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POLYAMOROUS MILLENNIALS IN THERAPY:
INTERPRETING EXPERIENCES TO INFORM CARE

A Dissertation

Presented to the Faculty of
Antioch University Seattle
Seattle, WA

In Partial Fulfillment
Of the Requirements of the Degree
Doctor of Psychology

By
Rebecca Calhoun-Shepard

September 2019

POLYAMOROUS MILLENNIALS IN THERAPY:
INTERPRETING EXPERIENCES TO INFORM CARE

This dissertation, by Rebecca Calhoun-Shepard, has
been approved by the Committee Members signed below who
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DOCTOR OF PSYCHOLOGY

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ABSTRACT

POLYAMOROUS MILLENNIALS IN THERAPY: INTERPRETING EXPERIENCES TO INFORM CARE

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Seattle, WA

Polyamory (poly) refers to a way of loving involving multiple concurrent romantic relationships. It has been suggested that consensual non-monogamies are becoming increasingly visible, particularly in the millennial generation. This warrants exploration of cultural considerations and the unique needs of this population to inform care and minimize potential for harm. The present study used interpretative analysis to explore the phenomenon of polyamorous millennials in therapy as described across semi-structured interviews with therapists and poly clients. Three primary themes emerged from aggregate data, including Idiographic Experiences in Therapy, Therapy with Polyamorous Millennials, and information about Polyamory and Millennials beyond a therapy context. These themes synthesized participants' accounts of satisfying, desired, and unsatisfying experiences in therapy, as well as recommendations for and the qualities of a preferred therapist. Therapists who "get it" were delineated, and results additionally reflect learning practices, processes and interventions within therapy, ethical considerations, and information about consensual non-monogamy and the millennial generation in general. In addition to striving to accurately reflect the essence of participants' experiences, results of this study intend to support providers towards empowering and well-serving this population in therapy. This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and Ohio Link ETD Center, <https://etd.ohiolink.edu/etd>.

Keywords: Polyamory, Poly, Non-monogamy, Millennial, Therapy, Interpretative
Phenomenological Analysis, Qualitative

Dedication

This dissertation is dedicated to those who love bravely, authentically, passionately, and ethically. This study intends to support and empower you.

Acknowledgements

My interest in producing a study that serves poly people has been energized by therapy clients, people I interviewed, and friends who create magic through their ways of loving. I would like to acknowledge my Mom and Dad whose unwavering love and influence has propelled my commitments to education, advocacy, and service. Dr. Bill Heusler is a gifted educator and genuine ally whose sharp intellect, support, professionalism, and knack for problem solving has guided me and made this endeavor possible. I'd like to extend gratitude to Dr. Chris Heffner and Dr. Ashley Strauss who offered time, and were protective of public interest, ethics, and social welfare throughout this process. I appreciate my friends and colleagues who provided moral support and consult, including Cailin, Krista, Kirsten, Kristi, Marley, Clarke, Baci, Blueberry, and Michaela, among many others. Finally, my colleagues, community, and mentors at Antioch University Seattle, Portland State University, and The Evergreen State College, in their own unique ways left their mark. Thank you.

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INTRODUCTION

Best practices for therapy have been studied within the field of psychology yet remain largely unexamined for millennial-aged clients who identify as polyamorous (i.e., poly). This investigation uses interpretative phenomenological analysis (IPA) to explore the experience of therapy with and for polyamorous millennials, with a goal of helping mental health providers better serve this population. Some questions of interest included: How do client and therapist views on polyamory compare? What topics are discussed in therapy? When and how do therapeutic ruptures occur? Do therapists sufficiently understand polyamory? Do therapists exhibit bias (and how)? What should therapists know?

Definition of Terms

Dyad: A relationship consisting of two primary romantic partners.

Triad: A relationship consisting of three co-committed adult primary partners.

Hierarchical: A relationship structure or model where one relationship (e.g., primary) is prioritized over others (e.g., tertiary or secondary).

Nonhierarchical or egalitarian: A relationship structure where bonds are considered equal.

Primary Relationship: A committed, long-term, hierarchical relationship which most often (but not necessarily) includes marriage, or shared resources and cohabitation.

Secondary or Tertiary Relationship: Relationship that is secondary or peripheral to a primary relationship in hierarchical relationship structures.

Open Relationship: A relationship in which the partners have agreed that each may independently form outside relationships.

Closed or Exclusive Relationship: A relationship in which partners have agreed to not have lovers outside of the relationship.

Monogamy: The practice or state of being married or committed to one person at a time. Sexual exclusivity is implied.

Consensual Non-monogamy (CNM): As commonly used, any love style that allows for multiple consensual sexual or loving relationships simultaneously.

Polyamory: The practice, identity, or description of having multiple loving relationships at the same time.

Poly: Short for polyamorous.

Compersion: Warm, happy feelings experienced when observing loved ones enjoying loving relationships with others. The opposite of jealousy, though jealousy and compersion can be felt simultaneously.

Metamore: A partner's partner.

Polycule: Refers to an interpersonal web, pod, or unit of non-monogamous relationships.

Polygamy: The practice or state of being married to two or more partners at the same time, often associated with religious traditions.

Swinging: Recreational sex for couples. A form of non-sexually-exclusive monogamy in which two primary partners agree to have casual sex with other couples or singles without emotional involvement.

Millennial: A member of the generational cohort born between the early 1980s and early 2000s.

LGBTQ: Lesbian, gay, bisexual, pansexual, Trans, gender non-binary and Queer, etc., movement, culture, identity or community (e.g., Queer, LGBTQIA+).

LITERATURE REVIEW

Existing research and literature related to polyamory, the millennial generation, and mental health therapy is presented in this section.

Polyamory

Polyamory (poly) is a form of consensual non-monogamy (CNM), or “romantic relationships in which all partners agree to engage in sexual, romantic, and/or emotional relationships with others” (Matsick, Conley, Ziegler, Moors, & Rubin, 2014, p. 339). Though there is no globally accepted definition of polyamory, it is defined by Henrich and Trawinski (2016) as “an honest and transparent agreement among partners to love more than one person” (p. 377).

Poly relationship structures are diverse (Jordan, Grogan, Muruthi, & Bermudez, 2017, p. 2). For example, a relationship may be closed and include “one or two ‘primary’ partners” (e.g., polyfidelity; Matsick et al., 2014, p. 340). In other instances, polyamory may denote having multiple relationships with primary, secondary, or more partners (e.g., satellites) that are not also involved with each other. Unlike polygamy, polyamory yields no gender specifications, often occurs independently from religious influence, and does not require marriage. Some people regard polyamory as an orientation, or as part of their identity. For others, polyamory is thought of as a practice or love style (Klesse, 2014). Therefore, this project does not assume a stance on the origin or nature of polyamory.

The term polyamory is new in United States history and culture, but the idea of multiple partners is common throughout human history. Easton and Hardy (2009) note that there are innumerable ways that humans bond and form relationships, “from the temple prostitutes of

ancient Babylon to Mormon polygyny” (p. 27), to ancient Greece, polyandry in Nepal, the Oneida community, and beyond.

Despite the presence of non-monogamy throughout history, polyamory faces marginalization and bias. Polyamory is not a legally protected partnership status in the United States. Therefore, systemic privileges granted to married couples, like hospital visitations, health decisions, benefits (e.g., health insurance), shared equity, and child custody are not granted to poly families.

Sociohistorical Context of Polyamory

The following section illustrates aspects of the historical and cultural climate in which polyamory is both directly and indirectly embedded. The stigmatization and affirmation of polyamory is perpetuated by multiple factors, including, but not limited to, the institution of marriage, heteronormativity, sexual orientation (e.g., LGBTQ), gender, legislation, and related social movements.

Poly stigma can help to be understood by knowing what relationship models are considered normative (i.e., culturally dominant). Referred to as “compulsory monogamy,” dyadic coupling has been the most socially accepted and deeply normalized model for relationships in Western industrial societies (Willey, 2015). This looks like having one romantic partner at a time. More specifically, marriage is a common relationship model and yields social approval and power, like systemic advantages (e.g., power of attorney, shared assets; Coontz, 2012). The institution of marriage inadvertently stigmatizes non-monogamous relationships, yet the historical evolution of marriage in the West likely contributed to the origins and rise of modern polyamory.

Monogamous cultural values in North America were in part inherited from Europe, and can be dated back to the Roman Empire and early Christianity, which posited monogamous marriage as an alternative to celibacy, the ideal state (Easton & Hardy, 2009, p. 28). For millennia, monogamous and heterosexual marriage was an arrangement used for power (e.g., bonding families), trade, property, and procreation, versus mutual attraction or love (Coontz, 2012).

This shifted during The Enlightenment, a notable period of marital redefinition during which love, attraction, and personal desire became viable bases for partner selection (Coontz, 2012). The notion of partnering out of love carried into the next century. The Industrial Revolution and the World Wars amplified individuation, communities and families disbanded, and people became more geographically dispersed. In effect, people garnered more independence in their marital decisions, residence patterns, and family structures shifted. The nuclear family emerged as being most normative and coalesced with dominant social systems (e.g., economy, legal, and religion) at the expense of the extended family. These shifts in how people do relationships illustrates how romantic practices are culturally embedded, evolve, and diverge.

Legislation in the past 100 years has reflected this transformation. Legal marriage moved from being a privilege for some to a right for many, including prison inmates, African-Americans, and, more recently, LGBTQ individuals (Coontz, 2012). From the 1970s through 1990s, marital legal codes adopted gender neutral language, and couples were granted increased sexual privacy and reproductive rights (Coontz, 2012). These examples of changes in society and legislation served to further ratify the publics' shifting views on marriage and partnering. Though cultural values concerning marriage have notably transformed over the past century,

Judeo-Christian and patriarchal ideology is still pervasive in American society, and the dominance of this doctrine conflicts with polyamory.

“*Femininity* and monogamy are deeply enmeshed concepts” (Willey, 2015, p. 629) since women’s investment in coupling is driven by multiple social vulnerabilities associated with compulsory monogamy that stigmatize non-monogamy (e.g., polyamory). For instance, it has been necessary for women to couple men for economic security because women have had fewer professional opportunities historically. Separately, “femininity has always been produced through recourse to vulgarity” (Willey, 2015, p. 625) which originates from religious ideals around chastity and sex negativity. Thus, monogamous coupling protects women from losing social capital (e.g., credibility, image) associated with being labeled as “slutty,” sexually promiscuous, or deviant (Willey, 2015). Women’s inclination to avoid rape also relates to compulsory monogamy, since a “woman can protect her body and reputation by attaching herself to one man,” thereby rendering her unavailable and “unrapable” (Willey, 2015, p. 622). Coontz (2012) suggests that until the late 1960s, “American legal codes assigned differing marital rights and obligations by gender”(para. 12) which privileged husbands with financial authority and special legal protections (e.g., could not be charged with rape; husbands could sue for loss of consortium).

The Second-Wave of feminism in the 1960s and 1970s occurred in response to gendered pressures and roles described above, and carried notions of polyamory in its tide. Polyamory developed in dissent from the gendered status-quos of the early to mid-1900s. Feminist values like consent, communication, relationships, and egalitarianism are “thought to have shaped polyamory as a discourse” (Klesse, 2014, p. 204), and the lesbian community deeply contributed to critical dialogue about monogamy and alternative relationships. Polyamory was justified by

arguing that heterosexual monogamy had reinforced the subjugation and subordination of wives and women; “if a conception of women as property is the ultimate expression of patriarchal capitalism, according to early Second-Wave feminist theory, then sexual generosity among women, preferably in a context of communal living, was its opposite” (Roberta, 2016, p. 45). In other words, polyamory was described as “a healthy alternative to the male-dominated, heterosexual monogamy that prevailed in former times, enforced by extreme sanctions for adulterous women (but not men)” (Roberta, 2016, p. 45).

This period marked a shift that was also influenced by sexual revolution, religious decline, hippies, and LGBTQ and Black civil rights movements. These movements carried communal focus, the advent of birth control, free love, interracial marriage, and increased freedom of sexual expression. In turn, rigid gender expectations (e.g., one male breadwinner) and norms loosened, and the characteristics of a given relationship became increasingly co-created through partners’ personal inclinations and desires, versus fitting into socially prescribed roles (Coontz, 2012). Feminism and the evolution of legislation and marriage in the West, which came to emphasize love and equality, helped make alternative forms of relationships like polyamory more imaginable.

Relating back to the mid-to-late 1900’s zeitgeist of community, free love and abandoning traditional relationship practices (e.g., marriage), Pagan and utopian communities in the 1960s and 1970s, like Kerista and the Church of All Worlds, helped put non-monogamy on the map; “the best thing The Church of All Worlds did regarding the polyamory issue was declaring its affirmation and support for people wishing to marry, regardless of their gender or number” (Ferrer, 2008, p. 104). Morning Glory Zell-Ravenheart, who is thought to have coined the term polyamory, was a member of the Church of All Worlds. From her perspective:

This whole polyamorous lifestyle is the *avante garde* of the 21st century... In many ways, polyamorous extended relationships mimic the old multigenerational families before the Industrial Revolution, but they are better because the ties are voluntary and are, by necessity rooted in honesty, fairness, friendship and mutual interest. (Zell-Ravenheart, 1990, p. 230)

She emphasized communication, commitment, and consent, and spoke about polyamory in a loving, elevated, and nuanced way.

Aside from simply straying from the status-quo, non-monogamous practices in communal contexts were not always benevolent or safe, which helped fuel anti-non-monogamy sentiments. Founded in 1968, The Family (i.e., the Children of God) is a prime example of how a communist cult negatively incorporated the notion of multiple partners into their practices (Borowik, 2007). The Family consisted of 10,000 members at its prime (Butler, 2014). Inspired by the first century Christian church, former pastor David Brandt Berg preached a pseudo-religious doctrine that centered largely around sexual liberation and non-monogamy (Borowik, 2007; Butler, 2014). Berg and his constituents openly engaged in sex with multiple partners, and female members were encouraged to prostitute themselves in an act called “Flirty Fishing,” derived from Berg’s interpretation of Matthew 4:19 of the New Testament (Borowik, 2007). At one time, 70% of the community comprised youth under the age of 18. The Family incited “numerous allegations of abduction, pedophilia, and various forms of sexual abuse,” and used sex for recruitment (Butler, 2014, para. 2). Many of their practices have been abandoned or are reportedly different today, and they are still operational as Family International in over 100 countries (Borowik, 2007; Butler, 2014). Polyamorists would not likely consider these practices genuine to poly because of the presence of power and persuasion, and lack of consent, mutuality, and communication.

However, polyamory was not a defined term at the time, and groups like The Family tarnish public perceptions of communal or pagan groups that pursued non-monogamy.

In the 1980s and 1990s, non-monogamy became more visible in academia and literature. Dr. Deborah Anapol was a contributor to the sex-positive and polyamory movements, and used the terms “non-monogamy” and “intimate networks” to describe what is now referred to as polyamory (Zell-Ravenheart, 1990). In 1992, she published the book *Love Without Limits*, which was one of the few published resources on polyamory at the time (Rodemaker, 2011). Anapol went on to become a senior columnist for *Psychology Today*, published multiple books and articles about love and non-monogamy, and co-founded *Loving More* magazine. A groundbreaking book titled *The Ethical Slut* was first published in 1997, in which authors Easton and Hardy offer a practical guide for navigating sexual freedom, non-monogamy, and polyamory. Hundreds of thousands of copies have been sold, and it is currently on its third edition (Easton & Hardy, 2009). These works and others (e.g., Zell-Ravenheart) provided readers with information about polyamory, authentic discussion about the principles of polyamory, and analyses for how sexuality and relationships have been historically, politically, and culturally constructed (Pallotta-Chiarolli, 2004, p. 231). In ways, polyamory underwent a publication renaissance during the 1980s and 1990s that provided this movement with legitimacy, structure, and footing. As an aside, but also worth noting about this era, the AIDS crisis of the 1980s brought a chill to the sex-positivity movement, and may have contributed to bias, or fear, among those who viewed polyamory as sexually promiscuous (Roberta, 2016).

The LGBTQ community was present and influential throughout the timeline discussed above, and contributed to polyamory’s evolution. Like many of the cultures mentioned, poly and LGBTQ intersectionality bolster social bias. Monogamy and marriage have traditionally carried

an opposite-sex supposition, which has captured attention from “the Christian right, mainstream gay rights organizations, and scholars/activists” (Willey, 2015, pp. 621–622). For some people, polyamory is fabricated as highlighting “the ‘slippery slope’ that gay marriage represents” (Willey, 2015, p. 622), and has been used as a popular argument against same-sex marriage. Consequently, LGBTQ and polyamory stigma can be found clumped together and circularly reinforced, and are similarly viewed by some as “unnatural.”

Interestingly, the “slippery slope” is accurate in that as the LGBTQ community becomes more empowered and their rights more actualized, conventional marriage has become further challenged. In turn, non-monogamous relationships have become more visible, feasible and socially accepted (Willey, 2015). The gender revolution is broadening notions around gender roles and structures in relationships. Moreover, people who are LGBTQ have been loving without the privilege of legal marriage until recently, which further indicates that marital status is no measure of successful or satisfying relationships. These cultures co-illustrate diversity in ways to love and be in relationships beyond the norm of hetero monogamous marriage and gendered expectations. Though quantified rates of polyamory in the United States vary by study, it is not considered uncommon, especially in the LGBTQ community. In a research review, McCoy and colleagues report that 33% of a bisexual sample, 20–28% of a lesbian sample, and 65% of a gay male sample identified as polyamorous (McCoy, Stinson, Ross, & Hjelmstad, 2015, p. 135). The LGBTQ and poly communities relate and continue to evolve.

