

**CULTURALLY COMPETENT COUNSELLING WITH CONSENSUALLY NON-  
MONOGAMOUS CLIENTS: A NARRATIVE INQUIRY**

by

RACHEL MAY FRIEDERICHSEN

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## Abstract

Consensual non-monogamy (CNM) is a viable relationship practice, yet there is evidence for persisting stigma towards these relationship forms in society and in the disciplines of psychology and counselling. While clinical recommendations for counselling practice with CNM clients have been produced, it is not always clear how these recommendations ought to materialize in practice. This research project explored the following research question through narrative inquiry: How is culturally competent counselling practice achieved with consensually non-monogamous clients? Three narrative accounts of counsellors who identify as being culturally competent to work with CNM clients were co-constructed through semi-structured interviews to gain insight into how these counsellors ensure their practice is ethically and culturally competent for CNM clients. Interview content was analyzed to identify salient themes, resulting in 40 categories and five major themes: *knowledge, advocacy and advancement, affirmative integrative practice, minimization of judgment, and personal factors*. The research findings reflected both existing literature on the subject and also illuminated new areas for consideration and research, achieving its aims of furthering understanding of culturally competent counselling with CNM clients. The findings serve to provoke further discussion regarding the enhancement of culturally competent counselling practice with CNM clients in the three areas most influential: knowledge, awareness, and skill.

## **Preface**

This thesis is the realization of an idea conceived by the author, Rachel Friederichsen, who completed all work, including study design, participant recruitment, data collection, transcription, analysis, and manuscript write-up. Dr. Marla Buchanan provided methodological and editorial guidance and review in the role of research supervisor. Dr. Bill Borgen and Dr. Janice Stewart served as thesis committee members.

This research received ethics approval from the University of British Columbia's Behavioural Research Ethics Board. The certificate number obtained for this study was H16-00738, using the project title "Counselling Consensual Non-Monogamy."

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## A Note on Language

I adopt Richards and Barker's (2013) use of italics and scare quotes to delineate between safer terms and unsafe terms. Safer terms are written with italics the first instance they appear in the text (e.g., *gay*) and without thereafter (e.g., gay). Italics are sometimes also used to provide emphasis but are never used with unsafe terms. Scare quotes are used around any term that is considered less safe or around concepts that are problematic. In particular, readers will note my use of scare quotes around words such as 'normal,' 'the norm,' and 'alternative' when referring to sexualities, gender identities and relationship practices. 'Normality,' for example, is a complex social construct subject to immense variation over history and across cultures. It has been used to discriminate, vilify, and even persecute people that are different. In another example, gender is decidedly a complex issue, so readers will find scare quotes appear around phrases such as 'other gender' and 'same gender,' which serve to uphold a binary system of understanding.

I explore the central construct of this study, *consensual non-monogamy*, often abbreviated as CNM, in depth in the second chapter. At times I will use the term in this way: "CNM clients" or "CNM people:" Please note that wherever the term or abbreviation is used, I intend to include people who adopt CNM as a part of their identity as well as people who simply consider their CNM to be their practice rather than their identity. I considered both CNM as practice and CNM as identity as equally valid representations of CNM.

I use the pronouns they/them/theirs throughout this manuscript when referring to nearly everyone: my study participants, myself, and even fictitious people that I describe in illustrative examples. I recognize that some people prefer different pronouns than they/them/theirs. I chose to use these not in an effort to discount differences in individual preferences, but in an effort to eliminate both sexist and cisgendered language from my work. Additionally, through across-the-

board-use of these ‘neutral’ pronouns for all my study participants, I am able to provide them greater confidentiality.

Finally, please note that I use the terms *counsellor*, *therapist*, *clinician* and *practitioner* interchangeably.



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Throughout the process of writing this thesis, I was also beginning a new career. What could be more stressful than that? I am exceptionally lucky to have the support and understanding of my colleagues, supervisor, and manager at Touchstone Family Association. Thank you for letting me flex those hours and make this happen.

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No two people taught me more about the bottomless abundance of love than my Mom and my second father, Dave. My Mom carries on the legacy of her Dad, better known as “Papa,” a man who built his life on compassion and belief in people. My spirit is forever nurtured and fed from those teachings, which you both have immortalized. Mom and Dave, we share a boundless love for one another and we have such a gift for creating fun no matter where we are or what we are doing.

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## **Dedication**

I dedicate this research project to all the quirky, gorgeous, magnificent souls who march to the beat of their own drum, trailblazing for us all! You are the spice of life! You ROCK!

Jimmy “Papa J” Smelliot is your king, if you’ll have him.

## **Chapter 1: Introduction**

### **Research Problem**

In the Western world, people from a wide variety of social and cultural groups are practicing consensual non-monogamy (CNM) in diverse ways. Unfortunately, there remains evidence for persisting unfamiliarity and discrimination towards these relationship forms in the disciplines of psychology and counselling (Finn, Tunariu, & Lee, 2012; Hymer & Rubin, 1982; Knapp, 1975; Page, 2004). While therapists who have personal and professional experience with non-monogamy have produced clinical recommendations for this work, for a counsellor unfamiliar with the wide array of CNM relationships, it is unclear how these recommendations should be applied. Before this research project, no one had yet empirically collected accounts of culturally competent counselling practice with CNM clients to understand how culturally competent practice is achieved with clients who practice CNM.

The imperative to understand our clients' diverse experiences has been heralded for decades now: "counselling and psychotherapy have done great harm to culturally diverse groups by invalidating their life experiences, by defining their cultural values or differences as deviant and pathological, by denying them culturally-appropriate care and by imposing the values of a dominant culture upon them" (Sue & Sue, 2013, p. 38). This harm is not usually done intentionally, but more often through a lack of knowledge of these clients' worldviews, a lack of awareness of the validity of their choices, and a lack of understanding of their distinct needs in a counselling setting.

Leading scholars in the disciplines of counselling sexuality and gender minorities declare "it is unacceptable for professionals not to have a basic level of knowledge about the gender,

sexuality and relationship structures of their clients,” (Richards & Barker, 2013, p.8). In their view:

Professionals are paid (whether by the tax payer, their employer, the clients, or the time of others) to have knowledge and skills, and that includes a basic knowledge of such fundamental matters as sexuality, gender and relationships . . . It is appropriate that professionals should try to develop their knowledge about the sexualities, genders, and relationships that they are unfamiliar with such that clients from those groups will have an equivalent experience to those from more familiar groups. (p. 8)

The Canadian Counselling and Psychotherapy Association’s Standards of Practice (2015) includes a section entitled *sensitivity to diversity* (10A). It reads:

Counsellors should strive to grow in their understanding of diversity within Canada’s pluralistic society. This understanding should receive attention in counsellor education programs and be part of continuing education experiences. Such understanding should be based on knowledge of diversity and of the ways in which differences based on ways in which ethnicity, language, gender, sexual orientation, religion, and so forth, can affect attitudes, values and behaviour.

Counsellors should strive to understand the diversity within the communities in which they work and in which their clients reside. They should address or take action against unequal power relationships and work with clients to locate supports and resources to enable clients to advocate for themselves and others. (p. 8)

The importance of developing cultural competence for clients who practice consensual non-monogamy (CNM) is growing. Expert scholars are arguing that bias is still very much in the room when a client discloses their relationship structure as something other than monogamous.

