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## Consensually Nonmonogamous Clients and the Impact of Mononormativity in Therapy

### Les clients non monogames consensuels et l'impact de la mononormativité en thérapie

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#### ABSTRACT

Discourse about *mononormativity* has increased substantially over the last decade, categorically naming and addressing a North American bias to unintentionally privilege monogamous relationships. The Canadian Counselling and Psychotherapy Association's code of ethics (CCPA, 2007) outlines a need for counsellors to be sensitive to the diversity of all clients and to refrain from discrimination. The code suggests an ethical imperative to examine one's values and attitudes when counselling clients who engage in consensual nonmonogamy (CNM). A paucity of understanding exists as to the potential impact a counsellor with a mononormative bias may have on the therapy process. Therapist assumptions, client perceptions, theoretical orientation, and clinical intervention strategies from the perspective of providing therapy to CNM clients will be discussed through a synthesis of the extant literature. Recommendations for counselling practice and suggestions for further research, as well as counselling education aimed at increasing counsellor competence when working with CNM populations, are provided. Implications of mononormativity on the Canadian counselling profession are highlighted.

#### RÉSUMÉ

Au cours de la dernière décennie, le discours au sujet de la *mononormativité* s'est considérablement accru, désignant et abordant de façon catégorique le parti pris nord-américain qui privilégie les relations monogames. Dans le Code de déontologie de l'Association canadienne de counseling et de psychothérapie (ACCP 2007), il est clairement souligné que les conseillers et conseillères doivent être sensibles à la diversité de tous les clients et éviter toute discrimination. On y suggère la nécessité éthique d'examiner ses propres valeurs et attitudes lorsqu'il s'agit d'offrir des services de counseling à des clients qui pratiquent les relations non monogames consensuelles. On comprend mal l'impact que pourrait avoir sur la démarche thérapeutique un conseiller ou une conseillère ayant un parti pris mononormatif. À partir d'une synthèse de la littérature existante, il y aura discussion des idées préconçues du thérapeute, des perceptions du client, de l'orientation théorique et des stratégies d'intervention clinique dans la perspective d'une prestation de thérapie auprès de clients non monogames consensuels. L'article propose des recommandations pour la pratique du counseling et des suggestions sur les nouvelles pistes de recherche, ainsi que sur une formation en counseling visant à accroître la compétence lorsqu'il s'agit d'intervenir auprès de populations non monogames consensuelles. On souligne également les implications de la mononormativité sur la profession du counseling au Canada.

Ethical and culturally sensitive counselling practice includes being informed about various cultures and subcultures with which one works and having sensitivity and respect for client diversity (Arthur & Collins, 2010a; Canadian Counselling and Psychotherapy Association [CCPA], 2007). *Mononormativity* is a term coined by Pieper and Bauer (2005) and refers to society's standard of monogamy, the practice of emotional and sexual commitment to one individual as the norm for engaging in romantic relationships. The influence of mononormative assumptions has potential to impact the well-being of persons who engage in consensually non-monogamous (CNM) relationships by unintentionally privileging monogamous relationships above other relationship styles (Conley, Ziegler, Moors, Matsick, & Valentine, 2012) and consequently stigmatizing the often misunderstood cultural groups associated with the practice of CNM (Conley, Moors, Matsick, & Ziegler, 2013). That is, counsellors who hold mononormative assumptions may inadvertently discriminate or offend clients who value and/or are engaged in alternate forms of relationships. In fact, they may offend any client, given that a monocular view of relationship structure can be perceived as limited by clients of any relationship practice.

CNM relationships occur within and among all genders and sexual orientations, and the choice of nonmonogamy is directly related to neither gender identity nor sexual orientation. Our intent in this article is to focus on the sociocultural discourses, potential normative assumptions and biases of practitioners, and the implications for culturally responsive counselling with individuals who identify with CNM. For those who identify as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) who also engage in CNM, additional layers of sociocultural marginalization and discrimination are present, along with vastly different experiences of stigma among gay males compared to lesbian women who also identify as CNM. As a result of these differences, we have elected to draw our attention to those who identify as *heterosexual*, which refers herein to those who participate in opposite-sex relationships, and *cisgendered*, which refers to those whose gender corresponds to their birth sex.

Mononormativity, in this article, is framed within the discourse surrounding the social, structural, and systemic hierarchy of relationships within North America. However, we recognize that counsellors and the discipline as a whole exist within broader sociocultural contexts that privilege monogamy. These dominant normative assumptions are often internalized and find expression in the values, beliefs, and biases of individual counsellors and the collective narratives of the professions. We recognize the inextricable relationship between societal discourses and internal attitude and how each informs and influences the other in fluid and problematic ways. Over the past decade, there has been a substantial increase in the exploration of CNM relationship structures in the media, self-help literature, and research publications (Barker & Langdridge, 2010). Despite this increase within the fields of psychology and sociology, a paucity of literature exists that directly addresses the influence of mononormativity in the context of psychotherapy (Barker, 2011;

Brandon, 2011; Finn, Tunariu, & Lee, 2012; Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012).

The purposes of this manuscript are to (a) invite and expand discussions about mononormativity and counselling, (b) identify an existing gap in the literature in this area, and (c) identify ways in which counsellors' internalization of mononormative bias can impact the therapeutic process. Additionally, we provide recommendations for counselling practice along with suggestions for further research and counselling education aimed at increasing counsellor competence when working with CNM populations. We intend to integrate and elaborate on existing literature to offer comprehensive suggestions for counsellors and the profession as a whole.

