

Antioch University

AURA - Antioch University Repository and Archive

Dissertations & Theses

Student & Alumni Scholarship, including
Dissertations & Theses

2021

An Assessment of Therapist Attitudes Toward Polyamorous People

Chelsea V. Randall
Antioch University Seattle

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



Part of the [Clinical Psychology Commons](#), and the [Counseling Psychology Commons](#)

Recommended Citation

Randall, C. V. (2021). An Assessment of Therapist Attitudes Toward Polyamorous People.
<https://aura.antioch.edu/etds/715>

This Dissertation is brought to you for free and open access by the Student & Alumni Scholarship, including Dissertations & Theses at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in Dissertations & Theses by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact hhale@antioch.edu, wmcgrath@antioch.edu.

AN ASSESSMENT OF THERAPIST ATTITUDES TOWARD POLYAMOROUS PEOPLE

A Dissertation

Presented to the Faculty of
Antioch University Seattle

In partial fulfillment for the degree of
DOCTOR OF PSYCHOLOGY

by

Chelsea Randall

ORCID Scholar No. 0000-0002-9573-073X

June 2021

AN ASSESSMENT OF THERAPIST ATTITUDES TOWARD POLYAMOROUS PEOPLE

This dissertation, by Chelsea Randall, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University Seattle
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

Christopher L. Heffner, PsyD, PhD, Chairperson

Dana Waters, PsyD, ABPP

Geri Weitzman, PhD

Copyright © 2021 by Chelsea Randall

All Rights Reserved

ABSTRACT

AN ASSESSMENT OF THERAPIST ATTITUDES TOWARD POLYAMOROUS PEOPLE

Chelsea Randall

Antioch University Seattle

Seattle, WA

Polyamorous people can encounter unique negative experiences in psychotherapy. Western culture perpetuates the ideal of romantic and sexual exclusivity between two people through monogamy as the dominant social norm, to the extent that nonmonogamous relationships are considered abnormal or othered. Polyamorous people have reported experiencing such biases from therapists, resulting in being pathologized, inaccurately labeled as infidelitous, and spending excessive treatment time providing education on polyamory. Research on the therapist's contribution to polyamorous clients' negative experiences is lacking, which limits suggestions for affirmative practices and the rationale from which to implement them. The current study sought to directly survey therapists' attitudes toward polyamorous people and examine data on factors that have been hypothesized to contribute to negative therapy experiences for polyamorous clients. A total of 153 therapists participated in an online survey in which participants read a vignette about a hypothetical couple presenting for therapy and subsequently responded with their level of agreement to statements about the vignette characters' ideal partner and relationship traits. Participants were randomly assigned to read one of three vignettes, in which the couple's relationship style was presented as either monogamous, polyamorous, or infidelitous. Differences in attitudes were analyzed across conditions, and contributing factors were explored by analyzing interactions between relationship style

conditions and individual demographic or experiential variables on attitudes toward the vignette couple. Results indicated no significant difference in attitudes between the monogamous and polyamorous conditions. Attitudes were found to be significantly more positive for the polyamorous condition than the cheating condition for some measures. Although the current study was too underpowered by number of participants to determine specific factors that may contribute to therapist attitudes toward polyam people, response trends indicated that certain characteristics of the therapist, such as sexual orientation, religiosity, and location of current practice, may be worth further investigation in future studies. This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and OhioLINK ETD Center, <https://etd.ohiolink.edu>.

Keywords: polyamory, consensual nonmonogamy, mononormative bias, therapist attitudes, therapeutic alliance, therapist bias

Dedication

This dissertation is dedicated to all people who love bravely.

Acknowledgements

Thanks to my dissertation committee for their unwavering support and guidance. Thanks in particular to my dissertation chair, Dr. Chris Heffner, for all the time you have dedicated to this project. Your enthusiasm and optimism for my dissertation project often helped me to reconnect with my own. Dr. Dana Waters, you have my thanks for pointing me in the right direction with your sharp advice and questions, particularly in refining my methodology. Dr. Geri Weitzman, thank you for investing your time and energy into a graduate student you had never met prior. I have valued your insightful feedback and particular expertise.

Thanks to my statistical consultant, Dr. Lindsay Rankin, who was ever patient in our meetings.

Thanks to my family, both biological and chosen, for cheering me on to the finish line. Special thanks to my partner, Robert Rode, for your countless, selfless acts of service that kept me afloat during long stretches of writing, and for believing in me throughout this entire process.

Table of Contents

Abstract iv

Dedication vi

Acknowledgements vii

CHAPTER I: INTRODUCTION 1

 Consensual Nonmonogamy 1

 Polyamory 3

 Mononormativity and Stigmatization..... 4

 Minority Stress Theory..... 6

 Therapeutic Alliance 6

 Limitations of Previous Research 7

 Purpose and Clinical Significance of the Current Study..... 8

CHAPTER II: LITERATURE REVIEW 10

 Psychology’s History with Sexual Minorities..... 10

 A Brief History of Therapy with CNM Clients..... 13

 Polyam Clients in Therapy and the Gap in Current Literature 15

CHAPTER III: METHODOLOGY 19

 Participants 19

 Procedures 20

 Research Questions and Hypotheses..... 21

 Measures..... 22

 Demographics Questionnaire 22

 Vignettes 22

 Ideal Partner and Relationship Traits Assessment Scale..... 24

 Morality Assessment Scale..... 25

 Willingness to Work With Couple Assessment Scale..... 26

 Additional Contributing Factors Assessment 26

 Data Analysis 26

 Reliability 26

 Research Question 1 27

Research Question 2	27
CHAPTER IV: RESULTS.....	30
Demographics.....	30
Reliability	34
Research Question 1	35
Ideal Partner and Relationship Traits	35
Morality	37
Willingness to Work With the Couple	37
Research Question 2.....	40
Gender Identity	40
Ethnic Identity	40
Relationship Status	40
Religious Identity	41
Sexual Orientation	41
Region Where Degree Was Earned.....	42
Region of Current Practice	42
Credentials	42
Known CNM People	43
Relation to the Known CNM Person.....	43
Known Polyam People	45
Relation to the Known Polyam Person.....	45
Been in a CNM Relationship.....	46
Identified as Polyamorous	47
Age.....	58
Number of Years in Practice	58
Impacted by Infidelity	58
Graduate Program Training on Polyamory	59
Training Attended on Polyamory	59
CHAPTER V: DISCUSSION.....	61
Research Question 1	61
Research Question 2.....	65

Limitations and Recommendations for Future Research	72
Implications	74
Conclusion.....	75
References	77
Appendix A: Informed Consent Form	82
Appendix B: Recruitment Email.....	86
Appendix C: Demographics Questionnaire	88
Appendix D: Vignettes	90
Appendix E: Ideal Partner and Relationship Traits Assessment Scale.....	92
Appendix F: Morality and Willingness to Work With Couple Assessment Scales.....	95
Appendix G: Additional Contributing Factors Assessment.....	97

List of Tables

Table 1. Demographics by Vignette Condition.....31

Table 2. Descriptive Statistics for Research Question 1 Scales by Condition.....38

Table 3. Means of IPRTAS for Nominal Demographic and Experiential Variables by
Condition.....46

CHAPTER I: INTRODUCTION

The field of psychology has made efforts over time for greater representation of diverse sexual orientations and relationship expressions in psychological research and competent clinical practice recommendations. Recently, the American Psychological Association's (APA) Division 44 created the Consensual Non-Monogamy (CNM) Task Force to promote awareness of diverse relationships and combat stigma faced by this population, particularly in healthcare settings (Schechinger et al., 2018). Social and systemic discrimination have been identified as sources of stress for those engaging in CNM, and studies surveying public attitudes toward CNM populations have validated such reported discrimination (Conley et al., 2013; Grunt-Mejer & Campbell, 2016; Rodrigues et al., 2018). Research examining the impacts of stigma on other diverse sexual and relationship orientation groups has correlated resulting stress with increased physical and psychological consequences (Meyer, 1995, 2003). While current literature has yet to confirm whether CNM communities experience comparable health disparities, researchers have identified unique stressors resulting from perceived and enacted discrimination toward CNM groups (Henrich & Trawinski, 2016; Sheff, 2011). One avenue by which the mental health field can provide support to CNM people is through offering safe spaces to combat unique stressors in therapeutic treatment. This dissertation details the rationale and results of a quantitative study conducted to understand how therapists may contribute to creating such safe treatment spaces for one group from the CNM community: polyamorous people.

Consensual Nonmonogamy

According to Conley and colleagues (2013), CNM is a relationship expression in which romantic partners form agreements to engage in romantic and/or sexual relationships with additional people outside of a primary romantic dyad. This may manifest in a variety of different

ways, and new terminology to describe the various forms CNM relationships may take are frequently being coined. The exact number of individuals participating in CNM relationships within the United States has been difficult to identify; however, a recent study surveying American singles' dating and relationship behavior found that approximately 21% of a sample of about 4,000 participants reported having been in a consensual sexually open relationship at some point in their lives (Hauptert et al., 2017). The most common forms of CNM identified are swinging, open relationships, and polyamory. There are commonly held definitions of each type of CNM; however, there is some overlap between identities within these communities and, thus, some disagreement over the exact definitions of each identity. In swinging relationships, couples exchange partners with other couples for sexual recreation (Matsick et al., 2014). Open relationship couples mutually agree to permit sexual encounters with other partners outside of the relationship (Matsick et al., 2014). While both swinging and open relationships permit extradyadic sexual engagements, neither breach societal norms regarding romantic exclusivity.

Although monogamy is presently the cultural relationship norm in the United States, CNM practices have existed for decades in various forms (Barker & Langdrige, 2010) and even exist presently as culturally normative in some societal structures within the modern world (see Ryan & Jethá, 2010). Though nonconsensual, a high percentage of supposedly monogamous relationships also deviate away from the cultural norm by way of infidelity, eliciting the question of whether conventional monogamy truly is culturally valued (Barker & Langdrige, 2010). While there are several reasons why infidelity may occur, perhaps for some offenders their actions may represent a conflict between the desire for sexual or romantic connection with multiple others that clashes with cultural norms stigmatizing such practices as abnormal. This conflict may be one factor in the rising popularity of open and consensual nonmonogamy, as

seen in the release of several related articles in mainstream newspapers such as the *New York Times* and a handful of popular self-help books guiding readers through establishing ethical nonmonogamous practices (e.g., Anapol, 1997; Hardy & Easton, 2017; Taromino, 2008).

Polyamory

Polyamory originates from the Greek word *poly* meaning *many* and the Latin term *amor* meaning *love* (Klesse, 2006). People identifying as polyamorous believe in the capacity to participate in multiple simultaneous romantic relationships on the foundations of honesty and transparent agreement (Henrich & Trawinski, 2016; Klesse, 2006). While *polyamorous* is commonly abbreviated to the word *poly*, the same abbreviation has been used by the Polynesian community as an identifier for a longer duration of time, and, therefore, the alternative abbreviation *polyam* will be used here out of respect. Polyamory has been described as an identity (Henrich & Trawinski, 2016), a philosophy (Klesse, 2006), a lifestyle (Weitzman, 2006), and a sexual orientation (Tweedy, 2011). Polyamorous relationships are unique in primarily focusing on the formation of supportive and loving partnerships with multiple partners rather than placing an emphasis on one romantic partnership among a number of sexual partners, as seen in other types of CNM such as open and swinging relationships (Henrich & Trawinski, 2016; Sheff, 2011). These relationships also differ from polygamous ones, as the polyam agreement allows for all partners involved to pursue multiple relationships rather than male partners alone being permitted to engage in other, often heterosexual relationships (Graham, 2014).

There are numerous ways to structure polyamorous relationships, all dependent upon the preferences and consent of each individual involved (Hardy & Easton, 2017). Two people may each be romantically involved with a third person, but not with each other, in a V relationship.

Three people may all be in a romantic relationship with one another in what is known as a triad. Similarly, four people may be involved with one another in a quad. Partners in these relationships may be consensually open to additional romantic and sexual partners, or they may be in an exclusive agreement within their triad or quad, otherwise known as polyfidelity. Polyam relationships can also be hierarchical or nonhierarchical. Hierarchical polyamory is an arrangement in which some partners' needs (primary partners, or primaries) are prioritized above other partners' (secondary partners, or secondaries; Hardy & Easton, 2017). This type of relationship structure is often seen in long-term or married couples who decide to open their previously monogamous relationship, and may feel more familiar for some who are newly beginning to explore polyamory since it more closely aligns with societal norms of prioritizing one romantic partner above other social relationships. Nonhierarchical relationship styles, such as relationship anarchy, tend to prioritize each relationship uniquely and individually and may consider platonic, romantic, or sexual relationships as equally important (Hardy & Easton, 2017). Nonhierarchical relationships may also take the form of dyadic relationship partners agreeing to not control or dictate the rules of their other dyadic relationships (G. Weitzman, personal communication, December 1, 2019). For example, partners A and B may share a house and spend the majority of their time together, but partner A could not tell B to stop financially contributing to an apartment with partner C. The diverse array of ways to engage in polyamory provide the freedom to construct one's own relationships outside of culturally prescribed norms.

Mononormativity and Stigmatization

Western culture perpetuates the ideal of romantic and sexual exclusivity between two people through monogamy as the dominant social norm, to the extent that nonmonogamous relationships are considered abnormal or othered (Barker & Langdrige, 2010; Jordan et al.,

2017). The term *mononormativity* was coined by Pieper and Bauer in a 2005 call for papers for the first international academic conference on polyamory (as cited in Barker & Langdridge, 2010) to describe the dominant monogamous culture's impact on everyday assumptions. A mononormative worldview influences perceptions of nonmonogamous behaviors. For example, assumptions of infidelity may come to mind more quickly than the possibility of ethical nonmonogamy. Even when CNM is clarified, however, the otherness associated with nonmonogamy can lead to assumptions that such relationships are unhealthy or bad (Barker, 2005), despite evidence of comparable relationship satisfaction among monogamous and CNM individuals (Conley et al., 2017; Mogilski et al., 2017). Studies analyzing public perceptions of CNM have revealed more negative judgments toward nonmonogamous individuals than toward monogamous people, including assumptions that CNM individuals are less intelligent, less moral, more sexually risky, and more dissatisfied in their relationships (Cohen, 2016; Conley et al., 2013; Grunt-Mejer & Campbell, 2016; Hutzler et al., 2016).