Polyamory Today

Though past research in the social sciences has explored negative aspects of polyamory, subsequent studies suggest that poly relationships have the same longevity as monogamous relationships, similar levels of marital satisfaction and self-esteem, and are reported as equally

healthy and fulfilling (McCoy et al., 2017; Rubel & Bogaert, 2015; Séguin et al., 2017). “The view that consensual non-monogamy is harmful to the psychological wellbeing or to relationship adjustment is not supported by the extant literature” (Rubel & Bogaert, 2017, p. 979). Research also indicates that consensual non-monogamy is tied to lower rates of sexually transmitted infections (STIs) and increased sexual passion (Henrich & Trawinski, 2016). Polyamory may also enhance benefits for families, such as through providing multiple income source, and more adults to help with childcare and household responsibilities (Weitzman, 2006).

Exemplifying polyamory’s popularity and roots in the United States, a study by Amy Moors (2017) used Google Trends to assess American’s interest in polyamory by their internet use across a 10-year period. She determined that searches for words related to polyamory significantly increased over time, and that “the magnitude of the correlation between [consensual non-monogamy] Web queries and time was significantly higher than other popular Web queries over the same period, indicating this pattern of increased interest in polyamory and open relationships is unique” (Moors, 2017, p. 677). This suggests that a growing number of people are at least curious about non-monogamous relationships. Moreover, in a U.S. Census-based quota, Hauptert and colleagues (Hauptert, Gesselman, Moors, Fisher, & Garcia, 2017) found that about one in five people report engaging in some form of consensual non-monogamy.

Because some identities, such as queer or poly, are stigmatized in mainstream culture, those who are “out” are thought to have compensating advantages. For instance, people who are openly poly “require social and cultural capital, as well as autonomy, to support their lifestyle in the face of marginalization” (Roberta, 2016, p. 45). They have enough leisure time to develop relationships and have access to resources. Therefore, polyamory tends to work best, “for those who are white, middle-class, urban, university educated and self-confident” (Roberta, 2016, p.

45). As different sexually marginalized groups continue to gain social affirmation and space in which to live authentically, perhaps the opportunity to forge alternative types of relationships will become more affordable for more people.

In the current scope of literature on polyamory, gay men in open relationships, related ethics, relationship structures, and rules and boundaries within relationships are considered documented topics (Rubel & Bogaert, 2015). In future research, there is a need for more diversity among participants, including non-White participants and women with differing gender and sexual orientations (2015). Brewster and colleagues (2017) add that more representation is needed across age, socioeconomic status, and geographic region.

Millennial Generation

Millennials are the largest generational cohort in the United States to date, comprising 75–90 million people. The term *millennial* refers to people born between the early 1980s and early 2000s (Much, Wagener, Breitreutz, & Beaglaioich, 2014; Xu, Johnson, Bartholomae, O'Neill, & Gutter, 2015). Like the poly community, millennials are understudied in the field of psychology, as “much of the research has focused on how to best address this generation’s needs in business, academic, and advertising settings” (Yeazel, 2015, p. 226). Moreover, most studies use samples of university students and may not be representative of the millennial population as a whole.

“People within specific generations share some defining characteristics because of the environmental events that shape their view of the world during their formative years” (Borges, Manuel, Elam, & Jones, 2010, p. 571). For millennials, poor employment prospects have been exacerbated by the Great Recession, and they are often “relegated to the service economy—as cashiers, office clerks, cooks, retail workers, or customer-service representatives where they are

poorly paid, vulnerable to layoffs, and have limited access to pensions and employer-subsidized health insurance” (Silva, 2014, p. 1391). Many millennials witnessed their parents getting laid off from employers they worked with for years, which may contribute to a supposition that millennials are disloyal (Yeazel, 2015). Juxtaposed with images of wealth, happiness, and luxury made visible in social media, reality television, and advertising, the prospect of a middle-class lifestyle is more out of reach for many millennials, especially for people without higher education. Additional notable life events experienced by millennials in the United States include climate change, 9/11 and terrorism; mass domestic gun violence (e.g., Columbine, Sandy Hook, Las Vegas concert shooting, and more); oscillations in elected governmental powers (e.g., democratic, republican parties, Obama, Trump); the technology revolution, Internet, and cell phones; and Hurricane Katrina, to name a few.

In 2000, Howe and Strauss published the book, *Millennials Rising: The Next Great Generation*. Thought to develop in contrast from Generation X, Howe, Strauss, and others speculate that some common characteristics of millennials including being sheltered, achieving, optimistic, respectful, structured, confident, collaborative, conventional, and pressured (Borges et al., 2010; Much et al., 2014). They are thought to value teamwork and collaboration, and to approach problems with a positive attitude. Related to being optimistic and achieving, millennials tend to “want to address and right problems in society” (Borges et al., 2010, p. 571).

Compared to other generations (e.g., baby boomers, Generation X), school-aged millennials scored higher on “various psychological questionnaires” in the domains of, “self-satisfaction, high expectations, confidence in future performance, and a desire for leisure” (Borges et al., 2010, p. 571). On the 16 Personality Factors (16PF) questionnaire, a self-report measure of personality traits, “millennial students scored higher on... Perfectionism; Rule

Consciousness; Sensitivity; and Warmth,” when compared to Generation X participants (Borges et al., 2010, p. 571). Borges and colleagues (2010) explored the motives, concerns, and personality characteristics of millennials compared to Generation X medical school participants using the Thematic Apperception Test (TAT), a narrative-based projective instrument. They found that millennials were less motivated by authoritative power than Generation X participants, and that they have stronger needs for achievement and affiliation, stronger team instincts, and tighter peer bonds (p. 574).

“The popular media cast the millennials in an overwhelmingly negative light, decrying the self-absorption, narcissism, and lack of dedication to work, family, and community that characterizes this generation” (Silva, 2014, p. 1395). Millennials are thought by some to exhibit less trust and loyalty towards institutions (e.g., government, corporations) than generations prior, and to place more value on self-reliance and their smaller communities (Silva, 2014). Yeazel (2015) notes that there are four errors commonly made about millennials including a tendency to be disloyal, needy, entitled, and too casual. Corresponding with the No Child Left Behind movement, millennials were educated in a heavily standardized, outcome-based system that utilizes quantified evaluation, which may have millennials to be more reward-driven and approval-seeking. Combined with helicopter parenting and social media, they tend to feel special, seek validation and extrinsic reinforcement, and have more difficulty adapting to traditional work environments (Yeazel, 2015). Worth noting, it is unclear if some of these characteristics reflect the developmental period of emerging adulthood, or are unique to the millennial cohort (Yeazel, 2015).

Millennials and Polyamory

A simple Google search of “millennials and polyamory” yields over 200,000 results and features headlines like, “Millennials and Polyamory: Will Dating Ever be the Same?”; “Silicon Valley’s Newest Trend Isn’t Drones, it’s Polyamory”; and “Only Half of Millennials Want a Monogamous Relationship.” In contrast, the same query in electronic journal databases (i.e., JSTOR, PsycInfo, SocIndex) yielded zero articles, suggesting that scientific inquiry pertaining to this population is lacking. McGuire (2015) studied love and millennials using an undefined research method that consisted of 45-minute interviews with 11 participants, and the Close Relationships-Revised Questionnaire. She found that millennials are forging different paths from prior generations in the areas of marriage and commitment, sexual orientation, and expressions of love. For instance, they are more willing to engage in open relationships, and tend to be more accepting of sexual minorities. She speculates that millennials are more resistant to life-long monogamous partnership, and that social media has influenced their understanding and experience of love.

Therapy: Definition and Best Practices

Since there are not many theories related empirically to polyamory, a review of therapeutic practices in general is warranted. No fully encapsulating definition of therapy exists. It generally refers to a formalized helping interaction between client(s) and therapist. Psychotherapy “has some theory of personality’s origins, development, maintenance, and change, applies some method of treatment logically related to the theory, and has professional and legal approval to act as a therapist” (Corsini & Wedding, 2008, p. 1). It is an investigative “process of helping people discover why they think, feel, and act in unsatisfactory ways” (Corsini & Wedding, 2008, p. 2). Counseling tends to be more goal-oriented, shorter in duration,

and clients rely on more direct information from the provider (Corsini & Wedding, 2008). The term “therapy” is meant to capture both psychotherapy and counseling definitions.

Norcross (2002) affirms that the *therapy relationship* contributes substantially to therapy outcomes, regardless of treatment method. Generally provided by the therapist, the following behaviors and qualities are considered effective: therapeutic alliance; cohesion in group therapy; empathy; goal consensus and collaboration; positive regard; genuineness; feedback; repair of alliance ruptures; self-disclosure; management of countertransference; quality of relational interpretations. Routine monitoring of clients’ response to, and their experience in therapy is also encouraged (Norcross, 2002, p. 441).

Corsini and Wedding (2008) identified nine mechanisms of therapy, grouped into cognitive, affective, and behavioral factors. The three cognitive factors include *universalization* (i.e., not feeling alone, feeling that human suffering is universal), *insight* (i.e., self-understanding kindles growth), and *modeling* (i.e., “a client may model [their] self on the therapist”; Corsini & Wedding, 2008, pp. 8–9). Norcross and Wedding (2008) described three affective factors as *acceptance* (i.e., unconditional positive regard), *altruism* (i.e., recognition that the therapist cares, or extending love to others), and *transference* (i.e., the bond between therapist and client). And lastly, the three behavioral factors include *reality testing* (i.e., change is made possible by experimenting in the therapy room and garnering feedback), *ventilation* (i.e., displaying emotion and feeling accepted), and *interaction* (i.e., interpersonal disclosure).

Adapting the therapy relationship and process to each client is also recommended. To do so, therapists should consider clients’ unique characteristics, amount of resistance, functional impairment, stages of change, coping style, cultural factors, and expectations of therapy (Norcross, 2002, p. 442). Moreover, “concurrent use of empirically supported relationships *and*

empirically supported treatments tailored to the patient's disorder and characteristics is likely to generate the best outcomes" (Norcross, 2002, p. 442).

Therapists are encouraged to reflect on their own culture, clients' culture, and how they interact (Corey, 2009). Though potentially improving with more attention to multiculturalism in psychology, Norcross (2002) claims, "The current state of the field suggests that there is a dearth of research on treatment outcomes with diverse populations" (p. 416). Despite this limitation, Norcross offers some guidance for working with diverse populations. He denotes value in adopting population-specific treatments, like feminist therapy for women dealing with domestic violence or oppression-related issues (Norcross, 2002, p. 416). He also reports that, "One common complaint among experts working with diverse groups is that many therapists make mistakes" (Norcross, 2002, p. 416), such as stereotyping, using inappropriate language, or operating from personal biases. These behaviors can reduce credibility and damage therapeutic rapport; thus, Norcross suggests that therapists must actively monitor for therapy interfering behaviors. To help monitor, incorporating formal feedback during treatment (from colleagues, supervisors, or clients) helps address therapist bias, and promote humility (Macdonald & Mellor-Clark, 2015). Norcross (2002) adds that instead of acting politically correct (i.e., conforming to social desirability), appropriate behavior stems from intrinsic awareness, "being sensitive to possible mistakes implies that one is aware of one's own values and attitudes as well as knowledge of the client's culture and group" (p. 416).

Polyamory and Therapy

The field of psychology historically developed from middle-to-upper class European and White American culture, which sets a stage for how polyamory and non-monogamy has been regarded by psychologists historically. In the sexually-repressed Victorian era of the late 19th

century, Freud and Krafft-Ebing “attempted to create more tolerance” for open sexuality by theorizing that these individuals, “are not bad but sick, suffering from psychopathology that is not their fault” (Easton & Hardy, 2009, p. 13). Their perception enabled a vernacular of pathology regarding sexual deviance, which included labels like the wandering womb, hysteria, sex addiction, commitment-phobia, and attachment disorders.

In the 1940s, Albert Ellis (1965) wrote *The Case for Sexual Liberty*, where he spoke positively about open marriage. Weitzman (2006) notes Ellis:

Speaks about the frequency of non-monogamy in many cultures and affirms that “if any sexual desire, expression, thought, or activity is not morally wrong in itself, then it can never justifiably be termed sexually wrong or sinful, merely because it is a sexual act, and as such reprehensible to some theological and superstitious set of beliefs.”

Exemplifying historical and pervasive stigma in the field of psychology, Ellis could not find a publisher until the 1960s.

Bias, Stigmatization, and Gaps in Literature

Brewster and colleagues (2017) performed a content analysis of scholarly articles about consensual non-monogamy. They reviewed 116 articles from 1926 to 2016, most of which appeared in journals about sexuality. They described the literature as narrow in scope, focusing mostly on relationship styles, stigma and LGBTQ intersectionality. They suggest that the areas of poly training and counseling are understudied, as only 18 articles appeared in psychology journals. Of the articles reviewed, 42 were considered empirical and of those, 18 were qualitative studies. The researchers describe their results as “alarming, as they suggest that therapists may be undertrained and underprepared to treat individuals/couples and families engaging in consensual

non-monogamy (CNM), which may in turn further perpetuate marginalization, discrimination, and stigmatization” (Brewster et al., p. 44).

Henrich and Trawinski (2016) further suggest that polyamory is understudied: “Very few mental health professionals are truly equipped to work with poly clientele” (p. 377). Weitzman (2006) concurs, “Despite demographic prevalence of polyamory, therapists are under-educated about the lives and needs of polyamorous people. Most graduate textbooks, curricula, and internships do not include mention of it” (p. 142). Moreover, most evidence-based therapy models stem from the study of monogamous pairings, and there exists an assumption that these models can be applied to polyamorous clients (Kolmes & Witherspoon, 2017).

Henrich and Trawinski (2016) suggest that, “Therapists frequently minimize, deny, or overlook polyamorous relationship issues and, instead, focus on consensual non-monogamy as the client’s core issue” (p. 385). Therapists’ insufficient preparedness can be problematic for a few reasons. For instance, therapists may become distracted by irrelevant issues, like focusing on sex, betrayal, or infidelity. In turn, therapists may neglect poly clients’ needs pertaining to exploring commitment issues, identity development, identity intersectionality, grappling with a lifestyle that contrasts the status quo (e.g., feeling shame), or offering validation.

Therapist bias is thought to stem from lack of exposure to polyamory, and from cultural conditioning that favors monogamy. For instance, *compulsory monogamy* is described as, “a ‘structuring system of power’ in which cultural representations idealize and enforce monogamy, making monogamy seem natural and inevitable,” leaving people to see “no real way” to be other than monogamous and making other forms of relationship appear pathological” (i.e., mononormativity; Henrich & Trawinski, 2016, p. 386). Therapist bias and unfamiliarity with polyamory can evoke lack of sensitivity and poor reactions towards clients. Moreover, some

therapists may find polyamory personally threatening if it resonates with experiences in their own life, like having experienced infidelity. As evidenced in the following example, bias is deeply embedded in social mores, and in clinical assumptions that appear natural (versus socially constructed) and that are often unconscious (Henrich & Trawinski, 2016).

Volume 39, Issue 3 of *Psychotherapy Networking Magazine* features an interview with Susan Johnson, founder of Emotionally Focused Couples Therapy (EFCT; Howes, 2015). She exemplifies a mononormative perspective in the article titled “Brave New Couples”:

Johnson: Those of us who see polyamorous couples in therapy find that, in spite of their adventurous spirit, it’s extremely hard for people to make this arrangement work, even after they spend hours trying to set up safety nets of rules and regulations about sharing attention and time and trying to create some sense of security...RH [interviewer]: So you believe we’re naturally monogamous? Johnson: Attachment science tells us that, like other mammals who must attune and cooperate to rear vulnerable young together, we’re set up to prefer bonds that are monogamous. This imperative has shaped the structure of our nervous system and emotions. The bonding hormone oxytocin, an essential part of our sexual chemistry, is exquisitely designed to link up copulation and connection.... RH: ... do you believe that millennial couples, having been brought up differently, are different from older generations and require a different therapeutic approach? Johnson: I think there’s a real hunger out there among young people who say, “We’re not interested in stuff about how love is a mystery. Tell us what it is, how it works, and how to do it, because we want those relationships.” And as society gets lonelier and lonelier, that hunger isn’t going away. People can rabbit all they like in the *New York Times* about how we’re naturally promiscuous and every single one of us has affairs, but the science tells

us something else. At the same time, it's unfortunately true that society is quite pessimistic about relationships. (Howes, 2015, p. 58)

Not only do Johnson's reflections on oxytocin not connect back to polyamory, but the discussion of non-monogamy somehow seems to transform into a discussion of infidelity and promiscuity, demonstrating what is likely a mono-normative bias.

Therapy Literature and Suggested Practices

Henrich and Trawinski (2016) performed a literature review and autophenomenological research study to elucidate challenges faced by polyamorous people, including therapist bias and stigmatization. Relying on the literature and her own clinical experience, Bairstow (2017) explored guidelines for therapists working with monogamous couples that wish to explore polyamory. Jordan and colleagues (2017) analyzed therapy narratives through a feminist lens to highlight the role of power in the therapy process with polyamorous clients. McCoy and colleagues (2015) presented a case study involving “the successful implementation of sensate focus therapy with a polyamorous couple” (p. 134). These studies mostly appear in journals about sexuality rather than clinical psychology.

Weitzman (2006), a leading researcher in the topic of polyamory, offers some insight for therapeutic work with polyamorous clients. He notes that most clients seek therapy for reasons not related to polyamory, yet there are unique considerations when working with poly millennials. He reports milestones and growth tasks associated with polyamory, including coming out to oneself and disclosing polyamory to others. He also offers practical advice including having enough seating to accommodate polyamorous families, ensuring that sessions can be longer than 50 minutes, and including poly-friendly language on clinic forms (e.g.,

“spouses”). He encourages therapists to pursue training, work through their feelings, and offer informed, affirming care.