In order to use common language and for increased awareness about the three most common relationship styles most practiced by CNM clientele, we describe polyamory, swinging, and open relationships for readers (Barker & Langdridge, 2010; Conley, Ziegler, et al., 2012). *Polyamory* refers to developing and maintaining multiple romantic and sexual relationships simultaneously with the consent and awareness of all involved (Barker & Langdridge, 2010), while *swinging* is described as a recreational sex practice also involving consent but with less emphasis on an emotional connection (Kilbride & Page, 2012). *Open relationships* have been defined as intimate partnerships that involve secondary or egalitarian extradyadic involvement (Finn & Malson, 2008), always involving consent but not necessarily shared participation.

In contrast to the argument by some authors that the term polyamory is preferred over nonmonogamy because it is an identity category in and of itself (Ritchie & Barker, 2006), we use CNM terminology because it is more inclusive of potential clients regardless of membership in a particular cultural group or community. As authors, we highlight the potential harm caused by writers such as ourselves in reifying mononormativity by inadvertently portraying all counsellors as privileging and assuming monogamous relationships (thereby presuming all counsellors are monogamous beings). Indeed, we are aware that many counsellors and psychologists do not privilege and assume monogamous relationships; however, given the arguments put forth by Barker (2011), Brandon (2011), and Weitzman (1999), it is clear that many counsellors do. Through a review of the available literature in psychology and counselling, we explore the potential for mononormative assumptions to impact the therapy process and address how such impacts can be mitigated.

#### CONSENSUALLY NONMONOGAMOUS PRACTICES

Defying the dominant narrative that judges that nonmonogamy is akin to infidelity (Ritchie & Barker, 2006), scholars attest to the significance of delineating what CNM represents (Barker, 2005; Barker & Langdridge, 2010; Klesse, 2006). Historically, a wide range of CNM practices and identity categories exist. For example, there is emotional nonmonogamy in the case of polyamory, contrasted with more emphasis on sexual nonmonogamy in the case of swinging. Practices

of polyamory, swinging, and open relationships have been most acknowledged, developed, and studied over the past decade (Barker & Langdridge, 2010; Conley, Ziegler, et al., 2012) and will be delineated herein.

Taking into account the complexities of CNM practices and the resulting cultural groups, we focus this article on exploring CNM cultural groups from the perspective of those who identify as cisgendered heterosexuals, which reflect the authors' cultural positioning. We have elected to focus on this population to address a significant dearth of scholarly literature pertaining to this seemingly culturally dominant group (Sheff, 2014). Although researchers have focused on the impact of stigma toward CNM-identified heterosexuals (Conley, Ziegler, et al., 2012, 2013), few have focused on the impact that this stigma may have in a counselling context. We have also sought to refine our focus toward clinical issues relevant to counselling this population rather than expanding our scope to include the rich historical context underpinning nonmonogamy in LGBTQ relationships (Richards, 2010; Weitzman, 2006).

Currently, there is more acceptance of CNM among gay men, which is reflected in the plethora of literature about CNM among gay men; however, less has been written that pertains to lesbian women and CNM in general. Moors and colleagues (2013, 2014) found that issues of stigma differ greatly between gay male couples compared to opposite-sex couples, as do considerations such as attachment style, where opposite-sex individuals may be prone to an avoidant strategy compared to gay men attaching securely in CNM relationships (Moors, Conley, Edelstein, & Chopik, 2015). Moreover, intersectionality issues identifying multiple forms of oppression through the lens of feminist and critical race theory are essential to deconstruct (Cole, 2009) as part of a comprehensive discussion of the impact of mononormativity on the therapy process. Rather than exploring the unique and added challenges of those who identify with multiple marginalized groups, we seek to address the general implications of CNM-identified clients in therapy and the resulting impact of mononormativity as a potential therapist bias toward clients who identify specifically as CNM and heterosexual.

The practice of polyamory, which refers to developing and maintaining multiple romantic and sexual relationships simultaneously with the consent and awareness of all involved, has become increasingly acknowledged since the late 1990s (Barker & Langdridge, 2010; Klesse, 2006). Polyamorous relationships can exist in many different forms, including triad and quad configurations involving three or four partners, respectively, or intimate networks of individuals connected in various romantic and sexual ways (Sheff, 2014). Open and closed group partnerships may involve primary, secondary, and tertiary partners in a hierarchical structure (Klesse, 2006), while others may elect to pursue nonhierarchical polyamory where each partner is afforded the same status, including components like cohabitation, childrearing, and shared finances (Sheff, 2014). Although many forms of intimate partner and family configurations exist, Sheff (2014) noted that demographically polyamorous partnerships and families are embraced more predominantly by some members of the dominant culture and rarely embraced by ethnic minority

cultures. Frequently described as being on the opposite end of the continuum from polyamory, swinging emphasizes sexual engagement and is regarded as the most sexual pleasure-focused (Klesse, 2006) form of CNM.

Swinging is described as a recreational sex practice that holds appeal for those in long-term relationships where engaging in non-emotional sexual activities outside of the relationship is agreed upon by all parties involved (Kilbride & Page, 2012). Bergstrand and Sinski (2010) described the first documented cases of swinging in Western culture that occurred in the 1940s on Air Force bases during World War II. Swinging was then used interchangeably with the term “wife swapping” (Bergstrand & Sinski, 2010, p. 3) in 1950s’ media. Consequently, swinging has been described as the least controversial form of CNM in that it most closely represents traditional heterosexual relationships and is associated with rules and boundaries aimed at more dyadic containment than in other forms of CNM (Anapol, 2010; Barker & Langdridge, 2010; Klesse, 2006). While polyamorous couples also protect the importance of their primary relationship, these authors point to more dyadic containment perceived with swinging couples. In addition to a de-emphasis on romantic intimacy, swinging is often placed in direct opposition to polyamory based on prejudices about swinging in response to the recreational and emotionally detached stereotypes associated with this practice (Klesse, 2006).