Polyamory defies the cultural norms of both romantic and sexual monogamy, and as such polyam people can suffer discrimination resulting from the dominant mononormative culture that may differ from discrimination experienced by other types of CNM relationships that exclusively defy norms of sexual monogamy. Implicit cultural preferences are reinforced by institutional policies favoring monogamous dyadic partnerships and family structures, leading to reduced privilege and legal protections for polyam people around property rights, child custody, and access to inclusion on a partner's health insurance plan (Henrich & Trawinski, 2016; Jordan et al., 2017; Sheff, 2011; Tweedy, 2011). Openness about having multiple partnerships has also resulted in marginalization from one's own family, friends, and professional peers, accounting for some polyam individuals' decisions to remain closeted about their identity for fear of social

rejection (Henrich & Trawinski, 2016; Sheff, 2011). Due to frequent exposure to implicit mononormative cultural messaging and resulting prejudice, many polyam-identified people develop internalized shame about their identity and CNM behaviors, culminating in pressures to conform to a monogamous lifestyle (Henrich & Trawinski, 2016).

Minority Stress Theory

The impacts of social stigmatization on other sexual minorities has been well documented. Meyer's (1995) minority stress theory posits that discrimination experienced by marginalized populations such as the lesbian, gay, bisexual, and queer (LGBQ+) community leads to chronic stress, accounting for increased health risks and psychological distress observed in these populations (Cochran, 2001; Meyer, 1995, 2003). The negative effects of marginalizing CNM communities have been paralleled to the experiences of minority stress in LGBQ+ individuals (Schechinger et al., 2018; Sheff, 2011). With well-documented evidence of polyam people experiencing marginalization due to social nonconformity to the dominant culture, minority stress theory is a fitting lens from which to conceptualize the unique pressures resulting from prejudice against diverse relationship practices. Evidence documents high usage of therapy among the LGBQ+ community, of which minority stress is a likely contributing variable (Platt et al., 2018). Similarly, the polyam community may also benefit from mental health services to lessen the negative impacts of minority stress.

Therapeutic Alliance

Research on therapeutic success has identified four common factors that predict clinical outcomes, of which the therapeutic alliance accounts for a large amount of the variance of therapeutic success, even beyond theoretical orientation (Wampold, 2001). Bordin's (1979) widely accepted concept of therapeutic alliance is composed of three elements: a relational bond,

agreement upon goals, and agreement on therapy tasks. Two additional predictive factors of alliance have also been identified since Bordin's original concept, including confident collaboration and expression of negative feelings (Hatcher & Barends, 1996). These alliance factors are essential for therapists to focus on in order to optimize treatment outcomes.

Fostering trust and open communication with clients is critical to achieving collaboration and positive relational bond elements of alliance. Stigma perpetuated within the therapeutic dynamic can be detrimental to establishing client trust and openness (Henrich & Trawinski, 2016; Schechinger et al., 2018). In an effort to avoid perpetuating oppression and unnecessary alliance ruptures, the APA has recommended affirmative practice guidelines when working with sexual and gender diverse clients (APA, 2012). Affirmative practice with LGBTQ+ clients has been found to correlate with stronger alliance and positive therapy outcomes (Alessi et al., 2019). Guidelines for affirmative practice with CNM clients have yet to be established by the APA; however, emerging studies have begun to identify harmful and helpful practices reported by CNM clients (Schechinger et al., 2018). Further research exploring therapy with CNM clients may help to solidify affirmative practices to improve therapy experiences and formation of therapeutic alliance, and thus improve treatment outcomes among CNM communities.

Limitations of Previous Research

While currently there is a dearth of academic literature on polyamory, studies of attitudes and bias toward multiple forms of CNM have begun to emerge. The use of Thorndike's (1920) concepts of the halo and devil effects as a framework for researching public perceptions of CNM individuals has been a common occurrence among researchers (Cohen, 2016; Conley et al., 2013; Grunt-Mejer & Campbell, 2016). The halo effect is a bias that occurs when a single attribute perceived positively is generalized to view the entire person in a more positive frame,

while the devil effect is the converse concept in which a person is perceived more negatively for a single attribute. Brief vignettes providing minimal information about individuals in monogamous and nonmonogamous relationships have been used to assess the degree to which people use halo and devil effect heuristics to make positive or negative value judgments of traits for which they lack sufficient evidence based upon the information presented, such as relationship satisfaction, cognitive abilities, and moral character (Cohen, 2016; Conley et al., 2013; Grunt-Mejer & Campbell, 2016). Studies have unanimously found a tendency toward judging nonmonogamous people more negatively than those who are monogamous, with polyam people being perceived more favorably than other types of nonmonogamy (Cohen, 2016; Grunt-Mejer & Campbell, 2016).

Current literature has revealed experiences of stigma toward CNM in mental healthcare settings as well, leading to client dissatisfaction. Clients identifying as polyam have reported a unique range of negative experiences within therapy (Henrich & Trawinski, 2016; Schechinger et al., 2018). Although the majority of the current literature has focused on surveying the client's experience in therapy, thus far only speculation has been proposed around therapist factors that directly contribute to negative events for polyam clients. The assessment of bias through the use of vignettes may also be an effective method for assessing therapists' opinions of polyamorous individuals and whether the halo or devil effects impact their evaluations of their clients' character.

Purpose and Clinical Significance of the Current Study

By surveying therapists themselves, an improved understanding of the factors contributing to experiences of polyam clients' marginalization in treatment may be achieved. Such an examination may contribute to discoveries in minimizing stigma-related rupture and

strengthening alliance elements in therapy for the polyam community. Ultimately, the intention behind the current study lies in creating opportunities to improve the quality of therapy for polyam clients, and thus in optimizing treatment outcomes, improving mental health, and reducing minority stress perpetuated by therapists.

The main focus of this quantitative study was to examine the currently hypothesized contributing factors to clients' negative experiences among a diverse sample of therapists across the United States. Specifically, this study focused on the exploration of therapist attitudes toward polyamorous people, whether halo and devil effect heuristics are observed among therapists, and whether personal therapist factors, such as demographic information, personal experiences, and professional experiences, impact attitudes toward polyam people.

CHAPTER II: LITERATURE REVIEW

Polyamory and CNM have a brief history within the psychological literature. However, the field of psychology has a much more extensive past with other groups that engage in diverse sexual and romantic relationships, the echoes of which are seen in the field's treatment of CNM. Thus, to better understand the polyam community's experiences of the mental health field, it is necessary to examine a broader perspective.

Some academics have considered polyamory to be a sexual orientation minority alongside lesbian, gay, and bisexual identities due to shared experiences of prejudice for engaging in romantic and sexual partnerships that reside outside of the societal norm (Schechinger et al., 2018; Tweedy, 2011). For the purposes of this dissertation, this definition of polyamory as a sexual orientation will be used. As the therapy history and current experiences of the polyam community overlap with those of LGBTQ+ groups, a review of psychology's general history with sexual orientation minorities is necessary in order to understand the problem addressed by the current study.

Psychology's History with Sexual Minorities

Although the field of psychology has made efforts to combat prejudice, the oppression of sexual minorities is unfortunately embedded within psychology's history. Freud himself described homosexuality as a product of narcissistic injury. In his writings, he positioned that homosexuality for men arose from narcissistic personality and an overly dominant mother, while, in women, an envy of men and a lifelong fantasy of becoming male were root causes (Flanders et al., 2016). While Freud may not have intentionally pathologized sexual minorities, and even arguably took a more open-minded stance than his contemporaries, his insistence that homosexuality was a product of development gone awry became a fixation within the field.

Throughout the 1900s, psychoanalysts published clinical observations and theories that homosexuality directly contributed to their clients' pathologies, asserting that homosexual behaviors were abnormal and thus needed to be treated or cured (Newbigin, 2013). Other uncommon sexual identities and practices, such as kink and BDSM, were also deemed detrimental to well-being by the medical model during this time, leading to the diagnosis and treatment of paraphilias (Daley & Mulé, 2014). To this effect, the pathologizing of diverse sexual or romantic practices gained popularity, resulting in the development of harmful corrective therapies for homosexuality, a homosexuality diagnosis that remained in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* until the release of its third edition in 1973, and a series of paraphilias that remain in the *DSM* to this day (American Psychiatric Association, 2013; Herek, 1990; Maher et al., 2009).

Sexual orientation minorities have had a complicated relationship with the mental health field due to historical pathologizing and detrimental treatment practices. Despite tensions with the psychology field, the LGBTQ+ community tends to use mental health services more often than heterosexuals (Platt et al., 2018). The frequent stresses of living with a stigmatized identity, such as experiencing targeted aggressions, increased vigilance to aggressions, and negative self-concept from internalized homophobia, are likely factors accounting for more frequent usage of mental health treatment due to the toll minority stress takes on mental health (Meyer, 2003; Platt et al., 2018). The desire for treatment appears to override fear of discrimination from historical oppression, particularly for those individuals who are more affirmed in their LGBTQ+ identity and possess a positive self-concept (Spengler, & Ægisdóttir, 2015).

Despite greater utilization of services and psychology's move toward affirmative therapy (APA, 2012), LGBTQ+ clients still experience barriers to accessing appropriate treatment. *Sexual*

prejudice, or an internalized cultural stigma toward nonnormative sexual and relationship practices (Herek & McLemore, 2013), harbored by psychotherapists may be one explanation for LGBTQ+ clients' negative therapy experiences in the present day. Microaggressions in the form of pathologizing sexual identity, invalidating experiences of oppression, stereotyping, and discussion avoidance around sexual orientation are harmful occurrences that LGBTQ+ clients continue to be exposed to in therapy (Eady et al., 2011; Shelton & Delgado-Romero, 2013). Such microaggressions may have detrimental consequences to therapy clients and the therapeutic relationship. Therapists' display of sexual prejudice may leave clients feeling less safe to disclose details related to their identity or same-sex relationships (Shelton & Delgado-Romero, 2013). While clients may not seek treatment for issues directly related to sexual orientation, feeling unsafe to disclose may prevent clients from providing essential contextual information that may help the therapy process and from establishing trust with their therapists. Difficulty developing trust may result in an inability to form therapeutic alliance, which can damage treatment outcomes or lead to premature termination (Eady et al., 2011; Wampold, 2001). Negative experiences may also decrease client confidence to challenge internalized homophobia, resulting in lower self-esteem and mental health (Shelton & Delgado-Romero, 2013). Therapists in these scenarios run the risk of worsening client psychological well-being rather than improving it and of becoming, perhaps unintentionally, oppressors of their own clients.

Fortunately, several actions have been taken to address and prevent LGBTQ+ clients' negative experiences of therapy. Since the APA's 1975 declaration that homosexuality should no longer be considered a mental illness, corrective action has been taken to eliminate stigma and improve psychological services for clients identifying as sexual minorities, including the establishment of Division 44 and production of affirmative practice guidelines (APA, 2012).

Guideline recommendations have included examining one's own heteronormative sexual prejudice and educating oneself on experiences and concerns unique to LGBTQ+ people (APA, 2012; Eubanks-Carter et al., 2005; Pepping et al., 2018). Therapists who have received training in culturally competent practice demonstrate an increase in affirmative attitudes toward people of diverse gender and sexual orientation, and express greater confidence in possessing the knowledge and skills to work with these communities (Pepping et al., 2018). Researchers have additionally explored the efficacy of using affirmative practices with LGBTQ+ clients, identifying improvements in both the therapy relationship and client mental health outcomes with affirming therapists (Alessi et al., 2019).

Additional action has been taken at the level of training new therapists in the profession. Several graduate programs now incorporate material on therapeutic practice with LGBTQ+ clients presented in a positive frame that encourages students to reflect on their own beliefs and biases (McGeorge & Carlson, 2016). Predoctoral internship students' use of supervision with sexual minority clients has also been explored and has been identified as a practice leading to effective processing of countertransference reactions and positive impacts in therapy with their LGBTQ+ clients (Chui et al., 2018). Exposure to conceptual and experiential material early on in training may help to reduce the likelihood that therapists will engage in harmful practices with sexually diverse clients.

A Brief History of Therapy with CNM Clients

With the historical pathologizing of sexual orientation minorities, it is not surprising that mental health professionals have exhibited a similar pattern toward CNM and polyam people. The most recent publications that have examined therapists' attitudes toward CNM and polyam clients took place in the 1970s and 80s. Knapp's (1975) study of approximately 200 counselors

used a survey approach to directly inquire about mental health providers' personal and professional experiences of swinging, open marriage, and infidelity, as well as their opinions on these practices. Participants most commonly reported negative personal attitudes toward all three types of nonmonogamy (despite almost a third of the counselors having participated in extramarital sexual encounters themselves, most commonly by way of undisclosed affairs). When responding to survey items about therapy with nonmonogamous clients, however, participants more commonly responded that they would professionally support their clients' lifestyles. Counselors' reports of supportive attitudes in Knapp's (1975) research contradict the fears of therapist condemnation reported by the CNM clients also interviewed in Knapp's same study. One limitation of this study that may account for the discrepancy between CNM and therapist experiences may be the face-validity of the survey used, which directly asked counselors whether they would support their clients. Such a face-valid measure may elicit a response bias in which counselors attempt to be perceived as nonjudgmental, regardless of their actual behaviors toward CNM clients. With over one third of Knapp's counselors having reported the beliefs that nonmonogamous people are high in neuroticism and likely diagnosable with a personality disorder, CNM participants may have been justified in their fears of experiencing prejudice.

Hymer and Rubin (1982) expanded upon Knapp's (1975) findings by surveying a smaller group of 57 therapists in California and New York on their perceptions of people in sexually open marriages, swinging marriages, and extramarital (infidelitous) relationships. The overwhelming majority of participants (89%) viewed each of these groups negatively, endorsing beliefs that people who engaged in these practices were either dissatisfied with their primary relationship, acting out, requiring sexual validation, regressive, or unable to form meaningful

relationships. Swingers in particular were viewed most negatively and heavily pathologized, and open marriages were the least negatively perceived. While a smaller percentage of therapists (29%) attributed positive qualities of pleasure-seeking and adventurousness to nonmonogamous individuals, the pathologizing imposed by almost every therapist surveyed by Hymer and Rubin (1982) appears to validate the fears of Knapp's (1975) CNM interviewees. Hymer and Rubin's (1982) and Knapp's (1975) early studies on therapist attitudes toward nonmonogamy provided valuable contributions assessing for therapist sexual prejudice. However, these studies were also limited in surveying opinions only of sexually open CNM practices and not including those permitting multiple simultaneous romantic partnerships as seen in polyamory.