Henrich and Trawinski (2016) also offer guidance. They encourage providers to withhold personal values and judgments when working with this population, highlighting “the importance of freedom and belonging in the light of the client’s... experience” (Henrich & Trawinski, p. 377). They suggest engaging in a therapeutic process that avoids pathologizing and shaming, and instead fostering a safe climate for clients to meaningfully explore their own experience. Providers are also advised to cultivate an accepting attitude towards polyamory prior to working with this population, and to understand that relationship issues may unfold because of social pressures and prejudice in the social milieu. To help combat clients’ internalized social stigma, therapists can help them understand external social forces and societal marginalization, and can help reframe problems as a manifestation of the dynamic between these entities and a client’s identity.

Kolmes and Witherspoon (2017) raise germane points in a case study on therapy with a consensually non-monogamous couple. Rooted in work from the Gottman Institute, the researchers offer a theoretical description of what constitutes “successful” polyamory:

They are gentle, kind, affectionate, have a sense of humor, and are able to become good friends. They are playful and continue courtship across their lifespan. They build trust and commitment by cherishing their partner and communicating that they are interested in understanding hurts and healing them. (Kolmes & Witherspoon, 2017, p. 954)

They believe that important preventative work can be provided to clients including exploring what keeps partnerships intact, and nurturing effective communication. The importance of helping clients establish community is noted, because not being out as polyamorous can evoke

isolation and decrease the availability of support during crises. They add that it is typical for relationships to evolve over time, and that “the strongest relationships appear to be those that can adapt to such changes” (Kolmes & Witherspoon, 2017, p. 963). Lastly, in light of the unavailability of evidence-based practices, “Those who are working with alternative sexualities may have to provide practice-based evidence until more research is done on those who are in open relationships” (Kolmes & Witherspoon, 2017, p. 963).

Interpretative Phenomenological Analysis

Interpretative phenomenological analysis is a qualitative research method that, “focuses on... how people make sense of their life experiences and IPA researchers try to build an understanding of how people experience major events in their life” (Oxley, 2016, p. 55). In other words, “The aim of interpretative phenomenological analysis (IPA) is to explore in detail how participants are making sense of their personal and social world” (Smith & Osborn, 2008, p. 53). Participants are regarded as meaning makers, whose accounts of a phenomenon are analyzed to point towards an essence of a lived experience (Oxley, 2016). Perceptions of the phenomenon, or the made meanings, are captured through interview, methodically analyzed, and interpreted to illustrate a textural description of the phenomenon (Creswell, 2013).

Theoretical Foundation and Assumptions

IPA is rooted in three theories: phenomenology, hermeneutics, and idiographic inquiry. “Phenomenology is essentially the study of lived experience or the life world” (Laverty, 2003, p. 22). It is concerned with elucidating what it is like to experience a given phenomenon. Phenomenology was popularized around the turn of the 20th century by Edmund Husserl, a German philosopher. Husserl criticized the application of natural science methods to human issues, breaking with positivist ideals of the time to focus on the philosophical study of “being”

(Lavery, 2003; Oxley, 2016). He believed that one could “identify the essential components of a phenomena” through thoughtful reflection and eidetic reduction: a process of bracketing off one’s preconceptions and pre-existing knowledge (Pietkiewicz & Smith, 2014, p. 362).

A significant limitation of Husserl’s approach was recognized by his successors (Smith Flowers, & Larkin, 2009). “Heidegger argued that we cannot achieve the reductions as our understanding is always drawn from our own position, and suggested that the closest we can get to fully understanding a phenomenon is through interpretation” (Oxley, 2016, p. 56). Heidegger, one of Husserl’s students, acknowledged that how someone interprets an experience is influenced by who that person is, as a product of their unique engagement with the world. In other words, our being-in-the-world is “always perspectival, always temporal, and always ‘in-relation-to’ something” (Creswell, 2013, p. 18). Unlike Husserl, theorists like Heidegger and others (e.g., Sartre, Merleau-Ponty) intentionally attended to preconceptions, context, culture, physicality, and other factors, because they influence how phenomena are experienced and understood (Smith et al., 2009). They contributed to phenomenological inquiry by regarding analysis as a process of subjective interpretation, thereby introducing *hermeneutics* to phenomenology.

Whereas phenomenology is ontological (i.e., metaphysical, what is), hermeneutics is epistemological (i.e., how we know what we know), and is a theory of interpretation, or method for understanding (Oxley, 2016). Hermeneutics has been widely adopted in biblical analyses and social sciences. Pioneered by Heidegger and Hans-Georg Gadamer, hermeneutic phenomenology is perhaps the theory most pertinent to IPA (Lavery, 2003). Hermeneutic phenomenology assumes that reality exists only within a frame of human consciousness, and that our relationship with reality (e.g., with an object or phenomenon) is what gives it meaning. In other words, this

ideology recognizes that lived experience and made meanings are created from the frame of a beholder, in a here-and-now context. Lavery (2003) notes that, “Gadamer believed that understanding and interpretation are bound together, and interpretation is always an evolving process, thus a definitive interpretation is likely never possible” (p. 25). Hermeneutic or interpretative inquiry point towards truth and understanding, versus garnering objective facts.

As a research method, interpretative (i.e., hermeneutic) phenomenology involves circularly revisiting data and incorporating contextual factors (e.g., history; culture; use of language). The phenomenological researcher must dive into each participant’s dynamic and complex life-world knowing that in order to describe a phenomenon, they must understand and interpret participants’ relationship with, and perceptions of that phenomenon (Smith et al., 2009; Smith & Osborn, 2008). Thus, an explicitly recognized “double hermeneutic” occurs, where participants make meaning of their own experience, and the researcher then interprets the participants’ interpretation of that experience (Pietkiewicz & Smith, 2014).

To sum up, IPA synthesizes ideas from phenomenology and hermeneutics resulting in a method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognizes there is no such thing as an uninterpreted phenomenon. (Pietkiewicz & Smith, 2014, p. 363)

The emphasis on subjectivity in IPA makes this method *idiographic*. In contrast to nomothetic inquiry, “Idiography is concerned with focusing on the particular and individual details” (Oxley, 2016, p. 57). IPA research is thought to add texture to nomothetic structures (i.e., universally accepted truths) by offering a deeper, more nuanced glimpse into the lived experience of a phenomenon (Oxley, 2016). To meet this aim, IPA studies explore the experiences of a small sample of homogenous participants without intending to generalize

findings beyond theoretically. The intention is to capture the essence of what a particular sample of participants say and experience. Moreover, each case is considered valuable in its own right and individual differences are expected (Oxley, 2016).

Historically, psychology has placed much emphasis on quantitative and empirical research methods. And yet, “The last 25 years have been a time of growing crisis for mainstream positivistic psychology as both the philosophies and methodologies used in research are being rethought” (Lavery, 2003, p. 21). There is blossoming recognition that the logic, authority, and quest for indubitable truth that characterize empirical inquiry have significant limitations when addressing the psychological realm (Lavery, 2003). This suggests a need for more qualitative inquiry in the field of psychology. In that spirit, this study will contribute to psychological science by providing non-positivist perspectives.

METHOD

This dissertation study explored the experience of therapy as described by polyamorous millennial clients, as well as therapists who work with this population. Interpretative phenomenological analysis (IPA), a qualitative approach, was the designated research method. The phenomenon under investigation is the intersection of poly millennials with psychotherapy, a formalized and systemized helping relationship between a therapist and client(s). The analysis is guided by an interpretative mission of informing care with poly millennials in therapy.

Why IPA?

IPA is considered an appropriate research method for this project for the following reasons. “The type of problem best suited for this form of research is one in which it is important to understand several individuals’ common or shared experiences of a phenomenon” (Creswell, 2013, p. 81). Since polyamory is understudied in the psychology field, a textual exploration of

experiences in therapy is justified. IPA will help capture and consolidate the experiences of participants from both sides of the therapy phenomenon (i.e., clients and therapists).

No IPA study comparing clients' and therapists' perspectives has been found in the existing literature. Moreover, since research related to this population is lacking and stigma exists, IPA was selected because this methodology offers opportunity for participants' voice to be elevated and intentionally valued.

Participant Selection

Participant samples in IPA must be homogenous enough to compare experiences. Thus, polyamorous therapy clients of millennial-age are under investigation for this study. The phenomenon of interest—the therapy experience—will be captured by interviewing at least five clients, and at least five therapists who work with this population. Smith and colleagues (2009, p. 52) suggest that for doctoral-level IPA projects, between four and ten participants is appropriate. In total, at least ten participants will have reflected from different sides of the same phenomenon (i.e., therapy).

Inclusion criteria for clients are as follows: born between 1981 and 1999 (i.e., millennials over 18 years old); attended therapy within the past two years; and self-identified as polyamorous, or as being in a polyamorous relationship at the time of therapy. A stance on who qualifies as poly is not within the scope of this project, thus anyone who self-identifies as polyamorous was regarded as such. Polyamory may not have been the primary focus of a course of therapy, but must have been discussed in some capacity. A participant will not be included if talk of polyamory was completely absent from the therapy process. Clients will not be excluded due to factors like race, sexual orientation, gender identity, or socioeconomic status.

Criteria for therapist participants (i.e., mental health care providers) are as follows: hold a graduate degree in clinical psychology, or a counseling related field; licensed to work as a mental health therapy provider for at least two years (e.g., licensed psychologist, LMHC, LMFT, or LICSW); and has worked with at least one millennial client who identifies as polyamorous within the past five years. Additionally, there may not be any pre-existing relationships between participants, their partners, close friends, or family members, and the author of this study.

Outreach and Recruitment

Participants represent a convenience sample, and were recruited in a few ways. Referrals were garnered through colleagues, personal contacts, and the dissertation committee. Snowballing was employed, in which participants were invited to suggest additional interviewees. For therapists, polyfriendly.org features a database of “poly friendly professionals” that I used to recruit by e-mail, in addition to personal referrals. A request for participant referrals was posted to my Facebook page.

Participant Risks

Being interviewed about therapy experiences presents some risks. Participants may experience stress, anxiety, or distressing emotion from sharing their stories. Being vulnerable may lead them to feel shame, or to feel judged by the researcher. They may be worried that the study will poorly reflect their authentic experience, or that the researcher does not understand them. Similarly, there may be concern about how they are representing their community and contributing to literature on this population. Concerns about confidentiality and privacy may also arise, like that poly status may be disclosed or their identity recognized.

Participant Benefits

Research participants often enjoy sharing their stories and experiences. They may like the idea of contributing to the improvement of mental healthcare for poly millennials. For some, being interviewed may offer an advocacy opportunity, particularly if they envision opportunities for change in the field. In speaking about their personal experiences, clients and therapists may gain more self-insight, thereby potentiating personal growth.

Participant Protection

Prior to conducting this study, approval through Antioch University Seattle's Institutional Review Board (IRB) was obtained. Participants were asked to review and sign a letter of informed consent, which included their rights and what to expect as a participant (Appendix B). Participants were informed that they could leave the study at any time, and only need to discuss what they are comfortable sharing. Copies of signed informed consent forms are kept in a locked drawer, in a locked room, in the researcher's private residence. To confidentially track participants during the study, names were replaced with pseudonyms known only by the researcher. Identifying information was removed from transcripts. If a participant mentioned the name of someone else, that person's name was replaced with a pseudonym or description. Participants were encouraged to ask questions, and were treated with honesty and respect.

The Researcher

IPA considers interpretation as inherently subjective. Therefore, the role of the researcher as a meaning maker is emphasized as the result of a collaborative process with the research participants. The researcher becomes like another participant who is encouraged to reflect on personal variables and what influences them while engaging with data. It is important to note that inferences were drawn through the researcher's own interpretation of participants' accounts. In

addition, “The underlying qualities required of the IPA researcher are: open-mindedness; flexibility; patience; empathy; and willingness to enter into, and respond to, the participant’s world” (Smith et al., 2009, p. 55). These qualities served as beacons throughout interpretation.

The principal researcher, I am a millennial clinical psychology student in the Pacific Northwest. I do not have personal experience with polyamory, yet have poly friends and therapy clients who graciously inspired my interest in this topic. I am drawn to alternative lifestyles, sexualities, and ideologies that challenge the status quo. I am committed to advocating for populations that have been stigmatized or underserved by psychology, and intended to approach this project from a strengths-based, and empowering perspective.

Data Collection

Data was derived through interview with participants, as well as analysis and interpretation by the researcher. The first phase of data collection entailed interviewing the participants. Sixty- to ninety-minute interviews were held with each participant separately, in-person, in a quiet and private environment. As the researcher, I used a semi-structured interview approach with open-ended questions (Appendix A). Each interview was audio recorded and transcribed. Some discussions were transcribed before all interviews were completed. Analysis was the second component of data collection, as is detailed in the following section.

Analysis and Results

Analysis and interpretation occurred throughout all levels of the IPA process. The researcher is encouraged to engage deeply with the complexity, layers, and nuances embedded in participants’ accounts, through all possible points of contact. Also referred to as hermeneutics, interpretation, IPA is circular in that data are encountered, revisited, and built upon, as new information and insight arises. There is no one way to conduct IPA, and analysis can become

messy without structure (Smith et al., 2009). Therefore, this dissertation drew from a four-step heuristic framework for analysis provided by Smith et al. (2009) that is “designed to encourage a reflective engagement with the participant’s account” (p. 80).

Interviews were transcribed on a rolling basis, as completed. The clients and therapists represent two distinct data sets. Each set was analyzed using steps 1 through 4 (described below). Though I took notes and highlighted passages in the text throughout the process, formal analysis across interviews began after interviews were complete. I compared the two data sets for differences, in addition to identifying common themes.

Step 1: Reading and Re-reading

According to Smith et al. (2009):

The first step of IPA analysis involves immersing oneself in some of the original data. In most IPA studies this would be in the form of the first written transcript and this stage of the process would involve reading and re-reading the data. (p. 82)

This stage of analysis occurred during the interview transcription process, where the researcher became immersed in participants’ narratives by re-listening to and re-reading interviews (Creswell, 2013). By the end of this stage, I garnered a sense of each participant’s experience, and overall meanings from the data. This and the next step were time consuming, tedious, and exploratory (Smith et al., 2009).

Step 2: Initial Notetaking

I continued to gain familiarity with the transcripts by freely highlighting and making comments on transcriptions. I wrote down whatever came to mind (i.e., free association), as “There are no rules about what is commented upon” (Smith et al., 2009, p. 83). With each read through, more comments were added, and more reflection transpired. A set of passages from the

text and my comments, which later inspired codes, reflected phenomena of poly millennials in therapy.

Smith and colleagues (2009) suggested including the following types of comments: descriptive (i.e., describing the content, subject of conversation); linguistic (i.e., how the participant uses language); and conceptual (deep, more conceptual reflection). They also suggested underlining passages of interest, and writing why in the margin. Additionally, the researcher was encouraged to consider cultural and contextual factors that might relate to passages. For example, with a cisgender female client who identifies as bisexual, the researcher may consider how sexual minority status or systemic sexism relates to how the participant makes meaning of their experience of therapy. This was aspired to during analysis.

Step 3: Developing Emergent Themes

With the addition of my notes, data amassed substantially by this stage (Smith et al., 2009). During this step, I developed codes, organized the data into spreadsheets, and identified themes across participants' accounts that denote essences of participants' experiences therapy (i.e., horizontalization; Creswell, 2013). Thereafter, statements were arranged into clusters of meaning, which tended to involve writing outlines by hand. The final phase of this step involved creating a textural description of each cluster (i.e., emergent theme) that captures both the participants' experiences and the researchers' interpretations. "Emergent themes should feel like they have captured and reflect understanding"(Smith et al., 2009, p. 92), that is co-created through data from interviewees and the researcher.

Step 4: Searching for Connections Across Emergent Themes

From the textural descriptions, the researcher constructed "a composite description that presents the 'essence' of the phenomenon, called the essential, invariant structure" (Creswell,

2013, p. 82). To create these descriptions emergent themes were organized and mapped in a way that was intended to be faithful to the data that emerged (i.e., bottom-up). Therefore, “This level of analysis is not prescriptive, and the analyst is encouraged to explore and innovate in terms of organizing the analysis” (Smith et al., 2009, p. 96). I organized data into primary themes, secondary themes and tertiary themes, which also organically progressed during result writing. The findings should provide a reader with a better understanding of what it is like to experience a phenomenon (Creswell, 2013).

Lens of Interpretation

I interpreted data from a frame of hermeneutics of faith (i.e., restoration; Josselson, 2004). This lens of interpreting is recommended for understudied or marginalized populations in that participants are regarded as experts of their experience and results are intended to reflect their meaning by “presuming as little as possible in order to believe in the manner of the believer” (Josselson, 2004, p. 9). This contrasts suspicious inquiry, which problematizes or seeks hidden meaning in participants’ accounts and “strives for explanation beyond the text” (Josselson, 2004, p. 1). Interpretation is reflexive in that it is mediated by the researcher as a contextualized observer, but I intended to present results in a way that is straightforward and as close to what the participants mean as is possible. I strived to grant primacy to participants’ conclusions versus my own to empower their voice, which is warranted because existing research about this population is limited. As a secondary guiding aim, I considered and privileged what might be useful for therapists working with poly millennials as I analyzed the data.

Interviewees

All of the people interviewed inhabit liberal and urban North Western United States areas, with visible and populated poly communities. Most of the people interviewed were White, cisgender, and represented a spectrum of sexual orientations (e.g., gay, straight, lesbian, pansexual). The therapists were not millennial-aged, felt competent to work with poly people, and often had extensive experience doing so. Furthermore, they most often identified as, or had personal experience with consensual non-monogamy themselves.

