conceptualize the stigma experiences of nonmonogamous individuals and families, theoretical perspectives have been developed to discuss stigma relating to sexual orientation. In examining data that presented a higher prevalence of mental health problems in LGB people than the general population, Meyer (2003) elaborated social stress theory into a "minority stress" conceptual framework for describing the process and effects of social stigma on sexual minorities. Psychological stressors are generally viewed as events or conditions that force a change or adjustment that may be strenuous or even intolerable, and are ubiquitous and a part of normative experiences. However, social stress deals with the effects of additional and cumulative stress that is faced by those from "stigmatized social categories" as a result of their "social, often a minority, position" (Meyer, 2003, p. 675).

This framework is based on the premise that one function of society is to provide individuals with a set of norms and conventions as reference points for personal identity building and resulting well-being from a sense of belonging. When, however, these norms do not reflect the experiences and goals of a member of a minority group because the norms are in fact designed to privilege the majority, a sense of "anomie" or "normlessness" is created among minority group members. It is accompanied by internal conflict and a sense of alienation. Because much of the development of a sense of self happens through social interactions—an internalizing of other views and favorable comparisons, a breakdown in the sense of belonging has deleterious effects on well-being and mental health (Meyer, 2003), thus framing prejudice as an attitude that creates a toxic environment that has a profound impact on an individual (Allport, 1954).

Minority stress can be broken down into distal and proximal stressors, with distal

stressors being "conceptual social structures" (Meyer, 2003, p. 675), and proximal referring to personally held beliefs and resultant behavior. The process involved in minority stress is that of development from distal to proximal, from cultural factors such as prejudice to objective experiences of discrimination or hostility, to more subjective learned expectations of hostility and judgment and a development of a vigilant mode of interaction with others, on to an internalization of the negative societal attitudes into self-view and identity. Concealment was recognized as often being the outcome of this internalization of distal factors and an "ameliorative coping process" involved in the model (p. 675).

The minority stress model has been used in the past with a variety of stigmatized populations such as people who are overweight, those suffering from socially stigmatized illnesses, and those who engage in body modification like tattooing and piercing (Meyer, 2003). As discussed earlier, nonmonogamous individuals, couples and families are a minority in a stigmatized position facing social censure and distrust, and barred from social institutions such as marriage. The minority stress model developed for the discussion of psychological well-being of LGB individuals is equally fitting to begin to conceptualize the experiences of nonmonogamous individuals (even without the well-established overlap in their numbers), despite a lack of data regarding the relative prevalence of psychopathology in this population.

Disclosure model. Equally significant to the understanding of how stigma is internalized and acted upon in self-concealing ways by those subject to it is the decision that goes into disclosing this stigmatized identity in a therapeutic setting (Hill, Gelso, & Mohr, 2000). An analysis of qualitative data from 33 same-sex attracted (lesbian and bisexual) Australian women about the factors that influence their disclosure of sexual orientation to primary care physicians helped develop the Identity Disclosure model (McNair, Hegarty, & Taft, 2012). This model

identifies and integrates decisive factors and describes the interactions among them. The model

distinguishes three discrete (but fluid) styles of Identity Expression with doctors: (a) open

(choosing to actively disclose), (b) private (choosing to actively conceal and creating a false

"facade"), and (c) passive (being willing to disclose if asked directly but not volunteering the

information). The most salient factors, according to this model, that go into the decision to reveal

one's sexual orientation to a health provider are identity experience, relationship with the

provider, and risk management. Patients weigh perceived risk of being judged or even denied

adequate care as a result of the disclosure against the degree of integration of that aspect of their

identity and the resulting sense of its importance to their overall identity. The relationship

between patients and their providers mediates perceptions of this risk. However, identity

experience (the degree to which one's sexual orientation has been integrated into one's identity)

appears to be the most powerful determinant of disclosure, trumping risk and relationship

consideration. When a woman identified herself very strongly by her sexual orientation, she

perceived it to be vital information for her provider to consider in her treatment, and when her

sexual orientation was perceived as an attraction rather than an identity, patients regarded sexual

orientation as irrelevant and chose not to talk about it, regardless of perceived safety or the trust

in the clinical relationship. This model, designed to understand disclosure of orientation in a

medical setting, may well serve well in thinking about disclosure of relationship style or

orientation to mental health providers, and indeed other groups with concealable and stigmatized

identities (McNair et al., 2012).

Summary and Research Questions

Nonmonogamy as a practice has a long history, even in its modern forms, but continues

to hold the place of otherness as an alternative to the norm of monogamous marriage. It can even

be viewed as an affront to the established and accepted modes of relating. That it was associated

in the academic literature with alternatives to the accepted norm of heterosexuality can be

interpreted in terms of conscious challenge to dominant social establishments, adaptation to

changes in cultural values towards authenticity and individual fulfillment, or the paradoxically

unrestraining effect of marginalization. Nonmonogamy is adopted as a practice by individuals

and families for many different reasons (e.g., political, pursuit of greater connectedness, or

pursuit of greater variety and excitement) and in many different forms. It is clear that whatever

the motivation, being nonmonogamous carries a cost in being subjected to censure,

misperception, and stigma. Paradoxically, people who strive to live the core value of

nonmonogamy—honesty and openness—find themselves navigating systems where they feel

pressured to remain hidden and to misrepresent themselves.

Anecdotal and some limited empirical findings suggest that one such system is mental

health, with a history of prejudice and pathologizing nonmonogamy. It is possible that this has

bred a distrust and a reluctance to share information that would betray one's "shameful

deviance" to a therapist. As trust and the process of disclosing secrets are regarded by many as

indispensable to psychotherapy and factor into its effectiveness, it is important to learn about the

attitudes of nonmonogamous individuals toward therapy, and their likelihood of disclosure in

therapy. If indeed it is the case that nonmonogamous clients choose not to disclose for fear of

judgment or poor treatment, then there is cause for concern for mental health professionals.

Understanding the interplay of factors that affect the decision to disclose to therapists

within the larger experience of stigma faced by nonmonogamous people would better equip

therapists to treat these clients. To that end, my study proposed to explore in a safe and respectful

way the lived experiences of nonmonogamy relative to the following questions:

1. How do nonmonogamous clients experience and perceive stigma?

2. How do nonmonogamous clients think about revealing this aspect of their identity to their therapist?

3. What factors affect their decision?

4. What role, if any, does their construction of their nonmonogamous identity, their experience of stigma, and their relationship with their therapist play in their disclosure or nondisclosure?

5. What are their experiences of how such disclosures are received?

6. How does their experience of disclosing or choosing to conceal their identity affect nonmonogamous clients' perception of their therapy?

Method

Guided by the above research questions, this study systematically examined the narratives of self-identified nonmonogamous adults about their perceptions and experiences of the stigma associated with nonmonogamy and their experiences of disclosing this hidden identity in the therapeutic context. Moving our understanding from assumptions based on other populations with hidden stigmatized identities to an exploration of their lived experiences allowed insight into the factors most relevant to this population of therapy clients.

This section describes the way this study was conducted to obtain qualitative accounts of experiences and perceptions through an online questionnaire. It discusses the rationale for the choice of the methodology for answering the research questions. A brief overview of the process involved in studying nonmonogamous people's decisions to disclose is followed by a description of the participants in the study and a presentation of results.

Rationale

My rationale for selecting a qualitative approach and conducting the data collection online was twofold—practical and political. In practical terms, given how little research has yet been done with this population and the limitations of those studies, an open-ended qualitative approach that produced richer if less systematic data than a quantitative study seemed warranted. Most of the research reviewed above that dealt directly with nonmonogamous individuals was limited in terms of sample size and sampling procedures, with researchers only having access to a convenience sample from a small circle of participants, usually from the same geographical area and connected socially. Using the anonymity and reach of the Internet allowed for broader sampling and a greater breadth of experiences.

Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) as a methodology for research is built upon a philosophical tradition of phenomenology, which deals with the way people make sense of the world around them, and how they construct their reality from what they glean through careful interpretation of what they experience. The way those perceptions are interpreted then constitutes reality, and it becomes important to recognize the limitations of both our perceptions and interpretive powers as they are affected by a variety of internal and external factors. It is understood that several people may come to know a thing differently and that each of them will be affected by the subjectivity of that knowledge. A better understanding is obtained when these individuals pool their perceptions and interpretations so that a more complete picture of reality can be known by them collectively. In the context of this study, the accounts of the participants were collected and analyzed to arrive at a richer understanding of the subjective experiences of those sufficiently like them.

A research study using this methodology is an attempt to gather a number of accounts of experiences of a particular phenomenon and examine them with an understanding that they are all subjective and representative of both the individuals giving them and reality as it might look from the vantage points of those individuals. With an assumption of a double hermeneutic, the perception and experience of these accounts by the researcher is also understood as merely a subjective view of the accounts and of the sources of those accounts. Thus, phenomenological studies necessitate deliberation and self-reflection so as to be aware of factors that affect the perceptions of the researcher. The results of this study therefore must be understood in the context of this school of thought. They are only representations of the experiences of particular individuals with certain shared characteristics as bound and limited by language, their culture, and their judgment of the study. Then too, these representations are filtered through my understanding, biases, and interpretive and reflective abilities.

This study explored the phenomenon of undergoing therapy as experienced by members of the nonmonogamous community. It used IPA as a methodology well suited for the study of experiences and attitudes (Robson, 2013). Smith and Osborn (2008) have made a case for the use of this methodology in research that deals with collecting accounts of personal experiences because it combines the hermeneutics of empathy and questioning. The researcher asks for a view of the experience from the perspectives of the respondents, in their own language, and interpretations made by the participants throughout their account. But the researcher is interpreting the responses and drawing his or her own conclusions regarding the accounts and the participants. This practical assessment of the realities of people doing research with other people is another reason for the selection of IPA as the methodology of choice for this study.

       Reflection on the standpoint of the researcher. As part of the process of employing

IPA to conduct research, the researcher must reflect on her own biases in undertaking the study and in its construction. I am a Persian woman from the former Soviet Union and a long-time activist in the queer community, and I identify as bisexual. I have been familiar with nonmonogamy as a concept and specifically the Boston, Massachusetts polyamory community for 15 years, and have identified as polyamorous for the past four years. I am aware and attentive to the fact that I have had reservations about the practice and those involved in it, as well as my recent identification with it. I am also an immigrant and as linguistic limitations are important in qualitative research, it must be noted that English is my second language.

Quality control. It has already been acknowledged that any researcher as a research tool is necessarily a flawed one, and that the goals of a qualitative inquiry are to produce an authentic and subjective interpretation of a phenomenon. To assure the quality and the trustworthiness of the research findings, a careful audit trail was preserved throughout the process of data collection and analysis, and a description of the interpretive process and reasoning is presented alongside the final interpretations for transparency and confirmability. To attempt to increase validity of the results, the coding procedure and generated code was spot-checked by a second person (also a member of the nonmonogamous community) who had read the original narratives.

Sampling and Selection

The stated purpose of this study was to explore the experiences of individuals disclosing their nonmonogamy in therapy. Participants were recruited via the social media platform of Facebook, through my own extended social network as it intersects with the polyamorous community, and expanded out using snowballing. Participants self-identified as practicing ethical/consensual nonmonogamy in any of its forms (as defined earlier) and for any reason, had to have sought therapy while identifying as such, and volunteered for the study (see Appendix A

for the recruitment message). The sample of participants recruited consisted of 10 individuals (6

women, 3 men, and 1 participant who identified as a "gender nonconforming woman") who

submitted the first fully completed surveys (out of a total of 50 submissions including those who

answered only the demographic questions, did not answer questions about their experience in

therapy, and those who did not practice or identify with nonmonogamy). All participants were

limited to those residing in the United States to control for the cultural differences in the attitudes

and prejudices towards nonmonogamy, norms of therapy seeking, and differences in health care

systems. Five of the participants resided in Maryland (Laurel, Silver Spring, Takoma Park, and

unspecified), two were from Massachusetts (Cambridge, Boston), while others lived in

Riverside, NJ, Chicago, IL, and Madison, WI. The participants ranged in age from 27 to 45

(M=37), were White/Caucasian (n=9) or Jewish (n=1; used here as an ethnic self-identification),

and identified their sexual orientation as queer (n=3), bisexual (n=3), heterosexual (n=2),

heteroflexible (n=1), and pansexual (n=1). Most participants identified themselves as

polyamorous (n=8), though some also used terms like "open relationship," "relationship

anarchy," or "nonmonogamous" (sometimes interchangeably) to refer to their identity or

practice. One participant declined to use a specific term.