Problems in the clients' lives and relationships are often thought to be attributable to their non-monogamy, rather than to other factors: "for people within the norm, problems are generally assumed *not* to be related to their identities and/or practices, when in fact they might well be – whereas for people outside the norm, problems are often viewed as being inevitably related to their identities and/or practices when many times they are not" (Richards & Barker, 2013, p. 6). The result is a monogamy-centric, or mononormative view. In these ways, even with the existing recommendations for working with CNM clients, double standards of practice continue to permeate counselling sessions.

While we have clinical recommendations for counselling CNM clients, no research project has explored how these recommendations unfold in the counselling context. This research project worked towards closing this gap in the literature by collecting and interpreting the narrative accounts of three counsellors who have experience and competence working with CNM clients to understand how these recommendations are currently being applied in the field. These accounts were collected through semi-structured interviews that sought to elicit narrative accounts of these counsellors' development and practice of cultural competence with CNM clients. These interviews were audio recorded and transcribed. The researcher analyzed the data for codes, which were then condensed into major themes (Chapter 4). These themes and codes were compared to the existing literature on counselling competencies with CNM populations for points of consistency and points of departure, and recommendations for practice and further research were proposed (Chapter 5).

## **Prevalence**

Consensual non-monogamy (CNM) as a relationship practice is nothing new, but it is seeing a resurgence of interest in the last decade. As with any minority practice, researchers are

often tasked with determining the extent of the practice in order to make solid arguments for the investment of time and resources for applied research. This researcher was asked to provide figures on prevalence of consensual non-monogamy in contrast to monogamous forms of relating. But how can prevalence of this practice be ascertained? No census data exists to count the number of people who relate in CNM ways. In a recent study regarding prevalence of CNM in America, researchers Hauptert, Gesselman, Moors, Fisher, and Garcia (2016) found that more than one in five Americans report engaging in CNM in their lifetime. This study drew from two samples (Study 1:  $n= 3,905$ ; Study 2:  $n= 4,813$ ) with “recruitment targeting based on demographic distributions of age, gender, ethnicity, region and income” (p. 7).

There are other ways to consider prevalence; one way to imagine the phenomenon’s existence and reach is to look at trends in popular literature. On this note, several self-help books offering relationship advice to people wanting to engage in CNM have been published (Anapol, 2010; Barker, 2013; Easton & Liszt, 1997; Labriola, 2010; Taormino, 2008), one was republished (Easton & Hardy, 2009), and they continue to grow in popularity. These publications boast such eye-catching titles as *The Ethical Slut*, *Opening Up*, and *Love in Abundance*. Also interesting to note: a recent mainstream publication by Ryan and Jethá (2010), *Sex at Dawn*, presents arguments from an evolutionary biology perspective that humans are hardwired to engage in multiple intimate pair bonds. What was more interesting (it became a New York Times bestseller), was the fact that it was listed as one of NPR’s favourite books of 2010, and won a literary award.

Another way of contending the existence and proliferation of CNM is to look at trends in the media and in online communities. To this end, numerous editorial stories on consensual non-monogamy, particularly polyamoury, have appeared on global, national, and local news sources



throughout the western world, such as BBC News (UK), The Guardian (UK), CNN (USA), Newsweek (USA), The Independent (UK), The National Post (Canada), The Globe and Mail (Canada), The Coast (Canada), The Vancouver Sun (Canada), Huff Post Women (USA), and VICE (USA). Even The Times of India featured an article called “Monogamy on way out, polyamoury coming in!” in 2013. Radio shows and weekly podcasts such as Lovingwithoutboundaries.com and Multiamory.com have featured CNM advice shows, Q&As, and anecdotal stories. Online magazines, blogs and columns dedicated to CNM issues boast wide readership, such as Salon.com, Polyamorousmisanthrope.com, Polyweekly.com, and Morethantwo.com. Websites dedicated to CNM and online forums proliferate across Canada, America, and the UK, such as Polyinfo.org and the Polyamory.com forum. Local and national meet-ups are organized through online channels such as Vanpoly.ca, while political advocacy groups for CNM people are active in the United States and Canada, such as the Canadian Polyamory Advocacy Association, and the National Coalition for Sexual Freedom (USA).

Within the scope of therapy and counselling, a number of practitioners have noticed the phenomenon’s growth as well. In a 2010 article published by the *Psychotherapy Networker*, Nelson warns us that “we are in for a sea of change . . . whether we like it or not” (p. 2). Richards and Barker (2013), mental health clinicians who specialize with sexuality and gender minorities, state: “media coverage means that open non-monogamy is far more available to people than it has been in previous decades” (p. 214). They estimate that half of gay men and bisexual people and a smaller number of lesbians and heterosexual people actively practice consensual non-monogamy (p. 209).

In a broader context, one can see that social theory has paved the way for wider acknowledgment and understanding of non-normative sexualities, gender expression, and

intimate relational models. Seminal contributions made by Foucault (1976/1990), Askham (1984), and Giddens (1992) provide a foundational critical lens through which a multitude of disciplines, including counselling psychology, have come to better understand and respect heterogeneity in their minority clients and to acknowledge the structures of power and oppression that serve to undermine them. The contributions of feminist and queer political movements, dating far back to the free love movement of the sixties and seventies, might be seen as a spearhead for an ongoing sexual revolution. Even in the seventies, scholars warned that “counsellors may expect an increasing number of marriages to include open intimate involvement with others either as an adjunct to the marriage or as an integral part of it” (Constantine, Constantine, & Eldemen, 1972, p. 267). In recent years, feminist, queer, and social constructionist researchers have applied a critical lens to *mononormativity* (Barker, 2011; Conley, Ziegler, Moors, Matsick, & Valentine, 2012; Frank & DeLamater, 2010; Jamieson, 2004; Robinson, 1997; Samuels, 2010). These contributions have been instrumental forces in provoking curiosity and interest in CNM relationships in the public and academic community.

What is truly evident is a tremendous wave of research on polyamory, swinging, and other forms of open relationships in the social sciences (Barker & Langdrige, 2010b). A wave of post-graduate theses (Butterworth, 2009; Cook, 2005; Gardner, 2005; Hinton-Dampf, 2005; Keener, 2004; McLuskey, 2009), dissertations (Chin-Ortiz, 2008; Franceschi, 2006; Peace, 2012; Robinson, M., 2009; Sheff, 2005a; Wilson, 2012; Wolfe, 2003; Wosick-Correa, 2007) published articles, book chapters (Jamieson, 2004; Richards & Barker, 2013), and the first edited collection of research and theory of non-monogamies (Barker & Langdrige, 2010a) have all emerged to problematize the prevailing mononormative assumptions of intimate adult relationships. An online forum for polyamory researchers connects academics across the globe (Yahoo

Polyresearchers). Presentations on CNM have been made at APA conferences (2011, 2012), the Annual Convention of the Western Psychological Association (2012), the National Multicultural Conference and Summit (2013), and the International Association for Counselling (IAC) Conference (2014). As well, CNM-specific conferences have been held internationally: the International Conference on Polyamory and Mono-Normativity (2005), the International Academic Polyamory Conference (2013), and the International Conference on the Future of Monogamy and Non-monogamy (2014). In February of 2017, the University of California, Berkley, hosted the 6th International Conference on the Future of Monogamy and Nonmonogamy. In August 2017, Vienna will host the interdisciplinary Non-Monogamies and Contemporary Intimacies conference.