RESULTS

Table 1

Primary, Secondary, and Tertiary Themes

Primary Themes	Secondary Themes	Tertiary Themes
Idiographic Narratives of Therapy	Satisfying Experiences	Individual narratives
	Unsatisfying Experiences	Individual narratives
Therapy with Polyamorous Millennials	Getting It	Poly 101
		Educational resources
		Self-knowledge and personal experience
		Therapist disposition
		Learning from clients
	Processes in Therapy	Presenting problems and foci
		Pathologizing poly
		Interventions
		Existing theories and models

		Practical tips
		Ethics and avoiding harm
Polyamory and Millennials	Personal Meaning	Defining poly
		Lifestyle X identity
		Poly structures and formations
	Interpersonal Elements	Benefits and privilege
		Poly community and intracultural diversity
		The scene
		Stigma and bias

Three primary themes emerged from the interviews, including Idiographic Narratives of Therapy, Therapy with Poly Millennials, and Polyamory and Millennials. Interpretation was guided by what I thought may be useful for the intended audience of providers working with, or seeking to learn about therapy with poly millennials. The first section offers contextual narratives that essence particular lived experiences of therapy. Thereafter, processes related to therapy that emerged from the data are thematically presented. Participants spoke often during interviews about poly in general, and it was indicated that exposure and poly knowledge is helpful for therapists. Therefore, results close with a section about polyamory and millennials, beyond a therapy context.

Idiographic Narratives of Therapy

Table 2

Primary, Secondary, and Tertiary Themes for Idiographic Narratives of Therapy

Primary Theme	Secondary Themes	Tertiary Themes
Idiographic Narratives of Therapy	Satisfying Experiences	Individual narratives
	Unsatisfying Experiences	Individual narratives

A 34-year-old married man came to therapy to discuss shame and social anxiety. A 17-year-old male was brought to therapy by his parents, who caught him watching pornography. A 31-year-old married female sought therapy to heal through childhood sexual trauma and adjust to her recent separation from the Mormon Church. A Queer-identifying woman in her early 30s wanted to process her parents' expectation that she become a Hindu nun. A 29-year-old male used therapy for validation, support, and to maintain ongoing sobriety. A young man sought guidance around opening up his marriage. A woman in her twenties sought grief counseling to heal through the death of her father, and to process family of origin issues. As reported by participants in this study, each of these stories capture real contexts in which polyamorous millennials sought therapy.

The clients and therapists interviewed offered rich narratives about their personal experiences in therapy involving poly millennials. Their illustrations naturally house information about clients, therapists, foci in therapy, feelings towards therapy, and outcomes. Within the primary theme of participant's idiographic experiences, subthemes including Satisfying Experiences and Unsatisfying Experiences emerged. I opted to populate this section with specific case examples to elevate participants' voices, and capture the lived experiences of both poly clients and therapists who work with this population in context. Providing these idiographic

narratives helps readers contextually imagine what the phenomenon under investigation looks like (i.e., poly millennials in therapy). Participants' names were replaced with pseudonyms, and information was omitted to reflect an essence of their experience while maintaining anonymity.

Satisfying Experiences

Therapists and clients spoke to positive experiences in therapy involving poly millennials. The amount to which polyamory was of explicit focus in therapy varied. Polyamory or poly identity existed in the background at times, yet interviewees indicated that poly life was often benefited in some way by therapy in the following examples.

Ben. Ben a cis-gender White male in his early thirties sought therapy for “my anxiety and my shame.” He talked about polyamory in therapy “pretty continuously,” though it’s not why he sought therapy: “It’s such a part of my life that it comes out.” He described falling into “shame spirals” in the bedroom with his wife, which through work with a therapist he came to conceptualize as “deep seated shame about sex that I had absorbed from the culture.” Shame prevented him from “putting myself out there again when I knew I wanted to be dating,” and caused anxiety around entering new relationships.

Ben described his current therapist as “the best I’ve ever had.” He provided examples of their work. She assigned him homework to send one message a day on dating applications to put himself out there. He gathered more “data points,” or positive experiences that queried his insecurities. Ben shared that the combination of being poly (i.e., extramarital dating) and being challenged by his therapist nurtured him towards alternative understanding:

I think the most direct way that therapy has affected my poly life has been that my therapist... really got me over a lot of those humps and got me to interrogate my shame in ways that call into question a lot of deep-seated assumptions I had.

Meg. A married woman (Meg) in her late twenties shared, “my personal therapist has been wonderful.” Meg sought therapy to work through sexual trauma and anxiety: “I didn’t start seeing her for relationship stuff.” Meg described having “anxiety reactions” during physical intimacy with her husband, and later with others after becoming poly. Her therapist specialized in anxiety and used Dialectical Behavior Therapy (DBT). Meg would bring into therapy different scenarios that caused her anxiety (e.g., a new intimate partner; a group party), and she and her therapist would explore what happened, her triggers, and discuss alternative actions:

She’s really good at kind of pulling it apart... She did really well at identifying exactly what triggered the anxiety, and walking me through different scenarios. And she also was really good at giving me resources of kind of like bringing me back to reality, having those tools on hand and practicing them during my sessions.

Meg indicated that investigating her anxiety, psychoeducation (e.g., trauma response and physiology), and skill building (e.g., a grounding technique) in therapy were “helpful.” Meg’s therapist supported her to heal through past trauma and in effect become more comfortable to pursue relationships in the ways she wanted.

Jack. Jack, a poly millennial shared, “I suffer from major depression, also have a history of anxiety and insomnia, and that’s kind of my cocktail.” He described himself as self-loathing, self-doubting, and conflict adverse.

Going into therapy, Jack feared that a therapist might not accept aspects of his identity (i.e., poly, atheist) noting, “I guarantee you every polyamorous person is already coming in with the fear that they won’t be [accepting].” However, “fortunately for me that was not the case at all... she ended up being a totally brilliant, very accepting person who did a lot of good work with me.” His therapist disclosed having other poly clients, which Jack experienced as encouraging, “both in terms of our working relationship, and also reminding you that it’s not as uncommon as I used to think. This is a way that people are.” Jack intentionally seeks poly-

friendly therapists because “relationships are central” to his identity and “whether or not I feel satisfied, validated and just happy with my life is almost always contingent on how my relationships are going.” Jack further described why he involves his relationships in therapy:

I mean for me I have to lead with it because it is such a big part of my life and particularly my emotional life which is what I'm there to like discuss in the first place. And any therapist I meet with is going to know within a half hour meeting me that it's a huge thing for me.

Jack exemplified the effect of relationships in his emotional life by describing his transition out of a seven-year relationship: “In the course of that I fell into one of the more severe depressions I've had in a while, and also just got kind of isolated.” He described his therapist during this time as “that sort of lifeline of I always had this person I'm checking in with every week.”

Jack also described therapy as being helpful for validation, self-acceptance, deciphering his needs, self-advocacy and communicating with partners:

It's been good for me in terms of self-acceptance. Like I said that's something I struggle with, is I have a lot of self-loathing issues... so being validated has been very nice, and also self-advocacy. Just that validation that my concerns are real, and it's not a manifestation of your issues and insecurities. It's your feelings, and you should push to make those heard and known, and available to your partners.

Lauren. A therapist, Lauren, provided rich information by drawing from her experience as a therapist providing for poly millennials. She grew up in a “Catholic and fundamentalist Christian” home where “sex was shamed.” This background inspired her to help people overcome relational shame, with special interest in “providing for people who live outside of the lens of traditional societal expectations.” Lauren described why she likes working with poly millennials:

I think millennials, they present in therapy as more open minded, more comfortable in their sexuality, whether it's sexual orientation or kink or whatever it is. They are less

judgmental generally speaking, they don't understand why the older generation is so judgmental... They're just cooler, more worldly.

As to why poly clients seek therapy she stated, “It’s just like anybody else... depression, anxiety, trauma history, career transitions, life transitions, relationship issues, the works.” Moreover, she said they’re “no different” from other clients in that they’re “specifically looking for someone who understands them, or might understand, or someone who’s not going to judge them or give any kind of sex-negativity.” Echoed across other interviews, Lauren shared that presenting problems for poly millennials may include for example:

Difficulty expressing thoughts and feelings. Miscommunication about boundaries or needs. Feeling jealousy about each other’s time alone together, quality time together.

Lauren spoke to how she works. She approaches poly-clients “in any way they need me to be supportive of what their choices are.” She mentioned self-disclosure: “I feel like it would be negligent to not let people know that I have personal experience in these areas.” Lauren strives to “manage counter transference” and meet clients’ subjective needs by adopting the sentiment:

It's not my life, I'm telling you what your options are. That's my job. I tell people “listen I don't care what you do, I have no personal interest in what you do with your life, but you came in reporting that you want to improve your relationship and you want to improve your communication skills, and I'll help you but I can't choose for you.” Frankly I don't care what you do. I don't care what anybody does as long as it's not hurting someone.

She gathers a detailed relationship history and timeline of critical life events for each client.

Lauren broaches these topics (e.g., sex, trauma) so that “they know that I’m comfortable with anything they bring up.” Moreover, she considers these histories useful because they can expose people’s guilt or shame from past experiences (e.g., childhood sexual abuse; perpetrating sexual abuse) that they may have never discussed, want to understand, and not reenact. She also

described providing direct advice to poly people like suggesting power of attorney and developing a living will, when appropriate.

Tim. Another therapist, Tim, calls his work, “complex relationship systems counseling because I’m trained in systemic counseling and systems theory.” He also mentioned using Acceptance and Commitment Therapy, the Gottman Method, and Nonviolent Communication. Tim also draws from his own poly experience in therapy:

I often go a little over the norm on self-disclosure because I've been in a poly relationship that's been stable for 16 years and I've really used mine as an exemplar a lot.

When “working with people in poly relationships,” Tim finds it important to have awareness of and talk about “ripple” effects of intrapersonal processes (e.g., grief, longing) on (poly) relationships, as well as the effect of relationships on personal distress. For this reason, he actively incorporates polyamory and clients’ relationships into his work with poly millennials. To exemplify, Tim offered a specific case example involving a poly millennial client, “Ken.” Ken was grieving the loss of his father whom he had a complicated relationship with, as was uncovered in a family of origin interview. Tim tied their work to polyamory:

You're coming in because your father passed away and you think you've been grieving for two months and this should be over, and I know you said you're in a poly relationship. How are things going there?

Ken shared that neither of his partners were emotionally supportive, and one partner expected him to “get over it.” Tim learned that Ken’s “grief wasn't presenting in sadness, it was presenting in irritability and short temper,” directed towards the partner who wanted him to move on. In the context of Ken’s family of origin, Tim conceptualized these “ripples” (e.g., irritability) as transference stemming from “unaddressed stuff,” and “what was missing” as related to Ken’s relationship with his father.

Regarding intervention, Tim provided psychoeducation and incorporated bio-feedback to help Ken monitor his reactions. Tim invited Ken's partner into therapy for a "graveside interview" intervention:

We had a couple of chairs set up. "When you were in that chair, it's not you he's talking to, it's his dad. You know him. Don't pretend to be his dad when you answer. Be yourself. Be the corrective emotional experience that you're fitting the role for."

The partner wore a "raggedy gray fedora" just like Ken's father, and "embodied that moment."

The partner came to recognize his role in their reactive dynamic, and both men differentiated how the partner was similar and dissimilar to Ken's father (e.g., mannerisms):

With this person the whole thing collapsed in two sessions and they were able to realize they were free of not only that person's [father's] influence on their lives, but that this partner was now aware of things they were doing that were triggering that they didn't even know were triggering. And that person was like I'm really sorry that that's how I come home and act and talk to you. I'm trying. I thought I was trying to encourage you, and I didn't realize that because of that history my positive encouragement was coming across as belittling.

Ken's partner became more effectively supportive, which offered Ken a relational vessel in which to grieve and garner corrective emotional experiences. Tim speculated that if he had not included the partner, had not been open about poly, or thought of it only as grief work: "In a couple of months maybe things would have settled, or maybe a relationship I never knew about would have fallen apart."

Unsatisfying Experiences

Participants spoke about experiences in therapy that were unsatisfying.

Val. Val identifies as a polyamorous, Queer person of color. She sought therapy to process issues related to past sexual trauma (e.g., assault), as well as her family of origin, including contending with her parents' Indian values that conflicted with her identity and lifestyle. She described her therapist as "alright." She appreciated that he was the first person

from a similar cultural background with whom she spoke about her family (i.e., Queer and Indian). He helped her “get through” sexual trauma and out of her parents’ house. However, Val noted:

I felt like there were some barriers when I talked about polyamory. He just didn't understand... As far as polyamory it was really hard to talk about those things. Not hard, I just never felt satisfied, like I never felt like I was getting what I needed because he had no experience.

Despite sharing Queer and ethnic culture with her therapist, Val’s experience exemplifies that polyamory is distinct and delineated from other identities (e.g., LGBTQ), because her therapist wasn’t regarded as helpful when it came to polyamory. When Val talked about her long-term partner for instance, her therapist had, “a lot of issues connecting,” and would make comments that “I feel like for a monogamous person are easy.” He would suggest that Val’s relationship issues stemmed from jealousy, or a partner being married. The therapist assumed of one of Val’s relationships that “there is no way that you guys were egalitarian” due to her partner’s marital status, “there wasn’t that understanding of you can literally love like this.” She also described having to use some of her time in therapy to educate her provider about polyamory. Though Val did not originally enter into therapy for polyamory:

I think now if I seek therapy, that's exactly what I would go for. It's like, I would go out of my way to seek someone who is polyamorous or like coaches to that on a regular basis.

Kevin. Kevin described having a therapist who was “a little absent minded, not in terms of she would forget that I was poly, but that she would have a lot of trouble tracking my relationships.” He takes an egalitarian approach to polyamory, dates openly, and has two established romantic relationships. Though he understands that there is a lot to keep track of, the quality of therapy was compromised by having to “go over the current situation again... it was, yeah, clunky.”

Star. Star is a therapist who has had some unsatisfying experiences that make her disinterested in working with certain issues related to polyamory. Star referred specifically to monogamous couples wanting to open up their relationship and new relationship energy (NRE):

I don't tend to see those people and I do my best to screen them out. I don't work well with couples like that, it pushes my personal buttons around coercion and the drive of NRE... that chemical combination of dopamine and adrenaline that runs when you have this new exciting love. People are, we are, literally like crazy in that state.

Though Star described the experience of NRE as “a wonderful thing and it's fun,” NRE “puts us in a position where we do things we would not normally do,” thus compromises introspection. She stated that she “doesn't do well with people who can't be introspective,” such as, “people who have NRE and won't pull in the effect on their partners,” because “real damage” can be caused to individuals and relationships.

Joan. Joan is a non-millennial therapist who serves LGBTQ, poly/non-monogamy, and kink communities. Joan spoke to having to self-monitor when working with millennials in therapy: “I have to check myself a lot. Like a lot.” She reflected on how generational differences and her personal story have shaped countertransference. For example, Joan painfully shared how millennials' openness and visibility around sexuality led to the dissolution of her own lesbian and kink community:

I don't know that it's as much about age directly as it is what my experience was, so I don't know what you kids are doing now, but in my day it was underground... keeping it underground kept it magic, because we had to be careful, and we had to protect each other, and the stuff that we did was in the dark of night, and behind cover, because it had to be. And then as poly and kink came more into the mainstream... the mainstream took our magic away... We felt diluted, like who we were was being commodified.

She described her loss of community as “a big cost” that evokes strong feelings around millennials. Thus, Joan spoke to ageism:

What the ageism, for lack of a better word comes up for me is, I'll just say it... You kids have no idea. You have no idea. You don't know what we went through so that you can

be blasé about it. You don't know what magic is. You don't understand what you took from us in the pursuit of normalization. And because you don't you can't appreciate like, what is it that my friends and I are fond of saying, like know your history... Fucking hit the books. That's your past. And they're remaking themselves, and that's what generations do. And I never thought that I would be a you kids get off my lawn kind of person, but it turns out I kind of am.

In addition to “checking” herself, Joan strives to recognize that her personal history is often irrelevant in therapy. With clients she holds, “you are in pain or you’re struggling, or stuck, and it’s my job to meet you where you are.”

Other. One of the millennials interviewed described her partner and his wife of 20 years’ “bad experience” with a marriage counselor that resulted in the therapist being “fired.” In an early appointment the [participant shared that the](#) therapist said, “Well would it be so bad to just focus on one relationship for a little while?” and [her partner] was like, “I don’t have time to explain this to you, that’s not what I’m here for.” Later in their work together the therapist stated, “Well, I don’t really know how to help you guys,” which felt unsatisfying because the therapist “took on this poly couple saying that they were poly friendly.” The therapist was described as not “getting it,” and as not understanding “what poly is about.”

Therapy With Poly Millennials

Table 3

Primary, Secondary, and Tertiary Themes for Therapy With Poly Millennials

Primary Themes	Secondary Themes	Tertiary Themes
Therapy with Poly Millennials	Getting It	Poly 101
		Educational resources
		Self-knowledge and personal experience
		Therapist disposition
		Learning from clients
	Processes in Therapy	Presenting problems and foci
		Pathologizing poly
		Interventions
		Existing theories and models
		Practical tips
		Ethics and avoiding harm

The following data was thematically derived from interviews with clients and providers who reflected on experiences in therapy involving poly millennials. My interpretation was guided by striving to accurately depict what they communicated, as well as privileging data that may be helpful for providers who work with this population. The first subtheme, “Getting It,” refers to learning activities, sources of information, and soft skills described across interviews that may rouse a therapist’s preparedness to work with poly millennials. The “Processes in

Therapy” subtheme emerged from therapists’ and clients’ numerable references to how therapy unfolds and is delivered within the therapy room.