Ethics

Anonymity of the participants was ensured in this study by the nature of the online

questionnaire, which did not collect identifying information and automatically assigned an

Identification Number to each participant. Potential participants were given the option to preview

the questions before giving consent to participate. They were also directed to resources for

therapists specializing in treating nonmonogamous clients in the eventuality that responding to

questions about their experiences brought up painful memories and they needed support. There

was no direct contact made between the researcher and participants, but a dedicated email

address was provided for any questions or feedback at the participants' discretion. The

confidentiality of the data collected was further safeguarded by storage of all materials on a

secure server.

A letter of explanation of informed consent (see Appendix B) was presented at the start

of the questionnaire with continuation to the questions stated as implying consent. In the course

of initial contact through social media (see Appendix A) participants were encouraged to share

the message through their own social networks. Participants were informed that they were

participating on a voluntary basis, that their anonymity would be preserved, and that they had the

right to terminate their involvement or decline to answer any question entirely at their discretion.

Data Collection

I developed a questionnaire for the specific purpose of this study based on relevant

theoretical literature (see Appendix C). It was further refined through an informal pilot ($n=5$)

among my personal acquaintances who identified as nonmonogamous and had been in therapy,

and revised to incorporate their critique and suggestions, such as asking about past experiences

that shaped expectations; differentiating between preferred practice, current relationship

structure, and identity; and rephrasing the questions to be more narrowly focused and directive.

The survey was created online using the Journey Surveys web application. The recruitment

message with a link to the survey was posted as a public access Note on Facebook such that

people could re-share it on their own walls, and people on my own Friends list were asked to

help circulate it in expanding circles. The survey was open for 20 hours before collecting the

necessary 10 full qualifying responses from participants.

The data collected in the course of this study consisted of multiple choice and narrative

responses from the online questionnaire. These responses were exported from the web application and formatted for analysis. To create a transparent audit trail, all data collected were saved on a dedicated server.

Memo Writing

During the data collection, the initial reading of responses, subsequent noting of observations, and thematic analysis, I observed and explored the ways in which my own biased worldview influenced my perceptions and feelings about issues raised by the questions and the participants' responses. I documented these observations by making interrogative notes within the data analysis tables, writing memos, and journaling (Smith & Osborn, 2008). I also noted my thoughts on emerging patterns and connections and further questions.

Data Analysis

The narratives obtained in the course of data collection were analyzed using the method described by Smith and Osborn (2008). Each was read several times with initial notes taken about the text presented as well as reflections on the language use and other relevant ideas. These notes were used to start the process of developing themes from the text. On the second and several subsequent readings I identified and noted loose themes and patterns, sometimes returning to previously read responses to draw connections among respondents. Then the themes were drawn into groupings based on commonalities, connections, or relevance to research questions. Throughout this process, I returned continuously to the original text to verify that the connections made in creating the higher-order themes reflected the content of the original narratives. As the analysis proceeded, earlier protocols were re-examined with the later-emerging themes in mind. Finally, the themes from all the entries were pulled together into a master table of the superordinate themes to represent the experiences of each and all participants, and to draw

connections between superordinate themes across different participants' responses.

It is important to note that developing the structure of the study itself became a part of the analytic process. The decision to conduct the study online was the result of informal discussion with nonmonogamously identified individuals closely familiar with the community and my recognition of the desire for greater anonymity than is typically afforded by interviews. This practical shift then demanded a predetermined structure for the inquiry, an apparent departure from the traditional IPA methods. However, this method was in keeping with the values underpinning traditional IPA—an open-minded responsiveness to the subjective experiences and meaning-making of the participants. Developing the overall structure of the questionnaire was a process of distilling the thematic content of the academic literature about and by the members of the community, that then inevitably informed the later interpretative analysis of the (actual) participants' responses. The result of this interplay among the research questions, grounded interpretation of the discourse within the community, and theoretical models was a set of predetermined categories that provided scaffolding for the development of the questions and consequently the thematic content of the responses. The questions themselves (Appendix C) were designed in an iterative process of interplay between academic experience and grounded expertise of myself, my committee members, my mentor, and members of the nonmonogamous community who participated in the pilot testing and otherwise provided feedback on the questions. The interpretive nature of this process must therefore also be acknowledged as it necessarily shaped the questionnaire responses and their subsequent thematic analysis.

Results

In this section I summarize the major findings of this study as a theoretical model of disclosure of nonmonogamy in therapy that emerged from the personal experiences of the

participants and then expand the major domains that factor disclosure decisions into their

components with illustrative quotes from the participants' responses. I will then present other

conclusions that, while not being a part of the model, nevertheless contribute to the

understanding of the experiences of nonmonogamous people in interactions with the mental

health field.

The Nonmonogamy Disclosure Model

I distilled the most important findings of this study into the Nonmonogamy Disclosure

Model (NDM). Figure 1 contains a schematic representation of the NDM. I set out to understand

how nonmonogamous clients make the decision to come out to their therapists, what it meant to

them when they acted on those decisions, and what implications there might be to the course and

success of the therapy. The NDM is a contribution to the theoretical understanding of

stigmatized identity disclosure in professional settings and can be used to draw implications for

practice (see Figure 1 below).

Figure 1. A schematic representation of the Nonmonogamy Disclosure Model (NDM).
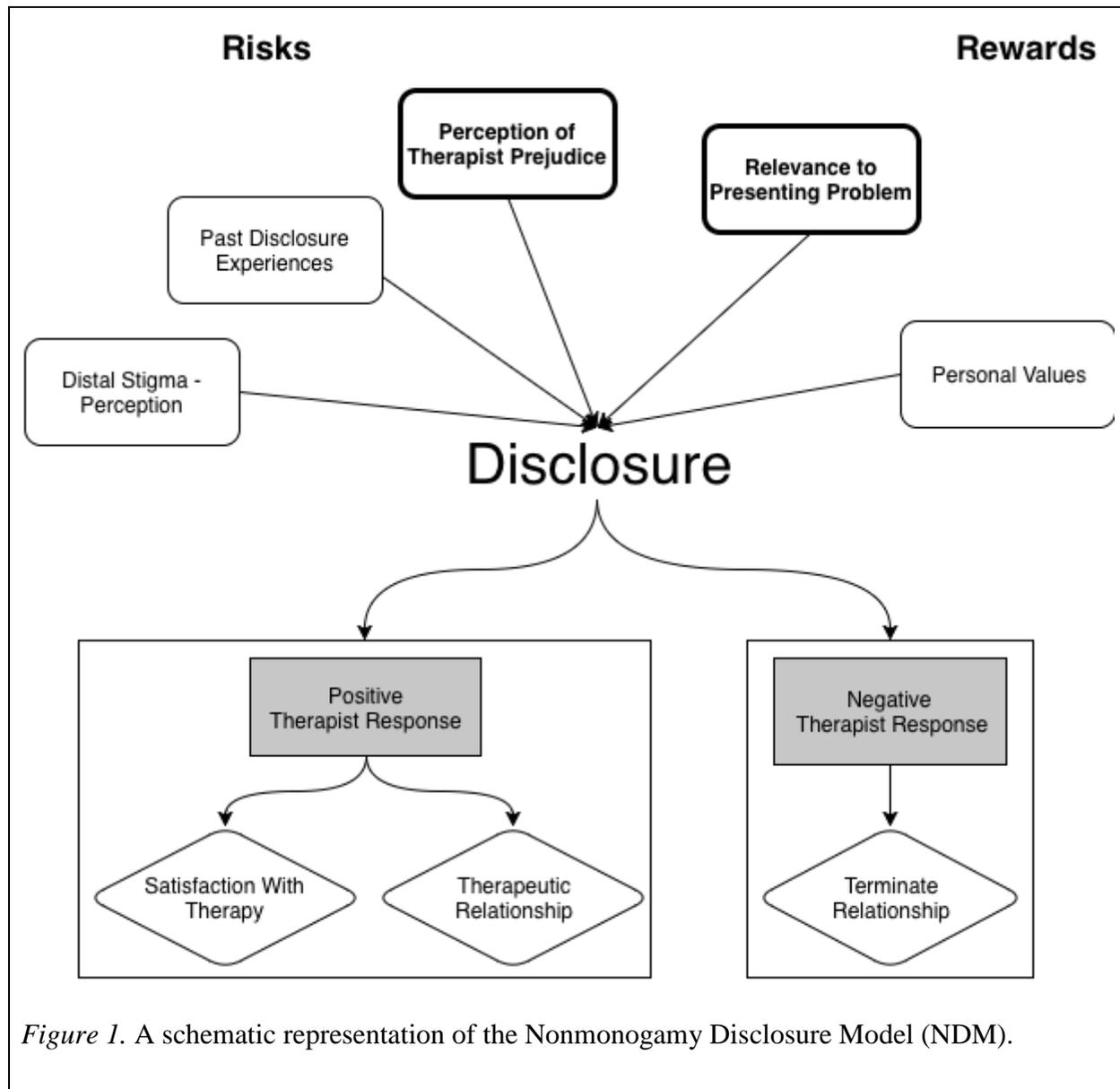
Description of the NDM. Five domains were identified as contributors to the decision to disclose or not disclose. These domains can be further categorized as representing the risks of disclosure or arguments against revealing a nonmonogamous relationship, and the factors perceived as potential rewards of being out. On the risks side, potential risk is evaluated based on perceptions of Distal Stigma (as defined in the Minority Stress framework in Meyer, 2003), Past

Disclosure Experiences, and Perceptions of Therapist Prejudice towards nonmonogamy. On the

rewards side, participants' Personal Values about disclosure in general and disclosure in therapy

specifically, as well as their assessment of the relevance of their nonmonogamy to their desired

focus for the therapeutic treatment (Relevance to Presenting Problem), helped motivate them to

disclose. The decision then was a matter of each individual's weighing of these domains.

Once the decision was made to disclose nonmonogamy to a therapist and acted upon,

depending on the participants' view of the reaction they received from their therapists, these

interactions either positively affected the Therapeutic Relationship and overall Satisfaction with

therapy, or led participants to Terminate the Relationship.

Furthermore, for the participants in this study, two of the domains appeared to be most

influential on the eventual disclosure decision. One of them was Perception of Therapist

Prejudice and the other was Relevance to Presenting Problem, such that if the participant–client

perceived that their therapist knowing about their nonmonogamy would help them meet their

goals in therapy and they were able to find a therapist who they perceived as accepting, they

discussed their nonmonogamy more freely and with less apprehension.

Development of the model. In the course of the analytic process, as overarching themes

emerged for each individual participant, a larger picture developed and was integrated with the

frequency of certain themes across the respondents. These similarities at times told a collective

story that figured into the formation of the model discussed above (see Appendix D), and are

referenced throughout this section as well as the Discussion section. Pseudonyms were assigned

to the individual anonymous responders for ease of reading the data, and these names are used

throughout the figures, the Results and Discussion sections, and the Appendices.

Risks of disclosure. The first domain of the model of disclosure decisions of

nonmonogamy in therapy is assessment of risk that may be incurred as a result of the disclosure. Four main themes were discussed by the participants as contributing to their evaluation of the degree of risk in the context of bringing up their nonmonogamous identity/relationship style to their therapist. Their general understanding of the stereotypes about those who practice nonmonogamy as held by society at large composed the Distal Stigma category, whereas their previous experiences of disclosure and their assessment of the attitudes of the therapist toward nonmonogamy constituted the proximal stigma factors.

Distal stigma. Distal Stigma is the stigma experienced indirectly but known and felt as a general awareness of prejudiced social norms and attitudes. The subthemes elicited in response to the question about societal attitudes towards nonmonogamy are presented in full in Appendix E, and include such views of nonmonogamy as "inability to commit," "child abuse or endangerment," "public health risk," and "exploitation of women." The responses revealed a sense of fear of judgment, social rejection, and one respondent, Anne, reflected that there "is some risk of discrimination and violence" (2.1.11). Participants felt moved to try to defend themselves and nonmonogamy against a perceived accusation, and expressed expectations of prejudice both overt and covert. Perhaps the most telling result of asking about societal attitudes was the uniformity of responses that were entirely negative. When asked, not only did every participant readily list negative stereotypes of nonmonogamous people that they believed were held by the population at large, but none of them included any positive stereotypes. All respondents either formed an assumption that the neutrally worded question was asking about *negative* attitudes, or were not aware of the existence of any positive attitudes toward nonmonogamy. Also of note is that eight of the 10 respondents included references to stigmatized promiscuity in association with nonmonogamy. This was a strong statement about

the experiences and beliefs each participant carried with them into the decision of disclosure, and

highlighted their keen awareness of the hostility of the world around them toward this aspect of

themselves and their lives.