Often confused with swinging, but distinguishable by the degree of involvement by partnered individuals participating together, is the practice of open relationships. Open relationships have been defined as intimate partnerships that involve secondary or egalitarian extradyadic involvement (Finn & Malson, 2008). Although not that dissimilar from swinging, whereby a couple chooses to maintain an exclusive emotional bond despite open sexual engagement with other partners, open relationships differ from swinging in that swinging tends to emphasize mutual participation with both members of a couple involved, while open relationships are conducted with more independence and separate activity (Matsick, Conley, Ziegler, Moors, & Rubin, 2014). Although the most common definition of an open relationship refers to sexual nonmonogamy, the term open relationship may also be used as an umbrella term for CNM relationships in general (Matsick et al., 2014). Despite similarities to swinging and polyamory, the key component of open relationships is a willingness of individuals in a romantic and/or sexual relationship to pursue relationships with others outside a primary dyad (Barker & Langdridge, 2010; Klesse, 2006), thereby making it such that some polyamorous structures are closed and some seemingly monogamous relationships actually open.

#### THE INFLUENCE OF MONONORMATIVITY: A REVIEW OF THE LITERATURE

An influential review of the academic research publications on CNM over the previous decade concluded that perspectives on mononormativity vary widely (Barker & Langdridge, 2010). According to Barker and Langdridge (2010), common themes within the literature include (a) challenging the norms of monogamy,

(b) demonstrating a shifting cultural milieu, (c) criticizing monogamous relationship styles, and (d) arguing a greater political agenda. Considering the implications of mononormativity beyond the monogamy versus CNM debate, Rambukkana (2010) explored some of the ways cultural identities intersect and ultimately result in oppression, which holds particular relevance when considering the relationship between mononormative perceptions and counselling practice.

While minimal peer-reviewed literature exists on the influence of mononormativity on counselling practice, research conducted over the past decade has served to illuminate mononormative perspectives and their influence on society at large (Conley, Moors, et al., 2013; Conley, Ziegler, et al., 2012; Hutzler, Giuliano, Herselman, & Johnson, 2016; Matsick et al., 2014; Moors et al., 2013). Additionally, authors in the field of psychotherapy have sought to identify ways in which therapists may be unintentionally incorporating mononormative bias into their work with CNM clients (Brandon, 2011; Barker, 2011; Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012), which has also been pointed out in the social work literature (Williams & Prior, 2015). Given the ethical necessity for counsellors to maintain awareness of the cultural identities with which clients identify, including sensitivity and respect for diversity (CCPA, 2007) and “demonstrat[ing] awareness of the relationship of [the client’s] personal culture to health and well-being” (Collins & Arthur, 2010, p. 53), an exploration of the influence of mononormativity on CNM individuals’ mental health is warranted.

### *Oppressive Ideologies of Mononormativity*

Barker (2005), a psychotherapist, sexuality researcher, and nonmonogamy activist, described how the assumption that relationships are monogamous between a male and a female, and that male partners are typically more dominant than female has the potential to result in perpetuating a message of compulsory heterosexuality, gender binaries, and monogamy. Numerous studies have illustrated a bias in favour of monogamy (Campbell & Wright, 2010; Conley, Moors, et al., 2013; Conley, Ziegler, et al., 2012; Hutzler et al., 2016), suggesting that the most successful relationships are those that are sexually and emotionally monogamous because it is the most normative style of relating to others and may thereby reap the most benefits (Finn, 2012). Similar perspectives on norms about heterosexuality pervade the literature on *heteronormativity*, which refers to the assumption that heterosexuality is the most normal or preferred sexual orientation (Moon, 2010), although such discussion is beyond the scope of this article.

Despite the prevalence of perceived benefits associated with monogamous relationships, a number of research publications have concluded that the “social benefits accorded to monogamy are not in step with current empirical evidence regarding its assumed superiority as a relational lifestyle” (Conley, Ziegler, et al., 2012, p. 136). Conley and associates (2013) revealed that those who practice monogamy are perceived to be happier, more sexually satisfied, and better citizens even when it comes to arbitrary tasks like dog walking. These perceptions were further corroborated by the findings of Hutzler et al. (2016), who reported that



traditional (e.g., conservative and religious) attitudes were correlated with negative attitudes to polyamory, while prior exposure to polyamorous concepts resulted in less negative prejudice.

Finn (2012) also wrote about normative assumptions, identifying a *privileged couple domain*, which refers to perceived benefits of monogamy such as sexual frequency, avoidance of sexually transmitted infections, relationship satisfaction, and minimization of jealousy. Similarly, Sheff (2011) defines *monocentric* as a glorification of monogamy, which is not only consistent with the conclusions made by Conley, Moors, et al. (2013) and Conley, Ziegler, et al. (2012), but may also help to explain some of the incongruence between attitudes and behaviours toward monogamous partnerships (Campbell & Wright, 2010; Finn, 2012). Several social and structural benefits have also been assigned to monogamous relationships, particularly heterosexual ones, such as legal validation and the right to marry (Moors et al., 2013). While many of these are now available to nonheterosexual couples, years of marginalization and oppression as a result of not receiving such benefits easily or earlier reifies privilege for monogamous relationships.

Setting aside the privilege afforded to monogamy, Campbell and Wright (2010) highlighted the “incongruence in the way Americans *conceptualize* marriage ... and how they *behave* in marriage” (p. 329). Likewise, Conley, Ziegler, et al. (2012) concluded that “there is no definitive evidence to suggest that monogamy is the superior relational state for humans” (p. 136); however, those who elect to pursue a relationship style that is not in accordance with monogamy are likely to be met with social stigma (Moors et al., 2013).