Some CNM scholars have worked to understand the lived experiences of those who engage in non-monogamous relationships. These studies have served to demonstrate the vast indices of heterogeneity between and within different CNM groups (e.g., polyamoury, swinging, and open relationships; Franceschi, 2006; Sheff 2005b; Sheff, 2006; Sheff, 2011; Wolfe, 2003; Wosick-Correa, 2007). Other authors have focused on the discourses that serve to construct and oppress the experiences of those who are CNM (Barker 2005; Finn & Malson, 2008; Klesse, 2006; McLuskey, 2009; Ritchie & Barker, 2006), including critical analyses of the self-help literature available to the public (Haritaworn, Lin, & Klesse, 2006; Petrella, 2007). These scholars propose that these popular publications promote “new regimes of normativity, endorsing individualism at the expense of critiquing structural power relations around race/ethnicity, gender, class and sexuality” (Barker & Langdrige, 2010b, p. 755). Other researchers have worked feverously to explain how CNM is done and maintained (Adam, 2006; Bonello, 2009; de Visser & McDonald, 2007; Finn, 2010; LaSala, 2004; Spears & Lowen, 2010). Defining the

“rules, contracts and boundaries” of CNM (Barker & Langdrige, 2010b, p. 759) seems to be an insurmountable task, again due to the variety of ‘what works’ for different people in different relationships.

Perhaps it is social changes, including high divorce and infidelity rates (Hymer & Rubin, 1982), improvements in economic parity and increased choice for women (Shernoff, 2006), longer life expectancies (Davidson, 2002), the emergence of equal rights to same-sex couples (Barker & Langdrige, 2010b), or the influence of the World Wide Web that gave sexuality, relationship, and gender minorities greater visibility and promoted the cultivation of networks between their members (Weitzman, Davidson, & Phillips, 2012). No matter what the reason may be, it is safe to say that, for some people, a renaissance of relationship structure is underway. Some of our clients are repositioning themselves to expect and embrace a wider variety of sexual and emotional experiences than has previously been acceptable in the bonds of romantic and sexual partnerships. They are questioning the rules of monogamy. They are experimenting. And some are finding that consensual non-monogamy is what they want. We need to be ready to provide culturally competent care.

### **Viability**

With sufficient evidence that CNM is happening and in adequate enough numbers to warrant research, the next question inevitably is: Are these relationships healthy, and are they viable? In brief, studies on this question have revealed no significant differences between monogamous and CNM groups: relationships of both types appear to have equal potential to be healthy and viable (LaSala, 2004; Morrison, Beaulieu, Brockman, & Beaglaioich, 2011; Mohr, Selterman, & Fassinger, 2013; Rubin, 1982; Rubin & Adams, 1986). These studies measured the prevalence and strength of relational and dyadic constructs in CNM populations, such as need

fulfillment, secure attachment, relationship well being, dyadic adjustment, and stability. Greater elaboration on these studies may be found at the end of Chapter 2.

### **Importance**

*“Our contention is that cultural competence is superordinate to counselling competence” (Sue & Sue, 2013, p. 39).*

With prevalence and viability addressed, it is time to get down to the real business of this research: What are counsellors doing to develop cultural competence working with clients who practice consensual non-monogamy? How are counselling practitioners overcoming their ignorance of CNM ways of relating? How are they gaining awareness of how societal mononormative bias influences practice on multiple levels?

It is encouraging to see that there is literature within our field that provides recommendations for best practices when working with CNM clients. These recommendations are written by experienced counsellors and therapists that have worked extensively with CNM clients, many of whom are CNM themselves (Johnson & Yarhouse, 2013; LaSala, 2001; Page, 2004; Weitzman, 2006; Weitzman, Davidson, & Phillips Jr., 2012). Many of these recommendations are not directly informed by empirical research, nor have they been collected in an empirical fashion, which lent an opportunity to compare them through this research project. These existing recommendations will be explored in depth in the next chapter.

Many of the current scholars and self-help writers on CNM are counsellors and therapists themselves, and express a great deal of criticism towards traditional assessment and conceptual models of practice (Barker, 2011; Brandon, 2011; Nelson, 2010; Samuels, 2010). To this point, one notices that the fields of counselling and therapeutic practice have produced a great deal of conceptual and empirical research on the phenomenon of *infidelity* (i.e., non-consensual non-

monogamy), including manualized treatments for practitioners to follow (Fife, Weeks, & Gambescia, 2008; Johnson, 2005), though no such manualized treatment has yet appeared for consensual non-monogamy. It seems pertinent to note how some of these models of conceptualization (for infidelity) invoke perpetrator vs. victim discourses as well as assume that crisis and attachment rupture are unavoidable outcomes (Johnson, 2005). It is not within the scope of this thesis to thoroughly problematize these conceptual underpinnings, but it is important to understand how the mainstream field of counselling, psychotherapy, and couples therapy has thus far conceived of extra-dyadic relationships, and to wonder about the implications of such embedded notions for counselling practices with consensually non-monogamous clients. Certainly there are other models of working with infidelity which are less predictive and prescriptive of client affect, needs, or necessary outcomes, and less inclined to characterize one partner as the ‘offending spouse’ (Fife et al., 2007). Esther Perel, a relationship therapist and expert on treating infidelity in couples, offers a fresh take on the phenomenon of infidelity. In her most recent TED talk (March, 2015), Perel offers her anecdotal perspective: that most people who cheat are not necessarily unhappy with their partners, but instead want to explore and understand new parts of themselves. I do not mean to say that infidelity and consensual non-monogamy should be conceptualized in the same way, but perhaps these insights: of moving beyond ‘victim’ and ‘perpetrator’ narratives, and of exploring new parts of oneself, can help to pave the way to open the minds of counsellors in practice today as they consider their mononormative biases.

In short, while literature exists to help guide counsellors working with CNM clients, they would benefit from validation and contextualization through empirical research. How do these

recommendations look in practice, and are there new recommendations that study participants might propose?

## **Rationale**

After careful review of the literature, I found that no study to date has taken a qualitative empirical approach to understanding how counsellors are achieving culturally competent practice with their CNM clients. This approach allows for comparison with current counselling recommendations, allows us to see how these recommendations are actually implemented in practice, and allows for new recommendations to be made.

I collected a rich data set through narrative inquiry and worked to account for forces acting upon the participant responses as well as forces acting upon my interpretations. It is hoped that the resulting reflexive, qualitative method allows readers to more readily situate the findings and discussion in context, and bring their own critical lens to all aspects of the research.

The research findings reflected both existing literature on the subject and illuminated new areas for consideration and research. Considerations for future research and practice are discussed, and recommendations are made. It is my belief that this study achieved its aims of furthering our understanding of culturally competent counselling with CNM clients, and it is my hope that the study results provoke further discussion to enhance culturally competent counselling practice with these clients in the three areas most influential: knowledge, awareness, and skill (Sue & Sue, 2013).