Polyam Clients in Therapy and the Gap in Current Literature

Paralleling the experience of LGBTQ+ clients, polyam people seeking therapy presently encounter unique barriers to finding satisfactory psychological treatment, of which internalized cultural biases may play a significant contributing role. In Henrich and Trawinski's (2016) qualitative study of 12 individuals identifying as either polyamorous or in relationship with a polyam-identified partner, half of the participants reported negative encounters with therapists. Participants recalled therapists insisting their extramarital relationships were affairs or a symptom of sex addiction, as well as pathologizing polyamorous practices as the leading cause of life distress or relationship problems (Henrich & Trawinski, 2016). Another study surveying CNM clients, 79% of whom identified as polyamorous, discovered similar encounters with participants' current therapists (Schechinger et al., 2018). This study sample reported their therapists had assumed the clients were monogamous, had demonstrated insufficient knowledge of CNM, withheld support or understanding from the clients, and pathologized CNM practices (Schechinger et al., 2018). Even therapists who specialize in working with polyamory have

observed a common theme of their clients expressing difficulties with past therapists, receiving negative judgments toward their relationships, and spending valuable session time educating their therapists (Henrich & Trawinski, 2016). Therapists may inadvertently cause harm to polyam clients by asserting mononormativity bias and implying their clients' relationships are abnormal (Jordan et al., 2017). These negative experiences are highly problematic considering the very individuals clients are seeking mental health support from may instead perpetuate feelings of shame and abnormality (Henrich & Trawinski, 2016).

Current literature has hypothesized why such negative events often occur for polyam clients by suggesting some contributing factors related to the therapist. Asserting mononormative bias and lacking knowledge on polyamory are observed as contributing to discrimination and negative stereotyping in therapy (Bairstow, 2017; Henrich & Trawinski, 2016; Jordan et al., 2017). Clients have also supported speculation that the therapist's own mononormative bias and lack of familiarity with the unique needs and culture of polyam relationships are major culprits for negative therapy experiences (Henrich & Trawinski, 2016). Internalized cultural biases may even impact therapists who advertise themselves as CNM-affirming, as demonstrated in interviews with such mental health providers who expressed that excessive sexual desire and deficiencies in one's primary relationship are the most common reasons for participating in consensual nonmonogamy (Finn et al., 2012). Biases toward CNM may be strengthened by the therapists' personal or professional experiences of nonconsensual nonmonogamy, such as infidelity, due to observing the devastating consequences resulting from betrayal (Bairstow, 2017). The notable lack of training on polyamory in graduate education and limited academic literature have also been hypothesized as additional contributing factors to negative therapy outcomes (Weitzman, 2006). Though they have yet to be assessed for in therapists specifically,

factors identified within the larger public as contributing to attitudes toward polyam people may also contribute to therapists' opinions, including sexual orientation (Grunt-Mejer & Campbell, 2016), religiosity, political views, and personal contact with polyam individuals (Hutzler et al., 2016).

From examining the client perspective and hypothesized contributing factors, some corrective actions have been proposed to increase positive therapy experiences for polyam clients. Recommendations include promoting clinicians' awareness that polyam clients may struggle with marginalization, ongoing identity formation, or concerns about coming out, and as such should remain sensitive to these concerns as they arise in therapy (Henrich & Trawinski, 2016; Weitzman, 2006). Additionally, acknowledgement of the therapist's own personal biases, seeking knowledge around polyamory, providing education to other therapists, and creating an inclusive therapy environment have been suggested to improve polyam clients' therapy experiences (Bairstow, 2017; Jordan et al., 2017; Weitzman, 2006).

As the currently proposed corrective actions are almost exclusively based upon research examining the client's perspective, suggestions for decreasing adverse therapy experiences for polyam clients are limited. Evidence of therapists' contribution to polyam clients' negative experiences is lacking, which may further limit suggestions for affirmative practices and the rationale from which to implement them. Surveying therapist attitudes toward polyam people may help to illuminate whether mononormativity biases contribute to polyam clients' negative experiences, such as how sexual prejudice has been identified as detracting from affirmative therapy experiences for LGBTQ+ clients.

While studies on therapist attitudes toward CNM people have been conducted, the most recent of these studies was published in the 1980s and did not include a survey of attitudes

toward polyamorous people (Hymer & Rubin, 1982). Since the field of psychology has grown more aware of sexual prejudice over the past few decades, as evidenced by its actions taken to support sexual orientation minorities, a modern survey of therapist attitudes toward CNM is likely to yield quite different results since the last published study. Therefore, an updated survey of therapist attitudes toward polyam people would provide a new contribution to research and data from which to understand polyam clients' negative therapy experiences. Acquiring this data may yield more specific suggestions for corrective action that therapists or the field of psychology at large might take.

CHAPTER III: METHODOLOGY

The current study sought to directly survey therapists' attitudes toward polyam people and acquire data regarding factors that have been hypothesized to contribute to negative polyam client experiences. To achieve this goal, the study examined therapists' attitudes toward polyam people and factors that may contribute to therapists' attitudes that have been found in prior research with the general public to impact attitudes toward polyam people, such as religiosity, sexual orientation, and personal exposure to polyamory (Grunt-Mejer & Campbell, 2016; Hutzler et al., 2016), as well as those found to contribute to dissatisfaction with therapy for other sexual minority or relationship subculture groups, such as knowledge, exposure, and training on polyamory (Henrich & Trawinski, 2016; Schechinger et al., 2018).

Participants

Participants included fully licensed mental health counselors, marriage and family therapists (LMFTs), and psychologists actively practicing as therapists nationwide across the United States. Participants were recruited via electronic means by emailing recruitment letters to state- and countywide psychological and counseling associations and university program chairs. Recruitment messages encouraged potential participants to forward the study recruitment email on to other therapists in their networks in an additional recruitment effort using snowball sampling.

A power analysis was conducted ($1 - \beta = .80$) using the large effect size found in a similar study that used vignettes to compare attitudes between monogamous and consensually nonmonogamous conditions (Conley et al., 2013), resulting in a suggested N of 21. However, with the intention of using parametric statistics in analysis, a goal of 30 participants per condition

was set for this study in an attempt to receive normally distributed data. Therefore, a total goal of 90 participants were sought for this study.

Procedures

A small pilot study ($N = 4$) was initially conducted to receive feedback about the survey format and measures. All participants were Clinical Psychology doctoral students. Participants of the pilot study were asked to complete all measures included in the primary study and to provide feedback on the survey's wording, clarity, and grammatical correctness. The measures were updated based on this feedback.

For the primary study, approval was sought through Antioch University Seattle's Institutional Review Board (IRB). Following IRB approval, participants were recruited via email and snowball sampling methods. Recruitment emails identified the study as "an assessment of therapist attitudes toward romantic relationships" rather than "toward polyamory" in order to avoid potential response bias. Potential participants were incentivized by optional participation in a drawing for one of two \$50 Visa gift cards. Participants were provided with a link to an online survey at [surveymonkey.com](https://www.surveymonkey.com) and subsequently signed an informed consent form before beginning the online survey. The first part of the survey contained a series of demographics questions followed by a vignette that participants were instructed to read and then respond to by answering the Ideal Partner and Relationship Traits Assessment Scale, Morality Assessment Scale, and Willingness to Work With Couple Assessment Scale. Using technology available on [surveymonkey.com](https://www.surveymonkey.com), participants were assigned one of three vignette conditions to respond to. In Part 2 of the survey, participants completed the Additional Contributing Factors Assessment. In order to avoid further response bias, participants were unable to return to Part 1 of the survey to

modify answers after beginning Part 2, as the items in the second part were more specific to CNM and polyamory and thus may unblind participants to the study's focus.

Research Questions and Hypotheses

Based upon research of general population attitudes toward CNM people and research on polyam client therapy experiences, the current study includes the following research questions and hypotheses:

1. How do therapists' attitudes toward polyam people differ from their attitudes toward monogamous people and nonconsensual nonmonogamous people (i.e., cheating)? Null hypothesis: Endorsement of negative attitudes as measured by the Ideal Partner and Relationship Traits Assessment Scale (IPRTAS), Morality Assessment Scale, and Willingness to Work with Couple Assessment Scale will be equivalent across polyamory, monogamy, and nonconsensual nonmonogamy conditions. Alternative hypothesis: Endorsement of negative attitudes the IPRTAS, Morality Assessment Scale, and Willingness to Work with Couple Assessment Scale will be greater for the polyamory condition than the monogamy condition, and lesser for the polyamory condition than the nonconsensual nonmonogamy condition.
2. How will experiential and demographic variables interact with relationship style conditions to predict therapists' attitudes toward ideal partner and relationship traits? Null hypothesis: Experiential and demographic variables will not significantly interact with relationship style conditions to predict therapist attitudes as measured by the IPRTAS. Alternative hypothesis: Experiential and demographic variables will significantly interact with relationship style conditions to predict therapists' attitudes toward polyamory as measured by the IPRTAS.

Measures

Demographics Questionnaire

Demographics information was collected with a questionnaire (refer to Appendix C) that assessed participants' age, gender, ethnicity, marital status, religious affiliation, and sexual orientation. Information related to participants' psychotherapy practice was also captured, including credential/degree, state in which degree was earned, state currently licensed and practicing in, and number of years in practice. Demographics variables were analyzed to address the second research question.

Vignettes

Participants were randomly assigned to one of three conditions, each of which involved reading a different vignette to reference in order to respond to the subsequent Ideal Partner and Relationship Traits Assessment Scale, Morality Assessment Scale, and Willingness to Work With Couple Assessment Scale items. The three vignettes can be viewed in Appendix D. Vignettes were modeled after those used in prior studies surveying attitudes toward consensual nonmonogamy (Cohen, 2016; Conley et al., 2013; Grunt-Mejer & Campbell, 2016). These prior studies examined attitudes through the framework of Thorndike's (1920) concept of the halo effect as applied to monogamy, due to its position as a socially accepted and moral construct, by comparing opinions of monogamous and CNM hypothetical vignette characters. Trends in results suggested that when participants are presented with minimal information about vignette characters, aside from their relationship style, participants tend to evaluate monogamous characters more favorably than CNM across a series of traits. Such negatively inclined opinions of polyam people may be due in part to the polyamory construct's defiance of social norms. The current study will model this methodology to examine perceptions of fictional vignette

characters. Conditions will include characters portrayed as either monogamous or polyamorous. As an additional means of comparison, a cheating condition will also be randomly assigned. Due to the perception of cheating as a socially immoral behavior, the cheating condition is anticipated to elicit a devil effect and thus provide an opposing baseline from which to compare participant attitudes toward polyamory.

Each vignette introduced the same hypothetical scenario in which a fictional couple, Amanda and David, present to the participants' therapy office for help "improving their communication during conflict" and provided brief descriptors of the couple having been together for five years and "spending their time together watching movies and going for walks." A heterosexual couple with traditionally male- and female-gendered names were used so as to control for eliciting any additional biases beyond mononormative bias (i.e., heteronormative or gender biases).

Conditions. After the identical introductory statements, participants read one of three randomly assigned endings to their vignette that describes Amanda and David as in either a monogamous, polyamorous, or cheating relationship. Each vignette is designed to provide similar information about the couple's presenting concern and interests, with relationship style as the only significant difference between conditions.

Monogamous. This condition described Amanda and David as having a monogamous relationship style, and ended with the description: "They also get together for weekly board game nights with friends. From the start of their relationship Amanda and David have valued emotional and sexual exclusivity to each other, and plan to commit to these values for their entire relationship."

Polyamorous. This condition described Amanda and David as meeting the criteria for a polyamorous relationship, and ended with the description: “From the start Amanda and David had negotiated an open relationship that they both feel good about. Each of them has another partner they see outside of their relationship together with whom they share emotional and sexual intimacy. They have met each other’s partners, and the four of them get together for weekly board game nights.”

Cheating. This condition described both Amanda and David as engaging in a cheating relationship style, and ended with the description: “They also get together for weekly board game nights with friends. Occasionally both Amanda and David will initiate an affair outside of their relationship without the other partner’s knowledge or consent. They have not made any prior agreement allowing each other to engage in emotional or sexual intimacy outside of their relationship.”

Ideal Partner and Relationship Traits Assessment Scale

The Ideal Partner and Relationship Traits Assessment Scale (IPRTAS) was constructed for this study to evaluate participant attitudes toward the three relationship styles portrayed in the vignettes (see Appendix E). Prior studies of attitudes toward CNM (Cohen, 2016; Conley et al., 2013; Grunt-Mejer & Campbell, 2016) have evaluated participant opinions by asking participants to rate their perceptions of traits and relationship satisfaction for monogamous and nonmonogamous vignette characters. As the current study surveyed therapists, trait items were selected to engage participants’ clinical judgment related to the hypothetical scenario of clients presenting for relationship therapy and asking the participants to evaluate their own perception of the couples’ relationship success. Thus items on the IPRTAS were constructed to assess for participants’ perceptions of ideal partner and relationship traits of the vignette characters across

each vignette condition, in order to evaluate for differences in attitudes toward the couple based on the three different relationship types.

The IPRTAS consists of 12 items measuring participants' opinions of traits associated with ideal partners and relationships as identified in Fletcher and colleagues' (1999) Ideal Standards Model. Fletcher et al.'s (1999) model consists of three domains of partner ideal traits (warmth-trustworthiness, vitality-attractiveness, and status-resources) and two domains of relationship ideal traits (intimacy-loyalty and passion). The IPRTAS consists of two items per domain, as well as two additional items assessing for participants' perception of the characters' relationship satisfaction. Each item is presented as a statement to which participants respond with their level of agreement on a 6-point Likert scale from *strongly agree* to *strongly disagree*. For example, "Amanda and David are sensitive to each other's needs" and "Amanda and David are physically attracted to each other" are two of the 12 statements to which participants are asked to respond.

Morality Assessment Scale

The Morality Assessment Scale consists of a one-item statement created for this study, "Amanda and David are moral people," to which participants respond with their level of agreement on a 6-point Likert scale from *strongly agree* to *strongly disagree* (see Appendix F). The item was included to understand the impact of perceived morality on opinions of the three relationship styles presented. Violation of social norms has been connected to perceptions of an individual's moral behavior (Haidt, 2001). Furthermore, perceiving an individual as less moral has been correlated with perceptions of the same individual as being less socially competent (Stellar & Willer, 2018). As two of the vignette relationship styles defy social expectations regarding successful romantic relationships, perception of the vignette characters' general

morality may impact participant opinion of the characters' social competence as related to the IPRTAS items.

Willingness to Work With Couple Assessment Scale

The Willingness to Work With Couple Assessment Scale consists of a one-item statement created for this study, "I would be willing to work with this couple as their therapist," to which participants respond with their level of agreement on a 6-point Likert scale from *strongly agree* to *strongly disagree* (see Appendix F). This item served to assess whether relationship style would impact participants' willingness to treat the hypothetical couple presented in their own psychotherapy practice.

Additional Contributing Factors Assessment

Seven items were created for this study that assessed for additional factors that may contribute to participant attitudes toward polyamory based on contributing factors found in prior findings in academic literature related to sexual minorities. All items can be viewed in Appendix H. These include participants' past and present personal involvement in CNM or polyamory, knowing CNM or polyamorous people (Hutzler et al., 2016), personal experience of being impacted by infidelity (Bairstow, 2017), and education and training received on working with polyam clients (Weitzman, 2006). Participants were provided with the definitions for consensual nonmonogamy and polyamory based upon descriptions from Hardy and Easton (2017) to refer to while responding to these items.