Proximal stigma.

Past disclosure experiences. This domain reflects the direct experiences that participants

reported having had with disclosing their nonmonogamy prior to beginning their most recent

therapy involvement. These experiences include coming out to family and friends, colleagues,

and past mental health providers where relevant. Participants described a variety of their past

experiences, and some examples are included below. For a full set of responses addressing this

theme see Appendix F. Though participants were largely open about their nonmonogamy in

many areas of their lives, the specific experiences they chose to share in the course of this study

were largely painful or ambivalent. They shared a sense of violation of trust such as when

Edmond wrote about coming out to a close friend "privately" only to find that this friend "outed

us to her partner without our consent" and subsequently being "a little more wary about when

and how we're willing to be explicit about our status, even with close friends." (5.1.12)[1] They

discussed experiences of being judged and convicted, such as when Daniel talked about how his

family members accused him of "cheating on [his] spouse" (4.1.12) or when Gabrielle shared

how one of her relatives concluded, "You're going to hell," and how she reacted by "[changing]

the privacy settings on Facebook" (7.1.12) to avoid further such censure. Even those who had

---

[1] I used assigned numbers to reference participants responses during analysis, and will
use these in the text and in the reference tables. Each reference consists of three numbers
separated by a period. First, is the auto-assigned participant number, then the number of the
section in the questionnaire, and last, the number of the specific response.

more positive experiences, such as Fran, who concluded that her expectation of "the risk of rejection was unfounded" (6.1.11), or Ingrid who marveled at the reaction from her previous therapist who, despite not having an overtly nonmonogamy-supporting practice or being able to "grok it," validated Ingrid by reflecting "I'm glad you have extra people to love you and care for you" (9.2.9), had these experiences in a general context of nervousness.

Of note was a dynamic mentioned by four of the participants (Appendix D) who stated that whether they remained friends with someone depended on how that person responded to learning about the respondent's nonmonogamy, something that Anne referred to as the method by which friends "select themselves out of the pool" (1.1.12). Gabrielle shared further examples of this dynamic in recalling that "occasionally when I tell friends I am polyamorous they call me a 'slut' or 'whore,'" "Some ask if we could hook up since I'm in an open relationship and they had trouble understanding why I wasn't interested in helping them cheat on their partner, or go without protection, or why I'd refuse because I clearly sleep with anyone," and concluding that as a result of these reactions "we cease to be friends" (7.1.12). Gabriele reported a similar past experience coming out at work, which subsequently resulted in a decision to refrain from disclosure in the workplace altogether.

This dynamic in past experiences is important because it closely mirrors the way many participants viewed disclosing to their therapist. Six of the participants ultimately chose to resolve the question of how their therapist would react to their nonmonogamy prior to beginning work with that therapist, either by disclosing during their initial contact with the therapist (such as an inquiry over the phone) or selecting therapists based on the latter advertising their practice as supportive of nonmonogamy.

It must be noted that while past disclosure experiences had an effect on the respondents'

anxiety and difficulty of disclosure, they did not necessarily determine whether the participants disclosed. All but one of the respondents did ultimately choose to disclose to their therapists.

Nondisclosure. It may be useful to examine Betty's story in more depth as it illustrates how the experience of coming out to a therapist can determine the outcome of therapy and the client's subsequent willingness to disclose to another therapist. An overarching theme in Betty's story was that of being misunderstood, and this was reflected in her past experience coming out to a therapist and her decision not to disclose to her current therapist. Though Betty was as aware of the various ways in which nonmonogamy is stigmatized by society as any of the other participants ("people think it's about having lots of sex with lots of people. This is a very unfortunate thing" [2.1.8]), she could see the benefit of being open. She reflected, "I wouldn't have to edit myself" (2.2.10), and chose to be out in all areas of her life where she formed personal relationships with people (children, friends, spiritual community, and to a degree, family). However, her emphasis on the longevity and connectedness of relationships as Personal Values in conjunction with her previous experience of disclosing to a therapist, inclined her to zealously conceal her nonmonogamy from her therapist.

Betty previously saw another therapist briefly and was not as careful about her concealment such that the therapist was able to discern her nonmonogamy. She shared that "the conversation started with her being very surprised, and then [asking] way too many questions about how it worked, and her debating with me about whether it was healthy. The conversation felt, in a word, 'icky'" (2.2.12). Betty's expectations, based on that past experience, were that if she disclosed to future therapists,

> They will waste my time with questions about poly not relevant or necessary for the issue
>
> I'm working on. To further their knowledge of poly for their own understanding/future

reference. If they want to do that they would need to pay me, not the reverse. Therapy is a

service to me. Therapists need to respect that. (2.2.9)

Because that past therapy experience ended quickly when she decided she "had to fire"

her therapist after that session, Betty views her decision to continue concealing as a choice "not

to give her [therapist] the opportunity to ruin our therapeutic relationship" (2.2.15). Precisely

because she viewed her therapeutic relationship as valuable and effective while expecting that if

her therapists knew about her nonmonogamy they would act to destroy that connection by

demonstrating their lack of understanding and respect for Betty, and because she feared "wasting

[her] time" (and money; 2.2.7), she believed in no uncertain terms that "it was in my best interest

not to... And so choosing proactively not to disclose" (2.2.8).

Though the outcome of Betty's case was different from the others in the group, it

nevertheless held to a degree to the functional framework of the model developed in the course

of this study. In her earlier experience with therapy, Betty made the decision to disclose based on

her Personal Values regarding openness, experienced the therapist's reaction as negative, and

promptly led to a Termination of the Relationship. When she entered therapy with her

subsequent clinician, her decision not to disclose was informed by her Past Disclosure

Experience, as well as a generalization of that experience to all therapists that had become her

Perception of Therapist Prejudice. Furthermore, her Personal Values around preserving

connection in relationships strengthened her resolve not to disclose for fear of having to

terminate therapy again. This case provides an example of the importance of the

nonmonogamous clients' perception of the therapists' knowledge and beliefs about

nonmonogamy. I discuss the role of this perception within the framework of the model in the

following section.

 Perception of therapist's attitudes. Three main themes emerged within this domain. One finding was that participants preferred to learn or at least make assumptions about a therapist's general beliefs about nonmonogamy before disclosing. This was sometimes determined based on a proxy such as the therapist's awareness and acceptance of other marginalized sexual identities or their religious beliefs. Many of them also considered a positive reaction to that initial disclosure a determinant of whether they go on to work with that therapist. We can observe the fact that seven of the 10 participants chose to disclose prior to therapy (Appendix D) and several discussed this process (Appendix G). Fran chose to disclose "in an email that included other information I thought she should know about," Daniel also "mentioned it before we even had a session" (4.2.12), as did Clare. Ingrid and Jane both chose therapists who advertised their practices as "poly-friendly," and Ingrid's therapist was one of two mentioned in this study who initiated the discussion of nonmonogamy and disclosed *her* own. Edmond chose to seek a personal referral through another polyamorous person. Even though Gabrielle did not disclose prior to therapy she "made sure the next therapist was okay with me not being Christian" (7.2.3) as an indication of the therapist's broadmindedness that made her feel more comfortable disclosing later. Anne used similar logic in assuming that since her therapist "had a swinger friend, so it wasn't totally new territory for her" (1.2.12).

 Furthermore, for most of the participants this acceptance and support of nonmonogamy as a valid identity and relationship practice was a prerequisite for the continuation of therapy with that counselor. As Daniel stated, "If she reacted badly, I wouldn't have even started work with her" (4.2.12). Overall, the participants' perceptions of their therapist's attitudes had some of the greatest determining power both of disclosure and engagement in therapy altogether.

 Rewards of disclosure. The positive side of the scale in this model contains two

domains. One is the consideration of personal values as they relate to the decision of disclosure, and the other is the respondents' view of the relevance of nonmonogamy to their presenting problem and ultimate goals for therapy.

Personal values. When participants discussed the advantages they perceived in disclosing their nonmonogamous status, some of the most common considerations were their personal values (Appendix H). Six of the participants touched on the theme of Honesty and Openness as a personal value in general, and particularly as applied to being open about their nonmonogamy in various areas of their lives, including therapy. This is a domain reflecting the participants' desired sense of integrity to their identities and their values in all areas of their lives, being "fully honest and authentically ourselves" (5.1.11), and to be seen by the therapist in "the full reality of my life, so that I wasn't trying to hide or talk around people or events" (6.2.6). Disclosure in this domain also served a protective function against leaving "the door open for other people to make assumptions" (3.2.16) and therefore engage in erasure of important parts of the respondents' identities and people important to them. Participants also talked about the effort and cognitive load of maintaining secrecy and expressed their disinclination to take on that burden because "keeping up with our exclusions is very difficult. I didn't want to have to manage that" (1.2.10).

Nevertheless, while these beliefs were often expressed and created a sense of the ideological importance of disclosure, they were not directly linked by participants to the ultimate decision to disclose. Rather, structurally, this domain may be seen as a positive counterweight to the domain of Distal Stigma, providing a bolstering function to the decision to disclose which was often decided by the last of the five domains as discussed below.

Relevance to therapy goals. In this group of respondents, eight out of the 10 linked their

belief that disclosure was necessary to their view that their ability to address their presenting

problem and achieve the desired outcome of therapy was dependent on disclosure of their

nonmonogamy. This was the most concrete and direct link to the ultimate decision to disclose,

and largely appears to have left little room for doubt for most of the participants (Appendix I).

As Clare, who sought therapy to help her cope with death and terminal illness of her partners,

explained her decision, "for me it was vital and relevant to the reason I needed assistance"

(3.2.11). This was also echoed by Henry's conviction during his unsuccessful attempt at therapy

"I was there to do a job—get therapy for depression. Therefore I told the therapist about the

situation" (8.2.11). Even Ingrid, who did not think that nonmonogamy was relevant to her

reasons for seeking therapy, and who did not herself initiate the disclosure, chose a therapist she

knew was supportive, because she felt that the therapist "can help me communicate my

challenges and work with my partners in ways that are tailored to them," and help her be more

successful if she were open about her nonmonogamy (9.2.10). As Daniel expressed it, "If I had

not disclosed my non-monogamy, therapy would have been wasted" (4.2.18).

  Outcomes of disclosure. If we turn then to the other side of the decision in the model of

disclosure, and follow how the experiences that unfolded following the disclosure (in all cases

but Betty's, as she did not disclose to her therapist), there are two prominent findings. The most

pronounced outcome was that all of the (very few) cases of negative experiences disclosing

resulted in poor evaluations of the therapy and typically resulted in immediate or even

pre-emptive terminations. Participants for whom the disclosure experience was positive,

however, all gave positive evaluations of both the therapeutic relationship and their satisfaction

with the course of their therapy. These domains also serve to give a glimpse at what these

respondents experienced as particularly affirmative. To summarize respondents' views on the

attributes of affirmative therapy we can look at the themes that were touched on in response to the questions regarding affirmative therapy (Appendix J). Reports of affirmative therapy were characterized by (a) empathy, support, nonjudgment, and nonpathologizing; (b) fostering a sense of pride and confidence in the clients' own judgment; (c) acknowledgement of the importance of all the clients' relationships while holding them to the same standard of health as monogamous relationships; (d) focusing inquiry on the clients' particular practices rather that looking to them to represent nonmonogamy in general; (e) a willingness on the part of therapists to educate themselves about nonmonogamy instead of looking to the client to provide education, and when applicable, (f) the willingness to disclose their own nonmonogamous status or identity.