Getting It

“I know that the poly community can use more therapists who get it, who understand it.” Interviewees delineated therapists who “get it.” This secondary theme refers to processes of engagement described by participants that may support or denote therapists’ preparedness to work with poly millennials. Drawing from participants’ lived and felt experiences of therapy, the following tertiary themes illustrate learning processes, reflexive practices, sources of information, and the complexion of therapists who “get it.”

Poly 101. Opinions varied around what and how much knowledge a therapist needs to work with poly millennials. The clients interviewed suggested that at least some prior knowledge is preferred: “I’m really just looking for a minimum bar of at least heard of it so I’m not going to have to do poly 101 with a therapist.” Another client shared, “I don’t actually mind doing a little bit of poly 101, but I know some clients do.”

Therapists were more vehement than the clients interviewed about the knowledge and training necessary to be qualified to work with poly millennials. “Real background in alternatives to monogamy,” as well as knowledge about sex (e.g., sexology, sex therapy), relationships, and social systems were encouraged. A few therapists spoke to scope of practice and that they believe it is unethical to work with poly people without prior learning or awareness.

Participants spoke about clients educating their therapists about polyamory. A therapist stated, “I frequently hear things like it’s such a relief to not have to explain to you how this works so that we can focus on what’s going on, instead of educating me in poly 101.” Therapists are meeting this aim in one client’s experience:

Have you felt that you've had to educate your therapist much about polyamory?

Really less than I expected. I think that's just a matter of my own preconceptions where I was really worried about having to do a lot of that and didn't end up having to.

By contrast, another participant's therapist did not understand terms that she used like,

"metamore, compersion, I had to teach him what those meant." She added:

Maybe it's not his [the therapist's] responsibility to go out of his way to learn about who I am [poly] when I'm not there, but I feel like I would have liked it if he would have done his own work. That would have been nice.

Educational resources. All the clients interviewed indicated that though not mandatory, it is preferable and helpful for a therapist to know about poly. Suggestions and resources for therapists (and clients) wanting to learn were offered. These included literature, podcasts, social media, consultation, and spending time with poly people. "Do all the reading that you can. Talk to people in your life, or people that are either in open relationships, or other therapists that specialize in these areas. Consult, consult, consult." Another therapist echoed parts of this sentiment, "I think you have to read. I mean there's nothing special here, I read as widely as I can." A few books related to polyamory were noted, including *More than Two*, *Opening Up*, *The Polyamorists Next Door*, and *The Ethical Slut*. Interviewees described poly communities and resources online, which can house information for both therapists working with, and for clients who identify as poly. FetLife, Facebook groups, and Reddit were mentioned. Relatedly, a therapist tailored his Twitter feed to feature poly people to be more in touch with their lived experiences:

I actually like my Twitter feed, my own Twitter feed, which I put together. And I don't mean to make this the heart and core of my scholarship, but as an example of being in the milieu and listening to people who are talking about their lives being led in this way, many of them are very self-critical, very self-aware. They look at their stuff and go, "Ain't I dumb, but I'm telling you all this, folks, because I want you to learn too."

Both clients and therapists interviewed called for more training and educational opportunities within the field of psychology concerning poly and consensual non-monogamy. Their suggestions include conferences, research, and training in graduate programs. Since these opportunities were regarded as being limited currently, therapists were encouraged to reach beyond psychology resources to learn about poly.

Therapist self-knowledge and personal experience. Utility in therapists' personal experience and reflexive awareness were spoken to. These processes were thought to support their ability to be validating, understanding, and comfortable discussing issues affecting poly clients. Most, if not all, of the therapists interviewed in this study had personal experience with polyamory or consensual non-monogamy, which related to their sense of being fit to work with this population. Moreover, they tended to specialize and center their therapy practice around social matters including relationships, and individuals' interpersonal life (e.g., intimacy).

Personal experience with relationships and sex were regarded as helpful, "so that you can normalize and validate your clients around what is safe and what's healthy." A therapist stated, "I think a therapist who's good enough to deal well with poly... ought to have some personal experience with sex." Regarding reflexive exploration, "do your own sexual history, do your own relationship history and do your own digging into anywhere, any elements where you might have shame or guilt regarding your sexuality." A therapist explained that lack of personal experience can undermine a provider's ability to serve poly clients and can be disorienting:

The reason I've had very full and rich practice with consensual non-monogamous and kinky people over the last 15 years, is that a lot of my colleagues I think of as perfectly nice people, but their personal development does not allow them to sit in a room and talk about barbwire flogging. Nor does it enable them to work with people compassionately, and answer to them at the highest ethical level... they cannot connect with them, and in their own lives they're not even remotely close. They don't hang with poly people, so they sit there with their notes and they go, "Oh my god."

Therapist disposition. Therapists who “get it” were described by interviewees as having soft skills and preferred posture. Qualities including orienting towards a client’s goals, having humor, and being accepting, knowledgeable, and sex-positive were mentioned, “no slut shaming, that’s important.” A therapist suggested that poly millennial clients are “looking for... someone who's not going to judge them or give them any kind of sex negative vibe.” A client echoed this sentiment by holding acceptance as more important than having knowledge:

I don’t want to have to sell poly to them, I want them to be accepting of it even if they’re not knowledgeable about it to begin with. Knowledge can be gained. I don’t want to have to argue on behalf of poly to convince them that it’s a valid lifestyle. I want them to know that already at least be there.

A participant shared why it is important for a therapist to regard polyamory as a valid lifestyle. To paraphrase, this enables a therapist to focus on the health of people’s relationships versus focusing on polyamory itself because: “A relationship is a relationship regardless if you have five of them or one. Each one is relationship, so you should deal with them in a healthy way, regardless of how many you have.” Moreover, people seek therapy for a variety of reasons, thus being accepting, versus knowledgeable, was at times considered enough when other matters took primacy (e.g., trauma, crisis, etc.). A therapist described how she gauges the role of poly in therapy:

I’m not interested in focusing on your poly, unless poly is the issue you want to focus on. So, you come in here and you tell me you’re poly I still ask, “What do you want to look at? So, what about it? If that's not a problem for you then what are we talking about?” ... What I am trying to do, and seem to be able to do, is create a space for people who are poly can come in and talk about what's going on in their lives whether it has anything to do with being poly or not.

Learning from clients. A therapist’s general knowledge about polyamory was regarded as helpful, but provides limited insight into a particular individual’s lived experience. Learning about each unique client was encouraged by participants, as being poly refers to a broad range of

possibilities. Therapists described gathering information with detailed relational, sexual, and life event histories, as well as exploring clients' unique meanings of polyamory. Listening relates:

It's nothing that has to be kept in a locker. And I find that more than any other section of clients that I work with millennials like to be heard. And actually, what I mean by that is, I listen more than I do anything.

This is particularly important when working with people who are poly because, “polyamory looks a million and one different ways for every person who practices it.” A therapist explained the importance of not imposing her own definition of poly, and will only do so if a clients’ “definition is not working for you, if it’s got you stuck, if it is causing you to act contrary to your values.” A therapist delineated her “own personal definition of polyamory” as separate from clients’ definitions, highlighting that therapists and clients risk operating from different understanding of polyamory. “There is no copyright on the word polyamory,” thus when working with clients, “polyamory means whatever you tell me it means.” Beginning to “get it” was described as occurring when therapists loosely hold their pre-existing knowledge of poly in union with clients’ unique circumstances.

Polys’ developmental or dynamic nature further calls for therapists to be flexible. During interview, a therapist stated, “When they want to become poly, or even if they are poly, they're still learning what that means. That's why I'm sort of reluctant to define it.” Participants echoed that poly identity can evolve across a lifetime, and that polyamory as a movement is and has been changing. These inter- and intra-dynamic qualities of polyamory rouse a diverse spectrum of lived experiences that calls upon therapists to “learn new things because it's an evolving system.” Exemplifying the dynamic and developmental spread across poly clients a therapist shared:

People come to me at all levels of experience, I've had very practiced, mastery level, lots of mastery level polyamorous folks here. And I've had folks who came in, not unusual,

will come in and go, "Well I've been cheating for about a week, and I can't do this, it is not who I am. I told my partner, and I also simultaneously said that all that talk about poly and open marriage that I've been sort of blabbing about for a while, I actually do want to do it. And yeah maybe with this person that I'm now seeing, that I've been cheating with for a week and I can't stand it. Now what?"

He and other interviewees stated that some clients come in with a high degree of self-awareness and "graduate level emotional intelligence." Other poly clients have come in who are new to, or are interested in poly and need support in "navigating the paradigm shift" from monogamy to non-monogamy. When asked what may be helpful for therapists to explore, a client suggested asking:

How did you come to be poly? What does poly mean to you? What is your current relationship model and what do you want out of it? These are things we discuss among ourselves in the poly community too, but those questions are I think always good if you want to talk to somebody about polyamory, and especially because polyamory can mean a lot of different things.

A therapist described themes he's explored with poly clients:

I want to know your experience so that we get a chance to get into what worked, what brought them together in the first place and then start to examine how did that change, when did that change, and getting down to what do you really want. What are you afraid of? No really what are you afraid of, where does that come from, who taught you to be afraid of that? How do you soothe yourself? How do you ask your partner to soothe you? Are you taking responsibility for your feelings? Are you able to soothe yourself?

Processes in Therapy

Whereas the section above centered around therapists' knowledge and preparedness to work with poly millennials, this subtheme seeks to illustrate processes from within therapy that emerged across interviews. This information is meaningful in that it fosters readers' exposure to what working with poly millennials in therapy can look like. Some of the following themes emerged from interview questions like, "What should therapists do or not do? What comes up? What theories or orientation do you draw from? What interventions have you used? What advice do you have? How have therapists been helpful or harmful?" Tertiary themes that stemmed from

participants' experiences and recommendations reflect foci in therapy, pathologizing, interventions, applied theories, practical tips, and ethical considerations.

Presenting problems, foci, and goals. As illustrated by the idiographic narratives above, participants reported numerous reasons why poly millennials seek therapy. Interviews indicated that therapists should join with clients in working towards what they deem as important, be it family of origin, anxiety, shame, adjustment, relationships, or all of the above. A therapist advised that it's useful to ask, "What are your goals? What's concerning you? What brings you here?" She adds, "If it's not poly then it's not poly. I don't get to decide that. If you are not concerned about polyamory in your life, then tell me what you are concerned about." It was conveyed that polyamory may or may not be central to a course of therapy. However, "there are people who go to therapy basically because of poly issues," which this tertiary theme serves to encapsulate.

Relationship issues. Given that polyamory is a way of loving and being in relationships, associated issues were naturally spoken to across interviews. These presenting problems were credited as being unique to the people or person involved in a given relationship, versus being a byproduct of polyamory itself. Participants commented that poly relationships are more complex and take more work but ultimately, "work the same way as any relationship." In turn, poly millennials were regarded as not immune to relationship issues that arise for people in general:

Recognize that poly people are just like any people, and need some insights and help to try to pull it off well so they're not just insecure and jealous and going crazy doing it, which is sometimes the case.

Therapists were encouraged to focus on individual clients and their relationships versus poly itself "because there's a lot of unhealthy relationships out there." That being said, problems regarded by participants as being applicable to this population included sexual issues, allocating

time, coercive behaviors, opening up a relationship, jealousy, communicating with partners, safety, and navigating constant growth, changes, and transitions.

Within the context of larger mono-normative cultural values, maintaining relationships whilst being intimate with multiple people was described as being difficult for some: “Sex... one of the major hurdles to being poly.” Considered potentially threatening for, “an insecure person or primary relationship,” a therapist shared that “people get stuck on the idea that somehow you're going to be making love with different people that you love.” Beyond physical connection, loving more than one person was described to:

Create more trouble for some than just having sex with different people... and so for some poly people the focus is a lot on sex and for others it's not, it's just the idea of loving more than one person.

In turn, concurrent relationships have the potential to evoke jealousy and strife:

I've seen people get angry and jealous because their partner is loving another person and having sex with them, and they're having real trouble dealing with it. And some of those people aren't cut out for poly. I mean I can help some of them, but others are really just not cut out for it.

In addition, managing multiple relationships can be time-consuming: “Time is pretty darn finite, and that is the biggest limiting factor in poly relationships.” Therefore, other aspects of a poly individual's life can be affected:

If I don't want to spend all of my time focused on relationships, like I might want to have a career too, a lot of folks' careers suffer in poly unfortunately because of the enormous amount of time dedicated to maintenance and the origination of relationships.

Social issues. Social stigma, mono-normativity, and discrimination can cause stress for poly people. These invalidating cultural dynamics may contribute to shame, anxiety, depression, and other forms of distress, as were described in the interviews. Issues including “lack of legal protections,” custody disputes, work insecurity, and coming out were mentioned.

Clients' families or immediate social communities may not be accepting of a person's poly identity. Multiple participants spoke to how social stigma can exacerbate stress for poly people when it comes to having children:

There's also like if you have kids you've got to deal with other parents, you have to deal with schools, churches, and any part of the community where you run the risk of being seen as an unfit parent. I know at least one person who lost custody of their child from the court seeing polyamory as sexual deviancy, and that's sort of like the nightmare scenario, but it is something that we have to keep in mind and be aware of.

It was described as difficult to come out to friends, family, and others about opening up a monogamous relationship, as well as identifying as poly or talking about relationships.

Therapists may be helpful in navigating these dynamics, as one participant explained:

That's the kind of thing that you need to sort out in therapy or can sort out there... like I don't talk to my parents anymore now. It's like, how do I deal when my parents in conversation will steamroll anything about my other partner? Or that I can only bring one person home and my other person feels left out... It's a source of a lot of strife, and therapy can be a big help for that I imagine.

Other. As previously mentioned, the simultaneity of relationship issues and other mental health factors was discussed across interviews, including for example, anxiety, shame, familial problems, trauma, and depression. These forms of suffering were at times described to affect the health of individuals' relationships, as well as how individuals' relationships contributed to personal distress.

Pathologizing Poly

A poly millennial voiced: "We are afraid of being judged for this, or being treated for this like it's something that's wrong with us." Participants spoke to instances of poly clients being pathologized, such as having "sex addiction" or borderline personality disorder by therapists. One of the therapists interviewed kept a tally of poly, swing, and open-identifying clients ("mostly women") who in his opinion were:

Wrongly told by a therapist, “Well you need to see a psychiatrist because you’re clearly borderline.” At least 20 times... There is this pervasive belief that a promiscuous woman is probably borderline, but I think we’ve moved four DSMs past that by now.

Poly clients were described as also being vulnerable to a pathologizing narrative of sex addiction. In essence, there was a negative sentiment around the idea of “sex addiction” across the interviews, and it was indicated that providers actively use this framework. One therapist was particularly passionate about this topic:

And then you get the sex addiction people, which is just totally, they don't have any training to help people in their relationships at all. All they do is judge people who are highly sexual and call them addicted. You can't be addicted to yourself. You can only be addicted to an external substance like alcohol or drugs. And so those people are being accepted still by marriage and family [therapy] organizations, when there's no empirical research to support that approach at all.

He went on to describe these providers as woefully unqualified. A different therapist offered an alternative conceptualization of a poly millennial client’s sexuality and how to gauge health:

He asked me, “So what happens if I want to date one person and still be sleeping with another person?” Does that person know? Let's say yes. Does that person mind? Let's say yes—then that's a problem. Does that person mind? Let's say no. Then where's the problem. Are you being safe, are you being honest? There's nothing wrong with that. Addiction is when it's hurting your life.

Another participant delineated, “There’s a big difference between out of control or obsessive sexual behavior and just having a strong sex drive.” Moreover, millennials were referred to by participants as being more normalizing and open about their relationship preferences. Referring specifically to poly millennials a therapist shared:

They just don't seem to be pathologizing themselves. They have not internalized the oppression, so they're free to speak about what's really happening, at least in here, and seem to use this space as an opportunity to talk through the thought processes in a different way than other people do.

Interventions

Participants communicated ameliorative activities and numerable examples of how therapists work. Some specific interventions included values sorts, the graveside interview, skill building (e.g., nonviolent communication), validation, psychoeducation, and grounding techniques. The effectiveness of approaches mentioned by interviewees is beyond the scope of this study (perhaps an area of future research). Therefore, this section serves to reflect ways of working as voiced by participants, versus drawing firm inferences about what approaches were most helpful with poly millennials, or clients in general.

Participants expressed experiences of, as well as desires for therapists to provide poly support and advice. A poly client expressed her hopes for therapy:

I think it would be really cool to have someone to talk to who like, just to talk about it out loud with someone who I wasn't seeing romantically because most of my friends aren't poly, and so they don't really get it. And the people that are in my life that are poly, most of them I'm seeing. I don't really have a place to just talk about those things, and it would be cool to have support in the way of talking through what I'm going through, and getting guidance or just getting to vent.

She added that having a person outside of her relationships to talk to is important because the poly community is small, and most the friends or lovers she could talk to know each other.

Further related to poly coaching and advice, patterns emerged across therapists' foci with poly millennials including differentiation, integrity, and communication. Supporting these values in therapy was regarded as helpful for poly clients: "The win is that everybody's needs are met, and your relationship stays sound and works for everybody." These processes were associated with benefits including personal satisfaction and wellness, secure attachments, and safety.

Most of the therapists interviewed consider differentiation while working with poly millennials. Similarly, clients' experiences reflected self-exploration in therapy to help navigate

their relationships. Differentiation was described as having intra-and inter-personal knowledge around needs, boundaries, and desires in relationships. In other words:

Right after they bond, they start to struggle in differentiating, like what's for me and what's for us, and what's for you and you know all of that, and try to come to terms with it. So, I mean I work with this. I work with this constantly.