Data Analysis

Reliability

Because the IPRTAS is a multi-item measure created specifically for this study, Cronbach's alpha was calculated to assess for internal consistency of the scale items. A higher alpha value

generally indicates greater internal consistency. Any items that highly detract from internal consistency were removed prior to the primary analysis.

Research Question 1

The first research question addressed in this data analysis is as follows: How do therapists' attitudes toward polyam people differ from their attitudes toward monogamous people and nonconsensual nonmonogamous people (i.e., cheating)? The alternative hypothesis for this question, that the endorsement of negative attitudes as measured by the IPRTAS, Morality Assessment Scale, and Willingness to Work with Couple Assessment Scale will be greater for the polyamory condition than the monogamy condition, and lesser for the polyamory condition than the nonconsensual nonmonogamy condition, was tested using one-way analysis of variance (ANOVA). One-way ANOVA will allow the means of the IPRTAS, Morality Assessment Scale, and Willingness to Work With Couple Assessment Scale to be compared between the three group conditions to assess for significant differences between the means of each condition. The alpha level was set at .05 to identify statistical significance. If statistical significance was detected, a post hoc analysis was used to identify differences between groups. One-way ANOVA may be used in analysis as long as the test's assumptions of normally distributed data, independent observations, and homogeneity are met. If these assumptions were not met after data collection has been completed, then the nonparametric Kruskal–Wallis test was used as an alternative.

Research Question 2

The second research question addressed in this data analysis is as follows: How will experiential and demographic variables interact with relationship style conditions to predict therapists' attitudes toward ideal partner and relationship traits? This research question is an

exploratory question that will examine the relationship between the means of the IPRTAS as the dependent variable (DV) and the experiential and demographic variables as independent variables (IV), while also exploring an interaction effect between relationship style conditions and the IV. The experiential and demographic variables are composed of several items from the Demographics Questionnaire and Additional Contributing Factors Assessment. Thus, the alternative hypothesis for this question, that experiential and demographic variables will significantly interact with relationship style conditions to predict therapists' attitudes toward polyamory, was tested using two different types of analyses depending on the type of IV being assessed.

Demographic and experiential IVs that are categorical were analyzed with a two-way analysis of variance, with relationship style condition as the second IV. The alpha level was set at .05 to identify statistical significance. Two-way ANOVA was used in analysis as long as the test's assumptions of normally distributed data, homogeneity, and independent observations were met. Transformations were considered to address violations of normality, and any identified outlier points were examined further to determine identifiable patterns and inclusion or exclusion in analysis. The following items from the Demographics Questionnaire are included in this category of variables: gender identity, ethnic identity, relationship status, religion, sexual orientation, region in which participant's degree was earned, region in which participant is currently licensed, and credentials. The following items from the Additional Contributing Factors Assessment are included in this category of variables: whether the participant has known CNM people, whether the participant has known polyam people, whether the participant is currently or has previously been in a CNM relationship, whether the participant currently or has

previously identified as polyam, relation to the person that the participant knows is CNM, and relation to the person that the participant knows is polyam.

Demographic and experiential IVs that are continuous were analyzed with the model for an analysis of covariance (ANCOVA) modified to test for an interaction effect. The ANCOVA was run with a demographic or experiential variable as an independent variable and relationship style condition as a covariate, while also testing for an interaction effect. The alpha level was set at .05 to identify statistical significance. The ANCOVA with interaction effect model was used in analysis as long as the test's assumptions of normally distributed data, homogeneity, and independent observations were met. Transformations were considered to address violations of normality, and any identified outlier points were examined further to determine identifiable patterns and inclusion or exclusion in analysis. The following items from the Demographics Questionnaire are included in this category of variables: age and number of years in practice as a therapist. The following items from the Additional Contributing Factors Assessment are also included in this category of variables: the degree to which the participant has been personally impacted by infidelity, the degree to which the participant has received graduate school training on working with polyam clients, and the degree to which the participant has attended trainings on working with polyam clients.

CHAPTER IV: RESULTS

Demographics

A total of 214 participants responded to the survey. Participant demographics separated by condition are listed in Table 1. Participants were excluded due to not completing the survey ($n = 43$) and not meeting inclusion criteria of licensure ($n = 18$), resulting in a final sample of 153 participants ranging between 26 and 84 years old ($M = 49.68$; $SD = 13.96$). Regarding gender identity, 81.6% of participants identified as female, 17.8% identified as male, and 0.7% as gender fluid. Considering ethnic identity, 87.6% of participants identified as Caucasian, 5.2% identified as Black/African, 3.3% as Multiethnic, 2% as Hispanic/Latinx, and 2% as Asian. Regarding sexual orientation, a majority identified as heterosexual (86.8%), 5.3% identified as bisexual, 3.3% as gay, 2.6% as lesbian, 1.3% as queer, and 0.7% as questioning. In terms of relationship status, 66.4% of participants were married, 13.2% were single, 8.6% were divorced, 7.2% were in a relationship, 2.6% were widowed, 1.3% were in a domestic partnership, and 0.7% were dating. A total of 4.8% of participants had either currently or previously been in a CNM relationship, and 1.4% of all participants identified or had previously identified as polyam. Regarding religion, 58.7% of participants identified as Christian, 12% as Agnostic, 8.7% as Spiritual, 5.3% as Atheistic, 4% as Jewish, 2.7% as Buddhist, 2.7% as Unitarian, 2% as Catholic, 1.3% as Mormon, 1.3% as having no religion, 0.7% as Pagan spirituality, and 0.7% as uncertain.

Participants were licensed in 24 of 50 U.S. states. Regions were classified based on the United States Census Bureau (United States Census Bureau Geography Division, 2013). Regarding current licenses, 35% held licenses in the Midwest, 35% held licenses in the South, 16.9% in the West, and 13.1% in the Northeast. Regarding credentials, 53.6% of participants were masters-level clinicians and 46.4% of participants were doctoral-level clinicians.

Table 1*Demographics by Vignette Condition*

	Monogamous condition (<i>n</i> = 48)		Polyamorous condition (<i>n</i> = 43)		Cheating condition (<i>n</i> = 62)	
	Frequency	%	Frequency	%	Frequency	%
Gender identity						
Female	35	72.9	33	78.6	56	90.3
Male	13	27.1	9	21.4	5	8.1
Gender fluid	0	0.0	0	0.0	1	1.6
Ethnic identity						
Asian	0	0.0	2	4.7	1	1.6
Black/African	2	4.2	3	7.0	3	4.8
Caucasian	45	93.8	36	83.7	53	85.5
Hispanic/Latinx	0	0.0	0	0.0	3	4.8
Multiethnic	1	2.1	2	4.7	2	3.2
Relationship status						
In a relationship	5	10.4	3	7.0	3	4.9
Married	28	58.3	27	62.8	46	75.4
Divorced	6	12.5	4	9.3	3	4.9
Single	6	12.5	8	18.6	6	9.8

	Monogamous condition ($n = 48$)		Polyamorous condition ($n = 43$)		Cheating condition ($n = 62$)	
Domestic partner	1	2.1	0	0.0	1	1.6
Widowed	2	4.2	0	0.0	2	3.2
Dating	0	0.0	1	2.3	0	0.0
Religion						
Christian	26	55.3	25	59.5	37	60.7
Buddhist	2	4.3	2	4.8	0	0.0
Jewish	2	4.3	4	9.5	0	0.0
Mormon	0	0.0	0	0.0	2	3.3
Spiritual	3	6.4	5	11.9	5	8.2
Agnostic	6	12.8	3	7.1	9	14.8
Atheistic	3	6.4	2	4.8	3	4.9
Catholic	1	2.1	0	0.0	2	3.3
Unitarian	2	4.3	0	0.0	2	3.3
Pagan spirituality	0	0.0	0	0.0	1	1.6
Uncertain	0	0.0	1	2.4	0	0.0
None	2	4.3	0	0.0	0	0.0
Sexual orientation						
Heterosexual	40	83.3	38	88.4	54	88.5

	Monogamous condition ($n = 48$)		Polyamorous condition ($n = 43$)		Cheating condition ($n = 62$)	
Gay	2	4.2	2	4.7	1	1.6
Lesbian	4	8.3	0	0.0	0	0.0
Bisexual	1	2.1	2	4.7	5	8.2
Queer	1	2.1	0	0.0	1	1.6
Questioning	0	0.0	1	2.3	0	0.0
Region where degree was earned						
West	8	17.4	8	19.0	6	10.0
Midwest	16	34.8	12	28.6	20	33.3
South	15	32.6	19	45.2	26	43.3
Northeast	7	15.2	3	7.1	8	13.3
Region of current practice						
West	8	16.7	7	16.3	8	12.9
Midwest	18	37.5	14	32.6	20	32.3
South	13	27.1	16	37.2	22	35.5
Northeast	8	16.7	4	9.3	8	12.9
West and South	1	2.1	1	2.3	0	0.0

	Monogamous condition ($n = 48$)		Polyamorous condition ($n = 43$)		Cheating condition ($n = 62$)	
West and Midwest	0	0.0	1	2.3	1	1.6
South and Northeast	0	0.0	0	0.0	1	1.6
Midwest and South	0	0.0	0	0.0	2	3.2
Credentials						
LMHC	12	25.5	8	18.6	18	29.0
LMFT	0	0	0	0	1	1.6
PhD	20	42.6	14	32.6	13	21.0
PsyD	7	14.9	8	18.6	9	14.5
LCPC	1	2.1	0	0.0	1	1.6
LPC	7	14.9	11	25.6	13	21.0
LMHP	0	0.0	0	0.0	1	1.6
LPCC	0	0.0	0	0.0	1	1.6
>1 MA-level license	0	0.0	2	4.7	5	8.1

Note. Participants were provided with the option to not respond to each demographic question.

Thus, frequencies may not add up to the total numbers of each condition for every demographic item.

Reliability

Cronbach's alpha indicated good internal consistency for the Ideal Partner and Relationship Traits Assessment Scale measure ($\alpha = .90$). The IPRTAS measure also had good internal

consistency separately among the monogamous, polyamorous, and cheating conditions, with Cronbach's alpha coefficients of .90, .85, and .85, respectively. Corrected Item Total Correlation scores were reviewed for each individual item among the combined conditions and individual condition scores to determine which items may not measure the same construct. Item 5 on the IPRTAS was found to have a Corrected Item Total Correlation score of .17, as well as scores of .42, .27, and .23 among individual monogamous, polyamorous, and cheating conditions, respectively. The content of Item 5, "Amanda and David are adventurous," was reviewed by this researcher in comparison with the content of the remaining items and with the overall construct of ideal partner and relationship traits intended to be measured by the IPRTAS. In considering the measure's construct, the quality of being "adventurous" may not be universally considered an ideal trait for all individuals or relationships, particularly for the sample of therapists surveyed who may prioritize traits indicative of relationship stability, such as showing "respect," being "honest," and being "kind" to each other, as measured by other items on this measure. For the reasons noted, Item 5 on the IPRTAS was deemed to not measure the same construct as the remaining items and was excluded from the measure and from analysis.

Research Question 1

Ideal Partner and Relationship Traits

A one-way between-groups analysis of variance was conducted to explore the impact of relationship style of the vignette couple on participants' perception of the couple's ideal partner and relationship traits, as measured by the Ideal Partner and Relationship Traits Assessment Scale (IPRTAS). The IPRTAS was coded such that a higher number indicates a more positive perception of the couple's partner and relationship traits. Descriptive statistics for Research Question 1 separated by condition are listed in Table 2. Assumptions of independent

observations and homogeneity were met. The IPRTAS scores of the polyamorous and cheating conditions were relatively normally distributed. The IPRTAS scores of the monogamous condition were abnormally distributed, with slightly negative skewness and a leptokurtic distribution with scores clustered close to the mean. A review of boxplots for each condition identified two outliers, with values between 1.5 and 3 times the interquartile range in the monogamous and polyamorous conditions. Data points that exist within this range are considered suspected outliers in that these values are abnormally distant from the center of the distribution. Inclusion of suspected outliers may result in inaccurate representation of the means of the IPRTAS scores for the monogamous and polyamorous conditions, and thus could impact accurate analysis. However, outliers may also be a valid and accurate representation of the sample's response range, and thus may be valuable to include in analysis. The distribution was examined again after the removal of outliers. The distribution of the monogamous condition was relatively normal without outliers. The distribution of the polyamorous condition remained relatively normal. Due to the majority of assumptions being met, the sample size of greater than 30 participants per condition, and the robustness of the ANOVA test against violations of normality, using parametric testing for analysis was deemed acceptable.

A one-way between-groups ANOVA test run with outliers included and run with outliers excluded yielded little difference in results. Outliers were included in the following results due to the conclusion being unchanged by their inclusion and due to the absence of an extreme response pattern from these participants. There was a statistically significant difference in IPRTAS scores for the three relationship style conditions: $F(2, 150) = 89.99, p = .000$. The actual difference in mean scores between the groups was large, with an effect size of .55, calculated using eta-squared. Post hoc comparisons using the Tukey's honest significant difference (HSD) test

indicated that the mean score for the cheating condition ($n = 62$, $M = 3.14$, $SD = 0.60$) was significantly different from that of the monogamous ($n = 48$, $M = 4.29$, $SD = 0.55$, $p = .000$) and polyamorous ($n = 43$, $M = 4.54$, $SD = 0.58$, $p = .000$) conditions. The monogamous condition did not significantly differ from the polyamorous condition.

Morality

A Kruskal–Wallis test was conducted to explore the impact of relationship style of the vignette couple on participants' perception of the couple's morality, as measured by the Morality Assessment Scale. The scale was coded such that a higher number indicates a more positive perception of the couple's morality. Nonparametric statistics were chosen as an alternative to using a one-way ANOVA due to violation of two assumptions: homogeneity, as indicated by Levene's Test for Homogeneity of Variances, and normality. The Morality scores of the cheating condition were relatively normally distributed, while the Morality scores of the monogamous and polyamorous conditions were nonnormally distributed, with slightly negative skewness observed in both conditions and a leptokurtic distribution observed in the monogamous condition.

The Kruskal–Wallis test revealed a statistically significant difference in perceptions of morality across the three conditions (monogamous, $n = 48$; polyamorous, $n = 43$; cheating, $n = 62$), $\chi^2(2, n = 153) = 55.69$, $p = .000$. The cheating condition reported a significantly lower median score ($Mdn = 3$, $SD = 0.91$) than the monogamous ($p = .000$) or polyamorous conditions ($p = .000$) that reported median scores of 4 ($SD = 0.81$) and 5 ($SD = 1.41$), respectively. A significant difference was not found between the monogamous and polyamorous conditions.