## **Research Question**

In this research study, one research question was investigated using a narrative research approach: *How is culturally competent counselling practice achieved with consensually non-monogamous clients?*

## Chapter 2: Review of the Literature

### Cultural Competence in Counselling

A study on cultural competence with minority populations in the counselling field would not be complete without acknowledgment of the contributions of Derald Wing Sue and David Sue. For this research project, I reviewed their most recent guide to multicultural counselling, *Counselling the Culturally Diverse* (2013). The authors base their theory on three major arms of competency development: (a) that the therapist develop an awareness of their assumptions, values, and biases; (b) that the therapist develop an understanding of the worldview of their culturally diverse clients, and; (c) that the therapist use interventions and approaches that are sensitive to these differences (pp. 48-49).

Sue and Sue (2013) draw upon a well-known mandate in counselling programs, where emerging counsellors are encouraged to develop a capacity and practice of self-reflection regarding their judgments and biases. They note that what often results from this education is an *intellectual* understanding of ones own identities and social situatedness, without an *emotional* understanding of how these assumptions and beliefs drive their responses [italics added]. The authors assert that in order to achieve a deeper and more cogent level of meaning, counsellors must answer questions not only of how they *think* about differences, but of how they might respond to assertions that they have a responsibility to undo racist, heteronormative, ciscentric, sexist, ageist, and ableist systems of oppression through their work with clients, and through advocacy outside the counselling room. Through the course of this paper, I will present arguments that counsellors also have a responsibility to undo mononormative and monogamy-centric systems as well.



If we do not have a lived experience of something, we may never truly understand it. Despite this, authors Sue and Sue (2013) advocate that all counsellors develop, at the very least, cognitive empathy for their culturally diverse clients. This includes a mandate to read relevant literature on the experiences of people with similar intersections of identity, having conversations with other people of those communities and populations, and learning how the experience of being a minority creates stress for them in relation to wider systems of power and oppression.

Finally, the authors make a strong point that not all therapeutic modalities are equal for all clients they encounter. Considerations of race, socioeconomic status, education, and worldview may require therapists to adopt alternative approaches to talk-therapies, non-directional approaches, and the traditional emphasis on client self-disclosure. The authors warn, “equal treatment in therapy may be discriminatory treatment” (p. 49). Counsellors are encouraged to develop a wide variety of therapeutic approaches that respect differences in experience, beliefs and worldviews. In addition to focusing on the experience of the individual in therapy, practitioners of multicultural counselling are also tasked with addressing inequities and discrimination that results from normative systems, i.e., institutions, policies, and practices that may be unhealthy or problematic for the development of culturally affirmative experiences for clients.

These three arms: attitudes/beliefs, knowledge, and skills, coupled with both micro (client-therapist) and macro (organization, system) foci, guide our conversation on the development of cultural competence with consensually non-monogamous clients. Sue and Sue’s (2013) contention is “that cultural competence is superordinate to counselling competence,” (p.

39); without developing cultural competence, counselling efforts will most certainly be incompetent.

“Counselling and psychotherapy have done great harm to culturally diverse groups by invalidating their life experiences, by defining their cultural values or differences as deviant and pathological, by denying them culturally-appropriate care, and by imposing the values of a dominant culture upon them (Sue & Sue, 2013, p. 38). This research project was driven by a number of observations and assumptions regarding the difficulty of providing culturally competent counselling services for individuals who practice consensually non-monogamy or who identify as consensually non-monogamous.

At a most fundamental level, many counselling theories carry ciscentric, mononormative, and heteronormative assumptions. Richards and Barker (2013) observe that psychoanalytic and psychodynamic approaches are based on a nuclear family model of one mother and one father; that the adult attachment theories of Erickson and Bowlby propose that attachment should be with one partner only; and that even cognitive-behavioural approaches draw from research based on presumptions of monogamy. “Multiple sexual partners are often only considered in such texts in the context of pathological categories (e.g., borderline personality disorder, sex addiction) or transmission of HIV and STIs” (Richards & Barker, 2013, p. 213). Even the very terms ‘couple’s therapy’ and ‘marriage counselling’ negate the experiences of CNM individuals who are in relationships that are comprised of more than a ‘couple’ (two) people and, with regards to marriage, who are restricted to only one legal spouse.

Attending an EFT couples therapy externship a few years ago, I was informed by the trainers that the EFT couples therapy model is not suitable as a therapeutic model for individuals in consensually non-monogamous relationships. It was shocking for me to hear, as EFT is

arguably one of the leading therapeutic modalities for relationships that emerges from a foundation in attachment theory, and as we will see in the research findings, some therapists assert they use EFT relationship therapy principles with considerable success with CNM clients. Another personal anecdote comes from a graduate-level counselling course in family therapy; I remember my lesson in the family systems theory where I was taught that an outsider to an otherwise stable dyad may result in *triangulation*, a compromising relationship construction that may serve to destabilize and erode the intimacy of the original dyadic relationship. How does a counsellor who ascribes to a family systems conceptualize a group of three polyamorous people who one day enter their office and tell them they enjoy and love the triangle relationship they formed, each as lovers to one another, but that they need help with occasional bouts of jealousy and help discussing their living arrangements? If a therapist has been dissuaded from using the tenants of attachment theory in an EFT relationship modality, and has the bias that triangles are inherently bad for intimacy, what affirmative counselling theory exists for the counsellor to utilize to help them conceptualize their clients' problems? It is easy to see how the existing theories might negate the experiences of these clients (who *love* the arrangement they have) and push for solutions that enforce mononormative values upon them.

### **Cultural Competence with Sexuality, Gender, and Relationship Minorities**

*There are philosophical disagreements among professionals over whether gender and sexual orientation, for example, constitute distinct overall cultures . . . We believe in the inclusive definition of multiculturalism; it does include gender, sexual orientation, disability, socioeconomic class and other marginalized groups in our society (Sue & Sue, 2013, p. 37).*

Christina Richards and Meg Barker are well-known research specialists in the field of therapy with sexuality and gender minorities. Their handbook, *Sexuality and Gender for Mental Health Professionals* (2013), is a fresh, well-regarded companion for practicing counsellors and counsellors in-training who look to develop awareness of sexuality and gender issues in their practice. Their thesis is simple:

Professionals are paid (whether by the tax payer, their employer, the clients, or the time of others) to have knowledge and skills, and that includes a basic knowledge of such fundamental matters as sexuality, gender and relationships . . . It is appropriate that professionals should try to develop their knowledge about the sexualities, genders, and relationships that they are unfamiliar with such that clients from those groups will have an equivalent experience to those from more familiar groups. (p. 8)

The authors adopt a contemporary structure for their book; rather than discussing only ‘minority’ sexualities, practices, and gender identities, and rather than discussing only the ‘normative’ sexualities, practices, and gender identities supported and upheld by our current institutions, the authors dedicate chapters to all: transgender (trans); intersex/diversity of sexual development (DSD); cisgender; further genders; bondage and discipline, dominance and submission, and sadomasochism (BDSM)/kink; asexuality; bisexuality; lesbian and gay sexuality; heterosexuality; cross-dressing; further sexualities; monogamy, and; non-monogamy. They remind practitioners that gender, sexuality, and relationships are relevant areas of identity and practice for all clients, whether they consider their identities and practices as ‘normal’ or outside the ‘norm.’ Certainly, clients who fall ‘outside’ can and do experience discrimination, marginalization, and minority stress, but they maintain that even our ‘normative’ clients experience stress in these areas: “they may worry about how well they fit, attempt to fit too

rigidly, and experience difficulties when they don't adapt to wider cultural shifts," (Richards & Barker, 2013, p. 2). The authors propose adopting the terms *sexual and relationship counselling* as inclusive replacements to the heteronormative and mononormative terms 'couples counselling' and 'marriage counselling.'