Social acceptability and value judgement of relationship style happen even within the practice of CNM where there exists a privileged hierarchy. Polyamory is frequently referred to as the most responsible form of CNM (Klesse, 2006) and is perceived as more favourable than swinging or open relationships because of the emphasis placed on love over sex (Matsick et al., 2014). A further way of marginalizing those who practice CNM is a lack of adequate language to describe experiences and ways of relating, such as names for a partner's partner or an individual who is neither a partner nor a friend; the language of nonmonogamy has historically pertained specifically to infidelity (Ritchie & Barker, 2006).

The intersection between CNM and LGBTQ communities also suggests an increased potential for oppression and marginalization, particularly in response to the invisibility associated with bisexuality (Moss, 2012). Because many non-monogamous individuals, couples, and families also have the potential to pass as monogamous (Sheff, 2014), a similar degree of invisibility holds the potential for increased marginalization while simultaneously enabling this population to maintain monogamous privilege. Hutzler et al. (2016) proposed that further research be conducted in order to generalize to other demographic variables including race, religion, class, and (dis)ability.

Resulting from this invisibility, those practicing CNM may experience increased subjugation in their lives, which may be reified in the therapy room with counsellors assuming monogamy as the goal for all. Chatara-Middleton (2012)

described how alternative ways of being in a relationship are often overlooked. Furthermore, the stigma associated with CNM has the potential to prevent access to social and financial benefits typically afforded to those in monogamous relationships and legally recognized partnerships (Moors et al., 2013), regardless of a culturally dominant demographic that suggests otherwise (Sheff, 2014). This potential for decreased access to social and financial benefits holds implications for the well-being of those who may seek counselling for reasons either related to or unrelated to their nonmonogamous philosophies and practices (Weitzman, 2006).

### *Counselling CNM Populations*

Although a dearth of literature exists on the influence of mononormative assumptions and the impact on the counselling process specifically, several authors discuss the availability of increased resources for those who provide therapy services to CNM clientele (e.g., Brandon, 2011; Chatara-Middleton, 2012; McCoy, Stinson, Ross, & Hjelmstad, 2015; Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012). Given that nonmonogamy has historically been “psychologised and problematized in British counselling contexts” (Finn et al., 2012, p. 206), and even “demonized” (Barker, 2011, p. 283) in popular culture representation, it is imperative that therapists consider how their values reflect an internalization, either conscious or unconscious, of the dominant discourse that privileges monogamy (Barker, 2011; Girard & Brownlee, 2015; Weitzman, 2006). Therapists who develop competence in understanding the subjective experience of the client (Berry & Barker, 2014), while simultaneously minimizing assumptions (Shernoff, 2006), are most likely to achieve success in therapy, which is consistent with Arthur and Collins’s (2010a) culture-infused counselling model.

Beyond these basic considerations of cultural sensitivity, specific challenges associated with CNM relationship practices have been described by counselling clients (Chatara-Middleton, 2012; Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012). Weitzman (2006) identified common issues clients in bisexual polyamorous relationships have indicated. These issues include (a) neglecting a primary partner, (b) taking more lovers than one has time for, (c) rushing new relationships, (d) assuming that jealousy should not be felt, (e) comparing relationships, and (f) encountering dishonesty. Similarly, Chatara-Middleton (2012) interviewed counsellors who worked with nonmonogamous clients and found that jealousy, guilt, shame, doubt, communication, cultural beliefs, coming out, loneliness, choice, and identifying boundaries were themes that corroborate and contribute to Weitzman’s findings.

How these themes are revealed in the counselling process have been addressed by Zimmerman (2012), who summarized some of the specific challenges that may present in session. Specifically, Zimmerman acknowledged (a) sexual-health considerations, (b) maintaining a balance in time and energy, (c) processing negative emotions such as jealousy, (d) acknowledging potential power dynamics, and (e) attending to legal implications as relevant to counselling CNM clients. Despite these challenges, Zimmerman also noted benefits associated with open



relationships that may hold relevance in the counselling context, such as increased self-awareness and effective communication skills. Likewise, Sheff's (2014) longitudinal study of polyamorous families corroborated the aforementioned strengths.

In addition to considering the challenges, benefits, and strengths of CNM-identified clients as they pertain to counselling service delivery, Weitzman (2006) provided additional suggestions for creating a therapeutic environment that is conducive to the polyamorous population. Weitzman advocated that therapists consider (a) developing a physical structure of the counselling office that can accommodate relationships of more than two individuals, (b) potentially increasing session length and/or reducing sessions to biweekly so as to account for varied schedules and sufficient time for sharing from all parties, (c) ensuring that advertisements and forms are inclusive and welcoming of a variety of relationship configurations, and (d) acknowledging that polyamorous counsellors are unique and possibly subject to attitudes of prejudice and bias from their nonaffirming, less culturally aware counterparts.

To avoid reinforcing mononormative assumptions within the therapy context, Moors and Schechinger (2014) proposed five key recommendations for practitioners: (a) researching sexual practices beyond normative expectations, (b) minimizing assumptions about sexual exclusivity as being correlated with healthy relationships, (c) including CNM in counsellor training, (d) providing opportunities for disclosure of various relationship structures during therapy intake, and (e) disentangling deceit and desire when addressing infidelity in the therapy setting. It is also imperative that counsellors working with those in CNM relationships have the appropriate training in systemic and relational issues specific to those in complex sexual and romantic relationships. McCoy et al. (2015) pointed out that it is of particular importance for therapists to assume a not-knowing stance because of the lack of clinical practice guidelines within the field of sex and couple therapy. Although these considerations are all of value when providing ethically and culturally sensitive counselling to CNM clients, the lack of discussion about the influence of mononormativity on specific and fundamental aspects that constitute the counselling process continue to warrant further discussion.