Access to Affirmative Therapy

Additional findings of note were in the domains of Access to Affirmative Care as it influenced how participants chose their therapists. A major theme that permeated the responses, which while not being directly relevant to the research questions of how the decision to disclose is made and its outcome is nevertheless important to the larger discussion of the experiences of nonmonogamous individuals in therapy, is that of access (Appendix K). Half of the participants reported finding a suitable therapist difficult, and most of the participants mentioned being limited by considerations other than desired qualities of the therapist. Clare talked about her experience most strongly recounting it as a "devastating and frustrating nightmare" spanning "3 to 4 months" before she was able to get in to see anyone. She concluded that she "finally gave up trying to find someone that actually had the experience I was looking for and spoke to one woman close to my prior job" (3.2.2). That is not to say that they all had negative experiences with the therapists they ultimately worked with, but only that the process placed barriers in front of them and strain on them at what is usually a vulnerable time. Participants all attempted to

balance affordability, accessible location, and schedule with expertise and affirmative practice.

Some were able to prioritize the latter criteria, allowing them the privilege of choice, while

others were left to play "the lottery" as Henry stated (8.2.3).

Participants often found that they could either have an informed therapist who was

known to be affirmative of nonmonogamy, or they could have one logistically or financially

affordable, but not both. In this way socioeconomic status and privilege affected the quality of

care to which nonmonogamous clients in this sample had access.

Summary

The NDM, described above, is the theoretical encapsulation of the experiences of seeking

therapy described by the nonmonogamous participants in this study. Their words and my

thematic analysis of individual narratives and interrespondent similarities and differences

comprise the core of the findings that attempt to answer the questions posed by the literature and

in this study. I also presented findings that bear on the topic of inquiry but that emerged more

organically through the iterative process of data collection and analysis. A further reflection on

the NDM, these additional findings, the research process, the clinical lessons that I learned from

the participants, and questions for future consideration follows below.

<div align="center">

Discussion

</div>

This study explored the experiences that nonmonogamous clients had disclosing their

nonmonogamy to their therapists, with a focus on the decision of whether or not to disclose and

the ramifications of that choice. The findings of the study are understood to be of limited

generalizability, being the experiences of 10 individuals, but nevertheless useful in beginning to

understand how various factors play a role in disclosure and interact with one another. In this

section, I present a model developed from the results of this study combined with the research on

stigma and a previously introduced model of disclosure of sexual orientation by lesbian and

bisexual women to their healthcare providers (McNair et al., 2012). I discuss select other

findings and the implications for clinical practice, as well as directions for further research.

The Nonmonogamy Disclosure Model

Participants in this study were all acutely aware of the negative beliefs widely held about

nonmonogamy and people who practice it, which is consistent with the early distal stages of

Meyer's (2003) model of minority stress. Many talked about having had firsthand experiences of

being judged, pathologized, insulted, and rejected, which, in this model, set them up with ample

experiences of proximal stress as well. Unsurprisingly, given this framework, respondents

showed that vigilance in interacting with monogamous people and mononormative institutions

and expectation of hostility was a part of their experience. However, respondents in this study

also expressed largely positive views of their relationships, which is consistent with earlier

findings (Bonello, 2009; Mitchell, Bartholomew, & Cobb, 2014) of high levels of relationship

satisfaction in nonmonogamous relationships. Participants' interactions with their therapists and

statements about choosing therapists showed a sense of self-worth and a disinclination to tolerate

prejudice and poor treatment in response to their nonmonogamy. Some may have exhibited a

degree of defensiveness and negative judgment of those who would judge them, but they

expressed little acceptance of any validity to the stereotypes. This suggests a certain degree of

resilience against the internalization of stigma that might be expected within the context of the

minority stress model, and a strengthening of identity in response to societal prejudice.

The model of disclosure developed in this study can also be discussed in relation to a

model developed using qualitative data from same-sex attracted women about their decisions

around disclosure to health care providers (McNair et al., 2012). Both models recognize the

contributing importance of what McNair et al. call Risk Management to disclosure, which corresponds in the current study to the Perception of Therapist Prejudice. Both domains address the assessment of the probability of potential negative reactions that may result from disclosure, and both were found to be particularly salient to the disclosure decision.

However unlike McNair et al.'s (2012) model, the current study did not find either the pre-existing therapeutic relationship nor the degree of nonmonogamous identity integration as in the disclosure decision. The Identity Disclosure model (McNair et al., 2012) indicates that women chose to disclose their bisexual or homosexual orientation based in large part on how important to their identity their orientation was and how positively they viewed their relationship with their healthcare provider. In the small sample of nonmonogamous clients collected in this study, however, participants were not likely to have a relationship with the therapist prior to disclosure, and the causal relationship was more likely to go in the opposite direction, such that the experience of disclosing would seem to determine the subsequent relationship. It is perhaps surprising, given the importance therapists place on the therapeutic relationship (Kelly & Yuan, 2009), but participants in this study preferred to develop relationships with therapists only after the disclosure had been made, usually as a part of the initial vetting process.

Early disclosure may be due to the unique qualities of relationships with mental health counselors, compared to relationships with medical healthcare providers. Relationships with mental health counselors may be seen as more emotionally intimate and requiring greater transparency and much more frequent and prolonged interaction. Additionally, a difference in values between nonmonogamous clients and (presumably) monogamous queer women may be a factor. Openness and honesty was particularly culturally important to nonmonogamous clients specifically because of this identity, whereas there is no reason to assume (or supporting

research) that there is a particular connection between sexual orientation and personal values around openness for queer women as a demographic. All but three participants in this study considered nonmonogamy important to their identity, and this was relevant to their general desire to be open about it, but it did not appear to play a significant role in the participants' decision to disclose, at least not to their conscious awareness. It is hard to speculate as to why the strength of identity didn't play a larger role in disclosure without deeper research into the nonmonogamous identity formation as contrasted with the formation of a lesbian or bisexual identity.

However, I did observe that all but one of the participants considered disclosure to be important to their therapy, which is consistent with the findings of a study conducted within the context of Korean culture, noted for discouraging the sharing of personal problems, which showed that clients considered the disclosure of secrets to be "their most salient therapeutic event" (Han & O'Brien, 2014, p. 537). I might further speculate that the social pressure to keep a nonmonogamous identity secret may add to the perception of the momentousness and significance of the act of disclosure. It is quite possible, though outside the scope of this study, that the participants' therapists would not have considered nonmonogamy to be a salient factor in their assessment of their clients' presenting problem or considered it in their treatment planning. Nevertheless, even when the clients' nonmonogamous status may not have been particularly relevant to their source of distress or any interventions, it seems that these clients were likely to want to disclose due to their perception that their nonmonogamy is relevant to many aspects of their lives and conviction that being open would improve the quality of their treatment. It is clear, within limitations posed by the design, that a negative experience of disclosure may result in attrition, the deterioration of the therapeutic relationship, or even the relationship with the entire field.

Access

One of the difficulties that participants in the study experienced was locating and accessing affirmative therapy. One of the barriers to access discussed by participants was not knowing where to look for therapists who were already informed about the issues of nonmonogamy and could be expected to be affirmative. There exist a few online lists through which therapists can advertise such as the Polyamory-Friendly Professionals Directory, The Open List, the Loving More nonprofit, and the list maintained by the National Coalition for Sexual Freedom (NCSF). These have been inconsistently maintained, decentralized, offer only a few references for each state, and cluster within major metropolitan areas. Many therapists who did provide knowledgeable care to nonmonogamous individuals did not advertise this fact anywhere, perhaps due to feeling inadequately trained on the subject or out of concern that claiming expertise might have negative effects on their overall practice due to social stigma. Some clients might have gone through their social networks for recommendations, and used personal connections in their local nonmonogamous communities. This approach was unfortunately not available to those newly exploring nonmonogamy or undergoing life transitions that might have taken them away from their home city. Given the lack of local social support, individuals in these circumstances may be in particular need of therapeutic support. Further, it is less feasible for people in complex polycules, who require separate individual therapy, to receive therapy when there are very few supportive practitioners.

Many of the participants expressed a preference for working with a therapist who was knowledgeable about nonmonogamy and therefore able to serve as an expert guide in navigating their relationships and to authentically support their choices. Most found themselves having to weigh this desire against the financial burden of having to pay for therapy out of pocket, cost and

logistical difficulties of regularly traveling far from home to see such a therapist, and realities of coordinating busy schedules. While most participants had considerable socioeconomic advantage in that they had medical insurance that covered mental health services, being able to choose a therapist out of network based on their qualifications required even greater economic resources.

Once again, a review of literature focused on sexual minorities for parallel phenomena confirmed the conclusion that the combination of lack of resources such as educated therapists and health insurance (Buchmueller & Carpenter, 2010), unique requirements, prejudice, and more commonplace difficulties of the managed care system combined to create a marked disadvantage in access to care, particularly when further combined with other marginalized identities (e.g., women, rural populations; Mayer et al., 2008; Willging, Salvador, & Kano, 2006). Due to similar barriers, nonmonogamous individuals and families are left to choose among suboptimal options, sometimes sacrificing affirmative care and settling for the available kind (as reported by some of the participants).

Implications for Practice

One of the purposes of conducting this study was to develop a better understanding of how nonmonogamous clients disclose to therapists and using this information to help clinicians in their work with these clients. The model of disclosure developed in the course of the study is useful to that end in a few ways. First, this study provided some indication about what may be important to their clients, including their values, and ways in which their past experiences have shaped their disclosure behavior. Second, the results help us highlight the factors that had the most weight in a client's decision to disclose nonmonogamy. Specifically, therapists should understand that nonmonogamous clients evaluated the potential therapists' likely openness to their disclosure and the therapists' inclination to accept nonmonogamy as a valid practice and

identity. In the absence of clear information volunteered by the therapist, clients may make assumptions based on factors that may not be accurate or relevant, such as the therapist having a swinger friend. This suggests that clearly and actively advertising one's knowledge and acceptance of alternative relationship structures may significantly improve the experience for the clients and spare them much anxiety and guesswork, while allowing the therapeutic work to begin better centered on the presenting problems without distractions or detours regarding nonmonogamy itself. Furthermore, in cases where therapy is terminated early, the results of this study pointed to a likely explanation, since clients may be approaching disclosure as something of a test that determines their participation and engagement in therapy. A therapist's response to a client's disclosure may determine whether the client continues to work with that therapist.

Respondents in this study suggested several other characteristics of affirmative practice, as outlined in the results section above. There is a general need for therapists working with nonmonogamous clients to be better informed about nonmonogamy to be able to conform to best practice imperatives as others have discussed (Weitzman, 2006, 2007; Williams & Prior, 2015). This is currently somewhat difficult, as nonmonogamy and especially clinical issues of working with nonmonogamous clients including information on effective intervention, are not included in most training curricula, and opportunities for continuing education on the topic are rare. Clinicians need wider access to such opportunities and need to take initiative to do research independently. Some of the other characteristics identified were in line with the suggestions for practice outlined in a case study of a polyamorous couple (McCoy, Stinson, Ross, & Hjelmstad, 2015) which also concluded that important characteristics of ethical practice with nonmonogamous clients include therapists educating themselves about nonmonogamy in its many forms, including the polyamorous principle of compersion (referring to the joy and

satisfaction about the happiness experienced by a partner in their relationship with their other partner).

This new understanding might challenge the therapist's "potentially detrimental assumptions" (McCoy et al., 2015, p. 141) and biases informed by their own upbringing and cultural conditioning. This might prevent the unfortunate reality for many nonmonogamous clients, including some of the study participants, of having to use session time they are paying for to educate their therapist (Weitzman, 2006). Participants also indicated some aspects of affirmative therapy that have yet to be discussed in academic literature much less explored in any depth. For example, they talked about the symbolic meaning of asking questions. When the therapist focused questions on the client's individual practice of nonmonogamy and the unique structure of their particular relationship, rather than more general questions about how nonmonogamy works, these clients felt more accepted and developed greater trust in the therapist. They thought that expressions of general curiosity about nonmonogamy meant they were being called on to represent nonmonogamy in general, and thus objectified. When this occurred, they felt their pressing personal concerns were being dismissed, and in the case of one participant, she felt exploited to supplement the therapist's education. They also discussed the powerfully affirmative practice of the therapist coming out to them. This latter finding, while new in nonmonogamy literature, has parallels in literature about treatment with LGBT clients, where it has long been viewed not a breach of professional boundaries but instead as a potentially valuable intervention (Borden, Lopresto, Sherman, & Lyons, 2010). In conclusion, results of this study indicate that client disclosure, if it is responded to with care and knowledge, could provide an important opportunity to jumpstart the development of a strong therapeutic relationship that, in turn, might lead to more effective treatment and better long-term outcomes

(Kelly & Yuan, 2009).