Willingness to Work With the Couple

A Kruskal–Wallis test was conducted to explore the impact of relationship style of the vignette couple on participants' perception of their own willingness to work with the couple, as

measured by the Willingness to Work With Couple Assessment Scale. The scale was coded as such that a higher number indicates greater willingness to work with the vignette couple.

Nonparametric statistics were chosen as an alternative to using a one-way ANOVA due to the particular skew of the data violating the assumption of normality. Monogamous, polyamorous, and cheating conditions were all nonnormally distributed, with negative skewness observed in all conditions and leptokurtic distributions observed in the monogamous and cheating conditions. Due to the extreme leftward skew, ceiling effect, and discrete values of the data for each condition, transformations were considered an ineffective option compared to the use of nonparametric testing.

A review of boxplots for each condition identified three outliers, with values between 1.5 and 3 times the interquartile range, in the monogamous condition, and one extreme value of at least 3 times the interquartile range, also in the monogamous condition. Outliers were not excluded due to the hypothesis that these outliers from the monogamous condition may represent participants who do not offer relationship therapy as part of their practice because the vignette couple were portrayed as presenting for therapy with a relatively simple and common issue that many therapists could encounter. Due to random assignment, polyamorous and cheating conditions are assumed to also include participants who may have reported lower values due to relationship therapy not being a specialty area of their practice. Such participants were likely not identified as outliers in the other two conditions due to the relatively less skewed distributions among the conditions. Rather than excluding these potentially valid outlier cases, nonparametric statistics were deemed a better fit for analysis.

The Kruskal–Wallis test did not reveal a statistically significant difference in willingness to work with the vignette couple across the three conditions (monogamous, $n = 48$; polyamorous, n

= 43; cheating, $n = 62$), $\chi^2(2, n = 153) = 3.63, p = .16$. All conditions reported a median score of 5 (monogamous, $SD = 1.14$; polyamorous, $SD = 1.48$; cheating, $SD = 1.27$).

Table 2

Descriptive Statistics for Research Question 1 Scales by Condition

	Monogamous condition ($n = 48$)				
Scale	Mean	Median	<i>SD</i>	Min	Max
IPRTAS	4.29	4.27	0.55	2.00	5.09
Morality Assessment Scale	4.33	4.00	0.81	1.00	5.00
Willingness to Work With Client Assessment Scale	5.13	5.00	1.14	1.00	6.00
	Polyamorous condition ($n = 43$)				
IPRTAS	4.54	4.64	0.58	2.91	5.55
Morality Assessment Scale	4.21	5.00	1.41	1.00	6.00
Willingness to Work With Client Assessment Scale	4.74	5.00	1.48	1.00	6.00
	Cheating condition ($n = 62$)				
IPRTAS	3.14	3.14	0.60	1.91	4.55
Morality Assessment Scale	2.92	3.00	0.91	1.00	5.00
Willingness to Work With Client Assessment Scale	4.74	5.00	1.27	1.00	6.00

Research Question 2

Gender Identity

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and gender on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Due to the number of participants that identify as a gender other than male or female (gender fluid, $n = 1$) being too low for analysis, additional gender identities outside of male ($n = 27$) and female ($n = 124$) were excluded. Assumptions of normality for the IPRTAS were determined to have been met for analyses for Research Question 2 in prior analysis for Research Question 1. The interaction effect between condition and gender was not statistically significant, $F(2, 145) = 2.21, p = .11$, with a small effect size (partial eta-squared = .03). Means of the IPRTAS measure for nominal demographic and experiential variables are listed by condition in Table 3.

Ethnic Identity

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and ethnic identity on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Due to the number of participants who identify as an ethnicity other than Caucasian being too low to individually analyze, ethnic identity was consolidated into two groups: Caucasian ($n = 134$) and Other ethnic identity ($n = 19$). The interaction effect between condition and ethnic identity was not statistically significant, $F(2, 147) = .20, p = .82$, with a very small effect size (partial eta-squared = .003).

Relationship Status

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and participant relationship status on participants' perception of the couple's ideal

partner and relationship traits, as measured by the IPRTAS. Due to the number of participants in each relationship status group being too low to individually analyze, relationship status was consolidated into two groups: Single ($n = 37$) and Partnered ($n = 115$). The interaction effect between condition and relationship status was not statistically significant, $F(2, 146) = 1.21$, $p = .30$, with a small effect size (partial eta-squared = .016).

Religious Identity

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and participant religious identity on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Due to the number of participants in each religious identity group being too low to individually analyze, religious identity was consolidated into two groups: Organized religion ($n = 107$) and Other ($n = 43$). The interaction effect between condition and religious identity was not statistically significant, $F(2, 144) = 2.06$, $p = .13$, with a small effect size (partial eta-squared = .028).

Sexual Orientation

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and participant sexual orientation on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Due to the number of participants who identify as an orientation other than heterosexual being too low to individually analyze, sexual orientation was consolidated into two groups: Heterosexual ($n = 132$) and LGBTQ+ ($n = 20$). The interaction effect between condition and sexual orientation was not statistically significant, $F(2, 146) = 1.96$, $p = .14$, with a small effect size (partial eta-squared = .026).

Region Where Degree Was Earned

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and region in which participants earned their degrees on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into four groups based on the state where their degree was earned: West ($n = 22$), Midwest ($n = 48$), South ($n = 60$), and Northeast ($n = 18$). The interaction effect between condition and region where degree was earned was not statistically significant, $F(4, 136) = 1.01$, $p = .42$, with a small effect size (partial eta-squared = .043).

Region of Current Practice

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and region in which participants currently practice on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into four groups based on the state where participants currently practice: West ($n = 23$), Midwest ($n = 52$), South ($n = 51$), and Northeast ($n = 20$). Due to the number of participants who practice in more than one region being too low to individually analyze each of these groups, these participants were excluded from analysis ($n = 7$). The interaction effect between condition and region of current practice was not statistically significant, $F(4, 134) = .67$, $p = .68$, with a small effect size (partial eta-squared = .029).

Credentials

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and participants' credentials on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Due to the number of participants in each credential group being too low to individually analyze, credentials were consolidated into two

groups: masters-level clinician ($n = 82$) and doctoral-level clinician ($n = 71$). The interaction effect between condition and credentials was not statistically significant, $F(2, 147) = 1.77, p = .17$, with a small effect size (partial eta-squared = .024).

Known CNM People

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known CNM people on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known CNM people: Yes ($n = 102$) and No ($n = 43$). The interaction effect between condition and having known CNM people was not statistically significant, $F(2, 139) = .85, p = .43$, with a small effect size (partial eta-squared = .012).

Relation to the Known CNM Person

Friend. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known a friend who identifies as CNM on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known a friend who identifies as CNM: Yes ($n = 41$) and No ($n = 112$). The interaction effect between condition and having known a CNM-identified friend was not statistically significant, $F(2, 147) = .61, p = .54$, with a very small effect size (partial eta-squared = .008).

Family. Participants were divided into two groups based on whether they had known a family member who identifies as CNM: Yes ($n = 9$) or No ($n = 144$). Due to the low number of participants in the Yes group among each condition, a two-way between-groups ANOVA was not able to be conducted.

Colleague or Coworker. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known a colleague or coworker who identifies as CNM on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known a colleague or coworker who identifies as CNM: Yes ($n = 22$) and No ($n = 131$). The interaction effect between condition and having known a CNM-identified colleague or coworker was not statistically significant, $F(2, 147) = .27, p = .76$, with a very small effect size (partial eta-squared = .004).

Acquaintance. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known an acquaintance who identifies as CNM on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known an acquaintance who identifies as CNM: Yes ($n = 36$) and No ($n = 117$). The interaction effect between condition and having known a CNM-identified acquaintance was not statistically significant, $F(2, 147) = 1.05, p = .35$, with a small effect size (partial eta-squared = .014).

Client. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known a client who identifies as CNM on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known a client who identifies as CNM: Yes ($n = 76$) and No ($n = 77$). The interaction effect between condition and having known a CNM-identified client was not statistically significant, $F(2, 147) = .27, p = .77$, with a very small effect size (partial eta-squared = .004).

Known Polyam People

A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known polyam people on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known polyam people: Yes ($n = 91$) and No ($n = 55$). The interaction effect between condition and having known polyam people was not statistically significant, $F(2, 140) = .29, p = .75$, with a very small effect size (partial eta-squared = .004).

Relation to the Known Polyam Person

Friend. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known a friend who identifies as polyam on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known a friend who identifies as polyam: Yes ($n = 26$) and No ($n = 127$). The interaction effect between condition and having known a polyam-identified friend was not statistically significant, $F(2, 147) = 1.06, p = .35$, with a small effect size (partial eta-squared = .014).

Family. Participants were divided into two groups based on whether they had known a family member who identifies as polyam: Yes ($n = 6$) or No ($n = 147$). Due to the low number of participants in the Yes group among each condition, a two-way between-groups ANOVA was not able to be conducted.

Colleague or Coworker. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known a colleague or coworker who identifies as polyam on participants' perception of the couple's ideal partner and

relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known a colleague or coworker who identifies as polyam: Yes ($n = 17$) and No ($n = 136$). The interaction effect between condition and having known a polyam-identified colleague or coworker was not statistically significant, $F(2, 147) = .18, p = .84$, with a very small effect size (partial eta-squared = .002).

Acquaintance. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known an acquaintance who identifies as polyam on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known an acquaintance who identifies as polyam: Yes ($n = 25$) and No ($n = 128$). The interaction effect between condition and having known a polyam-identified acquaintance was not statistically significant, $F(2, 147) = 1.87, p = .16$, with a small effect size (partial eta-squared = .025).

Client. A two-way between-groups ANOVA was conducted to explore the impact of relationship condition and whether participants had known a client who identifies as polyam on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Participants were divided into two groups based on whether they had known a client who identifies as polyam: Yes ($n = 63$) and No ($n = 90$). The interaction effect between condition and having known a polyam-identified client was not statistically significant, $F(2, 147) = .16, p = .85$, with a very small effect size (partial eta-squared = .002).

Been in a CNM Relationship

Participants were divided into two groups based on whether they were currently or had previously been in a CNM relationship: Yes ($n = 7$) or No ($n = 138$). As each group for this

variable was not represented among each condition and due to the low number of participants in the Yes group, a two-way between-groups ANOVA was not able to be conducted.

Identified as Polyamorous

Participants were divided into two groups based on whether they currently or had previously identified as polyam: Yes ($n = 2$) or No ($n = 144$). As each group for this variable was not represented among each condition and due to the low number of participants in the Yes group, a two-way between-groups ANOVA was not able to be conducted.

Table 3

Means of IPRTAS for Nominal Demographic and Experiential Variables by Condition

Variable	Mean	Standard Error
Gender identity		
Monogamous		
Female	4.39	0.10
Male	4.04	0.16
Polyamorous		
Female	4.52	0.10
Male	4.64	0.19
Cheating		
Female	3.13	0.08
Male	3.38	0.26
Ethnic identity		

Variable	Mean	Standard Error
Monogamous		
Caucasian	4.27	0.09
Other ethnic identity	4.70	0.33
Polyamorous		
Caucasian	4.51	0.10
Other ethnic identity	4.70	0.22
Cheating		
Caucasian	3.09	0.08
Other ethnic identity	3.44	0.19
Relationship status		
Monogamous		
Single	4.43	0.16
Partnered	4.24	0.10
Polyamorous		
Single	4.48	0.17
Partnered	4.56	0.10
Cheating		
Single	2.96	0.17

Variable	Mean	Standard Error
Partnered	3.17	0.08
Religious identity		
Monogamous		
Organized religion	4.29	0.10
Other	4.25	0.15
Polyamorous		
Organized religion	4.39	0.10
Other	4.85	0.17
Cheating		
Organized religion	3.13	0.09
Other	3.14	0.13
Sexual orientation		
Monogamous		
Heterosexual	4.27	0.09
LGBQ+	4.39	0.20
Polyamorous		
Heterosexual	4.47	0.09
LGBQ+	5.02	0.26

Variable	Mean	Standard Error
Cheating		
Heterosexual	3.15	0.08
LGBQ+	2.99	0.22
Region where degree was earned		
Monogamous		
West	4.16	0.20
Midwest	4.27	0.14
South	4.39	0.15
Northeast	4.25	0.22
Polyamorous		
West	4.28	0.20
Midwest	4.70	0.16
South	4.55	0.13
Northeast	4.97	0.33
Cheating		
West	3.36	0.23
Midwest	3.04	0.13
South	3.25	0.11

Variable	Mean	Standard Error
Northeast	3.10	0.20
Region of current practice		
Monogamous		
West	4.19	0.21
Midwest	4.36	0.14
South	4.22	0.16
Northeast	4.28	0.21
Polyamorous		
West	4.38	0.22
Midwest	4.69	0.16
South	4.36	0.15
Northeast	4.86	0.29
Cheating		
West	3.14	0.21
Midwest	3.08	0.13
South	3.19	0.12
Northeast	3.10	0.21
Credentials		

Variable	Mean	Standard Error
Monogamous		
Masters-level clinician	4.38	0.13
Doctoral-level clinician	4.23	0.11
Polyamorous		
Masters-level clinician	4.60	0.13
Doctoral-level clinician	4.48	0.12
Cheating		
Masters-level clinician	3.06	0.09
Doctoral-level clinician	3.29	0.12
Known CNM people		
Monogamous		
Yes	4.33	.10
No	4.24	.19
Polyamorous		
Yes	4.60	.12
No	4.46	.13
Cheating		
Yes	3.13	.09

Variable	Mean	Standard Error
No	3.29	.15
Known CNM people: Friend		
Monogamous		
Yes	4.23	0.15
No	4.32	0.10
Polyamorous		
Yes	4.24	0.19
No	4.57	0.10
Cheating		
Yes	3.24	0.15
No	3.11	0.09
Known CNM people: Colleague/Coworker		
Monogamous		
Yes	4.23	0.24
No	4.30	0.90
Polyamorous		
Yes	4.29	0.22
No	4.59	0.10

Variable	Mean	Standard Error
Cheating		
Yes	2.90	0.19
No	3.19	0.08
Known CNM people: Acquaintance		
Monogamous		
Yes	4.18	0.16
No	4.34	0.10
Polyamorous		
Yes	4.73	0.18
No	4.48	0.10
Cheating		
Yes	3.17	0.16
No	3.14	0.08
Known CNM people: Client		
Monogamous		
Yes	4.29	0.12
No	4.29	0.12
Polyamorous		

Variable	Mean	Standard Error
Yes	4.63	0.14
No	4.47	0.12
Cheating		
Yes	3.15	0.10
No	3.14	0.11
Known polyam people		
Monogamous		
Yes	4.29	0.11
No	4.34	0.16
Polyamorous		
Yes	4.58	0.12
No	4.49	0.13
Cheating		
Yes	3.14	0.10
No	3.22	0.13
Known polyam people: Friend		
Monogamous		
Yes	4.10	0.18

Variable	Mean	Standard Error
No	4.35	0.10
Polyamorous		
Yes	4.31	0.26
No	4.57	0.09
Cheating		
Yes	3.25	0.18
No	3.12	0.08
Known polyam people: Colleague/coworker		
Monogamous		
Yes	4.18	0.24
No	4.31	0.09
Polyamorous		
Yes	4.46	0.26
No	4.55	0.10
Cheating		
Yes	3.21	0.24
No	3.14	0.08
Known polyam people: Acquaintance		

Variable	Mean	Standard Error
Monogamous		
Yes	4.01	0.22
No	4.34	0.09
Polyamorous		
Yes	4.81	0.22
No	4.49	0.10
Cheating		
Yes	3.17	0.17
No	3.14	0.08
Known polyam people: Client		
Monogamous		
Yes	4.31	0.12
No	4.28	0.11
Polyamorous		
Yes	4.66	0.16
No	4.49	0.11
Cheating		
Yes	3.20	0.11

Variable	Mean	Standard Error
No	3.10	0.10

Age

An ANCOVA modified to test for an interaction effect was conducted to explore the impact of relationship condition and age on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Assumptions of normality for the IPRTAS were determined to have been met in prior analysis for Research Question 1. Assumptions of linearity and homoscedasticity were checked by examining scatter plots, and residuals appeared roughly normally distributed aside from one outlier that did not appear to pull the distribution. The interaction effect between condition and age was not statistically significant, $F(2, 147) = .23, p = .80$, with a very small effect size (partial eta-squared = .003).