A therapist cultivated differentiation by “encouraging people to trust who they are, and what they want and need for themselves, and advocate for themselves, and try to establish relationships from the beginning of being honest and open with who they actually are.” Both therapists and clients regarded exploration as necessary for poly and explained how this process may unfold in therapy:

Diving in is required to do polyamory. Diving in is required to do non-monogamy. And I think of that as a graduate level of communication. You can't just talk generally about stuff you've got to be able to get in there.

How do you work with this as a therapist?

A lot of questioning. Like sometimes clients come in at graduate level. Sometimes I am able to introduce them to graduate level thinking to get down to what's really going on, and maybe what's really going on is that you're poly. And maybe what's really going on is that you don't like your marriage, or maybe what's really going on is that you are compromising yourself in order to please your partner. So, a lot of it is about questioning.

Most of the clients interviewed shared that therapists helped them better identify their wants and needs. Another therapist shared how she approaches differentiation: “I don't say what to explore. I always take their explorations and ask them respectfully can you see those behaviors in this context, can you see them in that context, can you see them in both contexts?”

A theme of differentiation was also described as applicable when a client has a partner who wants to open up or negotiate the terms of their relationship. An interviewee described how this process may unfold:

We've achieved success in thinking in a truly relational way of what do I want, how much do I want it? And what do you want. How much do you want that? Decision time. That's

a mutual decision where I really look to what you want and how much you want it. There are going to be times I'm going to say, "Look I hope you'll agree, I understood what you wanted and I understand how much you wanted it and I'm going to tell you something, you're not going to get it, not from me and I'm sorry."

A therapist spoke to differentiating knowledge of self, as well as having awareness of how one's personal preferences interact with others' boundaries:

You're trying to help them figure out how to deal with that, it's the same thing you would tell an individual in a relationship. Communication. Talk about your needs, your wants, your feelings, not your partner, not their behavior, not blaming them, but identifying that this is what I need, this is what I'm feeling.

When needs and boundaries are differentiated, value was placed on supporting clients towards living and behaving consistently with their made meanings. Integrity was described by a poly-identifying therapist and others as a core principle in practice. He explained that poly people must want to want, choose, and be with others honestly. He described integrity: "Really simply, do what you say you're going to do... So, no dishonest outsourcing." Other interviewees spoke to integrity:

What I'm interested in supporting is to share your truth with compassion for the other person. I think it's required no matter what kind of poly you do. And I think hand-in-hand with that is integrity. And I found that no matter how any one person defines integrity, it's all the same really. It's about being true yourself, and being aware of how your actions affect other people.

Having integrity was described to support cohesion, trust, safety, and secure attachment in relationships. Across interviewees, therapy was indicated as supportive in helping people behave in congruence with what was intra and interpersonally valued and negotiated.

Participants' experiences in therapy illustrated clients being supported towards communicating bravely and honestly. Communication skills such as negotiating boundaries, asserting needs, conflict resolution, and behaving relationally (e.g., receptive listening, empathy) seemed valued. This was successfully nurtured by therapists in multiple interviewees'

experience. A therapist shared, “I can’t stress communication skills enough.” Another therapist agreed:

And so that's one of the things I work on with a lot of people, especially in relationships is communication. It's usually the first thing I go to unless there's a serious crisis coming in the door.

Do you find that communication tends to be important for polyamorous arrangements that work?

It is essential.

Moreover, it was noted that what is helpful for poly (e.g., communication, integrity, and empathy) is helpful for people in general. Therefore, therapists who work with individuals in relationships (e.g., monogamy, friends, families), may already possess skills that may benefit poly millennials.

Interviewees provided examples of the relationship between these skills and safety. In reference to sexual health, a participant shared that a combination of integrity and communication may look like:

Checking in a lot... because when you do have multiple sexual partners there is some level of risk in terms of like sexually transmitted infections (STI) and stuff like that. And when we talk about ethics, a lot of it is getting tested very often, disclosing if you have any kind of STI, using condoms unless you negotiated not to. And then when you do negotiate if you do negotiate not to, then communicate that to everyone that you're involved with so that they can make responsible informed choices about their own safety.

A therapist added:

People have questions about STIs and the risk of infection with more sexual partners. I don't know shit, but you can be single and have multiple partners, the same applies, protect yourself. Get STI Testing done every three months if you're sexually active. Talk openly with your partners. Can't believe every word they say, but you might learn a lot about their integrity and honesty over time

It was suggested that therapists are warranted to challenge poly clients at times, such as when a relationship is unhealthy (e.g., abusive, coercive) or risk is involved. As previously

mentioned, therapists were encouraged to gauge health independently from one's relationship orientation (e.g., poly, monogamous), as dysfunction is no more characteristic of people in poly versus monogamous relationships. A client suggested:

Don't be afraid to criticize somebody's relationships because there's a lot of unhealthy relationships out there. It may not be something that you need to work on in therapy, but recognize that you're talking about the relationship, not the polyamory, and that you can and do get toxic abusive relationships in the poly world, and you can focus on extracting people from those or addressing the concerns of those without actually being like monogamy is the answer, or without letting the person hear that. But if that person is already self-conscious about their choices, just make sure that what's being communicated is this person is bad for you, not this lifestyle is bad for you.

Another client added that there are valid reasons to tell someone to “not necessarily stop being poly, but maybe put on the brakes if they're in too many relationships, or if they're not in a good place to be dating, you know that's fine.” This may be applicable when a client is demonstrating coercive or abusive behaviors towards others, is living contradictory to their values, or is being harmed by relationships.

At times, intervention manifested in participants' descriptions of interdisciplinary care. A therapist was adamant about collaboration: “I don't think there's enough collaboration and I do believe the team approach is the best approach because otherwise the head doesn't know what the tail is doing, and there's no coordination of care.” In addition to considering medical issues that may be affecting clients, he and others suggested that therapists have good referral relationships with sex therapists and doctors well-trained in sexual medicine.

To close, a poly-millennial therapy client shared his thoughts for therapists around flexibility and applying interventions:

If you want to have polyamorous clients just see what the landscape is because it's dynamic, it's changing and this is a new movement and it's going places... it's a moving target, the poly community is evolving. Therapy also is evolving. So I think it's not only about figuring out what the best techniques are for you and your clients, but also not necessarily settling into those once they're established because what works now might not

be the best thing to do five ten years down the line, there might be better newer stuff. So be dynamic, be fluid, be adaptable.

Existing theories and models. Participants (mostly therapists) mentioned drawing from specific psychological theories and models in their work with poly-millennials. When asked if translatable to this population, a therapist replied with, “A lot of it is, and some of it is completely counterpoint.” Theoretical orientation varied among the therapists interviewed. To varying degrees, they mentioned using Cognitive-Behavioral Therapy (CBT), systems therapies, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), psychodynamic therapies, and hypnosis. Theorists including Gottman(s), Esther Perel, and Schnarch were also mentioned. It was accentuated that preferred therapists possess a blend of psychological methods, as well as “the background and lifestyle to deal with it [non-monogamy].”

Polycules were likened to families during interviews, therefore therapists voiced use of family and systems approaches. When asked about working with poly a therapist shared, “I mean I approach family systems in a very rigorous way. I will say I'm not ashamed or reluctant to say that. I feel sort of core Bowenian model.” These theories were usefully regarded by a few therapists in helping people think and act relationally:

So that they can see themselves not only with their sense of self and the way they see the others' sense of self, but they can begin to see themselves as people taking positions in a system.

Though multiple providers reported pulling from systems theories, another therapist explained that a background in marriage and family therapy alone is not enough. He and others suggested that therapists working with poly should also be knowledgeable in sex therapy and sexology, and that sex should always be inquired about with clients. A participant explained:

Humans are sexual beings. And so if you don't do your own research in these areas, even if it's not required reading program, then you're going to be missing a huge amount of what's important to clients, and they're probably not going to bring it up because they're more uncomfortable with it. So, if the therapist is uncomfortable with it if they are uneducated about human sexuality about all of these different areas, fetishes, kink... they're probably not going to be advocating for their client either. So, bringing it up if their clients aren't bringing it up, so the more that you know about sexuality the more likely it is that you're going to be comfortable with it.

Cognitive-behavioral approaches were mentioned by both clients and therapists during interviews. A client shared that learning grounding and relaxation techniques helped her manage anxiety around new intimate encounters. Another client learned to challenge negative self-beliefs that had prevented him from pursuing new relationships. A therapist who uses CBT as “a tool for what I do,” has framed shame and jealousy as distorted thinking when working with poly clients:

You get rid of distorted thoughts, which are like fears just a bunch of distorted thoughts, then you can start seeing things more clearly, where you're not just focused on negative thinking, but on rational positive thinking and humor to keep a balanced perspective.

He added that he always develops a treatment plan, uses humor, and assigns homework and home play. He described a goal for some poly clients, “to be loving themselves first, and then able to love more than one other person, without seeing it as a threat or something to be afraid of.” These approaches seemed to be experienced as helpful for anxiety, shame, and self-concept.

Most therapists indicated adopting an integrative approach in their work with poly millennials. A therapist shared how he draws inspiration from different areas and subcultures:

I pull a lot of my ACT skills in you know, let's go identifying our core values, our core wants and needs. I use a lot of stuff around boundaries and a lot of stuff around communication skills... I honestly take a lot of cues from BDSM that I pull into relationships even if there is no kink or BDSM involved, having an emotional safe word and preferably something so ludicrous that even the middle of a fight if someone says it loudly it's just going to break someone's chain of thought.

Therapists expressed that some existing models are limited or ineffective when working with poly millennials. Therapies that do not well incorporate lust, passion, or that are sex-

negative were criticized. For instance, a therapist suggested flaws with The Gottman Method when applied to polyamory:

He doesn't believe in the value of lust... He doesn't understand that to have passion, you have to have both love and lust... so their section on sex is poorly done in this book, but the rest of the book has some value. He just blocks on sex; he thinks all porn is bad. Censoring is not the idea; the idea is to develop more explicit sex that has a script to make it erotic. There's nothing wrong with lust or explicit sex.

Emotionally Focused Therapy was also critiqued:

There are some forms of therapy that really aren't helpful with polyamory, like Emotionally Focused Therapy just Sue Johnson and all that stuff, that is not only not helpful, it can be detrimental because they're really pretty sex negative. She's really not qualified for what she does, and she is considered one of the foremost leaders of marriage and family therapy, too. And I don't agree with what she does... the danger is that people are going to be shamed because they're not monogamous, because they choose not to. No one should be ashamed for their sexual choices.

Sex-positivity and acceptance were particularly valued across interviews. Therefore, providers were encouraged to be mindful about inherent nonnormative values in the theories they use.

Practical tips. Participants offered practical considerations for therapists working with poly people. A participant suggested having multiple signature lines (i.e., more than two) on forms to be affirming of clients' multiple partners. Being poly may intersect with sexual orientation and gender identity; therefore, a therapist suggested including gender-neutral language on forms. On intake forms, including questions that capture a broad range of sexual and gender identities was encouraged. One therapist includes a gender preference spectrum for sexual orientation where a client can indicate exactly how far they lean towards being attracted to a specific gender (e.g., mostly interested in men, with a slight attraction for women). She described her intake form:

I ask them how they identify—predominantly gay, predominantly gay with signs or you know some straight interest, or you know predominantly bisexual, all the way across the board, do you identify as bisexual—pansexual, like what's your pronoun all these kinds of things. I don't think most therapists approach even the initial intake form that way.

Advice pertaining to the therapy room itself was also provided. Having enough seating in a therapy office to accommodate polycules (e.g., 3–5 people) was encouraged. Moreover, a therapist noted that when working with multiple clients, seating should accommodate their ability to maintain eye contact. In addition, displaying books or symbols (e.g., polyamory flag, safe zone symbol) about polyamory, gender, and sexual identity can increase poly clients' confidence and comfort in a therapist's office.

Ethics and avoiding harm. It was indicated that not all providers are qualified to work with poly people. In essence, the most qualified therapists were described as having prior education and knowledge, experience, and an accepting and empowering stance towards consensual non-monogamy. Risks associated with working beyond this scope of practice were described across interviews. For instance, “they'll be wasting their money and time, and sometimes give bad advice.” Sex-negative, inexperienced or invalidating therapists may also mis-diagnose, evoke shame, and generally underserve clients. How therapists can be harmful was consistently tied to larger sociocultural themes across interviews. A therapist described the risk as:

Causing unnecessary harm to your clients. If they don't feel safe bringing these things up then they're not going to. So, it's condoning denial or it's condoning repression without even realizing that you're doing it. I don't think that most therapists mean to do this, but it happens. The more you repress sex, the more aggression, frustration and violence you get. That's why Sweden for example is not as violent as we are. It's not normal to repress sex. In this culture it's seen as normal.

Sexual repression, shame, and ignoring these themes in therapy was indicated to potentiate harm including sexual violence, coercion, and unsatisfying relationships.

The interviewees shared that poly millennials are actively involved in therapy, and that therapists are likely to encounter non-monogamy. A pattern of participants calling for

acknowledgement of poly and non-monogamy (e.g., swinging, open) as an area of focus in psychology emerged. A poly millennial shared:

One thing I will advocate for is a very specific political point here, I really want the APA to add non-monogamy to its diversity guidelines.

Can you tell me some more about that?

It's not all that complicated, it's not in there right now. The APA does update its diversity guidelines every year or so I think, there are things in there that I think therapists should be aware of... it's not because I think that non-monogamy is special. It's because I think that therapists are likely to run into this.

Poly-friendly research and education were regarded as ethical, important, and desired:

And so, we need to have continuing education. This is not always a part of our graduate programs, available consistently, as consistently as ethics training, and crisis management and suicide prevention training. It's that important.

Moreover, a therapist alluded that sex-positive research and therapy beneficially trickles into the general population:

I think it's more about sexual abuse prevention... Most adults generally speaking are not educated about human sexuality, and so unintentionally and unnecessarily they promote sex negative information. It takes the trailblazers who are comfortable with this stuff to promote the research, to do their research and to make it not just available to therapists and medical professionals, but to the general population.

Being validating, open, and knowledgeable about poly were regarded across interviews as qualities that make therapists less apt to cause harm.

Polyamory and Millennials

Table 4

Primary, Secondary, and Tertiary Themes for Polyamory and Millennials

Primary Themes	Secondary Themes	Tertiary Themes
Polyamory and Millennials	Personal Meaning	Defining poly
		Lifestyle X identity
		Poly structures and formations
	Interpersonal Elements	Benefits and privilege
		Poly community and intracultural diversity
		The scene
		Stigma and bias

Beyond the simultaneity of therapy and poly millennials, all participants spoke to polyamory and millennials more generally. Therefore, this subtheme emerged from the data and was included for a few reasons. First, it aims to support therapists in providing culturally-informed care, and mitigate their reliance on clients for poly education. Some topics arose that may contribute to existing and future psychological literature, such as diversity in the poly experience, intracultural diversity, risk factors, and terminology. It provides opportunity to speak to poly millennial's intersectionality with larger social systems, as well as issues related to bias and stigma. Moreover, this subtheme further serves to portray essence of what it's like to live and love in this way, as was experienced and described by people interviewed.

Patterns across therapists' and clients' experiences will be compared at times, but the therapy experience itself is not of focus in this section. Due to the limitations and character of this method of analysis (i.e., IPA), as well as results being derived from a small sample of individuals (half of whom identify as poly-millennials), it is again worth noting that the following is intended to be illustrative versus generalizable of poly and millennials.

Personal Meaning

Themes emerged across interviews related to how poly is defined, how one identifies, and how poly is personally expressed.

Defining poly. Participants described what polyamory means to them during the interviews. For example, "I believe that polyamorous relationships are one descriptor under the ethically non-monogamous umbrella. Polyamory really translates to multiple loves, and polyamorous relationships are relationships in which more than two people have bonds of love and fidelity." This interviewee opens with "I believe," which reflects the dynamic and "no copyright" nature of polyamory, as was described in the previous section. To this point a participant shared: "I don't think there's any one way of practicing it unfortunately which makes it pretty hard to pin down."

At times, the terms polyamory and non-monogamy were used interchangeably during interview. A client relayed: "Polyamory to me I mean I think of it as basically not monogamous." Emphases on sex and love varied: "For some poly people the focus is a lot on sex, and for others it's not it's just the idea of loving more than one person." A therapist delineated polyamory from other forms of consensual non-monogamy:

I don't think polyamory is swinging, it's not just having sex with different people, it's loving people. And it's actually not open relationships either because in most cases people who have open relationships are more private about what they do outside of monogamy. They don't necessarily tell each other everything, they just do their own thing

on their own time, which I think works fine for some people. I don't think you have to be poly to be non-monogamous.

Values associated with polyamory emerged from the data. One person described poly as being in relationship:

With informed consent from all people involved, meaning everyone has access to the information. They know what the setup is, whatever that might be, and it varies widely, but it's mostly about communication, honesty and yeah, multiple partners.

Another participant added, "It's about caring, respect, kindness, family, and not everybody's up for it." Honesty, openness, high sense of ethics, integrity, and safety were also accentuated.

Participants noted the value of "personal growth... it's a personal charting or personal mapping of where you want to be in terms of commitment to others." This requires a "profound sense of self-awareness," that, "you won't quite get with monogamy." Poly was described as a way of answering to one's life of desire, imagination, and "expansion as a human being," rather than "deprivation based on an insecure possession."

As to what poly isn't, "cheating. Not telling the truth." Another therapist elaborated:

A lot of people believe that open relationships are cheating but once you teach people that cheating is by definition lying or keeping secrets from your partner, and open relationships are a choice that is based on honesty and integrity and healthy communication and healthy boundaries most people come from this fear, to being very interested in what this all means.