Limitations

There were a number of limitations to this study. It is usually an advantage of IPA methods that while providing both an open and authentic account of an experience they allow the researcher to considerably shape the focus of the narrative during data collection. This ability was, nevertheless, somewhat limited by conducting the data collection online and passively, rather than the more common interactive approach of in-person interviews. There was not an opportunity to follow and explore spontaneously arising topics that may have contained rich information that would have contributed to the understanding of the phenomenon under study. An online questionnaire was chosen, however, because while constrained by the static nature of the prewritten questions, it was nevertheless useful in mitigating the risks of the very disclosure under exploration here, as well as allowing participants greater control of their narratives, as they had ample and continuous opportunity to review their words and how they were represented. Nevertheless, some may have found even the online questionnaire too high a risk or may have distrusted the methods used or institutional research in general, so that the sampling may not have provided the full range of experiences despite my precautions.

While sampling in this study was more diverse (geographically and perhaps socioeconomically and in terms of gender and sexual orientation) than some previous studies, it was nevertheless still limited by being a convenience sample. It was not sufficiently racially diverse to be representative of the nonmonogamous community as a whole or to allow a more intersectional view of the narratives. It was somewhat confined to an age range that did not include anyone over 45, which may have obscured possible differences over time and through shifts in the dominant culture and within the nonmonogamous community.

This sample also included too few heterosexual participants (who tend to be underrepresented in nonmonogamy research) to discern much about the difference having a more privileged sexual orientation makes in the experiences of interacting with the mental health system. Moreover, as the study found a common inclination towards disclosure among the participants, it may be that participants self-selected into the study based on their personal inclination towards greater self-disclosure than the general nonmonogamous population. These limitations were likely exacerbated by having a sample of only ten people, and a larger sample may present a better understanding of the way multiple stigmatized identities interact with one another in the decision to disclose in therapy.

Furthermore, my own personal biases inevitably played a role in forming conclusions, and as discussed earlier, formed a component of the interpretive process within the framework of IPA. Therefore it may be noted that my position as a bridge between the nonmonogamous participant and the treating clinician throughout the interpretive process was an intersection of three of my own identities: (a) polyamorous woman, (b) therapist, and (c) observing researcher. As such, I was both an insider and outsider, the former granting me greater access in recruiting, perhaps greater trust from participants, and an understanding of the jargon and particularities of language use specific to the nonmonogamous community, as well as limiting the scope of my thinking about the interaction between the mental health field and the nonmonogamous community. I recognize my nonmonogamy as more than a set of practices, as an expression of a shift in my worldview and my politics. This means that the design of the study, the questions underlying the design, and the assumptions underneath the questions, such as the importance of the therapeutic relationship, the importance of being "out," and the very acceptability of nonmonogamy, were informed and shaped by this uniquely layered worldview.

Directions for Future Research

The field of research into nonmonogamy is currently wide open. As was discussed in the review of literature, although some topics have been explored and there has been a pronounced increase in research studies on this general topic in the past several years, much is yet unknown about nonmonogamy and those who practice it; virtually any question yields a needed contribution to the general understanding of this population. I discuss here only a very few such questions.

The question of disclosure explored here could fruitfully be addressed in a wider-ranging quantitative study exploring factors important to therapeutic success, and using standard measures of satisfaction with the therapeutic relationship and therapy outcome. The experiences of therapists when nonmonogamous clients come out to them also need to be understood, and may provide suggestions about how to improve therapist training. Furthermore, while there is evidence to suggest that many therapists personally and professionally hold biases against nonmonogamy (McCoy et al., 2015), much of this evidence comes from studies conducted in the 1970s and the 1980s, and may simply no longer accurately represent a new generation of clinicians. Thus, our understanding of therapists' views needs to be updated.

There was a clear sense on the part of the participants in the current study that society at large had a dim view of nonmonogamous relationships and the people who participate in them, and that many mental health providers subscribed to this view and were likely to act on this bias in treatment. While some data exists to support this view, as was discussed in the review of literature, it would be valuable to examine the views held by mental health professionals about nonmonogamy today to understand how they may have changed since those studies were conducted and to further explore where mental health professionals are struggling with the

concepts raised by nonmonogamous practice. This may help determine direction for developing more useful training opportunities.

Regardless of their decisions about disclosure or the outcome of the disclosure, all participants in this study approached therapy as a relationship in which they were at risk of being judged, their behavior pathologized, and their relationships and identities invalidated. This expectation carried with it anxiety, defensiveness, and distrust, that participants had to find ways to overcome to get the help they needed. This state of affairs calls for greater clarity for clinicians regarding effective methods of managing this dynamic. This study may fill in a piece of the picture of the realities and needs of nonmonogamous people, currently largely blank. Beyond more research to fill in the gaps in the psychological understanding of nonmonogamy, however, an effort is required to increase awareness within the psychological community and advocate (and perhaps agitate) for institutional recognition of this population and incorporation of this new learning into the principles of multicultural competence governing research, education, and practice.

As was mentioned above and in some other small scale qualitative inquiries (McCoy et al., 2015), some of the participants in this study devised a likely and relatively simple intervention for their own anxiety around disclosure and perhaps the general problem of nondisclosure. They chose or were fortunate to be guided by an uncommonly informed therapist to establish their therapists' acceptance of their nonmonogamy prior to therapy. When clients felt reassured of the therapists' acceptance at the outset, they engaged more readily in the work and focused on their therapeutic goals. This straightforward intervention warrants further study with larger samples and more focused methodologies. For example, it would be interesting to experimentally compare clinical outcomes between cases where the clinician was advertised as

accepting of nonmonogamy and those where clients were not given any prior information about their therapist's views. It also may be useful to investigate the effects of asking about relationship structure and number of partners as a standard part of intake procedures, or the impact of therapist disclosure. Furthermore, there is room to investigate more thoroughly and experimentally the effect of specific continuing education courses, or introduction of a unit on nonmonogamy in graduate human diversity or marriage and family counseling curricula on therapist attitudes towards nonmonogamy and comfort of discussing diverse relationship structures with clients.

Another topic for further research was highlighted by the thematic content of one of the responses in this study. While not being directly related to the research question of the study, the participant "Henry" expressed concerns about his identity as a cisgender heterosexual white man, an acute recognition of his social privilege, his place in the polyamorous community, and the intersection of his privileged identity with his marginalized one. This raises the issue of the conspicuously quiet voices (i.e., lack of published literature) of heterosexual men in nonmonogamy except as part of a polycule. Their individual experiences may well be significantly different from those of women or gay men. Some studies of men in nonmonogamy are currently underway (A. Bove, personal communication, February 8, 2017), but more are needed.

It must also be noted, though it is not readily observed in the results of this study, that the method of recruitment chosen was much more effective than originally expected, with an outpouring of interest within the 20 hours that the survey was online. This was very different from the experiences of authors who have lamented the difficulty of recruitment when attempting to recruit participants for in-person interviews (Klesse, 2005). This leads to two

conclusions. One, that there is an eagerness on the part of the members of this often

misunderstood community for recognition from the academic community. Nonmonogamous

people want more research into their experiences and needs, and are readily willing to contribute

their time and their efforts towards that end. As Edmond commented at the end of the survey,

"I'm just happy there are folks who are interested in understanding." The second conclusion that

can be drawn is that while the nonmonogamous community is not organized in any centralized

way, it is nevertheless quite connected, largely by means of the internet (Barker, 2005), and that

approaching nonmonogamous people for research through the internet, allowing information

about research studies to travel through those existing connections, and capitalizing on the

anonymity of the internet to help participants feel more comfortable, can yield much larger and

more robust samples in future research.

  As the concept and practice of ethical nonmonogamy gains mainstream visibility and

captures the public imagination, clinicians can expect to encounter more nonmonogamous clients

in their offices, and more clients seeking professional guidance in opening up their relationships.

While it is the ethical responsibility of individual therapists to stay current and update their skills,

it is also the collective responsibility of training programs and professional organizations to open

conversations about the existence and needs of nonmonogamous clients, to "come out" about our

collective ignorance and discomfort. Nonmonogamous communities and activists are willing to

teach, so that individual clients would not have to do it in their most vulnerable moments.

References

Adam, B. D. (2006). Relationship innovation in male couples. *Sexualities*, *9*, 5-26. doi:10.1177/1363460706060685

Allport, G. W. (1954). *The nature of prejudice*. Oxford, England: Addison-Wesley.

American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist, 58*, 377–402.

American Psychological Association. (2012). Professional practice guidelines for psychotherapy with lesbian, gay and bisexual clients. *American Psychologist, 67(1)*, 10–42.

Anapol, D. M. (2011). *Polyamory in the twenty-first century: Love and intimacy with multiple partners*. Lanham, MD: Rowman & Littlefield Publishers.

Barker, M. (2005). This is my partner, and this is my...partner's partner: Constructing a polyamorous identity in a monogamous world. *Journal Of Constructivist Psychology*, *18*, 75–88. doi:10.1080/10720530590523107

Barker, M. (2011). Monogamies and non-monogamies: A response to 'The challenge of monogamy: Bringing it out of the closet and into the treatment room' by Marianne Brandon. *Sexual and Relationship Therapy*, *26*, 281–287. doi:10.1080/14681994.2011.595401

Barker, M., & Langdridge, D. (Eds.). (2010). *Understanding non-monogamies*. New York, NY: Routledge.

Bartell, G. D. (1971). *Group sex*. New York, NY: Peter H. Wyden.

Bauer, R. (2010), Non-monogamy in queer BDSM communities: Putting the sex back into alternative relationship practices and discourse. In *Understanding non-monogamies* (pp. 142–153). New York, NY: Routledge.

Bell, D. (2006). Bodies, technologies, spaces: On 'dogging'. *Sexualities*, *9*, 387–407.

Blumberg, E. (2003). The lives and voices of highly sexual women. *Journal of Sex Research, 40*, 146–157.

Bonello, K. (2009). Gay monogamy and extra-dyadic sex: A critical review of the theoretical and empirical literature. *Counselling Psychology Review*, *24*, 51–65.

Borden, L. A., Lopresto, C. T., Sherman, M. F., & Lyons, H. Z. (2010). Perceptions of self-disclosing counselors among lesbian, gay, and bisexual individuals. *Journal of LGBT Issues in Counseling*, *4*(2), 54–69. doi:10.1080/15538605.2010.481958

Buchmueller, T., & Carpenter, C. S. (2010). Disparities in health insurance coverage, access, and outcomes for individuals in same-sex versus different-sex relationships, 2000–2007. *American Journal of Public Health*, *100*(3), 489–495.

Coelho, T. (2011). Hearts, groins and the intricacies of gay male open relationships: Sexual desire and liberation revisited. *Sexualities*, *14*, 653–668. doi:10.1177/1363460711422306

Constantine, L. L., Constantine, J. M., & Edelman, S. K. (1972). Counseling implications of comarital and multilateral relations. *The Family Coordinator*, *21*, 267–273. doi:10.2307/582870

Easton, D., & Hardy, J. W. (2009). *The ethical slut: A practical guide to polyamory, open relationships & other adventures*. Berkeley, CA: Celestial Arts.

Esterberg, K. G. (2006). The bisexual menace revisited: or, shaking up social categories is hard to do. In S. Seidman, N. Fischer, & C. Meeks (Eds.), *Introduction to new sexuality studies* (pp. 157–163). New York, NY: Routledge.

Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients' perceptions of the process and consequences of self-disclosure in psychotherapy. *Journal of Counseling Psychology*, *51*, 340–346. doi:10.1037/0022-0167.51.3.340

Farber, B. (2006). *Self-disclosure in psychotherapy*. New York: Guilford Press.

Farber, B. A., & Sohn, A. E. (2007). Patterns of self-disclosure in psychotherapy and marriage. *Psychotherapy: Theory, Research, Practice, Training*, *44*, 226.

Franceschi, G. J. (2006). Women maintaining a consensually non-monogamous relationship: A qualitative investigation. *Dissertation Abstracts International*, *66*, 6919.

Garcia, N. (Creator). (2012). *Polyamory: Married and Dating* [Television Show]. California, USA: Showtime.