Number of Years in Practice

An ANCOVA modified to test for an interaction effect was conducted to explore the impact of relationship condition and number of years in practice on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Assumptions of linearity and homoscedasticity were checked by examining scatter plots, and residuals appeared roughly normally distributed aside from one outlier that did not appear to pull the distribution. The interaction effect between condition and number of years in practice was not statistically significant, $F(2, 146) = .41, p = .67$, with a very small effect size (partial eta-squared = .006).

Impacted by Infidelity

An ANCOVA modified to test for an interaction effect was conducted to explore the impact of relationship condition and the degree to which the participant has been personally impacted by

infidelity on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Assumptions of linearity and homoscedasticity were checked by examining scatter plots, and residuals appeared roughly normally distributed. The interaction effect between condition and the degree to which the participant has been personally impacted by infidelity was not statistically significant, $F(2, 140) = .68, p = .51$, with a small effect size (partial eta-squared = .010).

Graduate Program Training on Polyamory

An ANCOVA modified to test for an interaction effect was conducted to explore the impact of relationship condition and the degree to which the participant has received graduate school training on working with polyam clients on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Assumptions of linearity and homoscedasticity were checked by examining scatter plots, and residuals appeared roughly normally distributed aside from one outlier that did not appear to pull the distribution. The interaction effect between condition and the degree to which the participant has received graduate school training on working with polyam clients was not statistically significant, $F(2, 140) = 2.66, p = .07$, with a small effect size (partial eta-squared = .037).

Training Attended on Polyamory

An ANCOVA modified to test for an interaction effect was conducted to explore the impact of relationship condition and the degree to which the participant has attended training on working with polyam clients on participants' perception of the couple's ideal partner and relationship traits, as measured by the IPRTAS. Assumptions of linearity and homoscedasticity were checked by examining scatter plots, and residuals appeared roughly normally distributed. The interaction effect between condition and the degree to which the participant has attended

training on working with polyam clients was not statistically significant, $F(2, 140) = .317, p = .73$, with a very small effect size (partial eta-squared = .005).

CHAPTER V: DISCUSSION

The primary purpose of this study was to assess therapist attitudes toward polyam people and to explore factors that may contribute toward attitudes. Therapist attitudes were assessed by instructing participants to read a vignette about a hypothetical couple presenting for therapy and to subsequently respond with their level of agreement to statements about the vignette characters' ideal partner and relationship traits. Participants were randomly assigned to read one of three vignettes, in which the couple's relationship style was presented as either monogamous, polyamorous, or infidelitous, with the remaining details of the vignette remaining unchanged across conditions. Differences in attitudes were analyzed across conditions to compare therapist attitudes toward polyam people with attitudes toward monogamous and cheating individuals. Contributing factors were explored by analyzing interactions between relationship style condition and individual demographic or experiential variables on attitudes toward the vignette couple.

Research Question 1

Therapist attitudes toward polyam people were not significantly different from attitudes toward monogamous people, as predicted by the null hypothesis and measured by the Ideal Partner and Relationship Assessment Scale, Morality Assessment Scale, and Willingness to Work With Couple Assessment Scale. This finding differs from prior research surveying the general population's attitudes toward CNM and polyam people (Cohen, 2016; Conley et al., 2013; Grunt-Mejer & Campbell, 2016; Hutzler et al., 2016) and the last known studies that surveyed therapists (Hymer & Rubin, 1982; Knapp, 1975), of which attitudes toward CNM people were largely found to be more negative than attitudes toward monogamous people in both populations. It is possible that therapists in the modern era have come to view polyamory as a

similarly fulfilling and healthy way of engaging in romantic relationships to monogamy, whereas the larger public still views polyamory more negatively than monogamy. Therapists tend to practice empathy and positive regard for clients' experiences in order to authentically build rapport, which can have positive impacts on therapeutic alliance and, thus, on treatment outcomes (Norcross, 2010). Participants in this study may have used these therapeutic skills to delay attributing negative judgments to the polyamorous vignette couple without more evidence of relationship dysfunction, thus contributing to the similarly positive attitudes held toward the monogamous and polyam vignette characters.

A shift toward therapists viewing polyam relationships more positively would also parallel changes in the field of psychology's attitudes toward other marginalized sexual identities. This shift is reflected in public efforts taken by the APA to depathologize LGBTQ+ identities, such as by removing the diagnosis of homosexuality from the DSM in the 1970s, and to increase therapists' competency working with LGBTQ+ people by creating guidelines for affirmative practice (APA, 2012). CNM and polyamory are gaining more public attention in news and media (Barker & Langdrige, 2010), which has prompted a response among psychological organizations to more actively address the mental health needs of CNM people. While similar efforts toward depathologizing and increasing therapist competency toward CNM people has not yet reached the same level of response as toward the LGBTQ+ community, the APA has acknowledged the importance of working to destigmatize and improve mental health for CNM individuals by creating the Division 44 CNM Task Force (APA, 2019). Improved attitudes among therapists may be a reflection of increased public efforts to address the mental health needs of CNM people, including those who identify as polyamorous.

The alternative hypothesis was partially supported in that therapist attitudes toward polyam people were significantly more positive than attitudes toward nonconsensual nonmonogamous people when assessing for ideal partner and relationship traits and for morality. This finding supports prior research conducted among the general population that similarly found attitudes to be more positive toward polyam people than toward people in cheating relationships (Grunt-Mejer & Campbell, 2016). Although polyamory may be stigmatized for defying Western culture social norms of romantic and sexual monogamy, cheating defies these same social conventions in addition to violating the specific agreements made between romantic partners. Considering that therapists are generally trained on social relationship development, including the impact of attachment ruptures on interpersonal relationships and psychological well-being, it is not surprising that therapists would view direct violations to the relationship agreement as less ideal or moral for a romantic relationship than the mutually agreed-upon openness of polyam relationships. There appears to be a general consensus on infidelity being perceived more negatively than CNM relationships among therapists and the larger population.

There was not a significant difference between any of the conditions regarding therapists' willingness to work with the vignette couple. The majority of therapists were willing to work with the vignette couple regardless of relationship style. Although the results did not differ significantly between conditions, the polyamorous condition was observed to have had a greater range of distribution of responses than the other two conditions, in which response distributions were leptokurtic in being more highly clustered toward agreeing to work with the couple. This may be a reflection of polarizing responses dependent upon whether participants have had training on or experience with polyam people, leading to either greater confidence in working with polyamorous partners or less willingness to work with the couple due to concerns of

competence. It should also be noted that, although participants were surveyed for their willingness to work with a hypothetical couple, the study was open to participation from therapists of all specialties and modalities. It is likely that some participants reported unwillingness to work with the vignette couple regardless of relationship style due to relationship therapy not being within their scope of practice. As clinical specialty was not surveyed, the degree to which this factor impacted results cannot be determined. Had clinical specialty been surveyed or had participation been limited to relationship therapists exclusively, it is possible that a more accurate representation of therapists' willingness to work with polyamorous people could have been obtained.

The previously drawn conclusions, while seemingly hopeful, do not account for the negative experiences polyam people face in therapy. A possible explanation of the discrepancy between therapists' positive attitudes and therapeutic microaggressions experienced by polyam people may be present in considering psychotherapy's history with other sexual orientation minorities. Despite strides the field of psychology has taken toward inclusivity and affirming care, LGBTQ+ people continue to suffer from therapists' sexual prejudice, with experiences of being pathologized for their orientation, being stereotyped, having their oppression minimized, and having conversations around sexual orientation in therapy avoided reported in research within the last decade (Eady et al., 2011; Shelton & Delgado-Romero, 2013). Similar to the experiences of others marginalized for their sexual orientation, microaggressions in therapy are continuing to occur in spite of improved efforts among psychological organizations to attend to the needs of polyam people. It is possible that despite most therapists' explicit positive attitudes toward polyam people, implicit mononormative bias and lack of education contribute to perpetrating unintentionally harmful behaviors in therapy. Further, over 83% of participants experienced their

graduate program as not providing training on working with polyam clients and about 71% of participants had not sought training on polyamory outside of their graduate education. General lack of knowledge on polyamory and competency with polyam-specific issues is likely a barrier to providing effective and beneficent treatment for polyam clients, even among the most well-intentioned therapists.

Research Question 2

The intention of Research Question 2 was to explore trends of demographic and experiential variables' impact on therapists' attitudes toward polyam people. The power analysis for the current study was conducted to achieve sufficient power for the primary analyses in Research Question 1. As anticipated, the analyses in Research Question 2 were underpowered, and, as such, any results should be considered with a degree of caution when making generalized inferences about the population. It should also be noted that, while the following trends remark upon differences in response styles between groups, the polyam vignette couple was consistently rated more favorably than the monogamous couple in every analysis and among all variable subgroups. There are several possibilities that may account for participants consistently rating the polyam couple more positively. One hypothesis is that therapists in the monogamous group may have rated the vignette couple more neutrally due to the perception of having limited information with which to strongly judge the vignette characters, particularly on account of characters' portrayal as a mononormative couple. Those in the polyamorous condition, however, may have perceived polyamory as an additional trait through which to judge the couple, and thus may have felt emboldened to assert a stronger opinion of the vignette characters. Additionally, as previously discussed regarding the findings of Research Question 1, attitudes toward polyam people appear to have generally improved among therapists, possibly accounted for in part by

increased presence of polyamory in media, education, and personal experience. It is also possible that participants may have felt inclined to rate the polyam couple more positively due to social desirability bias, as therapists may wish to avoid the appearance of passing negative judgments onto a minority cultural group due to the success of their profession being partially dependent upon openness and empathy.

The following variables did not yield a sufficient number of participants across all groups to conduct analyses: the participant currently or previously being in a CNM relationship, the participant currently or previously having identified as polyam, the participant knowing a family member who identified as CNM, and the participant knowing a family member who identified as polyam. A very low number of participants reported currently or previously identifying as either CNM or polyam. This is not surprising, considering CNM relationships are less common relationship styles than those that are monogamous. It might still prove useful to explore opinions across CNM-identified and monogamous-identified therapists to identify any significant differences in attitudes in order to identify any explicit difference in therapists' perception of polyam clients.

No significant interactions were found between any of the demographic or experiential variables and relationship style conditions in predicting attitudes toward polyam people. Effect sizes for each variable ranged from very small to small. The interactions between relationship style condition and the following variables yielded a very small effect size: ethnic identity; age; number of years the participant has been in practice; the participant knowing either a friend, colleague/coworker, or client who identified as CNM; whether the participant had known a polyam-identified person; and the participant knowing either a colleague/coworker or client who identified as polyam. These variables did not appear to predict attitudes toward the different

relationship style conditions. This finding is mostly consistent with prior research, as ethnic identity, age, and number of years in practice have not been identified as factors that relate to differences in attitudes toward polyam people in prior studies surveying the general population. Exposure to polyamory, such as through knowing a person who identifies as such, however, has been associated with greater positive attitudes toward polyam people in prior research (Hutzler et al., 2016). It is possible that knowing someone polyam-identified in one's personal life may have more of an impact on one's perception of polyam people than knowing someone professionally who identifies as such, perhaps due to having more intimate knowledge of what polyam relationships entail and a greater duration of exposure to polyamory when knowing someone polyam-identified personally.

The interactions between relationship style condition and the following variables yielded a larger, though small, effect size: gender identity, relationship status, religious identity, sexual orientation, region where the participant earned their degree, region where the participant currently practices, credentials, the degree to which the participant has been impacted by infidelity, the degree to which the participant received graduate school training on working with polyam clients, the degree to which the participant has attended trainings on working with polyam clients, whether the participant had known a CNM-identified person, the participant knowing an acquaintance who identified as CNM, and the participant knowing either a friend or acquaintance who identified as polyam. Trends were not identified for every variable due to the differences between some variable groups and among conditions being slight or due to homogeneous relationships to the variable between conditions. Thus, only the variables with noticeable trends will be discussed. Trends observed among these variables appeared consistent with prior research.

Although the difference between groups was not statistically significant, participants who identified with an organized religion tended to rate the polyam couple more negatively, whereas religiosity did not appear to influence responses for the monogamous or cheating conditions. This response trend parallels prior research that surveyed the general population, which found greater affiliation with more traditional traits, such as religiosity or political conservatism, to be negatively related to attitudes toward polyamory (Hutzler et al., 2016). This response trend may be due in part to traditional values that organized religions generally subscribe to, particularly the relationship ideal of mononormativity. Therapists who practice from certain organized religions may find it difficult to attribute ideal partner or relationship traits to a relationship style that does not conform to expectations of their religion. This may be particularly likely if therapists hold a strong affiliation for their religious identity, a hypothesis that was not tested in the current study.