As scholars of cultural competence with sexualities, relationship practices, and gender identities, Richards and Barker (2013) warn: "it is unacceptable for professionals not to have a basic level of knowledge about the gender, sexuality and relationship structures of their clients," and furthermore, "if you do need training, a client in distress is not the person to give it" (p.8). The authors maintain that a lack of knowledge on the part of the therapist will not only damage therapeutic rapport, but will likely also deter that client from seeking supportive services again in the future (p. 8).

Developing a base of knowledge is a start, but it is not sufficient. Counsellors must develop the affirmative beliefs needed to undo the discrimination these clients face. As a basic requirement, "it is most important that professionals do not question marginalised identities and practices on the grounds that they are non-normative" (Richards & Barker, 2013, p. 9). Almost as an echo to Sue and Sue's (2013) supposition that therapists have a role in undoing the injustice that the mental health profession has inflicted over generations of discriminatory practice, Richards and Barker (2013) maintain that "professional power can be affirmatively leveraged to explain that the client is not 'wrong' or 'not normal' per se . . . a practice or identity of course may or may not be right for the client at that time; however, the de facto assumption should be that it is an acceptable possibility" (p. 9). Not only are these viable possibilities and must be treated as such,

Professionals should be wary of assuming that non-normative practices and identities are reasonable possibilities only for people who are normative in all other respects (and perhaps who do not have children) and are not acceptable for others (younger or older people, or people with physical or learning disabilities, for example). (p. 9)

Practitioners are asked to recognize that intersecting minority identities usually compound minority stress, and that systemic discrimination on any aspect of the client's identity has no place in the counselling relationship.

Other teachings towards the development of counselling competency with sexuality, relationship, and gender issues include recognizing that even though a client may identify or practice in a certain way, this does not mean they necessarily consider themselves a part of the 'community' of that label. Sometimes people are perfectly happy practicing what they practice or being who they are without connecting with the 'community,' while "sometimes intersections can make it difficult for people to access a community which represents them specifically" (Richards & Barker, 2013, p. 11).

### **Consensual Non-Monogamy: Identity or Practice?**

Richards and Barker (2013) warn professionals to not assume a person has adopted a sexual *identity* when in fact they prefer to consider it a *practice*. A salient example would be a male-identified client who has sex with other men, but does not identify as *gay*. A term such as *MSM* (a man who has sex with men) may be more accurate for this client (pp. 3-4). Another example would be a person who identifies as asexual but who chooses, for non-coerced motives, to have sex with their partner. Their identity as asexual may be influenced by their lack of sexual attraction, but they may still practice sexual acts in their relationship (Richards & Barker, 2013, p. 103). In a wider understanding of non-monogamy, some people consider themselves

consensually non-monogamous as an identity (e.g., polyamorous, a swinger), while others consider it a practice (i.e., I practice non-monogamy, we are *monogamish*, we swing on weekends). I and other scholars recognize that both are valid expressions of CNM, neither more valid than the other.

Richards and Barker (2013) estimate that roughly half of consensually non-monogamous people consider it a hard-wiring or orientation that has been true for them for the better part of their lives: “some people feel that non-monogamy is a more integral part of their sexuality than the gender they are attracted to or what they like to do sexually” (p. 215). They estimate that the other half of CNM folks consider it more of a conscious choice or a practice. The authors propose that common considerations for people who choose consensual non-monogamy may include: it being a better alternative to infidelity; a desire to have sex with more than one person; wanting to feel free in their relationship(s); feeling safer having multiple partners in their lives; due to political inclinations such as feminist or anti-capitalist beliefs; a desire to live communally; or as part of a spiritual practice (pp. 214-215). These individuals may feel “that it is something that could be at some time in their lives, or in some relationships, but might not always be” (p. 215).

### **Constructions of Consensual Non-Monogamy**

I review here the common constructions (terminology, language) of consensual non-monogamy and offer my criticism of these constructs as being distinct and stable categories. Following this review, I briefly review the construct of monogamy, and then provide a working definition of consensual non-monogamy for the purposes of this research project.

I include the term consensual when discussing non-monogamy in order to delineate these relationships from those characterized by non-negotiated forms of non-monogamy (e.g.,

cheating, infidelity). When non-monogamy is consensual, people accept that their partners have emotional, intellectual, and/or sexual connections with others, and that these partners are free acting and not coerced into that form of relationship. Consensual non-monogamy is an umbrella term that groups together such relationship forms as polyamoury, swinging, open relationships, and relationship anarchy or relationshipqueer, which will be further explored below. Other relationship forms that fall under this umbrella include co-marital relationships (Constantine et al., 1972), *monogamish* relationships (Savage, 2012), and *the new monogamy* (Nelson, 2010).

Richards and Barker (2013) recognize that common to all forms of CNM are some form of contract and disclosure between partners. The purpose of contracts are to “determine which activities are, or are not, acceptable, and where the boundaries and limits on openness lie . . . [They are intended] to keep the *primary relationship* feeling safe enough and to manage potentially difficult emotions such as jealousy” (p. 210). They make an example of this in the term *soft swinging*, which is generally understood to mean engaging in sexual activities as a couple with the exception of penetrative genital sex with people outside the primary relationship. Some people who practice CNM may decide to keep certain sexual acts exclusive to their primary relationship, may have rules about whether partners can bring other lovers to their home or not, whether they sleep over with their other lovers, and even have rules against emotional connections with outside partners. Of course, many people who practice CNM do not have rules against these practices, and instead prefer that they and their partners have more freedom in their choices and practices. Instead, they might engage in “continual negotiation and open communication” with all their partners but continue to make decisions for themselves (p. 210). Relationship anarchy and relationshipqueer structures are particularly known to value freedom and limit their relationship contracts (p. 211).



Richards and Barker (2013) recognize there is a wide spectrum of disclosure in CNM relationships; while “all consensually non-monogamous people are open with partners about the fact they are non-monogamous,” there are those who prefer a “‘don’t ask, don’t tell’ policy about the details of who the other person has seen and what they have done with them, to those who prefer to hear every detail” (p. 211). The authors see that the tensions of freedom and safety are very much at play along the spectrum of disclosure: “some feel freer if they do not have to disclose what they get up to, others feel freer if they can tell their partner everything. Some feel safer not knowing, and others feel safer if they know that they will be told (or be present at everything)” (p. 211).

Before I move to the common constructs of CNM formats, it is very important to again acknowledge that the forms and practices of consensual non-monogamy that are being described in this research study are plucked from the context of Western society, specifically, Canadian, American, and UK contexts, where the bulk of research on CNM for counselling emerges. This omits a much larger section of the human population where non-monogamy is widely practiced, notably in cultures where polygamy is common. An additional note: I also exclude polygamy as it appears in Western society, and most specifically, polygamy as it appears in the FLDS communities or those modeled on it (i.e., Bountiful, British Columbia). There it exists as an institutional expectation, and this problematizes our requirement that the CNM relationship involve only free-acting participants.