Graham-Bermann, S. A., Kulkarni, M. R., & Kanukollu, S. (2011). Is disclosure therapeutic for children following exposure to traumatic violence?. *Journal of Interpersonal Violence*, *26*(5), 1056–1076. doi:10.1177/0886260510365855

Halpern, E. L. (1999). If love is so wonderful, what's so scary about more? *Journal of Lesbian Studies*, *3*, 157-164. doi:10.1300/J155v03n01_17

Han, Y., & O'Brien, K. M. (2014). Critical secret disclosure in psychotherapy with Korean clients. *The Counseling Psychologist*, *42*(4), 524–551. doi:10.1177/0011000014524600

Haritaworn, J., Lin, C., & Klesse, C. (2006). Poly/logue: A critical introduction to polyamory. *Sexualities*, *9*, 515–529. doi:10.1177/1363460706069963

Hatfield, E., Sprecher, S., Pillemer, J. T., Greenberger, D., & Wexler, P. (1989). Gender differences in what is desired in the sexual relationship. *Journal of Psychology and Human Sexuality*, 1, 39–52.

Heaphy, B., Donovan, C., & Weeks, J. (2004). A different affair? Openness and nonmonogamy in same sex relationships. In J. Duncombe, K. Harrison, G. Allan, D. Marsden, J. Duncombe, K. Harrison, ... D. Marsden (Eds.), *The state of affairs: Explorations in infidelity and commitment* (pp. 167–186). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Henshel, A.-M. (1973). Swinging: A study of decision making in marriage. *American Journal of Sociology, 78,* 4.

Hickson, F. C., Davies, P. M., Hunt, A. J., Weatherburn, P., McManus, T. J., & Coxon, A. M. (1992). Maintenance of open gay relationships: Some strategies for protection against HIV. *AIDS Care*, *4*, 409–419. doi:10.1080/09540129208253112

Hill, C. E., Gelso, C. J., & Mohr, J. J. (2000). Client concealment and self-presentation in therapy: Comment on Kelly. *Psychological Bulletin*, *126*, 495–500. doi:10.1037/0033-2909.126.4.495

Hill, C. E., Thompson, B. J., Cogar, M. C., & Denman, D. W. (1993). Beneath the surface of long-term therapy: Therapist and client report of their own and each other's covert processes. *Journal of Counseling Psychology*, *40*, 278–287. doi:10.1037/0022-0167.40.3.278

Hymer, S. M., & Rubin, A. M. (1982). Alternative lifestyle clients: Therapists' attitudes and clinical experiences. *Small Group Behavior*, *13*(4), 532–541. doi:10.1177/104649648201300408

Jenks, R. J. (1998). Swinging: A review of the literature. *Archives of Sexual Behavior*, *27*, 507–521. doi:10.1023/A:1018708730945

Karpel, A. (2011). Monogamish. *Advocate*, *1051*, 18.

Kassoff, E. (1989). Nonmonogamy in the lesbian community. *Women & Therapy*, *8*, 167–182.

Kelly, A. E. (1998). Clients' secret keeping in outpatient therapy. *Journal Of Counseling Psychology*, *45*, 50–57. doi:10.1037/0022-0167.45.1.50

Kelly, A. E., & Yuan, K. (2009). Clients' secret keeping and the working alliance in adult outpatient therapy. *Psychotherapy: Theory, Research, Practice, Training*, *46*, 193–202. doi:10.1037/a0016084

Klesse, C. (2005). Bisexual women, non-monogamy and differentialist anti-promiscuity discourses. *Sexualities*, *8*, 445–464. doi:10.1177/1363460705056620

Klesse, C. (2007). *The spectre of promiscuity: Gay male and bisexual non-monogamies and polyamories.* Farnham: Ashgate.

Klesse, C., & Easton, D. (2006). The trials and tribulations of being a 'slut' - Ethical, psychological, and political thoughts on polyamory. *Sexualities*, *9*, 643–650. doi:10.1177/1363460706070006

Knapp, J. J. (1975). Some non-monogamous marriage styles and related attitudes and practices of marriage counselors. *The Family Coordinator*, *24*, 505–514. doi:10.2307/583034

Labriola, K. (1999). Models of open relationships. In M. Munson & J. Stelbourn (Eds.), *The lesbian polyamory reader* (pp. 217–225). Binghamton, NY: Harrington Park Press.

Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health*, *98*(6), 989–995.

McCoy, M. A., Stinson, M. A., Ross, D. B., & Hjelmstad, L. R. (2015). Who's in our clients' bed? A case illustration of sex therapy with a polyamorous couple. *Journal of Sex & Marital Therapy*, *41*(2), 134–144.

McDonald, D. (2010). Swinging: Pushing the boundaries of monogamy. In *Understanding non-monogamies* (pp. 70–81). New York, NY: Routledge.

McIntyre, S. L., Antonucci, E. A., & Haden, S. C. (2014). Being white helps: Intersections of self-concealment, stigmatization, identity formation, and psychological distress in racial and sexual minority women. *Journal of Lesbian Studies*, *18*, 158–173. doi:10.1080/10894160.2014.867400

McNair, R. P., Hegarty, K., & Taft, A. (2012). From silence to sensitivity: A new identity disclosure model to facilitate disclosure for same-sex attracted women in general practice consultations. *Social Science & Medicine*, *75*, 208–216. doi:10.1016/j.socscimed.2012.02.037

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674–697. doi:10.1037/0033-2909.129.5.674

Mitchell, M. E., Bartholomew, K., & Cobb, R. J. (2014). Need fulfillment in polyamorous relationships. *The Journal of Sex Research*, *51*(3), 329–339.

Moss, A. R. (2012). Alternative families, alternative lives: Married women doing bisexuality. *Journal of GLBT Family Studies*, *8*, 405-427. doi:10.1080/1550428X.2012.729946

Page, E. H., (2004). Mental health services experiences of bisexual women and bisexual men: An empirical study. *The Journal of Bisexuality. 3*, 137–160.

Pallotta-Chiarolli, M. (2010). To pass, border or pollute: Polyfamilies go to school. In *Understanding non-monogamies* (pp. 182–187). New York, NY: Routledge.

Parsons, J. T., Starks, T. J., Gamarel, K. E., & Grov, C. (2012). Non-monogamy and sexual relationship quality among same-sex male couples. *Journal of Family Psychology, 26*, 669–77.

Pawlicki, P., & Larson, P. (2011). The dynamics and conceptualizations of non-exclusive relationships in gay male couples. *Sexual and Relationship Therapy*, *26*, 48–60.

Pennebaker, J. W. (1997). *Opening up: The healing power of expressing emotions (rev. ed.).* New York, NY: Guilford Press.

Peplau, L., & Garnets, L. (2000). A new paradigm for understanding women's sexuality and sexual orientation. *Journal of Social Issues, 56*, 330–350.

Rambukkana, N. (2004). Uncomfortable bridges: The bisexual politics of outing polyamory. *Journal of Bisexuality*, *4*, 141–154. doi:10.1300/J159v04n03_11

Ritchie, A. (2010). Discursive constructions of polyamory in mono-normative media culture. In *Understanding non-monogamies* (pp. 46–54). New York, NY.

Robson, C. (2013). *Real world research: A resource for users of social research methods in applied settings.* Hoboken, NJ: Wiley.

Rogers, C. R. (1972). *Becoming partners: Marriage and its alternatives*. New York: Delacorte Press.

Rubin, A. M., & Adams, J. R. (1986). Outcomes of sexually open marriages. *Journal of Sex Research, 22*(3), 311–319.

Saxey, E. (2010). Non-monogamy and fiction. In *Understanding non-monogamies* (pp. 23–33). New York, NY.

Scherrer, K. S. (2010). Asexual relationships: What does asexuality have to do with polyamory. In *Understanding non-monogamies* (pp. 154–159). New York, NY.

Sheff, E. (2005). Polyamorous women, sexual subjectivity and power. *Journal of Contemporary Ethnography*, *34*, 251–283. doi:10.1177/0891241604274263

Sheff, E. (2006). Poly-hegemonic masculinities. *Sexualities*, *9*, 621–642. doi:10.1177/1363460706070004

Sheff, E. (2010). Strategies in polyamorous parenting. In *Understanding non-monogamies* (pp. 169–181). New York, NY.

Sheff, E. (2014). *The polyamorists next door: Inside multiple-partner relationships and families*. Lanham, MD: Rowman & Littlefield Publishers, Inc.

Sheff, E. (2016, March 3) Therapeutic bias against consensual non-monogamy [Blog Post]. Retrieved from https://www.psychologytoday.com/blog/the-polyamorists-next-door/201603/therapeutic-bias-against-consensual-non-monogamy

Shernoff, M. (2006). Negotiated nonmonogamy and male couples. *Family Process*, *45*, 407–418. doi:10.1111/j.1545-5300.2006.00179.x

Silverstein, C. (1981). *Man to man: Gay couples in America*. New York: Morrow.

Sloan, D. M., & Marx, B. P. (2004). A closer examination of the structured written disclosure procedure. *Journal of Consulting and Clinical Psychology*, *72*, 165–175. doi:10.1037/0022-006X.72.2.165

Smith, J. A., & Osborn, M. (2008), Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to methods*, 2nd ed. (pp. 53–81). London: Sage.

Stiles, W. B. (1984). Client disclosure and psychotherapy session evaluations. *British Journal of Clinical Psychology*, *23*, 311-314. doi:10.1111/j.2044-8260.1984.tb01305.x

Taormino, T. (2008). *Opening up: A guide to creating and sustaining open relationships*. San Francisco, CA: Cleis Press.

Veaux, F. & Rickert, E. (n.d.) Glossary of poly terms. Retrieved from https://www.morethantwo.com/polyglossary.html

Weber, A. (2002). Who are we? And other interesting impressions. *Loving More Magazine, 30,* 4–6.

Weitzman, G. (2006). Therapy with clients who are bisexual and polyamorous. *Journal of Bisexuality*, *6*, 137–164. doi:10.1300/J159v06n01_08

Weitzman, G. (2007). Counseling bisexuals in polyamorous relationships. In *Becoming visible: Counseling bisexuals across the lifespan* (pp. 312–335). New York, NY: Columbia University Press.

Willey, A. (2010). Science says she's gotta have it: Reading for racial resonances in woman-centred poly literature. In *Understanding non-monogamies* (pp. 34–45). New York, NY.

Willging, C. E., Salvador, M., & Kano, M. (2006). Unequal treatment: Mental health care for sexual and gender minority groups in a rural state. *Psychiatric Services*, *57*(6), 867–870.

Williams, D. J., & Prior, E. E. (2015). Contemporary polyamory: A call for awareness and sensitivity in social work. *Social Work*, *60*(3), 268–270.

Appendix A: Recruiting Message

Dear Friends,

I'm a doctoral student in psychology at Antioch University New England, and for my dissertation project I'm exploring the experiences of nonmonogamous people in therapy. I hope to gather information that can be used to improve how therapists work with nonmonogamous people. If you participate you will be asked to fill out a questionnaire online. It takes about 45 minutes. The questionnaire will not ask you to give your name—it is completely anonymous. Please, take a moment to check it out and share with anyone who might be interested!

You can take part in the study if you:

- Are over 18

- Live in the US

- Consider yourself nonmonogamous (polyamorous, monogamish, open relationship, relationship anarchy, or other type of consensual and ethical relationship with multiple people)

- Have been in therapy for any reason since you started identifying as nonmonogamous
    If you are interested in the study, follow the link below. Any comments about the study can be directed to Viktoriya Fuzaylova.

Thank you!

Viktoriya Fuzaylova

Appendix B: Informed Consent Screen

The Study:

You are invited to take part in a study about the experiences of nonmonogamous (polyamorous, monogamish, open relationship, relationship anarchy, or other type of consensual and ethical relationship with multiple people) people in therapy. The goal is to understand the issues nonmonogamous people face when seeking help for any reason from mental health professionals. Having a better understanding may help researchers and therapists develop better ways of working with nonmonogamous clients.

Participating:

You can participate if you:

- Are over 18

- Live in the US

- Consider yourself nonmonogamous (polyamorous, monogamish, open relationship, relationship anarchy, etc.)

- Have been in therapy for any reason since you have begun identifying as nonmonogamous

You will be asked to fill out an online questionnaire about your own experience talking about nonmonogamy with your therapist or deciding not to talk about it. It will take about 45 minutes.