### *Clinical Implications of Mononormativity Influencing the Therapy Process*

Arthur and Collins (2010b) defined *culture-infused counselling* as “the conscious and purposeful infusion of cultural awareness and sensitivity into all aspects of the counselling process and all other roles assumed by the counsellor or psychologist” (p. 18). According to a culture-infused counselling model, maintaining awareness of the impact of culture on both the client and counsellor perspective is an essential part of ethical and culturally sensitive counselling practice. Understanding the salience of cultural influences that impact each client is also of particular importance to avoid over- or underemphasizing cultural factors. Weitzman (2006) indicated the necessity of maintaining awareness of the cultural salience during counselling in order to distinguish individuals who are seeking counselling for reasons related to their CNM lifestyle versus those individuals who are not.

Taking into account the complex and often contested concept of sexual identity, Collins (2010) challenged traditional binary and essentialized views of sexual orientation, noting that for some individuals sexual identity may be a fluid aspect of an individual's identity that intersects with other aspects of personal cultural identity (e.g., gender, ethnicity, ability). While this is the case for all cultural beings, it is of particular relevance when considering counselling practice with those who fall within the realm of sexual and relationship minority populations. Though not the specific focus in this article, it is essential to keep in mind the notion of multiple intersecting identities that may compose CNM identification, especially amongst the LGBTQ populations and those who do not identify as cisgender (Richards, 2010; Weitzman, 2006). Consequently, it is of utmost importance that counsellors assume the perspective of the client as the expert of their own subjective experience (Berry & Barker, 2014; Rambukkana, 2010; Zimmerman, 2012). Furthermore, it is essential that counsellors consider the diversity within CNM populations to avoid overgeneralization, as there are equally as many differences within groups as between groups (McCoy et al., 2015).

Further supporting the argument in favour of understanding client culture, Barker (2011) and Brandon (2011) have advocated for the importance of discussing monogamy in certain therapeutic contexts. To this end, others have also asserted that counsellors working with those who identify as CNM have a responsibility to understand the benefits and challenges associated with CNM practice and resulting cultural groups (Sheff, 2014; Weitzman, 2006; Zimmerman, 2012), to engage in reflexive practice concerning nonmonogamy (Barker, 2011), and to reflect on how one's sexual values may colour their perspective (Ford & Hendrick, 2003). By understanding the influence of monogamy on each client's life, Brandon (2011) described the potential for increased understanding and bond between client and therapist that can ultimately lead to improved client outcomes. Similar perspectives have been acknowledged within the social work literature (Williams & Prior, 2015), which suggests that a lack of awareness and sensitivity toward CNM clients may contribute to projection and increased instances of microaggressions within the worker-client relationship.

Extending beyond these culture-specific considerations, we suggest counselling professionals also reflect on ways in which the pervasiveness of mononormativity can influence specific aspects of the counselling process in providing optimal culture-infused counselling. This culturally sensitive perspective is inclusive of (a) considering the impact of client and counsellor attitudes toward CNM, particularly as they pertain to the therapeutic relationship; (b) the implementation of various theoretical orientations that may hold monocentric bias; (c) and facilitating assessment, intervention, and outcome evaluation that is cognizant of mononormativity within the overall counselling approach.

### *Counsellor Attitudes Toward CNM*

Two seminal studies conducted in 1975 and 1982 attempted to initiate a discussion regarding the influence of therapist perceptions of CNM on counselling

practice, before the introduction of polyamory as a distinct identity category. These studies focused on counsellor perceptions of swinging, open marriage, and extramarital sex (both consensual and secretive, as in the case of extramarital affairs). Both Knapp's (1975) survey of therapist attitudes toward nonmonogamous marriage styles, and Hymer and Rubin's (1982) survey of therapist attitudes and experiences with alternative-lifestyle clients revealed predominantly negative attitudes by therapists toward unconventional relationships. The results of Knapp's study suggested that counsellors rated "those involved in secret affairs as most normal" (1975, p. 509); both studies reported that therapists perceived swinging as "pathological" (Hymer & Rubin, 1982, p. 539) and even suggestive of neurotic tendencies and personality disorders (Knapp, 1975).

In the years that have passed since these early studies, authors have more specifically focused on increasing counsellor awareness of nonmonogamous practices (Brandon, 2011; Weitzman, 1999). The work of Finn et al. (2012) explored the perceptions of therapists who identified as promoting "affirmative therapeutic engagements" with CNM. *Affirmative therapeutic engagements* were defined as nonjudgemental and nonpathologizing clinical responses aimed at supporting clients toward successful navigation of open nonmonogamous relationships. Themes of mononormative bias were evident, even within this small sample of seven UK therapists who identified themselves as able to view CNM practices in a positive light. At present, this remains the only recent accessible peer-reviewed publication pertaining specifically to therapist perceptions of CNM.

Brandon (2011) suggested therapist criticism and judgement might still be prevalent, despite its potential negative implications for counselling practice with nonmonogamous populations. Barker (2011) added to Brandon's initial thesis by discussing mononormativity as impacting culturally conditioned counsellor and client attitudes in which monogamy is perceived as the norm. Girard and Brownlee (2015) acknowledged the lack of clinically relevant literature pertaining to CNM and suggested that therapists pursue supervision to manage their own beliefs and biases about relationships. The dearth of clinical literature and empirical research was also addressed by McCoy et al. (2015), who noted that viewing the client as the expert and simultaneously obtaining further knowledge on CNM is essential to mitigate this lack of information. As therapists begin to grapple with the development of CNM competency, researchers have suggested that clients may perceive therapists as incompetent concerning their nonmonogamous status (Brandon, 2011; Weitzman, 1999, 2006).