Relatedly, interviewees described experiences of jealousy in poly relationships, which is in part mitigated by regarding love as "an infinite resource," and by the value of compersion (i.e., feeling joy and warmth around partners' other relationships). A participant spoke to jealousy and described compersion as:

The oft spoke of I love you because you make the person I love happy, or I like you because you make the person I love happy. Why do we have to be jealous? Even if they're not in a relationship I feel compersion for a person because they enjoy something I don't and therefore bring my partner happiness.

It was striking to hear interviewees speak about polyamory with immense confidence and security, stating, “This is who I am,” and “It’s a really great fit for me,” for example. Moreover, they shared that monogamy could not possibly satisfy them: “I think the old model that we’re kind of rejecting here is the idea... where you have one person who has to meet all of your needs, like companionship, friendship, sexual intimacy, everything. I think that’s insane.” A therapist offered his admiring view of poly:

To deal with multiple attachments and to be a decent human being, be ethical and decent, is going to mean that I rewrap my central possessive core, I’m going to revise my erotic template and remain open for constant enrichment and amendment. I’m in constant process... it will make you more robust. The very, very best and interesting, most interesting people I’ve met in poly world... are folks who’ve really arrived at that point. They have an elaborate set of boundaries with everybody including if they are monogamously linked in some way, with them too. A remarkable set of boundaries. Very top of the mind, they can really articulate them just like this [snaps]. It’s almost elevator speech style and they mean it, and that’s how they want to live.

Lifestyle X identity. Regarding whether polyamory is experienced as an identity or lifestyle, “is a classic question of polyamory that does not have a solid answer,” a poly-millennial participant shared. Some interviewees viewed poly as both. Another person shared, “There are people who think of it more as a lifestyle choice, and some people think of it more as an identity. I’m more in the lifestyle choice camp.” By contrast:

I think of it as an identity... If I may I would liken it to gay priests who may be celibate but they’re still gay. I think poly people are poly people whether they are currently engaging in poly or not.

Individuals may move between these meanings:

I think it used to be like a lifestyle, it’s definitely become more of an identity. I mean, like it’s a huge part of who I am... It’s really just become a part of who I am, every day, all the time.

Poly was also referred to as a practice, orientation, and way of loving. It was also used to describe a movement, ideology, community, and type of relationship, in addition to identity.

Poly structures and formations. Polyamorous relationships are defined and designed by the people in them, thus yields a diverse spectrum of arrangements: “There’s a lot of different structures.” In this study’s sample, closed triads, solo poly, poly-anarchy, nonhierarchical or egalitarian, and people who date extramaritally were represented. Cohabiting was described: “With cohabiting you’ve got aspects of commitment that go into maintaining a household... It generally has to work out pretty warmly, and with the cooperation and collaboration as pretty fluid.” Quads, polycules and kitchen table polyamory were mentioned, “where everybody is in on this polycule kind of family type thing and everybody gets along and talks.”

Hierarchical structure in poly relationships, as well as opinions about hierarchy, varied across interviews. Some participants reflected a dyadic or coupled stance, where polyamory interacts with a core relationship of two people:

If we're coming in as a monogamous couple and both of us are kind of thinking about opening... we come back to our desire maps. I want to have the chains experience with somebody, you don't want to have it, but just let me reiterate that you and I have got four or five erotic venues for ourselves, they're great, but there's this one that I've got that I really want. And I don't want to go out and outsource that dishonestly. I want to outsource it with you honestly.

For other participants, polyamory reflected more of an individualized orientation. To exemplify, a participant described solo poly:

I identify as like solo poly. I'm very much a lone wolf. For me, something I said for a long time was that polyamory is me accepting that me as a person can't fulfill all of one person's needs, and one person can't fulfill all of mine, and being happy and content with that. So that's probably the main thing. Also, just the idea of practicing infinite love, and practicing egalitarianism polyamory. So, for me getting to experience all different kinds of love, and not having a limit of it is also really important.

Another participant spoke to his poly development in moving from hierarchical to nonhierarchical relationships:

For me it's looked different ways over the years... I definitely have tried several different flavors of it. The most classic model I think is hierarchical where you have a central

couple and then they have other relationships outside of what we call their primary partner. I feel like I'm a little bit part of the movement now to kind of get away from that, because that is a really easy way to get into polyamory because a lot of people are already in relationships when they find polyamory.

Some millennial participants regard their relationships as equal because, "The idea of hierarchy denigrates the person who's a level down." One participant noted that she doesn't refer to any of her partners as primary. By contrast, therapists interviewed held disparate opinions about non-hierarchical relationships:

Well it is harder in one sense, because I'm going to say most poly people have elements of monogamy, in other words they're primary. They are happy with hierarchy. They don't give a fuck about voting record and the non-hierarchical, because frankly I read all that and know all that, I understand it and the reality is most people can't touch it. They're not even close to dealing with it. They need training wheels which means they need hierarchy. We're primary, those folks are metamores, they're secondary.

On the monogamy–non-monogamy spectrum, this participant reflects that non-hierarchical relationships are further from monogamy than are hierarchical structures. Relatedly, another therapist shared his views on poly-anarchy:

The one that is most common and least stable is often referred to as poly-anarchy: I love you, you love them, and maybe I love them too, and we're together and we're open and we don't want to talk about structure and rules.

He regards poly-anarchy as a model without boundaries and tacit agreements, which may or may not be the case for people who identify this way. He went on to speculate, "The most stable form of a relationship is the triad." Another therapist shared, "I find it to be the most healthy is what I call primacy or primary relationship." It is possible that the non-millennial therapists' and clients' diverging sentiments about non-hierarchical relationships may reflect generational differences or engrained monogamous values:

I've actually been pretty astounded to see that the younger population that I work with that identify as poly are way more comfortable with it and well versed in it and have much more ease than the older couples.

Interpersonal Elements

This section reflects participants' discussion of social experiences and factors related to polyamory and millennials. Themes regarding the poly community, intracultural diversity, privilege, and stigma emerged.

Benefits and privilege. Interviewees suggested that poly relationship formulations can yield advantages. Polyamory was described as a way to nourish one's "life of desire" and get relational needs met. This was regarded as potentially helpful for people who are bi or pansexual, or for gay male partners when "both are bottoms" or "tops." Poly offers an ethical alternative for people who chronically cheat on partners. Poly was described as being valuable for committed partners with disparate needs, like wanting more emotional support, shared hobbies, or different sexual preferences (e.g., one partner is asexual). In addition, a poly-identifying therapist spoke about the benefits of pooling resources:

These are people who have slightly above average [City name] incomes and could afford to buy a five-bedroom house in a nice neighborhood, and because of the joint and combined incomes could afford to send their kids to a private school... could afford tutors... You have an enormous pool of resources.

As an aside, another participant noted that these communal aspects of poly may be particularly valuable for people in socially marginalized or isolated contexts.

Though poly stigma was reported, it was also suggested that some people possess social privileges that enable them to openly live outside the norm of monogamy (e.g., being out as poly). Being poly as a millennial may also be advantageous, as this generation was described as being more accepting, open, and out about alternatives to monogamy compared to prior generations. A participant delineated poly culture from other socially oppressed groups (e.g., LGBTQ community): "I don't want to compare them too much, because we don't face the kinds of oppression that they face." Another person added, "Polyamory is a choice, so we're not like

oppressed the way that a lot of marginalized peoples are.” Statements around choosing to love this way was an expressional pattern. It was also accentuated that some people experience attraction and love towards multiple others inherently, which develops independently from their ability to actually pursue multiple connections.

Participants described the poly community as seeming predominantly “White,” “middle class to upper class,” and as more established in wealthy liberal cities (e.g., Seattle, Boston, Portland, OR). A participant spoke to his experience of racial homogeny in the poly community: “Everybody's White. I try to reserve judgement, but I tend to think that it's about White people having less to lose.” Some participants identified as, or talked about poly people of color, “but it's definitely considered to be a very White and privileged scene these days.” It is also worth noting that this perspective may be quite limited by the geographic and cultural similarities across the people interviewed.

Poly community and intracultural diversity. Participants described demographics, intersecting identities and communities, and socio-cultural factors related to poly millennials. Moreover, the following data is useful for therapists because it provides insight into potential cultural factors associated with poly millennial clients. Specific cultural groups mentioned by interviewees as relating to poly included burners, Goth, techies, Kink and BDSM, and LGBTQ.

A therapist shared that she sees a lot of poly millennial burners (i.e., people affiliated with the Burning Man community) in her practice:

For so many burners it's not specifically about polyamory, it is about community. Community is one way to engage in polyamory, but it is not required. What is required is that sense of oneness, and cooperation, and participation, and process, lots of process. I used to think that lesbians processed a lot... then Burners, but that's how they keep this community thing going. It's as if it's a really small town and they have to live with each other so they do everything they can to make that go smoothly.

Another therapist mentioned burners, as well as how many of his poly clients identify with kink culture:

Most of the clients that I see, if they are kinky, they are poly. If they are poly, maybe 65, 70 % of the time they're kinky. Burners are like a world unto themselves, the kind of magic that they make together.

A client described the poly community in his geographical area:

It's like there's many different corners to it. We have a lot of overlap with the kink scene, which is also going on here, and that's not for everybody though. And there's also people in the poly community who are not at all kinky and don't like to be conflated. And same with like the burner community. Like I'm not a burning man person, but a lot of my friends are just because we're going to the same parties, and so just various subcultures here, like the goths, I hang out [at] the goth club a lot, and a lot of goth people are poly.

Regarding millennial aged poly people, a therapist described the generational differences she sees:

I find that although not the majority, but a fair number of my millennial clients who are poly are out to their parents... so that part is different... I welcome how easily they speak about drugs, sex and relationships, and it's a new day. First of all, I am honored that they trust me, and that they don't stigmatize themselves for it.

The LGBTQ community was often mentioned. One therapist regarded non-monogamy as common among his clients that are gay, and that having structure like poly can be helpful:

Now for some of them that means poly, but for most it means some kind of open relationship where they go to bathhouses or they do whatever... That doesn't always include love for another person, but sometimes a love develops with another person and then you've got to deal with it. And without a structure like poly it's harder.

Lastly, a millennial shared that she became poly by being involved with partner dancing (e.g., swing, Lindy Hop). The intersectionality of different cultures with polyamory may be an avenue for future research.

The scene. Beyond speaking to poly as an identity, polyamory was described as a social community across interviews. Participants spoke to the poly scene as appearing in venues like meet ups, group parties, and the Internet. At times, involvement with the poly community

correlated with people experiencing poly as a lifestyle. A participant described his involvement in the poly community:

I just got really lucky because I'm a very social person, so I need to have a lot of like interaction with groups and stuff and just going out a lot, and I'm sure that I got that almost exclusively through the [poly] community. I like that and being able to get into the scene pretty fast, and that's how I've made all my friends here. That's how I've really gotten socially established was through the poly community, and it's a really accepting and friendly group.

Patterns emerged reflecting a sense of connection and belonging in the poly community across participants. One poly millennial shared that his wife typically has multiple partners, and that he has “one romantic partner right now. That hasn't always been the case, but it's actually been the case for most of my married life.” He participated in the poly scene via meetups and social gatherings, and considers social involvement as “the part of it that's a more active part in my life frankly.” Another person relatedly shared:

When I think of poly lifestyle, I think of friends who are like very active in the poly scene and they go into chat rooms and clubs and group parties and things like that, like very frequently.

The Internet was accentuated: “The Internet is a big place too and that's both helping be more inclusive for people who do have access, but if you don't have the Internet I don't know how you'll keep up with poly stuff at all.” Another participant added that the Internet is useful in providing people a place to talk, organize, and find each other. The Internet was suspected to contribute to poly seeming to become more common. A millennial shared his involvement with poly online, and how he takes action to keep the poly community safe:

I spend a lot of time on the internet, especially like Reddit and stuff, but like a lot of people have horror stories about getting involved with people who were using the term polyamory, but what they really meant was that they were going to do whatever the fuck they wanted, and sometimes just like leave a wake of hurt feelings and mistreated people in their path and that sucks. We try to do what we can to mitigate that. But you know we can't police everyone's behavior. So just I guess sort of recognizing that people who are

really trying to live the right ways, versus people who are just using the label as like a false flag to do whatever they want.

As explained by participants, policing exists within the poly scene to mitigate predatory and coercive intentions. Some of these risks include “unicorn hunting,” which refers to pseudo-monogamous primary partners soliciting a threesome from poly people. Fetishizing was said to occur, which was described as particularly unsafe for people of color in dating venues. One participant is often called “exotic,” and another person noted that some people will use poly chatrooms to look for “an ebony third.” Participants spoke to policing in this context:

And that's something that we're trying to work on in terms of like accepting people who are people of color, and making sure they feel safe, making sure that they don't feel fetishized, or have microaggressions and any sort of thing, to make them feel welcome and safe.

Therefore, “unfortunately as it maybe you need to have rules, and you need to have consequences for violating those rules” to promote people’s sense of safety and comfort. Further exemplifying potential risks in the scene, another client shared that she almost went on a date with a poly-identifying person whom she met online. He did not agree to respect her boundaries of meeting in a public location for their first date, thus she broke contact. Weeks later, she learned that he had been sexually assaulting and raping women who had let him into their home. Despite some threats associated with poly and likely dating in general, most of the poly scene was regarded positively across interviews.

Social stigma and bias. Participants voiced that polyamory yields social stigma stemming from sex-negativity and mono-normative cultural values:

In America we just bury it a lot, and have a history of puritanical rejection of sex outright, and that has caused harm to a lot of people, and it's something that especially the poly community is still pushing back against.

Therapists in particular also indicated stigma towards millennials, mentioning ageism, that millennials only relate to people their age, and are persuaded by money. Also, at times there was a sentiment of irritability towards millennials' openness about sex and alternative lifestyles, particularly when there was a felt sense of lack of acknowledgement for the struggles of generations past.

Participants described myths and negative societal perceptions of poly millennials: "I think one of the number one things is... that it's all about sex, and that you're just trying to sleep with as many people as you can. And not even necessarily do so responsibly and honestly." This was described to cause feelings of self-consciousness and worry when discussing polyamory with people who don't understand. A participant shared how stigma further carries consequence:

I have a lot of friends who are teachers or lawyers or therapists themselves who don't feel like they can be necessarily out. And we still have that push especially teachers I think, because you have to deal with parents and parents- this is not like some kind of form of sexual deviancy, but it's still perceived that way. And I think that's sort of a sore spot sometimes these days.

To contrast the sex-negative discourse around polyamory, a participant offered an alternative perspective:

There are irresponsible ways to be promiscuous, but in general you can have lots of sex with lots of people, and as long as they're doing it ethically, you know getting consent, being careful with people's feelings, being communicative about what kind of relationships you have and want, and can't offer, that sex is healthy, and it's such a big part of human existence. It's just part of our lives.

Moreover, many participants expressed a sense of calling and activism towards reshaping cultural values around sex and partnering:

We do still want to gain acceptance, and a good way to do that is to be loudly out as much as we can, so that people's preconceptions can be challenged and people can be like, "oh this person I know isn't some kind of weird pervert, they're just like looking for a different kind of love."

In protection of poly a participant explained:

Polyamory is not new. Like the word is pretty new, but the practice is as old as people... the idea that monogamy was introduced with a set of agrarian society... before that humans were not even naturally monogamous at all... we keep learning about different historical figures like Amelia Earhart or the guy who made Wonder Woman, or Gene Roddenberry. These people were not in monogamous relationships, they just were quiet about it and then years later after their death... it's like oh hey this person was poly, and they wouldn't have even known that word in their life.

DISCUSSION

The aims of this dissertation are twofold. First, to adequately describe experiences of therapists and poly millennial clients. Exploring both sides of the therapy phenomenon garnered insight into this study's secondary ambition of informing care for poly millennials. Inquiry is warranted because psychological research pertaining to poly millennials in therapy is limited, and consensual non-monogamies are evolving. Results suggest some therapists serve this community more effectively than others, and that incompetency may cause harm. In addition, participants indicated that poly millennials are actively engaging with and benefiting from therapy, therefore learning from their lived experience is valuable.

The interviewees who volunteered for this study currently reside in the Northwest region of the United States, and grew up in disperse areas across the country. The client sample consisted of poly millennials (born between 1981–1999) who engaged with individual therapy and discussed poly in some capacity with a therapist. They were predominantly White, represented a range of gender identity and sexual orientation, and self-identified as polyamorous. The therapist sample consisted of therapy providers at least two years post-licensure who had worked with poly millennials. Sexual orientation, age, and gender identity varied across therapists, and they were also mostly of European descent. Though not inclusion criteria, all of the therapists happened to have personal experience with polyamory or consensual non-monogamy.

Semi-structured 45 to 90 minute interviews were transcribed, coded, and analyzed using a four-step interpretative phenomenological research method. Three primary themes emerged from aggregate data: Idiographic Narratives of Therapy, Therapy with Polyamorous Millennials, and general information about Polyamory and Millennials. Idiographic Narratives of Therapy captured individuals' contextualized experiences, which were presented with case studies. A second theme of Therapy with Polyamorous Millennials was thematically comprised of processes, methods, and recommendations for therapy described by participants. It includes the qualities of favorable therapists, learning practices, presenting problems, interventions, practical advice, and ethical considerations. The analysis concludes with a final theme of Polyamory and Millennials which reflects relevant data beyond the context of therapy including poly identity, relationship structures, cultural factors, benefits, and stigma.