Benefits:

The benefit of taking part in this study is being able to share your story and helping mental health professionals understand the needs of nonmonogamous people better.

Risks:

There are no risks to you in taking part, because the questionnaire does not ask for your name and no one will know who gave the answers. All answers will also be stored securely. You can look at the questions before agreeing to participate by choosing the "Preview" link below. You can choose not to participate at all or decide to stop at any time. You can also decide to skip any questions you do not wish to answer. Even though the risk is minimal, if questions do bring up uncomfortable feelings and you need support, please call a counselor in your area (https://therapists.psychologytoday.com and http://openingup.net/open-list/ are good resources).

If you have questions or want a summary of this study's results, you can contact Viktoriya Fuzaylova via email or by phone. If you have any questions about your rights as a research participant, you may contact Dr. Kevin P. Lyness, Chair of the Antioch University New England Institutional Review Board, (603) 283-2149. Please feel free to print a copy of this consent page to keep for your records.

Clicking the "Start Survey" button below states that you are 18 years of age or older and agree to participate in this study.

PREVIEW SURVEY   START SURVEY

Appendix C: Questions

Section 1: Basic Information

Demographics:

Age (drop-down selection)

Gender (open field)

Sexual Orientation (open field)

Ethnicity (open field)

City/State of Residence (open field)

Do you identify as consensually/ethically nonmonogamous? (For the purposes of this questionnaire, nonmonogamous means that you are in multiple relationships where everyone is aware and consents to the arrangement or if you are not currently in such a relationship then you have been and want to be in the future.) (Yes/No)

Have you seen a therapist for any reason since you began identifying as nonmonogamous? (Yes/No)

Section 2: Nonmonogamy

Please answer the following questions as fully as possible. Give your own personal narrative of these experiences and what they mean to you. Include any details that help explain your point of view and your feelings.

1. How long have you considered yourself nonmonogamous? (drop down menu with a

write-in option)

2. Describe your current relationship structure (how the people you are involved with relate to you and one another, whether there is a hierarchy involved, or particular rules governing the relationships) (open field)

3. What relationship structure do you prefer? (open field)

4. What word(s) do you use to identify your form of nonmonogamy? (open field)

5. To what degree is your nonmonogamy important to who you are as a person? (-2 to 2 Likert and write in)

6. Do you think of your nonmonogamy as a chosen lifestyle, an orientation, an identity, or in some other way? (open)

7. What led you to practice consensual nonmonogamy? For example was it an event, person, or situation that influenced it? Was it a decision based on personal beliefs or some particular philosophy? Tell me about this event, idea, or how you came to try this practice. (open)

8. What beliefs are common in society about nonmonogamy and people who practice nonmonogamy? (open)

9. Do you think these beliefs have changed over time, and if so, how? (open)

10. How "out" are you about being nonmonogamous with each of the following groups? (fields for each)

Parents and Family:

Children:

Friends:

At work:

Other:

11. Are there risks or benefits in being out to the following people as nonmonogamous?

What are they? (fields for each)

Parents and Family:

Children:

Friends:

At work:

Other:

12. Have you had personal experiences of prejudice or negative consequences because you

are out as nonmonogamous? If yes, please describe at least one of these experiences.

(fields for each)

Parents and Family:

Children:

Friends:

At work:

Other:

Section 3: Therapy

1. Was the issue you wanted help with related to your nonmonogamy? (Yes/No and field)

2. How did you find your therapist, and what decisions went into your choice of therapist? (open field)

3. Did you have any difficulties finding an appropriate therapist? Please, explain. (open field)

4. Overall, how helpful was your latest therapy with the issues you wanted help with? (Likert)

5. Describe your relationship with your therapist. (For example: Did you feel that you could trust your therapist? Did you feel that your therapist understood and shared your goals?) (open field)

6. How important do you think it is to tell (or not tell) your therapist about your nonmonogamy and why? (open field)

7. Did your therapist ask you directly about monogamy/nonmonogamy at the beginning of your work? (i.e., Did they bring it up?) (open field)

8. How hesitant were you to tell your therapist about your nonmonogamy? (Likert)

9. What concerns or worries did you have about talking to your therapist about nonmonogamy? (open field)

10. What advantages did you see to talking about your nonmonogamy to your therapist? (open field)

11. In the end, what convinced you to tell or not tell your therapist about your nonmonogamy? (open field)

12. Did you tell your therapist about your nonmonogamy? If so, describe that conversation and how it felt. (If not, skip to question 19) (open field)

13. How did your therapist react to your disclosure? (open field)

14. Give one example of a positive or affirming reaction by your therapist after you shared

    something about your nonmonogamy (open field)

    and one example of a reaction that was negative or felt prejudiced (open field)

15. How knowledgeable is your therapist about nonmonogamy? (likert and write-in field)

16. What did you need to explain to your therapist about nonmonogamy in general or how

    you practice it? (open field)

17. How could your therapist have reacted better or affirmed your nonmonogamy? (open

    field)

18. How did choosing to tell or not tell your therapist about your nonmonogamy affect your

    experience in therapy? (open field)

19. Is there anything else you would like to add to help me understand your experience in

    therapy as a person who identifies as nonmonogamous? (open field)

Thank you for completing the questionnaire!

Appendix D: Frequencies of Themes by Participant

This table collates the frequency with which particular themes came up across the group of participants in this study.

	Anne	Betty	Clare	Daniel	Edmond	Fran	Gabrielle	Henry	Ingrid	Jane
	1	2	3	4	5	6	7	8	9	10
Stigma										
Awareness of Stigma	y	y	y	y	y	y	y	y	y	y
Experience of Stigma	y	y	y	y	n	n	y	y	y	n
Stigma of promiscuity	y	y	y	y	n	n	y	y	y	y
Exclusively negative perceptions	y	y	y	y	y	y	y	y	y	y
Personal Values										
Openness as a Value	n	n	y	y	n	y	y	n	y	y
Choice as a Value	y	n	y	y	n	y	n	y	n	n
Reaction to disclosure as determinant of friendship	y	y	N/A	y	N/A	N/A	y	N/A	N/A	N/A
Disclosure Experience										
Preference for Passive Disclosure	n	y	y	y	n	n	n	n	y	y
Disclosure as important to therapy	y	n	y	y	y	y	y	y	y	y
Disclosure Initiator	client	N/A	client	client	client	client	client	client	therapist	client
Disclosure	y	n	y	y	y	y	n	n	n	y

Prior to Therapy										
Experience of Disclosure +/-	-	N/A	+	+	+	+	+	-	+	+
Therapeutic Relationship +/-	-	+	+	+	+	+	+	-	+	+
Perception of Relevance of NM										
NM relevant to PP	y	n	y	y	y	y	y	y	n	y
Access to Affirmative Care										
Difficulty accessing care	n	n	y	n	n	n	y	y	y	y

Appendix E: Themes Related to Distal Stigma

The following are themes related to distal stigma—participants' beliefs about how society at large views nonmonogamy. References to survey responses are in the form Respondent.Section.Question. For example, 8.1.12 refers to respondent number 8 (Henry), section 1, question 12.

anxiety about information control	8.1.12
anxiety about perceptions in the workplace	1.1.12
change in representation as threatening	2.1.8
concern about judgment	8.1.9, 8.2.9, 4.2.9
conflation with bisexuality	6.1.8
conflation with polygamy	3.1.8
defending against stereotypes	8.1.2
defending self against prejudice	7.1.8
devaluing of nm relationships	5.1.8
entitlement to sex from NM people	1.1.8
Envy	6.1.8
exclusively negative beliefs about nm	10.1.8, 9.1.8, 8.1.8, 7.1.8, 6.1.8, 5.1.8, 4.1.8, 3.1.8, 2.1.8, 1.1.8
expectation of disapproval	8.1.11
expectation of ignorance	8.2.9, 2.2.7
expectation of microaggression	5.1.2
expectation of misunderstanding	5.2.5
expectation of promiscuity	1.1.8
exploitation of women	9.1.8
fear	2.2.12
fear of being pathologized	10.2.2
fear of biphobia	10.2.2
fear of discrimination and violence	2.1.11
fear of family conflict	10.1.11
fear of family rejection	7.1.11
greed	8.1.8, 6.1.8
growing popularity as threat	2.1.8

immaturity	10.1.8, 8.1.8
indecisiveness	2.1.8
infidelity	10.1.8, 6.1.8
internalized bi-phobia	10.1.8
judgment of monogamy	6.1.8
lack of attachment	1.1.8
lack of ethics	8.1.8
media exposure as agent of change in stigma	2.1.8
monogamy as the romantic ideal	4.1.8
nm as a practical necessity	4.1.8
nm as adultery	9.1.8, 8.1.2
nm as confusion	6.1.8
nm as dysfunction	10.1.8, 4.1.8
nm as inability to commit	10.1.8, 8.1.2, 8.1.8, 3.1.8, 1.1.8
nm as outdated	4.1.8
nm as predatory	7.1.8, 5.1.11
nm as rejection of family and children	7.1.12
nm is polygyny	9.1.8
nonmonogamy as potentially dangerous	10.1.7
physical disgust	7.1.8
potential partner depletion	6.1.8
public health hazard	7.1.8
public safety risk	3.1.8, 1.1.11
questions as attack	7.1.8
sexual predator stereotype	8.1.12
shallow relationships	10.1.8
stigma of child abuse	4.1.11, 7.1.8, 1.1.8
stigma of promiscuity	10.1.8, 9.1.8, 8.1.11, 7.1.8, 5.1.8, 4.1.9, 3.1.8, 2.1.8, 1.1.8
unstable identity	1.1.8

Appendix F: Reports of Past Disclosure

The following are excerpts from questionnaire responses pertaining to the experiences the respondents had disclosing their nonmonogamous relationship status to people in their lives prior to their latest involvement in therapy. References to survey responses are in the form Respondent.Section.Question. For example, 1.1.12 refers to respondent number 1 (Anne), section 1, question 12.

1 (Anne)	● (1.12): No, didn't lose any close friends, others select themselves out of the pool
2 (Betty)	● (2.12): In the past, the therapist I had to fire for using me for poly info, yes I told her. The conversation started with her being very surprised, and then way too many questions about how it worked, and her debating with me about whether it was healthy. The conversation felt, in a word, icky. ● (1.12): if they don't like it then I consider them not suitable to be my friend.
3 (Clare)	● (1.11): I felt the only way for them to understand why I was having such a difficult time with the loss of someone was if they understood how significant he was to me. ● (2.9): I was concerned that she wouldn't really understand and that like a prior life coach I worked with she would feel it was detrimental and not a valid life choice
4 (Daniel)	● (1.12): Parents and Family: Said they thought I was cheating on spouse Friends: Some friends got weird; don't think I lost any friends because of it, but I am choosy with friendship
5 (Edmond)	● (1.12): Friends: One friend, after we'd come out to her privately, outed us to her partner without our consent. He responded okay, but we've been a little more wary about when and how we're willing to be explicit about our status, even with close friends.
6 (Fran)	● (1.11): The risk of rejection was unfounded. ... The risk of job harassment/nonpromotion (so far) has been unfounded. ● (1.12): In general, people are initially uncomfortable I think because

	they are unfamiliar with open discussion of multiple relationships. The discomfort has gone away.
7 (Gabrielle)	• (1.11): Some people get shocked, confused or offended by it and I handle it on a case by case basis, usually answering lots of annoying questions. • (1.12): Parents and Family: My Aunt gave me a lengthy "You're going to hell" and "Don't you EVER want to get married and have kids?" Speech until I changed the privacy settings on facebook. Children: My friend's child was very confused when she met my fiancee and realized I had multiple partners but her mom explained it to her and she just replied "oh" and kept going about her life like nothing happened. Friends: Occasionally when I tell friends I am polyamorus they call me a "slut" or "whore" and we cease to be friends At work: I've had people judge me and call me names at work in the past which is why I don't tell people at work anymore Other: some ask if we could hook up since I'm in an open relationship and they had trouble understanding why I wasn't interested in helping them cheat on their partner, or go without protection, or why I'd refuse because I clearly sleep with anyone
8 (Henry)	• (1.11): More interactions can be seen in a romantic or sexual light. • (1.12): Bad interactions are more likely to be seen as unwanted romantic attention than if I was publicly monogamous and married. At work: the office gossips are good enough to talk smack behind my back.
9 (Ingrid)	• (2.12): Yes. It was a little odd because it isn't a thing I usually talk about. In most cases, I just show up with my partners and people figure it out or ask later. • (1.12): Mostly just "that's weird" comments • (2.9): Previous therapist was neither [poly- nor kink-friendly] and after taking a moment to absorb what I was telling her, she was just like "I'm glad you have extra people to love you and care for you," even though she couldn't grok it.
10 (Jane)	• (1.12): occasional comments where it's clear they don't get it

Appendix G: Perception of Therapist Prejudices

The following are excerpts from questionnaire responses pertaining to participants'

evaluations of therapist's attitudes towards nonmonogamy prior to disclosure and their impact on

the decision to disclose. References to survey responses are in the form

Respondent.Section.Question. For example, 1.2.2 refers to respondent number 1 (Anne), section

2, question 2.