Although differences were not statistically significant, notable response trends were observed between LGBQ+ and heterosexual participants. LGBQ+ participants rated the polyamorous couple more positively on average, whereas there was a smaller difference between attitudes for LGBQ+ and heterosexual participants in the monogamous and cheating conditions. Further, there was a greater difference between the means of the polyam and monogamous conditions among LBGQ+ participants than heterosexual participants, and an even greater difference between the means of the polyam and cheating conditions, as LGBQ+ participants tended to rate the cheating couple more negatively than heterosexual participants. LGBQ+ therapists seem to hold more positive judgment for polyam people and create a greater distinction between polyamory and nonconsensual nonmonogamy. One possible explanation for this response trend was hypothesized by Grunt-Mejer and Campbell (2016) upon finding similar trends among the general population, which posits that the lived experiences of many sexual

orientation minorities of having to challenge traditional relationship norms may lead them to assert less negative judgment toward other groups who also challenge traditional relationship norms. It is possible that shared experiences of stigmatization from sexual prejudice may result in LGBQ+ therapists generally holding more empathy and positive regard for polyam people. Further, research has indicated a higher prevalence of CNM relationships occur among lesbian, gay, and bisexual people (Hauptert et al., 2017). Similarly, in the current study, only 4% of heterosexual participants reported identifying currently or previously as either being in a CNM relationship or as polyam, whereas this prevalence rate was much higher among LGBQ+ participants at 20%. Due to higher prevalence rates of personal experience with CNM and polyamory, those in the LGBQ+ community may also be more likely to know people who identify as CNM or polyam. Personal experience with or knowing people who identify as CNM or polyam likely impacts LGBQ+ therapists' positive attitudes toward polyam people.

Response trends were also observed between regions, with slightly different results depending on where participants earned their degree versus where they currently practice. Regarding where participants earned their degree, the greatest discrepancy across regional groups and relationship style conditions occurred among the polyam condition between the Northeast and West groups, the former of which rated the vignette couple more positively. Similarly, region of current practice appeared to have more impact on the polyamorous condition than on the monogamous or cheating conditions. Therapists currently practicing in the Northeast rated the polyam couple most favorably, and those practicing in the West and South rated them similarly and least favorably. Knowledge of or exposure to polyamory across regions may not account for such differences in attitudes, as implicated by the limited difference between regions in prevalence of CNM relationships (Hauptert et al., 2017). However, factors related to the

specific states within each region in which participants previously trained or currently practice may account for response trends observed. The uneven distribution of states represented in each region may in part account for these differences. The West was largely represented by Arizona among both variables, and the large majority of current practitioners in the South resided in Alabama, both of which tend to be politically conservative-leaning states. Considering prior studies have linked greater political conservatism with more negative attitudes toward polyamory (Hutzler et al., 2016), it is a possibility that training or residing in a politically conservative state may influence therapist attitudes as well. This may be due to therapists in conservative states having less opportunities to examine or challenge their mononormative bias due to having less access to training on CNM issues or less exposure to people who outwardly identify as polyam. Regarding the Northeast, over two thirds of therapists graduated from programs in New Hampshire and Massachusetts, and the vast majority of Northeastern therapists, several of whom graduated from programs in Massachusetts, currently practiced in New Hampshire. While New Hampshire is known for being a swing state, Massachusetts has a reputation for leaning politically toward liberalism, and recently even caught the attention of The New York Times when a town in the state passed an ordinance to extend the rights of spouses in marriage to polyamorous partners (Barry, 2020). Conversely to the hypotheses regarding response trends of the West and South groups, the Northeast-trained or -practicing therapists of the current study may hold more positive attitudes toward polyam people on account of more prevalent or positive exposure to this community.

Regarding knowing someone who identifies as polyam or CNM, knowing an acquaintance who identified as polyam appeared to influence participant response styles somewhat, although no statistically significant differences were found. Attitudes were similar toward the polyam and

monogamous couples for therapists who did not know a polyam acquaintance. However, attitudes varied more greatly across these conditions for therapists who knew a polyam acquaintance, with opinions both toward the polyam couple being more positive and opinions toward the monogamous couple being more negative than the opposing group. Considering that notable response trends were not observed in analyses of any other variable related to knowing CNM- or polyam-identified people, it is possible that these variables were too underpowered to notice response patterns and that the trends observed in the current study solely for the variable of knowing a polyam acquaintance may be attributed to confounding variables not identified in the current study. It is possible that having polyam acquaintances may be a reflection of the therapists' own social environments and/or values. This hypothesis would account for the trends noticed in both monogamous and polyam conditions, as knowing people who identify as polyam may represent the therapists' own willingness to challenge cultural relationship norms. It is beyond the scope of this study to determine whether confounding variables account for the trends observed, however.

Unexpectedly, although not a statistically significant difference, receiving training on polyamory in graduate school was negatively related to attitudes toward the polyam couple. Considering the relationship is only slight and that only 12% of total participants reported receiving graduate school training, it is possible that the observed relationship results from the current study's lack of representation from therapists who have received graduate training on polyamory in an already underpowered analysis. Future studies should be mindful to gather a large number of participants due to the seemingly significant lack of training in graduate schools in order to more accurately assess whether graduate training on polyam clients impacts therapists' attitudes.

Limitations and Recommendations for Future Research

Psychometric limitations of the current study should be noted. The IPRTAS measure created for the current study was limited in its psychometric soundness, particularly in regard to validity measurement. While Cronbach's alpha indicated good reliability for the IPRTAS, validity measurement was limited to face validity. Future research assessing attitudes with similar methods to the current study may benefit from using measures that have been more thoroughly tested for psychometric soundness in order to improve generalizability of results.

Additional limitations to the methodology were also present. The online survey was designed such that participants had the option of not answering all items on the IPRTAS, the primary study measure. Some participants were not comfortable responding to forced choice items about the vignette couple and decided to leave specific items blank. This response style was indicated by emails sent from two participants who completed the survey and from one participant who decided not to continue due to their concern with producing general assumptions about therapists due to forced choice responding. Consequently, some participants were excluded due to missing one or more items on the IPRTAS due to the inability to calculate a final score. It is possible that participants who chose not to select specific items on the IPRTAS may have hesitated to assert forced choice judgments on the vignette couple. Assuming this hypothesis may be true, excluding participants with an incomplete IPRTAS resulted in the loss of valuable data, as the present study was seeking participant responses to forced choice statements despite participants having limited information to make such statements. Allowing participants to not answer every item on the IPRTAS was an error in survey construction accounted for by this researcher's limited familiarity with the surveymonkey.com platform, and it should be avoided in subsequent studies with similar methodology.

Further, participant randomization did not occur equally. Despite setting the randomization feature of surveymonkey.com to distribute an equal number of participants to each condition, a greater number of participants were assigned to the cheating condition. It is possible that the uneven assignment may have impacted study results. Further, the cheating condition consisted of a relatively low number of male-identified participants in comparison to the other conditions. Per the results of this study it is inconclusive as to whether gender identity impacted attitudes toward the vignette couple for each condition; however, it is possible that averaged scores may have been impacted for the cheating condition due to this discrepancy.

Constraints were also present within the participant numbers. The number of participants recruited for this study did not provide sufficient power to determine significance during analysis for Research Question 2. Although the current study was constructed with the intention of exploring trends of potential interactions rather than finding significant generalizable data, it would be beneficial to gather more substantial data to more accurately assess the impact of demographic and experiential factors on therapists' perceptions of polyam people. Participant diversity was an additional limitation of this study. People who identify as gender diverse, LGBQ+, people of color, or are affiliated with a religion other than Christianity were generally underrepresented, which possibly impacted average scores across study conditions being accurately representative of the therapist population. Although participant diversity is a general issue among much of psychology research, it would benefit future research to intentionally seek diverse perspectives. Such data may provide a more generalizable picture of therapist attitudes, further understanding of differing attitudes among groups of therapists, and implications for professional training and addressing bias. Future research may achieve this goal by increasing

the number of overall participants, as well as by advertising study recruitment to therapist organizations and groups with diverse membership.

It should be noted that measures of explicit attitudes, such as those used in the current study, run the risk of eliciting social desirability response bias among participants. Impression management may have interfered with participants responding with total honesty due to the explicit nature of the IPRTAS, Morality Assessment Scale, and Willingness to Work With Client Assessment Scale items. Methodology that can measure implicit bias may provide further insight into therapist attitudes toward polyam people.

Implications

The findings of the current study present hopeful implications for therapists' attitudes toward polyam people generally having improved over time and becoming more progressive than those of the larger public. Therapists' positive perceptions of polyam people and relationships may be impactful in building a strong therapeutic alliance with clients who identify within this community. Considering the therapeutic alliance is a significant factor in predicting successful outcomes (Norcross, 2010), present-day therapists may have an advantage in attempting to improve treatment outcomes for polyam clients by authentically validating their clients' values and relationships in session.

While there are certainly positive implications of the current findings, it should also be considered that even well-intentioned therapists may be contributing to polyam clients' experiences of being unsupported, stigmatized, or pathologized. It is possible that polyam clients' negative experiences in therapy can be perpetrated by therapists who are not conscious of their own implicit mononormative bias, even if they hold positive explicit attitudes toward polyam people. Therapists intending to work with polyam clients would likely benefit from

examining and questioning their assumptions of healthy or ethical relationships and the privileges they experience in their own romantic relationships. The practice of examining personal implicit bias may be particularly beneficial for therapists who have not had personal experiences of defying societal relationship norms because of the identities they hold. This practice may be particularly helpful for therapists who do not identify as a sexual orientation minority or who hold more conservative or traditional worldviews, as implied by response trends observed in the current study.

Finally, while the relationship between training on polyamory and therapist attitudes remains inconclusive from the present findings, it is clear that training on working with polyam clients remains sparse. Considering polyam clients have identified spending significant time in session educating their therapists about polyamory (Henrich & Trawinski, 2016), increasing the prevalence of CNM and polyamory education in graduate training may combat some of the negative experiences clients face. Integrating polyam-specific issues into graduate coursework may also improve therapists' competence working with polyam clients and encourage therapist trainees to examine their own mononormative biases earlier in their career.

Conclusion

Therapists' attitudes toward polyam people appear to have improved over time since the last studies were conducted on therapists' judgments toward CNM people. While the current study was too underpowered to determine specific factors that may contribute to therapist attitudes toward polyam people, response trends indicated that certain characteristics of the therapist, such as sexual orientation, religiosity, and location of current practice, may be worth further investigation in future studies. The findings of the current study present a hopeful outlook that therapists might be more explicitly supportive of polyam clients than the therapists of a prior

generation. In order to circumvent any potential harm, it is recommended that therapists who work with polyam clients could benefit from examining their own implicit mononormative bias in order to prevent perpetrating unintentional harm upon their clients.

References

- Alessi, E. J., Dillon, F. R., & Van Der Horn, R. (2019). The therapeutic relationship mediates the association between affirmative practice and psychological well-being among lesbian, gay, bisexual, and queer clients. *Psychotherapy, 56*(2), 229–240.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- American Psychological Association. (2009). Task forces. Retrieved from: <https://www.apadivisions.org/division-44/leadership/task-forces/index>
- American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist, 67*, 10–42.
- Anapol, D. M. (1997). Polyamory: The new love without limits: Secrets of sustainable intimate relationships. Intinet Resource Center.
- Bairstow, A. (2017). Couples exploring nonmonogamy: Guidelines for therapists. *Journal of Sex & Marital Therapy, 43*(4), 343–353.
- Barker, M. (2005). This is my partner, and this is my partner's partner: Constructing a polyamorous identity in a monogamous world. *Journal of Constructivist Psychology, 18*(1), 75–88.
- Barker, M., & Langdridge, D. (2010). Whatever happened to non-monogamies? Critical reflections on recent research and theory. *Sexualities, 13*(6), 748–772.
- Barry, E. (2020, July 1). A Massachusetts city decides to recognize polyamorous relationships. *The New York Times*. <https://www.nytimes.com/2020/07/01/us/somerville-polyamorous-domestic-partnership.html>
- Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research, and Practice, 16*, 252–260.
- Chui, H., McGann, K. J., Ziemer, K. S., Hoffman, M. A., & Stahl, J. (2018). Trainees' use of supervision for therapy with sexual minority clients: A qualitative study. *Journal of Counseling Psychology, 65*(1), 36–50.
- Cochran, S. D. (2001). Emerging issues in research on lesbians' and gay men's mental health: Does sexual orientation really matter? *American Psychologist, 56*(11), 931–947.
- Cohen, M. T. (2016). The perceived satisfaction derived from various relationship configurations. *Journal of Relationships Research, 7*(e-10), 1–7.

- Conley, T. D., Matsick, J. L., Moors, A. C., & Ziegler, A. (2017). Investigation of consensually nonmonogamous relationships: Theories, methods, and new directions. *Perspectives on Psychological Science, 12*(2), 205–232.
- Conley, T. D., Moors, A. C., Matsick, J. L., & Ziegler, A. (2013). The fewer the merrier?: Assessing stigma surrounding consensually non-monogamous romantic relationships. *Analyses of Social Issues and Public Policy (ASAP), 13*(1), 1–30.
- Daley, A., & Mulé, N. J. (2014). LGBTQs and the DSM-5: A critical queer response. *Journal of Homosexuality, 61*(9), 1288–1312.
- Day, M. V. (2013). Stigma, halo effects, and threats to ideology: Comment on the fewer the merrier? *Analyses of Social Issues and Public Policy (ASAP), 13*(1), 49–51.
- DePaulo, B. M., & Morris, W. L. (2005). Singles in Society and in Science. *Psychological Inquiry, 16*(2–3), 57–83.
- Dyar, C., Newcomb, M. E., Mustanski, B., & Whitton, S. W. (2019). A structural equation model of sexual satisfaction and relationship functioning among sexual and gender minority individuals assigned female at birth in diverse relationships. *Archives of Sexual Behavior.*
- Eady, A., Dobinson, C., & Ross, L. E. (2011). Bisexual people’s experiences with mental health services: A qualitative investigation. *Community Mental Health Journal, 47*(4), 378–389.
- Eubanks-Carter, C., Burckell, L. A., & Goldfried, M. R. (2005). Enhancing therapeutic effectiveness with lesbian, gay, and bisexual clients. *Clinical Psychology: Science and Practice, 12*(1), 1–18.
- Finn, M. D., Tunariu, A. D., & Lee, K. C. (2012). A critical analysis of affirmative therapeutic engagements with consensual non-monogamy. *Sexual and Relationship Therapy, 27*(3), 205–216.
- Flanders, S., Ladame, F., Carlsberg, A., Heymanns, P., Naziri, D., & Panitz, D. (2016). On the subject of homosexuality: What Freud said. *The International Journal of Psychoanalysis, 97*(3), 933–950.
- Fletcher, G. J. O., Simpson, J. A., Thomas, G., & Giles, L. (1999). Ideals in intimate relationships. *Journal of Personality and Social Psychology, 76*(1), 72–89.
- Graham, N. (2014). Polyamory: A call for increased mental health professional awareness. *Archives of Sexual Behavior, 43*(6), 1031–1034.
- Grunt-Mejer, K., & Campbell, C. (2016). Around consensual nonmonogamies: Assessing attitudes toward nonexclusive relationships. *Journal of Sex Research, 53*(1), 45–53.