**Polyamoury.** Richards and Barker (2013) describe polyamoury as the CNM relationship structure that “involves *multiple relationships* rather than one *open* relationship” (p. 209). They go further to assert that of all the CNM relationship structures, polyamoury is more likely to have people adopt it as an identity (i.e., a polyamourist) rather than as just a practice. “Common

models of polyamoury include primary/secondary (one, or perhaps more, main relationship/s and other subsidiary ones), multiple equal partners (who may be *polyfidelitous* or open, in triads, quads, tribes or families), and having multiple non-primary partners” (Barker, 2011, p. 284).

Polyamoury is constructed in a number of different ways, some which highlight an action discourse, some that highlight an ethical/moral discourse, and others that highlight philosophical or ideological discourses. The action discourse is apparent in Barker and Langdrige’s (2010b) definition of polyamoury as the act of having multiple simultaneous emotional and/or sexual relationships (p. 750). Other constructions situate polyamoury in a moral/ethical discourse by focusing on how the practice of polyamoury is responsibly maintained and negotiated. This moral/ethical construction is apparent in Davidson’s (2002) definition of polyamoury as “the practice of having loving, intimate relationships with more than one person at a time, within an ethical, consensual, agreement-based context,” (p. 1). Still other constructions place polyamoury in a larger philosophical and ideological discourse: Haritaworn, Lin, and Klesse (2006) maintain that polyamoury “stands for the assumption that it is possible, valid, and worthwhile to maintain intimate, sexual, and/or loving relationships with more than one person” (p. 518). More on the ideological, actual and philosophical constructions of polyamoury are found in upcoming sections of this literature review regarding constructions of relationship distress.

As noted previously, polyamorous relationships are sometimes divided into subcategories depending on their structure or typology. It must be noted that people practicing polyamoury might identify at any point along the sexual orientation spectrum, including heterosexual, gay, lesbian, bisexual, pansexual, and asexual (Scherrer, 2010), and may identify at any point along the gender spectrum, including transgender and gender variant individuals (Richards, 2010). Although more often using the term open relationship, Richards and Barker

(2013) remark that there are more and more gay and bisexual men who practice polyamory (p. 209). As well, bisexual-identified participants have been found in much higher prevalence the following polyamorous samples than are found in the general population: Morrison et al.'s (2011) sample found 34.7% of men and 77.5% of women identified as bisexual; Butterworth's (2009) sample found 49% identified as bisexual; and 54% of Wosick-Correa's (2010) sample identified as bisexual.

**Swinging.** It is not uncommon to see swinging constructed as the recreational, sex-focused form of consensual non-monogamy (Peabody, 1982; Weitzman, 2006). Davidson (2002) maintains that with swinging, "the emphasis is on couples engaging in recreational sex with others in a party atmosphere," whereas polyamory "is primarily a relationship-oriented approach to non-monogamy rather than a casual-sex oriented approach" (p. 2). Constructions of swinging appear to emphasize the separation of emotional and sexual fidelities (Finn et al., 2012). Richards and Barker (2013) see that swinging, often done "in a social context such as a party or a club," is "predominantly a heterosexual practice, with women swingers often more than men identifying as bisexual or 'bi-curious,'" and that a common agreement is "only sex, and not love, with people outside the primary relationships is acceptable (although friendships may develop between couples over time)" (p. 209). This is echoed in other articles where generally, swinging couples are thought to emphasize sexual openness under organized circumstances while seeking to preserve the couple's emotional fidelity. In their study sample of four swinging couples, de Visser and MacDonald (2007) found that "sexual non-monogamy is a defining characteristic of swinging, but all couples emphasized the importance of emotional fidelity to their primary partners" (p. 471). Based on the author's extensive understanding of swinging, McDonald (2010)

describes a process whereby swingers maintain “dyadic containment” while engaging in recreational sex with others (p. 72).

**Open marriages.** This construct, as it appears in the literature, predominantly speaks of heterosexual marriages, likely due to the sparse legal recognition of same-sex marriages in several Western societies before the year 2000. Peabody (1982) observed that open (heterosexual) marriages could involve openness in the emotional or sexual realms, or both. Her construction of open marriage situates it in a *superior to monogamy* discourse; she sees an open arrangement as necessary for individual and marital satisfaction, insofar as it allows for individual growth otherwise impossible within a closed marriage (p.428). In her construction she undermines an assumption of monogamy which expects “one partner will be able to fulfill all of the other's needs (emotional, social, sexual, economic, intellectual),” posing this as an unreasonable and impossible expectation of any one person (p. 428). She further constructs openness as a shield against marital distress; where there is “equality of power, separate identities, and trust in the other,” Peabody sees decreased odds for marital conflict (p. 428). For sexually but not emotionally open marriages, there are important distinctions from swinging: in a sexually open marriage, “one or both [partners] openly acknowledges independent outside sexual relationships with satellite partners. This life style differs from swinging in that dating of satellite partners is independent of the other spouse’s behaviour,” again emphasizing the independence of partners in an open marriage (pp. 428-429). Interesting to note is the author’s use of the word *marriage* over *relationship*: the author may see marriage as a pre-requisite for confirming commitment to the partner before these open activities can produce the fruitful experiences described. Reasons for this distinction of marriage over relationship, however, are not provided in the article.

**Open relationships.** The open relationships and marriages, predominantly those of gay men, are constructed as another form of consensual non-monogamy. There has been a great deal of research done on gay men's non-monogamous relationships. "Gay male couples are noted for their practice of non-exclusive relationships," (p. 11) writes Weitzman et al. (2012), and are "more likely to be in unions that allowed outside sex [than heterosexual or lesbian couples]" (LaSala, 2004, p. 2). Some authors assert that gay men have been pioneers in these alternative relational models (Rasmussen & Kilborne, 2007). Though some research samples indicate that gay men might have outside relationships that are both emotional and sexual in nature (Spears & Lowen, 2010), by and large, the research questions and their results have constructed the consensual non-monogamy practiced by gay men as allowing outside sexual experiences while emotional connection is restricted to the primary couple (Bonello & Cross, 2012; Finn et al., 2012; LaSala, 2004; Pawlicki & Larson, 2011; Shernoff, 2006). Richards and Barker (2013) remark: "commonly this takes the form of men in a primary relationship *cruising* for other men (either together or separately) and having brief sexual encounters with them," though "sometimes there are longer term sexual friendships" (p. 209). They also observed that "many younger gay men view open non-monogamy as something to participate in prior to forming a monogamous, or only somewhat open, primary partnership" (p. 209). Many studies sought to understand the individual health of the men in these open relationships as well as the health of the primary relationship. By and large these studies found that on indices of satisfaction, commitment, attachment, and adjustment, men in consensually non-monogamous relationship forms were comparable to their monogamous counterparts, and both groups were much more well-adjusted than their counterparts who concealed their extra-dyadic sexual activity from their primary partners (Bricker & Horne, 2007; LaSala, 2004; Shernoff, 2006).