1 (Anne)	• (2.2): A friend recommended the practice (genderqueer friend), so I felt fairly confident they were open minded. • (2.12): She had a swinger friend, so it wasn't totally new territory for her.
2 (Betty)	• (2.6): If I'm seeing a therapist who is not specifically versed in poly, I absolutely will not disclose that I'm poly
3 (Clare)	• (2.2): We had a very frank conversation and when I met her I decided that I was at least comfortable with her
4 (Daniel)	• (2.2): Was upfront about my relationship structure and asked if that would be an issue. • (2.12): i mentioned it before we even had a session, so if she reacted badly, I wouldn't have even started work with her.
5 (Edmond)	• (2.2): Referral from another partner's therapist. • (2.5): We trusted our therapist from the beginning. • (2.14): Our therapist disclosed, unsolicited, early in our first session, that she was nonmonogamous, which definitely helped in terms of normalizing our then-nascent family structure.
6 (Fran)	• (2.2): Recommended from a therapist friend of mine. • (2.12): If she had been judgmental, I would have found another therapist.
7 (Gabrielle)	• (2.3): I made sure the next therapist was okay with me not being Christian.
8 (Henry)	• (2.3): It seems to be completely luck based. I did not hit the lottery with this therapist.

9 (Ingrid)	● (2.9) Current therapist advertises as poly/kink-friendly and is also poly.
10 (Jane)	● (2.2): Kink-Aware Professionals Network, really wanted someone who wouldn't assume nonmonogamy was a problem or the cause of problems

Appendix H: Personal Values (Honesty/Openness)

The following are excerpts from questionnaire responses pertaining to respondents' personal values of honesty and openness. References to survey responses are in the form Respondent.Section.Question. For example, 1.2.11 refers to respondent number 1 (Anne), section 2, question 11.

1 (Anne)	● (2.11): My desire for honesty and transparency. I don't think you can work on your person life stuff without that.
3 (Clare)	● (1.2): I prefer they all know one another even if not active friends. I also like to know partners of my other partners. Honesty and open communication are general rules. ● (2.12): She was very direct about limited experience and knowledge on the topic but does not seem in any way judgmental of it or dismissing of it and that was very important to me.
4 (Daniel)	● (2.18): If I had not disclosed my non-monogamy, therapy would have been wasted because I would have had to hide so many experiences that were affecting me.
5 (Edmond)	● (1.11): biggest benefit is being able to be fully honest and authentically ourselves
6 (Fran)	● (1.18): For me it was important for her to know the full reality of my life, so that I wasn't trying to hide or talk around people or events
7 (Gabrielle)	● (1.2)everyone knows about all partners and partners of partners involved. Honesty and communication is key and even in a one night stand scenario we text to let the other know about it ASAP.
10 (Jane)	● (1.2): everyone is open and honest and consenting. ● (1.10): Parents and Family: Out, openly discuss it Friends: Out, openly discuss it At work: Mostly out, if it comes up I'm honest about it, but I don't make a "thing" of it ● (1.11): Benefit is honesty ● (2.6): relatively important

Appendix I: Relevance of Disclosure to Presenting Problem

The following are excerpts from questionnaire responses pertaining to the participants' views of the importance of disclosing their nonmonogamy status to the work they were hoping to do in therapy. References to survey responses are in the form Respondent.Section.Question. For example, 8.1.9 refers to respondent 8 (Henry), section 1, question 9.

1 (Anne)	• (2.6): Important if you're there to work on your relationships. If you're there to talk about work, maybe not so important.
3 (Clare)	• 3.2.11: For me it was vital and relevant to the reason I needed assistance. • (2.1): I sought out a therapist because I have one partner with terminal cancer and another partner of mine passed away.
4 (Daniel)	• (2.1): It was related to how I interact with people, but that includes in a romantic/sexual capacity and therefore, my relationship structure • (2.6): As it related to whom (and how) I was interacting, it was relevant and needed to be discussed. • (2.7): yes, I think it is helpful to discuss up front if it is something that will come up during your work with that therapist. • (2.10): I was in therapy in part to discuss my interactions with others, so talking about my relationships and my philosophy of relationships helped get to the root of some issues. • (2.18): If I had not disclosed my non-monogamy, therapy would have been wasted because I would have had to hide so many experiences that were affecting me.
5 (Edmond)	• (2.6): I will tell them if it's relevant to whatever I'm working on with them. • (2.7): we sought her out both for input on successfully navigating some of the hurdles of becoming a polyamorous family unit, and also for advice on how / when to come out to my mother (who remains the only of our parents we're out to). • (2.10): It was the reason we went to her, so it would have been awkward to not talking about it.
6 (Fran)	• 6.2.6: Polyamory has been relevant to some of the issues I've worked

	through with my therapist ● 6.2.10: She has a full understanding of what's going on in my life, which means she is better able to offer appropriate therapy and suggestions.
7 (Gabrielle)	● (2.6): At first I had to bring it up because I was dealing with an abusive partner. Now that he and I broke up I might bring it up if my fiancee or I get another partner. If they are important to us or if additional partners make my anxiety or depression worse again. ● (2.10): It helps her better understand my situation. ● (2.11): Being in the abusive relationship that I had to end while staying with my fiancée made it necessary.
8 (Henry)	● 8.2.6: Well, it would have been pretty important, as I was in therapy because I was depressed because the aforementioned triad relationship was detonating. ● 8.2.11: I was there to do a job - get therapy for depression. Therefore I told the therapist about the situation.
9 (Ingrid)	● (2.6): I think it is relatively important because I have two partners who are both a big part of my life, so it's part of my day-to-day life and support system. ● (2.10): She can help me communicate my challenges and work with my partners in ways that are tailored to them. ● (2.18): It has been super helpful for her to know because she knows generally who my partners are and how I interact with my partners so she can help me figure out how to communicate, make suggestions that I do certain things with certain people, etc.
10 (Jane)	● (2.6): Depends on the issue, but overall I think it's good to be open about it. They need the whole picture. ● (2.7): No, we brought it up because we decided to see him specifically about exploring nonmonogamy. ● (2.12): That's why we were there.

Appendix J: Affirmative Therapy

The following are excerpts from questionnaire responses pertaining to participants' views and experiences of affirmative therapy. Themes that emerged in these accounts are also included. References to survey responses are in the form Respondent.Section.Question. For example, 1.2.14 refers to respondent number 1 (Anne), section 2, question 14.

Respondent	Quotes	Emergent Themes
1 (Anne)	• (2.14): She had nothing negative to say about my health or safety. No concern trolling, which was refreshing.	• non-pathologizing
2 (Betty)	• (2.17) Just acknowledge it, mention having a willingness to learn more about it as needed, and move on. Before trying to pump me for information, ask me does it relate to my issue I'm working on. And if I say no, then don't bring it up. It would be nice to just have the context, so I could say my this partner my that partner, in talking about events. I'm not going to spend my time explaining and educating.	• Willingness to self-educate as affirmative • Respect for boundaries
3 (Clare)	• (2.14): she very much made me feel like it was valid and natural for me and that I handled it with excellent emotional maturity and candor. • I honestly was so glad that it was out of the way before we even started. I definitely felt a little bit shy about it at first but she didn't make a big deal of it and we were dealing with my feelings about the death of one partner and the sickness of another so it wasn't so much focused on the relationship connections as it was the feelings associated with particular people.	• feeling validated • affirmation of her choices • Focus on the presenting problem
4 (Daniel)	• She was not judgmental about having multiple partners. (2.14)	• questions about personal

	● She seemed comfortable with the concept; she asked a few basic questions to orient herself to how I practiced my non-monogamy, and then we moved on. 2.13	practice as affirming ● comfort as sign of acceptance ● non-judgment as affirmation
5 (Edmond)	● Our therapist disclosed, unsolicited, early in our first session, that she was nonmonogamous, which definitely helped in terms of normalizing our then-nascent family structure. (2.14)	● therapist's disclosure as affirmative response ● therapist's nm as normalizing ● opening-up process as creation
6 (Fran)	● She told me she approved of my current partners (relevant affirmation for getting out of a toxic metamour situation) (2.14) ● Totally supportive and awesome. She may not personally agree with nonmonogamy (I have no idea), but has never made me feel bad about it. 2.13	● therapist approval of partner choices as affirming ● validation of judgment
7 (Gabrielle)	● "maybe in the future you and your fiancée will find someone or others that make you feel happy in addition to your relationship" (2.14) ● She accepted it like I had said I was in any relationship 2.13	● acknowledging potential of her nm relationship ● validation of relationship goals
9 (Ingrid)	● I told her I had an awesome polycule, and she smiled and said "me too!" (2.14) ● She was happy for me because I have several awesome people in my life. 2.13	● reciprocal disclosure as affirmation ● joining as affirmation

		● pride ● reciprocal disclosure as empathy
10 (Jane)	● But he was always supportive. (2.14)	● therapist as supportive

Appendix K: Access

The following are excerpts from questionnaire responses pertaining to respondents' ability to access appropriate and affirmative therapy. References to survey responses are in the form Respondent.Section.Question. For example, 1.2.3 refers to respondent number 1 (Anne), section 2, question 3.

1 (Anne)	• (2.3): Sort of? She was at least superficially accepting, but seemed deep down to be biased.
2 (Betty)	• (2.3): Just the usual, are they on my plan. I live in a very large metro area so I haven't found it to be a big issue. I would prefer to see someone poly friendly but they usually don't take insurance. • (2.10): That's why I would rather see a therapist who is herself poly. But the ones I know dont take insurance.
3 (Clare)	• (3.2.2): Finding a therapist was a nightmare. I desperately wanted help but had a very difficult time finding someone that had the experience I desired, seemed open & understanding of poly relationships and who accepted my insurance. It took me 3 to 4 months just to find someone that I could go see. It was devastating and frustrating. I called a mental health group that specialized in finding therapists with particular skills and insurance acceptance to no avail. I left messages for multiple therapists & I sent emails. I asked friends and acquaintances from the poly and kinky communities for recommendations. I had two therapists who were exceedingly helpful so they could not accept me at the time. I finally gave up trying to find someone that actually had the experience I was looking for and spoke to one woman close to my prior job. We had a very frank conversation and when I met her I decided that I was at least comfortable with her and she has turned out to be very helpful in the last year.
4 (Daniel)	• (2.2): Looked for LCSW in my neighborhood. Was upfront about my relationship structure and asked if that would be an issue. • (2.3): No, I interviewed two over phone in one afternoon; and went with second therapist.
5 (Edmond)	• (2.2): Referral from another partner's therapist.

6 (Fran)	• (2.2): Recommended from a therapist friend of mine. I was looking for someone nearby that could help me with anxiety issues and issues of being in graduate school. I became polyamorous during the period I've been seeing my therapist. She was unfamiliar with polyamory, but educated herself
7 (Gabrielle)	• (2.2): I looked up providers based on my insurance.
8 (Henry)	• (2.3): Therapist was assigned to me. I still do not know a good process for finding an "appropriate" therapist. It seems to be completely luck based. I did not hit the lottery with this therapist.
9 (Ingrid)	• (2.3): Yes - not many in-network people with evening hours • (2.2): Online - I was looking for someone in-network, nearby, with evening hours
10 (Jane)	• (2.3): Couldn't find one in-network, sadly • (2.2): Kink-Aware Professionals Network; really wanted someone who wouldn't assume nonmonogamy was a problem or the cause of problems, wanted someone in-network (couldn't find one), wanted someone who believed in bisexuality (surprisingly hard to find)