### *Client Perceptions of Therapist CNM Cultural Competency*

At the 8th annual Diversity Conference held in Albany, New York, psychotherapist G. D. Weitzman (1999) asserted that there is a perception amongst the polyamorous community that therapists are ill-equipped to meet the needs of this population. Weitzman further argued that many clients are resistant to therapy as a result of perceived therapist bias and the need for clients to educate therapists about their lifestyle.

More than a decade later, Brandon (2011) reinforced Weitzman's (1999) foundational assertions by indicating that a client's perception of therapist criticism has the potential to impede the effectiveness of therapy. Furthermore, a therapist who disregards a client's CNM identity or relationship status may give clients the impression that their relationships or sexual choices are not important (Brandon, 2011). Conversely, when nonmonogamy is addressed appropriately, clients are more likely to experience trust within the therapeutic relationship.

Without trust in counsellors, Knapp (1975) highlighted numerous reasons why those who practice CNM may be reluctant to seek counselling in the first place. Mainly, Knapp noted that resistance to therapy pertained directly to fear and worry about being condemned, pressured, and/or pathologized. Knapp reported that nonmonogamous survey respondents were fearful that counsellors would deem their behaviour immoral, despite their recognition of this behaviour as a conscious choice to enable more authentic and satisfying relationships.

### *Mononormativity Impacting Psychotherapy Theoretical Orientation with CNM Clients*

Conley, Moors, et al. (2013) observed that the presence of CNM relationships within psychological theory is sparse. For example, developmental theories rely on dyadic pair-bonding as markers of healthy psychosocial development (Conley, Moors, et al., 2013). As a result of these assumptions about normative human development, CNM is not only underrepresented in the theoretical orientations that guide counselling practice but it may also be suggestive of underlying pathology according to models of counselling that emphasize monogamy as the standard for relationship engagement (Conley, Moors, et al., 2013; Moors et al., 2015). Even the terminology used within psychological theory to describe intimate relationships is suggestive of mononormativity in that "attachment," "love," and "pair bond" are used synonymously and subsequently imply monogamous dyadic relationships as the norm for opposite-sex couples (Moors et al., 2015). Although Ribner (2011), a pro-monogamy psychotherapist, suggested that current family therapy approaches are sufficient to utilize when working with nonmonogamous populations, writers of the developing literature have stated otherwise (e.g., Barker, 2011; Brandon, 2011; Chatara-Middleton, 2012; Finn et al., 2012; Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012). A case study by McCoy et al. (2015) identified concerns about applying traditional sex therapy interventions with a polyamorous couple, thereby resulting in a modified approach to therapy utilizing a client-as-expert perspective combined with increasing therapist knowledge of polyamorous culture through self-help literature.

Richards (2010) described the historical influence of Freudian psychoanalytic theory and *Diagnostic and Statistical Manual of Mental Disorders* diagnoses pertaining to those who identify as transgender and nonmonogamous. Richards stated:

pathologizing of trans and nonmonogamies may lead to any intersection of the two to be reduced to the Freudian notion of polymorphous perversity ... that

is, if one is perverse enough to change one's sex, one is bound to be perverse enough to (among other things) want to have relationships with more than one person. (p. 123)

This example of Freudian theory illustrates how mononormative expectations may lead a psychoanalyst to pathologize clients when they do not adhere to the norms associated with the theoretical orientation. Moreover, a clinician who does not maintain cultural sensitivity concerning CNM populations may be led to assume that nonmonogamy is a causal factor in an underlying psychiatric diagnosis (Richards, 2010).

Despite the absence of research considering the role of mononormativity in counselling theory specifically, a handful of publications have exemplified the influence of theoretical orientation in CNM counselling. Berry and Barker (2014) employed an existential therapeutic approach to working with CNM clients. They conceded “[their] approach to existential therapy holds that a critical understanding of the external sources of mononormativity can help the client attain a higher level of subjective control of meaning-making in their life” (p. 27), compared to the values associated with other theoretical perspectives. Conversely, Duggal (2013) utilized two case examples to illustrate her integrative approach to emotion-focused therapy (EFT) with narrative elements when working with couples in open marriages. Family systems theory is frequently cited when discussing polyamorous triads (Anapol, 2010; Shernoff, 2006).

#### *The Role of Mononormativity in CNM Counselling Assessment, Intervention, and Outcome*

Emphasis placed on strategies for counselling CNM populations, rather than examining specific elements of the counselling process as a whole, potentially implies more congruence with Ribner's (2011) perspective than CNM advocates would suggest. That is not to say that the considerations and recommendations provided by authors such as Moors and Schechinger (2014), Weitzman (2006), and Zimmerman (2012) are insufficient or that counselling theory and practice need to be altered dramatically to meet the needs of CNM clientele. We propose that linking the findings about the oppressive nature of mononormativity within the fields of sociology and psychology to that of counselling psychology is an imperative for not only those providing therapeutic services to CNM clients but for all therapists.

*Therapeutic assessment.* Girard and Brownlee (2015) recognized the absence of literature pertaining to the assessment of clients who present in therapy with challenges both related and unrelated to their engagement in a sexually open marriage. They discussed how not only are relevant assessment tools lacking, but that commonly used instruments reinforce the mononormative expectation that relationships occur in dyads, as suggested by the commonly used Dyadic Adjustment Scale (Spanier, 2017). Girard and Brownlee also discussed how rating scales that measure sexual attitudes and values, such as the Reiss Extramarital

Sexual Permissiveness Scale (Reiss, 2013), are limited in their ability to measure only extramarital relations without considering comarital relations. Girard and Brownlee (2015) concluded that the currently used assessment tools in couples counselling are limited in breadth and depth when considering CNM couples. To strive for more inclusive approaches to assessment, currently utilized assessment instruments should be modified to eliminate mononormative assumption by attuning to language use (Berry & Barker, 2014) and utility of questions. For example, assessment forms should include questions about a primary partner and/or multiple partners and should include culturally sensitive language that avoids traditional, heteronormative, and gendered relationship labels like “husband” and “wife,” encouraging clients to define relationships based on their terminology. From there, assessment forms may then provide questions for each set of partners and/or polyamorous configurations, which may enable clients to better define aspects of their relationships and potential areas for consideration within counselling.