While there are certainly open lesbian relationships and marriages (Blumstein & Schwartz, 1983; Munson & Stelboun, 1999), researchers suspect that the lesbian women in their study samples were not able to clearly categorize their close relationships with other women on the monogamy/non-monogamy binary (Witherspoon, 2012). It is proposed that the current constructions and language available to discuss non-monogamy may not reflect the experiences of lesbian women relating to one another outside their partnerships (Rothblum, 1999; Witherspoon, 2012). This is particularly problematic, as a lack of research and understanding of lesbian experiences of CNM is conspicuously lacking from the literature. On this note, research and literature has also not adequately captured the experiences of transgender and asexual individuals who engage in CNM, despite affirmations that this is a fairly common practice in the lives of some people who identify in these ways (Barker & Langdridge, 2010; Richards & Barker, 2013). Additionally, this researcher was not able to locate literature that spoke to the confluence of consensual non-monogamy with BDSM/kink practices, despite affirmations of the prevalence of these practices (Barker & Langdridge, 2010).

**Relationship anarchy.** Relationship anarchy and relationshipqueer constructs are newer to the literature, though not particularly new in practice. Richards and Barker (2013) offer their definition of these relationship structures as:

A more deliberately non-possessive style of relationship rooted in the idea of mutual freedom, trust and continual negotiation. Such styles are often more explicitly located in politics such as feminism, Marxism and anarchism. People who prefer such models to the more common form of polyamoury often talk of breaking down the divisions between love and friendship, and of valuing multiple different kinds of relationship (including the relationship to friends, neighbours, the planet, and oneself (pp. 210-211)

Relationship anarchists and relationshipqueer folk, like lesbians, transgender folk and those who practice BDSM/kink, also suffer from a lack of formal recognition in the CNM literature.

### **Constructions of Monogamy**

One may be interested to learn that non-monogamy is far more prevalent than monogamy in the world (Richards & Barker, 2013, p. 205). The following discussion, which sees monogamy as the societal ‘norm,’ is firmly entrenched in the Western culture where the research is conducted.

Richards and Barker (2013) construct monogamy as “relationships in which the explicit, or taken-for-granted, rule is that there won’t be any other sexual or romantic relationship outside a main partnership,” a construct that includes life-long monogamy, serial monogamy, and secret non-monogamy (p. 193). But how distinct are these two relationship structures— the monogamous, and the consensually non-monogamous? The authors further deconstruct monogamy, specifically in regards to how variable our assumptions of monogamy really are: “around a third of young heterosexual couples do not agree on whether or not they have discussed their monogamy agreement, and over half disagree on whether the rules of monogamy have been kept or not” (p. 196). Frank and DeLamater’s (2010) survey results of 200 respondents illuminate extensive variability of practice and philosophy in a population that identifies as monogamous: 52% of their respondents believed phone/cyber sex to be a transgression of monogamy while 48% did not; 20% believed watching pornography to be a transgression of monogamy while 80% did not; 23% found fantasizing to be a transgression of monogamy while 77% did not. Simply put, there are no universal agreements on these terms.

As alluded to above, these findings trouble the assumed dichotomy of monogamy and non-monogamy: “in what has been termed *the new monogamy* or *monogamish*, many younger

couples agree to have various kinds of attachments outside the relationship as long as these don't threaten the main relationship" (Richards & Barker, 2013, p. 196). Clearly the rules of monogamy are not as simple, cut and dry as the 'norms' seem to suggest (p. 208). Perhaps there is more to be gained "from a non-monogamy discourse which positions these divisions and boundaries as relevant to all, across the spectrum of relationships" (Barker & Langdrige, 2010b, p. 762). Willey's (2006) linguistic construction of *non/monogamy* frames monogamy and non-monogamy as elements in a linked, intimate system, rather than as discrete binary opposites. Consider McDonald's (2010) observation, resulting from years of swinging research, that "for swingers, monogamy and non-monogamy feed off each other and are inextricably linked" (p. 72).

After this review of the literature, I acknowledge the potential for all relationships to contain elements of monogamy, consensual non-monogamy, and infidelity. By reading through case studies presented in various CNM studies, it becomes clear that definitions and rules of engagement are diverse. How relationships are defined is not only subjective, but also negotiated through relational processes, and subject to change over time. While it is helpful to explore the common constructions and demarcations of these terms, the gaps between the terms leave us wanting for constructions that describe the relationship adequately while still respecting differences on various indices. By some accounts, a whole new language is preferred over one that simply stands in contrast to the perceived norm and leaves us with only binary possibilities (Ritchie & Barker, 2006).

### **Consensual Non-Monogamy as a Collection of Cultures**

I have now explored common constructions of the relevant terminology for this thesis, including consensual non-monogamy, polyamoury, swinging, open relationships, open



marriages, relationship anarchy/relationshipqueer, as well as a brief look at the heterogeneity present even in the monogamy construct. It is very important to acknowledge consensual non-monogamy as a broad umbrella term that attempts to capture relationship structures that are consciously constructed in an alternative manner to the 'norms' of monogamy. We see not one CNM culture, but a diverse group of subcultures with some common threads. I want to stress that there exist great differences between these groups: a relationship where two gay men practicing consensual non-monogamy looks very different from a heterosexual couple in an open marriage. Most certainly, these groups are influenced by different cultural and group norms. The researcher argues, however, that despite these differences, there is enough evidence in the literature to suggest that heteronormativity, and specifically *mononormativity*, or the norm of monogamy, influences all CNM groups and people in the context of contemporary Western society. This is evident in the appearance of clinical recommendations for therapists working with each and every form of CNM reviewed here: swingers (Peabody, 1982; Knapp, 1975), gay males in open relationships (Bettinger, 2005; LaSala, 2001; Pawlicki & Larson, 2011;), heterosexual open marriages (Constantine, Constantine, & Edelman, 1972; Ziskin & Ziskin, 1975), and polyamourists (Davidson, 2002; Weitzman, 2006; Weitzman, Davidson, & Phillips, 2012). Even though the relationships of each group look different and experience different influences than others, across the board we find the assertion that mononormativity is still predominant in clinical practice, regardless of the group and the intersecting identities. In the clinical recommendations for every group, therapists are entreated to suspend their socially-learned biases that favour of monogamy and entertain the idea that CNM relationships *can* be healthy, *can* be well adjusted, and *can* be enjoyable for every partner involved (italics added).

### **Working Definition**

For the purposes of this paper, I adopt the term *consensual non-monogamy*, abbreviated as CNM, which comprises both those people who practice CNM and also those who claim the term (or related terms) as an identity construct.

Keeping in mind the problems that binary terms create, for the purposes of this research, I construct consensual non-monogamy as:

- (a) The engagement of one or more free-acting partners in emotional and/or physical intimacy with others;
- (b) Where there exists some form of disclosure, acknowledgement, and/or negotiation of these connections with their other partner(s); and
- (c) Where their partner(s) accepts the outside relationship(s).

The clients that study participants work with might label their relationship structure as polyamorous, swinging, an open relationship, or an open marriage. Differences between these groups are substantial, of course, and I acknowledge that narratives are situated within subsets of CNM and that group's common terms, language, norms, attitudes, and practices. As well, I acknowledge that narratives and participants are situated in a number of intersecting identities including race, ethnicity, dis/ability, religion, socioeconomic status, gender identity, sexual orientation, sexual practices, subcultures, and marital status.

### **Counsellor Attitudes Towards Consensual Non-Monogamy**

A small number of studies explore the attitudes about and practice of counselling consensually non-monogamous clients (Finn, Tunariu, & Lee, 2012; Hymer & Rubin, 1982; Knapp, 1975; Page, 2004). None of these studies approached self-identified clinically competent practitioners and asked how they achieve clinical competence with CNM clients, yet the bias

towards a monogamy-centric value system is apparent in all the studies cited. The designs and outcomes of their studies are described below.