- Hardy, J. W., & Easton, D. (2017). *The ethical slut: A practical guide to polyamory, open relationships, and other freedoms in sex and love*, (3rd ed.). Ten Speed Press.
- Hatcher, R. L., & Barends, A. W. (1996). Patients' view of the alliance in psychotherapy: Exploratory factor analysis of three alliance measures. *Journal of Consulting and Clinical Psychology*, *64*(6), 1326–1336.
- Hauptert, M. L., Gesselman, A. N., Moors, A. C., Fisher, H. E., & Garcia, J. R. (2017). Prevalence of experiences with consensual nonmonogamous relationships: Findings from two national samples of single Americans. *Journal of Sex & Marital Therapy*, *43*(5), 424–440.
- Henrich, R., & Trawinski, C. (2016). Social and therapeutic challenges facing polyamorous clients. *Sexual and Relationship Therapy*, *31*(3), 376–390.
- Herek, G. M. (1990). The context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence*, *5*(3), 316–333.
- Herek, G. M., & McLemore, K. A. (2013). Sexual prejudice. *Annual Review of Psychology*, *64*, 309–333.
- Hutzler, K. T., Giuliano, T. A., Herselman, J. R., & Johnson, S. M. (2016). Three's a crowd: Public awareness and (mis)perceptions of polyamory. *Psychology & Sexuality*, *7*(2), 69–87.
- Hymer, S. M., & Rubin, A. M. (1982). Alternative lifestyle clients: Therapists' attitudes and clinical experiences. *Small Group Behavior*, *13*(4), 532–541.
- Jordan, L. S., Grogan, C., Muruthi, B., & Bermúdez, J. M. (2017). Polyamory: Experiences of power from without, from within, and in between. *Journal of Couple & Relationship Therapy*, *16*(1), 1–19.
- Kelsey, K., Stiles, B. L., Spiller, L., & Diekhoff, G. M. (2013). Assessment of therapists' attitudes towards BDSM. *Psychology & Sexuality*, *4*(3), 255–267.
- Klesse, C. (2006). Polyamory and its "Others": Contesting the terms of non-monogamy. *Sexualities*, *9*(5), 565–583.
- Klesse, C. (2014). Polyamory: Intimate practice, identity or sexual orientation? *Sexualities*, *17*(1–2), 81–99.
- Knapp, J. J. (1975). Some non-monogamous marriage styles and related attitudes and practices of marriage counselors. *The Family Coordinator*, *24*(4), 505–514.
- Maher, M. J., Landini, K., Emano, D. M., Knight, A. M., Lantz, G. D., Parrie, M., . . . Sever, L. M. (2009). Hirschfeld to Hooker to Herek to high schools: A study of the history and

- development of GLBT empirical research, institutional policies, and the relationship between the two. *Journal of Homosexuality*, 56(7), 921.
- McGeorge, C. R., & Carlson, T. S. (2016). The state of lesbian, gay, and bisexual affirmative training: A survey of faculty from accredited couple and family therapy programs. *Journal of Marital and Family Therapy*, 42(1), 153–167.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36(1), 38–56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697.
- Mogilski, J. K., Memering, S. L., Welling, L. L. M., & Shackelford, T. K. (2017). Monogamy versus consensual non-monogamy: Alternative approaches to pursuing a strategically pluralistic mating strategy. *Archives of Sexual Behavior*, 46(2), 407–417.
- Morris, W. L., DePaulo, B. M., Hertel, J., & Taylor, L. C. (2008). Singlism—Another problem that has no name: Prejudice, stereotypes and discrimination against singles. In M. A. Morrison & T. G. Morrison (Eds.), *The psychology of modern prejudice*. (pp. 165–194). Hauppauge, NY: Nova Science Publishers.
- Newbigin, J. (2013). Psychoanalysis and homosexuality: Keeping the discussion moving. *British Journal of Psychotherapy*, 29(3), 276–291.
- Norcross, J. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart & soul of change: Delivering what works in therapy, second edition* (pp. 113–141). American Psychological Association.
- Pepping, C. A., Lyons, A., & Morris, E. M. J. (2018). Affirmative LGBT psychotherapy: Outcomes of a therapist training protocol. *Psychotherapy*, 55(1), 52–62.
- Platt, L. F., Wolf, J. K., & Scheitle, C. P. (2018). Patterns of mental health care utilization among sexual orientation minority groups. *Journal of Homosexuality*, 65(2), 135–153.
- Rodrigues, D., Fasoli, F., Huic, A., & Lopes, D. (2018). Which partners are more human? Monogamy matters more than sexual orientation for dehumanization in three European countries. *Sexuality Research & Social Policy: A Journal of the NSRC*, 15(4), 504–515.
- Ryan, C., & Jethá, C. (2010). *Sex at dawn: How we mate, why we stray, and what it means for modern relationships*. HarperCollins Publishers.
- Schechinger, H. A., Sakaluk, J. K., & Moors, A. C. (2018). Harmful and helpful therapy practices with consensually non-monogamous clients: Toward an inclusive framework. *Journal of Consulting and Clinical Psychology*, 86(11), 879–891.

- Sheff, E. (2011). Polyamorous families, same-sex marriage, and the slippery slope. *Journal of Contemporary Ethnography*, 40(5), 487–520.
- Shelton, K., & Delgado-Romero, E. A. (2013). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 59–70.
- Spengler, E. S., & Ægisdóttir, S. (2015). Psychological help-seeking attitudes and intentions of lesbian, gay, and bisexual individuals: The role of sexual minority identity and perceived counselor sexual prejudice. *Psychology of Sexual Orientation and Gender Diversity*, 2(4), 482–491.
- Taromino, T. (2008). *Opening up: A guide to creating and sustaining open relationships*. Cleis Press, Inc.
- Thorndike, E. L. (1920). A constant error in psychological ratings. *Journal of Applied Psychology*, 4(1), 25–29.
- Tweedy, A. (2011). Polyamory as a sexual orientation. *University of Cincinnati Law Review*, 79, 1461–1515.
- United States Census Bureau Geography Division. (2013). Census regions and divisions of the United States [PDF file]. Retrieved from: https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Lawrence Erlbaum Associates Publishers.
- Weitzman, G. (2006). Therapy with clients who Are bisexual and polyamorous. *Journal of Bisexuality*, 6(1–2), 137–164.

Appendix A
Informed Consent Form

Principal Investigator: Chelsea Randall

Antioch University Seattle PsyD Student

XXX-XXX-XXXX

crandall@antioch.edu

Faculty Advisor: Christopher Heffner, PhD

cheffner@antioch.edu

Purpose of the Informed Consent Form

You are being asked to consider participating in a research study. The purpose of this consent form is to provide you with information on the research study so that you can make an informed choice as to whether you would like to participate in the study or not. Please read this page carefully and reach out to the study team with any questions you might have before deciding whether or not you would like to participate in the research study.

Purpose of the Study

This study will gather information on therapists' attitudes toward romantic relationships.

Study Procedures

You will be asked to complete an online survey on SurveyMonkey.com, which should take approximately 15 minutes or less to complete. The survey includes items assessing for demographic information, opinionated responses to a vignette scenario, and clinical and personal experiences with relationships.

Potential Risks

The risks of participating in this study are minimal. Participants may discontinue the survey at any time. Should emotional discomfort result from answering these questions, therapeutic

support can be sought through the Find a Therapist feature of Psychology Today's website at <https://www.psychologytoday.com/us/therapists>.

Benefits

You are invited to take place in an optional drawing for one of two \$50 Visa gift cards once you have completed the entire survey.

Confidentiality

The survey is anonymous and not linked with your personal information. At the end of the survey you will be invited to participate in an optional drawing that requests for you to input your email address. This information is requested separately from your survey responses, and therefore will not be connected with your survey responses in any way. Your personal information will remain confidential throughout the study process. There are no plans to release your identifying information, and the research team will do their best to ensure your identifying information is protected according to standard procedures.

Contact Information

Should you have any questions or concerns regarding your participation in the study, you may contact Chelsea Randall by phone at XXX-XXX-XXXX or by email at crandall@antioch.edu.

If you have any questions about your rights as a research participant, you may contact Dr. Mark Russell, Chair of the Antioch University Seattle Institutional Review Board, by phone at 206-441-5352 or by email at mrussell@antioch.edu.

Statement of Consent

I have read the Informed Consent Form and understand its contents. I hereby consent to participate in this study and follow the study procedures stated in this form. I understand that I

have the right to withdraw my participation from this study without consequence at any time and can refuse to answer any survey items I do not want to answer.

Appendix B
Recruitment Email

Hello,

My name is Chelsea Randall and I am a fifth year doctoral student at Antioch University Seattle. I am reaching out with the hope of recruiting participants from your [organization, program] for my dissertation research. My target populations are fully licensed mental health counselors, LMFTs, and psychologists (PsyDs or PhDs). My survey assesses therapist attitudes toward romantic relationships and takes less than 15 minutes to complete. Upon completion of the survey, participants have the option of entering their email address in a drawing to win one of two \$50 Visa gift cards. Contact information for the optional drawing will be entered on a separate page and will not be connected to the participant's survey response. Please find the study survey at the following link: [URL]. You are welcome to forward this email and survey link on to other licensed mental health professionals and professional psychology mailing lists. If you have any questions, you may contact me directly at crandall@antioch.edu or my faculty advisor, Dr. Christopher Heffner at cheffner@antioch.edu.

Thank you for your time,

Chelsea Randall, MA, LMHCA

Doctoral Student, Clinical Psychology

Antioch University Seattle

Appendix C
Demographics Questionnaire

1. What is your age? _____
2. What is your gender identity? _____
3. What ethnicity/ies do you identify as?
Asian, Black/African, Caucasian, Hispanic/Latinx, Native American, Pacific Islander,
Prefer not to answer, Other (please specify)
4. What is your relationship status? _____
5. What religion do you most identify with?
Christian (please specify), Mormon, Buddhist, Jewish, Hindu, Muslim, Sikh, Spiritual,
Agnostic, Atheistic, Do not prefer to answer, Other (please specify)
6. What sexual orientation(s) do you most identify with?
Heterosexual, Gay, Lesbian, Bisexual, Asexual, Pansexual, Queer, Do not prefer to
answer, Other (please specify)
7. In what state did you earn your degree to practice as a psychotherapist?
8. In what state are you currently licensed as a practicing psychotherapist?
9. How many years have you been practicing? _____
10. What credential(s)/degree(s) do you practice under?
LMHC, LMFT, PhD, PsyD, None of these, Other (please specify)

Appendix D

Vignettes

Please read the vignette below and respond to the statements that follow by indicating your level of agreement from *strongly agree* to *strongly disagree*.

Amanda and David are a couple who arrive at your office as new therapy clients. During the intake you learn that they have been together for five years and would like help improving their communication during conflict. They report typically spending their time together watching movies and going for walks.

Monogamous: They also get together for weekly board game nights with friends. From the start of their relationship Amanda and David have valued emotional and sexual exclusivity to each other, and plan to commit to these values for their entire relationship.

Polyamorous: From the start Amanda and David had negotiated an open relationship that they both feel good about. Each of them has another partner they see outside of their relationship together with whom they share emotional and sexual intimacy. They have met each other's partners, and the four of them get together for weekly board game nights.

Cheating: They also get together for weekly board game nights with friends. Occasionally both Amanda and David will initiate an affair outside of their relationship without the other partner's knowledge or consent. They have not made any prior agreement allowing each other to engage in emotional or sexual intimacy outside of their relationship.

Appendix E

Ideal Partner and Relationship Traits Assessment Scale

1. Amanda and David are satisfied in their relationship. (*Relationship satisfaction*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
2. Amanda and David are sensitive to each other's needs. (*Partner warmth-trustworthiness*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
3. Amanda and David are kind to each other. (*Partner warmth-trustworthiness*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
4. Amanda and David are physically attracted to each other. (*Partner vitality-attractiveness*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
5. Amanda and David are adventurous. (*Partner vitality-attractiveness*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
6. Amanda and David are financially secure. (*Partner status-resources*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
7. Amanda and David are successful individuals. (*Partner status-resources*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
8. Amanda and David are honest with each other. (*Relationship intimacy-loyalty*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
9. Amanda and David respect each other. (*Relationship intimacy-loyalty*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
10. Amanda and David have fun together. (*Relationship passion*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree
11. Amanda and David challenge each other. (*Relationship passion*)
Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree

12. Amanda and David will likely break up. (*Relationship satisfaction*)

Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree

Appendix F

Morality and Willingness to Work With Couple Assessment Scales

Morality Assessment Scale

1. Amanda and David are moral people.

Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree

Willingness to Work With Couple Assessment Scale

1. I would be willing to work with this couple as their therapist.

Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree

Appendix G
Additional Contributing Factors Assessment

Please indicate your level of agreement with the following statements based on your personal experiences.

Some of the following items include terminology describing specific types of relationship or sexual practices. Please refer to the following definitions to aid in your understanding of these terms:

Consensual nonmonogamy is an overarching term used to describe a diversity of relationship styles in which relationship partners agree to having multiple sexual and/or romantic partners.

There are several sub-types of consensual nonmonogamy, some that permit only sexual encounters outside of a relationship (i.e., open relationships) and some that permit both sexual encounters and romantic attachments outside of a relationship (i.e., polyamory).

Polyamory is a relationship style in which a person participates in multiple, simultaneous romantic and/or sexual relationships with consent and honesty among all partners. A polyamorous relationship would permit both sexual encounters and romantic attachments outside of the relationship.

1. I have known people who are in consensually nonmonogamous relationships.

Agree, Disagree

If agree, please select from one or more of the following: Friends, Family, Colleagues/Coworkers, Acquaintances, Clients, Others (please specify)

2. I have known people who are polyamorous:

Agree, Disagree

If agree, please select from one or more of the following: Friends, Family, Colleagues/Coworkers, Acquaintances, Clients, Others (please specify)

3. I am currently or have previously been in a consensually nonmonogamous relationship.

Agree, Disagree

4. I currently identify or have previously identified as polyamorous.

Agree, Disagree

5. I have been impacted by infidelity in my own relationships.

Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree

6. My graduate program provided training on working with polyamorous clients.

Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree

7. I have attended trainings outside of my graduate program on polyamory.

Strongly agree, Agree, Somewhat agree, Somewhat disagree, Disagree, Strongly disagree