The need to remove mononormative bias is especially important when considering how a lack of CNM-appropriate assessment measurements leaves clinicians at a disadvantage for understanding the potential needs of their clients and for introducing appropriate intervention strategies. In her work with CNM clients, the second author has three or more clients in the counselling room addressing their multiple relationships and dynamics, and defining the problem and goal(s) of therapy together. It is essential to identify if there is an understood hierarchy of relationships and to discuss the boundaries of each relationship while determining issues that are clinically relevant.

*Counselling strategies.* A handful of publications have illustrated the use of particular intervention strategies when working with CNM populations. For example, Berry and Barker (2014) described how existential interventions such as meaning-making could be utilized; Duggal (2013) detailed a modified approach to six broad areas of EFT intervention; McCoy et al. (2015) illustrated a client case using a modified version of sensate focus in sex therapy; and Zimmerman (2012) explained how the intrapsychic and interactional components of the inter-systems approach to sex therapy could be applied to address the unique needs of CNM clients. Additionally, the work of Chatara-Middleton (2012) exemplified how dance/movement may relate to CNM populations, suggesting a traditional approach while simultaneously maintaining awareness of how to minimize bias and judgement. Other approaches to CNM counselling adopt strategies specific to challenges faced by nonmonogamous populations. These include jealousy management (Easton, 2010); the identification of core values associated with CNM identity and practice (Girard & Brownlee, 2015); and the exploration of relationship boundaries, rules, and agreements (Barker, 2011).

Beyond the counselling intervention strategies utilized in therapy with CNM populations, Berry and Barker (2014) and Girard and Brownlee (2015) have suggested strategies and guidelines aimed at minimizing bias and judgements made by therapists. These authors refer to *bracketing*, which is awareness of one’s preconceived ideas and thoughts that could get in the way of providing successful



therapy. This consideration is also consistent with recommendations that therapists consider the client as the expert of his or her own experiences (Zimmerman, 2012) while employing culturally sensitive language to minimize unintentional prejudice (Berry & Barker, 2014). One of the most commonly occurring thematic recommendations for counsellors working with CNM populations is that of engaging in reflective practice (Berry & Barker, 2014; Brandon, 2011; Chatara-Middleton, 2012; Duggal, 2013). Girard and Brownlee (2015) elaborated on this point by suggesting how supervision can assist in increasing therapist self-awareness, particularly when the therapist is attuned to the self of the therapist and the relevant clinical issues pertaining to CNM clients. Although we agree that it is essential for clinicians and supervisors to be aware of self-perceptions and biases, it is also crucial that therapists have sufficient knowledge and understanding of CNM populations to maintain awareness of what potential biases may be and how mononormative assumptions may have the potential to undermine therapeutic interventions. This understanding of the self of therapist alongside knowledge of CNM considerations is also essential when considering the objective evaluation of counselling outcomes.

*Counselling outcomes.* With little research conducted on CNM counselling in general, the measurement of counselling outcomes is scarce. Duggal's (2013) case studies suggested that clients may benefit from heightened cultural sensitivity; however, the direct implications remain unclear. The case illustration put forth by Williams and Prior (2015) suggests that the perception of therapeutic success as defined by the clinician may differ from the perception of success as defined by the client. This concept was exemplified in the case when the clinician discouraged distance from the client's polyamorous community; when this objective was achieved, the client experienced an increase in mental health symptoms, thereby demonstrating how differing definitions of success may reinforce the power imbalance between client and therapist.

Brandon (2011) highlighted four ways in which clients may benefit from the opportunity to engage in discussion pertaining to monogamy in the counselling setting: (a) decreased shame, (b) minimization of blame and anger toward one's partner, (c) potential for hope, and (d) increased bond between partners as a result of the ability to share openly. Unfortunately, Brandon's suggestions are merely hypothetical, reinforcing the need for further research regarding counselling outcomes for CNM populations.

#### SUMMARY AND CONCLUSIONS:

#### RECOMMENDATIONS FOR COUNSELLORS AND RESEARCHERS

A number of authors have now articulated how therapists' judgement of clients' relational decisions can be problematic within the therapy context (Barker, 2011; Brandon, 2011; Girard & Brownlee, 2015; Weitzman, 1999; Zimmerman, 2012). Responding to Brandon's assertions, Barker (2011) declared that an initial step to increasing counsellor competence could be to incorporate explorations

of monogamy into therapy training and professional development. Girard and Brownlee (2015) also argued that the field of counselling in general, and counsellor training programs specifically, should include more information regarding counselling competence concerning CNM populations. Zimmerman (2012) supported these suggestions, indicating that the existing research available about open relationships should be included in family therapy training programs. Although a case for further training at the graduate level may be an initial step to increasing counsellor competence (Barker, 2011; Girard & Brownlee, 2015; Zimmerman, 2012), recommendations may also be made directly to practitioners aimed at ethical and culturally sensitive counselling (Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012).

Beyond counsellor education settings, Hutzler et al. (2016) provided further suggestions that educational programs be introduced in order to reduce stigma among helping professionals in general, which is congruent with the perspective shared by Williams and Prior (2015) within the field of social work. These two perspectives subsequently reinforce the need for further education within the field of counselling, specifically.

Taking into account the evidence of counsellor bias, the need for supervised practice is of utmost importance (Girard & Brownlee, 2015). Considering further how societal assumptions of monogamy may influence the therapy process holds implications for social justice and advocacy, while simultaneously fulfilling the ethical requirements for counselling practice as outlined by the CCPA (2007) principles about respect for diversity.