Data illustrated polyamory as amorphous, flexible, and heterogeneous. Linguistically, the word *polyamory* was used to signify an identity, lifestyle, and community, as well as a relationship by interviewees. Poly was used to describe who someone is, as well as something they do (e.g., "how I love"). Across the study, poly relationships reflected hierarchical, egalitarian, open, and closed arrangements. Further exemplifying the dynamic nature of poly, the evolution of poly identity, polycules, and the poly community over time was accentuated. For example, one participant described their transition from monogamy, to hierarchical polyamory, to their current preferred approach of egalitarian solo poly. Participants highlighted that poly millennials often engaged in "near constant" growth, processing, and communication to accommodate changes in their relationship orientation and connections. To exemplify, Veaux, Rickert, and Hardy (2014) likened poly relationships to a garden, in that it requires tending, growth, pruning, room to expand, and is subject to change.

Participants indicated that poly people were often attracted to or loved multiple people prior to “discovering” polyamory. This sense of identity was well illustrated by Alicia Bunyan-Sampson’s (2016) experience of having genuine, unproblematic feelings for multiple boys in elementary school. Although she was told by a friend that she “couldn’t,” or otherwise she’s “slutty,” Alicia did not hold this view. As is the case for Alicia, the common descriptions of single, in a relationship, or married, hardly capture the range of ways people orient towards one another. Consensual non-monogamy (e.g., polyamory) offers a fruitful language system and ethical model for loving that transcends a monogamous framework. Moreover, in light of some people’s tendency to cheat, engage in extramarital affairs, or have multiple monogamous relationships across their lifetime (i.e., one life partner is uncommon), monogamy emerges as being more of a cultural ideal versus the norm. Alternatives to monogamy and sex-positivity may be helpful in light of pervasive sexual assault, domestic violence, cheating, jealousy, possessiveness, and relational discord in society. Poly’s characteristics of compersion, consent and ethics offers a pathway to fulfill a life of desire while minimizing harm. Although the terminology is new, polyamory discourse facilitates people’s exposure to alternative forms of loving, and seems to contribute to an increase in the visibility and viability of these types of relationships. This beckons psychology and related fields to attend to this phenomenon.

Results of this study revealed unsatisfying experiences and interfering factors during therapy. There were references to therapists conceptualizing relationship problems from a monogamous framework that led poly clients to feel misunderstood, underserved, and disconnected. Therapists who failed to understand how deeply meaningful and legitimate poly clients’ relationships are were described to evoke shame, compromise emotional safety, waste clients’ time and money, and offer poor advice. Some providers presumed that clients’ issues

stemmed from jealousy or marital statuses, and that hierarchy in polycules must be inherent or is preferred. Exploring these areas in therapy can be harmful without adequate understanding of consensually non-monogamous relationship structures, and empathic connection with these clients. Relatedly, sex-negativity was frequently cited as harmful, as it may leave poly clients' behaviors vulnerable to being considered pathological (e.g., "sex addiction," borderline), or they may be dissuaded from an ethical life of romantic fulfillment.

Participants delineated therapists who "get it" from those who are considered unqualified to work with poly millennials. This threshold reflects what was described as an ideological "paradigm shift" that transcends monogamous dogma. My experience as the primary researcher challenged and enhanced my views about relationships. Learning about polyamory was ideologically transforming. What I learned through this analysis cannot be unseen, and confirms that "getting it" is a distinct threshold and phenomenon. The therapists interviewed were passionate about scope of practice, what it means to "get it," and who is appropriate to work with this population. This was echoed by clients who screened for poly-friendliness prior to engaging with a provider, fearing that they may be deemed pathological or criticized for being poly. Some therapists who lacked poly-knowledge were viewed as helpful by participants when more pressing matters like trauma, familial problems, or crisis were of primary focus. However, "getting it," or having prior training, experience and understanding of poly was strongly preferred in a therapist by participants.

To understand and expand scope of practice, therapists may read, consult, spend time with poly-people, self-reflect, and seek training. These practices were thought to broaden therapists' capacity to form therapeutic relationships, be affirming, and avoid relying on clients for "poly 101" education. How an individual defines and lives polyamory is variable, therefore

therapists are encouraged to be open and hold their prior knowledge about relationships loosely with what they learn about each unique client. Hearing “I’m poly” from a client is insufficient to understand what it personally means for them. Reflexivity and self-disclosure were valued when a therapist had personal experience with consensual non-monogamy, or had previously worked with poly clients. Therapeutic qualities described by participants as being helpful mirrored conclusions in existing literature, including the therapeutic relationship, acceptance, insight, modeling, and adaptability (Cosini & Wedding; Norcross, 2002).

From a foundation of preparedness and therapeutic alliance, data revealed that there are therapists who serve poly millennials well. Much like any client, presenting problems and reasons for entering therapy varied, but shame, mood, anxiety, and relationships (e.g., interpersonal trauma, familial, romantic) were consistently mentioned. The amount to which poly was discussed in therapy varied, but working individually with a good therapist symbiotically benefited clients’ relationships and their sense of personal wellness. For example, a few clients used therapy to manage anxiety and shame, which in turn enabled them to ethically pursue relationships how they wanted to. Weitzman (2006) concurs that though poly people seek therapy for a variety of reasons, therapy can support growth tasks including differentiation, navigating relationships, and disclosing polyamory to others.

Therapists were encouraged to focus on the health of clients’ particular relationships, rather than on polyamory itself, because what works for healthy relationships in general often applies (e.g., safety, trust). Moreover, poly people were not regarded as immune to issues that may arise for non-poly therapy clients (e.g., jealousy, cheating, communication). Therefore, therapists already possess useful training and skills to offer when working with people in relationships, although having cultural knowledge about polyamory enhances effectiveness.

The data reveal instances of therapists incorporating poly in their interventions, by use of dating apps, community resources, clients' partners, social skill building, and self-disclosure as provided examples. Therapists were encouraged to be sex-positive, as well as knowledgeable about sexology and sex therapy. In addition, and as appropriate, multidisciplinary care and connecting clients with local or online poly communities and resources (e.g., literature, attorneys, doctors) are recommended.

Polycules represent complex interpersonal systems that are satisfying when partners and metamores have expectations that are intentionally designed, honestly negotiated, and mutually respected. Across data, three motifs stood out as guiding therapists' work with poly millennials, including differentiation, communication, and integrity. These relational values seemed to foster security, health, and safety in relationships, as well as personal wellness.

Differentiation is a process of identifying one's wants, needs and boundaries in relationships, along with understanding and delineating the needs of others. As emerging adults, poly millennial clients may be naturally individuating, exploring, or in process of actively designing how to be in relationships. Effective therapists were perceived as supportive of these processes. When working with differentiation in therapy, therapist interviewees attended to socio-cultural pressures, asked questions, and used systems approaches and techniques to identify values (e.g., ACT, value card sort). Detailed relationship and sexual histories helped therapists foster clients' awareness of desires, relevant past experiences, understanding of self in interpersonal systems, and relationship interfering factors. Without differentiated awareness, clients may be vulnerable to coercion, lack of safety, harming others, unmet relational needs, inability to comply with boundaries, or suffering (e.g., shame, depression, anxiety).

Communication was cited as essential in therapy with poly millennials, which is valid considering the necessity of communication in nearly all human relationships, including in therapy. Communication fosters individuals' understanding of their partners, informed consent, interpersonal boundaries, and the terms of a relationship. Negotiations in poly relationships may look like “don’t ask don’t tell,” jurisdiction to veto a metamore, kitchen-table talk, time allocation, or whatever else may work for a particular system; the options are endless. Due to the evolving nature of poly, communication skills are regarded as valuable for navigating changes in a relational system. Participants mentioned using nonviolent communication methods, kink, and BDSM (e.g., safe word), CBT for emotion regulation, The Gottman Method, and drawing from the therapeutic relationship to model and practice skills.

Integrity was also valued. Integrity requires honest communication and actions to ensure all members of a polycule are well-informed and respected. Accordingly, integrity is necessary to establish trust and successfully comply with the terms of a relationship. Integrity and communication mitigate potential for harm such as sexually transmitted infections, dishonest romantic outsourcing (i.e., cheating), or sexual repression. In addition, the themes of differentiation, communication, and integrity were regarded as often being useful for relationships in general. These motifs equip clients with more awareness about their relationships, as well as how to navigate them ethically, intentionally, and healthfully.

Participants were appreciative of this study, highlighting that consensual non-monogamy is a topic that warrants attention and research. Living outside of the status quo (i.e., monogamy) can cause unhappiness and strife due to stigma, shame, and anxiety. This makes CNM an area where therapists can be helpful and advocative. Aside from strife associated with social stigma,

poly participants in this study were confident, fulfilled, and proud of how they love, thus deserve affirmation and informed care.

Limitations

The qualitative methodology (i.e., IPA) of this study naturally limits results (Smith et al., 2009). At best, phenomenological inquiry points to truth and is not objective, easily replicable, nor generalizable. My filter as a hermeneutic researcher, with my own experiences and perspectives, may limit results. Another researcher may draw different inferences from data. Interviews were long and the data immense, therefore I was required to make decisions about what information to privilege (e.g., what is useful for providers), and what to omit.

Data was derived from a narrow and generally homogenous sample of participants. Moreover, participants were recruited with a snowball method, and represented a convenience sample. These factors limit the results because the breadth of experiences associated with polyamory and therapy were not fully captured. Interviewed therapists' prior experience with non-monogamy and sex-positive attitudes is limiting. The data would have been enriched by interviewing therapists who lack education or shun non-monogamy. In addition, the therapist participants were not the interviewed clients' providers, thus both sides of one specific therapy relationship were not reflected. Therefore, the efficacy of therapists' work and the quality of their recommendations do not take into account their clients' perspectives.

Future Action and Research

Participants were adamant that more research and attention to polyamory in the social sciences is necessary. As previously discussed, polyamory is amorphous and broad. The challenges faced by an individual new to polyamory are likely different than for someone who has been poly for an extended period, or for a primary couple opening up their relationship.

Relatedly, the experience of someone pursuing solo egalitarian poly may diverge from the needs of people in committed closed relationships (e.g., triads). Therefore, future research could explore these intricacies, including generational differences, tasks associated with particular relationship structures, or how poly evolves across a life span. Moreover, the intersectionality of polyamory with other identities (e.g., race, disability, religion) is an area for future inquiry. In addition, existing research regarding the millennial generation is limited, and participants more readily offered information about polyamory than millennials in this study. Therefore, future research that captures millennial diversity, culture, and considerations for providers is encouraged. This is especially important in light of external factors including climate change, gun violence, political duress, and increased access to information (e.g., media, Internet).

Therapy models and theories are being tailored to poly millennial clients by therapists. Future research may examine the efficacy of specific approaches to further establish an evidence base. Some therapies were criticized by participants, therefore to minimize harm, appraising existing models for mono-normative biases, sex-positivity, and poly-friendliness is necessary too. Similarly, more research that addresses how harm can be caused by therapies or therapists with monogamous values is needed. Data revealed that consensually non-monogamous people may experience strife in social systems including schools, the legal system, the practice of psychology, and religious institutions. Consideration of poly when providing assessment, consultation, expert testimony, record keeping, and conducting research is justified, all of which are avenues for future inquiry and professional guidelines. Finally, training and exposure to consensual non-monogamy (e.g., polyamory) in graduate programs and continuing education is strongly advised.

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Appendix A
Interview Questions

Therapist Interview Questions

What does polyamory mean to you?

Think of one or more clients you've worked with who are polyamorous, why did they seek therapy?

How have your clients addressed polyamory in therapy?

How have you addressed polyamory in therapy?

When have you not addressed polyamory in therapy? Why not?

Provide an example of how polyamory was discussed in a session.

Mononormativity privileges relationships that occur between two monogamous partners, in what ways might you have exhibited this bias?

How and why did your polyamorous client(s) choose you?

How do you recognize if you're not a good match for a poly client?

How do you recognize if you're a good match for a poly client?

What is important for therapists to know about polyamory?

What interventions were used?

What have you learned while working with people who are polyamorous?

Is there anything you would like to add that was not asked/addressed?

Client Interview Questions

What does polyamory mean to you?

Why did you seek therapy?

How have you addressed polyamory in therapy?

How did your therapist address polyamory in therapy?

When have you not addressed polyamory in therapy? Why not?

Provide an example of how polyamory was discussed in a session.

Mononormativity privileges relationships that occur between two monogamous partners, in what ways have a therapist exhibited this bias?

How did you choose your therapist?

How do you recognize that the therapist may not be a good match for you?

How do you recognize that a therapist may be a good match?

What is important for therapists to know about polyamory?

What have you learned about yourself and polyamory while working with a therapist?

Is there anything you would like to add that was not asked/addressed?

Appendix B

Informed Consent to Participate in Research

Consent to Participate in Research

Project: Therapy with and for Poly Millennials: An interpretative phenomenological analysis
Principal Researcher: Rebecca Calhoun-Shepard, Psy.D. Student in Clinical Psychology

You are invited to participate in a research study. The purpose of this study is to explore how mental health providers and millennial aged, polyamorous clients experience therapy.

You are being asked to participate because you are a person over the age of 18 and meet criteria for having worked therapeutically with millennial aged people who are polyamorous.

If you participate in this research project, you will be asked to partake in a 60-90-minute semi-structured interview. Interviews will be held in-person, in a quiet and private setting (e.g., Antioch University Seattle campus focus room). All interviews will be audio-recorded and transcribed. Any information that could identify you will be redacted.

The information you provide for this research will be treated confidentially, and all raw data will be kept in a secured file by the principal researcher. Audio recordings will only be accessed by the principal researcher. Results will be reported without the inclusion of any information that identifies you. Your privacy and confidentiality will be upheld.

Sharing personal experiences with others in a safe and trusted environment has positive effects for some people. However, there are some potential risks associated with being a participant. Although you will not be pressured to share anything you do not want to, simply recalling experiences may cause unpleasant memories and feelings that can be overwhelming for some people.

If while participating in the study you become overwhelmed by these feelings you are encouraged to: reach out to a psychotherapist, call the National Suicide Hotline at 1-800-273-8255, call your local crisis hotline, and/or access online crisis chat at <http://crisisclinic.org/find-help/crisis-chat/>.

Your participation in this research is strictly voluntary. You may refuse to participate altogether, or choose to stop your participation at any point in the research, without fear of penalty or negative consequences of any kind.

You are invited to review the interview transcripts and results of the research if you wish to do so. A copy of the results may be obtained by contacting the principal investigator at the address below:

Rebecca Calhoun-Shepard
(XXX) XXX-XXXX

This research study has been reviewed and Certified by the Institutional Review Board, Antioch University, Seattle. For research-related problems or questions regarding participants' rights,

you can contact Antioch University's Institutional Board Chair, Mark Russell, Ph.D. at [REDACTED]

The primary researcher conducting this dissertation study is Rebecca Calhoun-Shepard, Psy.D. Student. The supervising dissertation chair is William Heusler, Psy.D., who can be contacted at [REDACTED].

If you have questions at any time, you may contact Rebecca Calhoun-Shepard at (XXX) XXX-XXXX or [REDACTED].

I have read and understand the information explaining the purpose of this research, and my rights and responsibilities as a participant. My signature below designates my consent to participate in this research study, according to the terms and conditions outlined above.

Participant Name (printed): _____

Participant Signature: _____ Date: _____

Participant Phone Number: _____

Participant E-mail Address: _____

Is it OK to leave you a voicemail message on this phone? Yes ☐ No ☐

Consent to Participate in Research

Project: Therapy with and for Poly Millennials: An interpretative phenomenological analysis
Principal Researcher: Rebecca Calhoun-Shepard, Psy.D. Doctoral student in Clinical Psychology

You are invited to participate in a research study. The purpose of this study is to explore how mental health providers and millennial aged, polyamorous clients experience therapy.

You are being asked to participate because you are a person over the age of 18 who identifies as polyamorous, has attended therapy within the past two years, and was born between 1981 and 1999.

If you participate in this research project, you will be asked to partake in a 60-90-minute semi-structured interview. Interviews will be held in-person, in a quiet and private setting (e.g., Antioch University Seattle campus focus room). All interviews will be audio-recorded and transcribed. Any information that could identify you will be redacted.

The information you provide for this research will be treated confidentially, and all raw data will be kept in a secured file by the principal researcher. Audio recordings will only be accessed by the principal researcher. Results will be reported without the inclusion of any information that identifies you. Your privacy and confidentiality will be upheld.

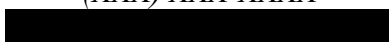
Sharing personal experiences with others in a safe and trusted environment has positive effects for some people. However, there are some potential risks associated with being a participant. Although you will not be pressured to share anything you do not want to, simply recalling experiences may cause unpleasant memories and feelings that can be overwhelming for some people.

If while participating in the study you become overwhelmed by these feelings you are encouraged to: reach out to a psychotherapist, call the National Suicide Hotline at 1-800-273-8255, call your local crisis hotline, and/or access online crisis chat at <http://crisisclinic.org/find-help/crisis-chat/>.

Your participation in this research is strictly voluntary. You may refuse to participate altogether, or choose to stop your participation at any point in the research, without fear of penalty or negative consequences of any kind.

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The primary researcher conducting this dissertation study is Rebecca Calhoun-Shepard, Psy.D. Student. The supervising dissertation chair is William Heusler, Psy.D., who can be contacted at [REDACTED].

If you have questions at any time, you may contact Rebecca Calhoun-Shepard at (XXX) XXX-XXXX or [REDACTED].

I have read and understand the information explaining the purpose of this research, and my rights and responsibilities as a participant. My signature below designates my consent to participate in this research study, according to the terms and conditions outlined above.

Participant Name (printed): _____

Participant Signature: _____ Date: _____

Participant Phone Number: _____

Participant E-mail Address: _____

Is it OK to leave you a voicemail message on this phone? Yes ☐ No ☐