### *Implications of Mononormativity on the Counselling Profession*

Examining one's attitudes and values toward minority populations is a key component of ethical practice (CCPA, 2007), particularly when concerning underrepresented populations such as CNM-identified individuals (Barker, 2011; Ford & Hendrick, 2003; Girard & Brownlee, 2015; Weitzman, 2006). Without deliberate attention on the part of the individual counsellors and the profession as a whole to challenge both the dominant discourses for mononormativity, these populations remain at increased risk of experiencing the stigma and prejudice associated with mononormative assumptions (Conley, Moors, et al., 2013; Moors et al., 2013). Del Rio and Mieling (2010) asserted that terms such as "marriage," "marital," and "family" do not reflect the modern incarnation of what constitutes a family, which may limit how counsellors conceptualize relationships. As a result of this potentially limiting framework and its labels, they suggested the necessity for organizational bodies and professional associations, as well as their subsequent codes of ethics and affiliated training institutions, to be inclusive of a greater potential of relationship and family structures.

At present, CCPA's (2007) code of ethics addresses cultural sensitivity and nondiscrimination "based on age, colour, sexual orientation, marital, or socio-economic status" (p. 10). Of great significance, the code does not include CNM relationship structures as a cultural group to not discriminate against (re: open

relationships and varying family structures), which further oppresses and marginalizes this community. Raising awareness of the growing prevalence of CNM relationships and the need for counsellor competency is a crucial step in gearing the profession toward a culturally sensitive practice that is inclusive of CNM clients (Barker, 2011; Brandon, 2011; Weitzman, 1999). It is imperative for our counselling professional regulatory body to amend the CCPA code of ethics to include sensitivity and nondiscrimination of those who celebrate alternative relationship structures; however, further discussion is beyond the scope of this manuscript.

At present, the majority of resources available for counsellors working with CNM populations are in the form of self-help books and online communities (Barker & Langdrige, 2010; Girard & Brownlee, 2015). Authors have made recommendations for working with CNM individuals, couples, and families (Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012), and yet little attention is paid to the influence of mononormativity on specific factors that compose the counselling process as a whole. Further research is needed to determine ways in which counsellors can best serve those in CNM relationships without indirectly reinforcing mononormative expectations that have the potential to stigmatize nonmonogamous clients.

### *Suggestions for Further Research*

Despite the availability of a few North American and British publications about counselling considerations when working with CNM populations (Finn et al., 2012; Moors & Schechinger, 2014; Weitzman, 2006; Zimmerman, 2012), the scarcity of examples pertaining directly to work with couples in open relationships is noted by Duggal (2013). The use of qualitative interviews, case studies, and survey-based research methods are all represented in the small peer-reviewed literature base on CNM counselling (Chatara-Middleton, 2012; Duggal, 2013; Finn et al., 2012; Weitzman, 2006; Zimmerman, 2012), although detailed counselling outcome research remains limited and suggests that elaboration on and expansion of these seminal findings is warranted.

Considering the lack of research about the impact of mononormativity on the counselling process as a whole, and about specific aspects such as the therapeutic relationship and theoretical orientation, a number of potential areas for further research remain. Since the seminal research first conducted by Knapp (1975) and Hymer and Rubin (1982) on counsellor attitudes toward alternative relationships, few studies have attempted to replicate the studies. The research conducted by Finn et al. (2012) sought to explore the influence of counsellor bias on the counselling process; however, with such a small sample size and a selection of participants who identified as experienced with CNM, these findings have minimally generalizable findings. Seeing as the terms polyamory and mononormativity were not even in use at the time of Knapp's (1975) and Hymer and Rubin's (1982) studies, further exploration of how counsellor perceptions of mononormativity may impact the therapeutic relationship and/or counselling outcomes is necessary. Also exploring the influence of mononormative assumptions on the working alliance and

potential for progress in counselling, further research aimed at understanding client perspectives is recommended. Aside from Weitzman's (1999) assertion that clients perceive therapists as inadequately aware of CNM-specific considerations, no current research has been published that provides empirical evidence of client perspectives toward therapy or the therapeutic relationship.

Girard and Brownlee's (2015) publication illustrated the importance of assessment practices geared toward CNM populations; however, a significant gap remains concerning counselling intervention and evaluation with nonmonogamous clients. Outcome research, such as that published in case study format (Duggal, 2013; Weitzman, 2006) and in self-help literature (e.g., Anapol, 2010), may begin to address the lack of understanding pertaining to therapeutic intervention with CNM populations. Despite Ribner's (2011) assertion of the sufficiency of current models of therapy practice when working with CNM clients, and the recommendations made by authors such as Moors and Schechinger (2014), Weitzman (2006), and Zimmerman (2012), it remains a necessity to investigate the influence of mononormativity on current theories of counselling and the resulting practical assessment, intervention, and outcome implications.

With the academic research base on CNM continuing to grow (Barker & Langdrige, 2010), we hope that forthcoming publications will increase the number of discussions about the influence of mononormativity on the therapy process. Exemplifying the ethical imperative for counsellors to maintain awareness of client diversity involves acknowledging the prevalence of consensual nonmonogamous practices and the various forms in which they take shape. Bearing in mind the importance of respecting the subjectivity of a client's cultural identity (Arthur & Collins, 2010b), the therapy process itself must also be tailored to reflect the needs of each client and their cultural perspective. As researchers and writers in counselling psychology explore in greater detail the influence of monocentric perspectives and mononormative bias on the counselling process, awareness is increased, and therapists may be better equipped to avoid unintentionally marginalizing and pathologizing CNM client populations specifically, and all clients generally.

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