Finn, Tunariu, and Lee (2012) sampled 17 clinical psychologists, psychotherapists and sex and relationship therapists from the United Kingdom (14 men and 13 women) who advertised themselves as being non-directive and non-pathologizing towards CNM clients. Their study focused on how the clinicians discussed their practice and ultimately problematized the assertion that the counsellors were affirmative in their approaches. Participants had between 3 and 30 years experience, with an on average of 14 years experience. The researchers conducted semi-structured interviews with each participant, asking them to describe their “affirmative therapeutic engagements with consensual non-monogamy,” (p. 205) and analyzed the data at the level of language, or *how* the accounts were constructed, more than on the content itself (italics added). Researchers found a total of 19 coding categories and condensed these into prominent themes. Themes included therapists’ perceptions of non-monogamy as being creative, radical, and as upholding sexual freedom and endowing therapeutic qualities. As well, they found affirmative therapist constructions of CNM to include perceptions of frivolity, fun, risk, superficiality, and excitement. Researchers found that one therapist’s reflections contained themes of CNM as “crisis-provoking”, and as “misdirected and excessive sexual desire” (p. 210), while others constructed non-monogamy as “an independent and threatening domain . . . with notions of spillage and danger,” (p. 211) and needing a number of agreements and rules to survive. Researchers contrasted these constructions of CNM with other writers who saw rule making in CNM relationships as “diluting erotic, relational, and individual potential” (p. 211), and as inching back to mononormative ideals. Other themes that emerged from the analysis included therapists’ concerns about their client’s capacity for intimacy, and the assertion that a

client may choose CNM to avoid intimacy. This was contrasted with notions that CNM might reinvigorate a couple's intimacy, and deepen one's relationship with oneself. Affirmative practice with CNM clients was thus challenged by the researchers' analysis: the researchers saw that these affirmative therapist viewpoints contrasted and contradicted themselves and in many cases belied a negative bias. Their results were published in the *Journal of Sexual and Relationship Therapy*.

Knapp (1975) randomly sent 465 questionnaires to clinical members of the American Association of Marriage and Family Counselors, "to ascertain their attitudes and practices toward clients involved in sexually open marriage, secret affairs, and recreational swinging" (p. 505). The researcher received 190 usable surveys in return. Two-thirds of the respondents had worked with clients who engaged in extra-marital sex or swinging, "the largest category being swinging (spouse exchange) with close friends, based upon affectional inter-relating, followed closely by sexually open marriage and recreational swinging (spouse exchange primarily for sexual pleasure, social and emotional relating with outside partners being discouraged)" (p. 508). Of these, 14% of counsellor-respondents said "they could not have positive feelings towards *any* [*sic*] kind of extra-marital sex" (p. 509), while 43% of respondents indicated feeling the most negative towards recreational swinging. When asked to describe these non-monogamous clients in terms of pathology, "well over one-third of the respondents believed such persons to be neurotic and to have personality disorders. Almost one-fifth stated that such a population would be likely to have anti-social personalities" (p. 509). By cross-tabulating data, the researcher found that the greatest predictor of a counsellor having positive attitudes towards non-monogamy was their own engagement in non-monogamy (p. 511). 30% of the respondents reported having

engaged in extra-marital sex themselves. These counsellors were also much less likely to see non-monogamous clients in a pathological light (p. 511). Most interesting was their finding that:

A sizable number of counsellors said they were personally disapproving but professionally supporting of the sexual life-style choices of each category of clients. One wonders about the internal experiences of these therapists and to what extent their personal attitudes are subliminally conveyed to the client, who could perceive a triple message from the counselor: (1) I personally do not like your behavior (or you) but (2) as a professional I will support you while (3) in treatment I will attempt to remain neutral toward your sexual deviance. Whether or not the second and third can in any way cancel out the potentially damaging effects of the first remains a matter of speculation and concern. (p. 511)

Knapp's (1975) study was published in *The Family Coordinator*.

Hymer and Rubin (1982) sought to build on Knapp's (1975) study. They took a random sample of therapists from California and New York listed in the membership directories of the American Association of Marriage and Family Counselors and the American Society of Psychologists in Private Practice. Of 400 questionnaires mailed, 57 therapists replied (37 males and 20 females). The questionnaire contained 17 items to assess "therapist's attitudes, fantasies, and clinical experiences with alternative lifestyle clients" (p. 534). They were asked their views on these categories of non-monogamy: (1) extramarital sex (defined as infidelity in this study); (2) sexually open marriage; and (3) swinging. Therapists were also asked if they believed their services were supportive, and if they had engaged in any of the three forms of non-monogamy themselves. Results of this study found that respondents typically imagined ("fantasized") the following negative views of clients who participated in sexually open marriages: "client as

fearing commitment or intimacy (24%); being in marriages that were not adequately fulfilling (15%); having identity problems (7%); and being pseudo intellectuals (7%)” (p. 537). The following positive views were also found of clients in sexually open marriages: “clients as experimenters, variety and excitement seekers (22%); open and idealistic and secure in their sex roles (17%); and sophisticated (8%)” (pp. 537-538). They found the greatest number of negative perceptions (85% of their sample) were reserved for clients who engaged in swinging: “swingers were described as fearing commitment and intimacy (25%); having identity problems (19.5%); narcissistic, borderline, and emotionally dead (14%); having regressive wishes, fearing aging, and being impulse-ridden (14%); and being dissatisfied with their primary relationships (8%)” (p. 538). A handful of positive perceptions were recorded, including “fantasies [of] the swinger as sensual, experimental, and a variety seeker (19.5%)” (p. 538). The therapists in this sample viewed swinging more negatively than infidelity. Incidentally, the therapists in the sample responded that they more likely to engage in extra-marital sex (infidelity) themselves than in swinging or in a sexually-open marriage; indeed, 40% of the sample responded that they had personally engaged in extra-marital sex. The researchers contested the influence of personal bias in therapists’ values and perceptions of their non-monogamous clients. Hymer and Rubin’s study was published in the *Journal of Small Group Research*.

Page (2004) studied the mental health services of women and bisexual men, including considerations for those who engage in CNM forms of relating. The researcher designed a 49-item questionnaire including open-ended and multiple-choice questions. It was conducted through an Internet website, which was advertised through links to “other websites related to bisexual or mental health consumer issues,” email, “via announcements on e-mail lists related to gay, lesbian or bisexual issues or mental health consumer issues”; and “at conferences on

bisexuality in Boston and Los Angeles” (p. 142). Recruitment yielded a sample of 217 bisexual women (71%) and men (29%) residing in the United States who had accessed mental health treatment. This mental health treatment included individual psychotherapy or counselling (most common, 63%), family or couples therapy, group therapy, psychopharmacology, residential and rehabilitation services, and/or addiction recovery. One third of the sample reported being in a monogamous relationship, and one third reported being in a non-monogamous relationship. Page found many concerning passages in these clients’ treatment anecdotes, including clinicians attempting to “convert” clients to heterosexuality, clinicians attributing client mental health to bisexuality, and/or assuming that bisexuality was linked to clinical goals. Page found that for the respondents in her sample that also engaged in CNM forms of relating, finding a non-pathologizing practitioner was even more difficult: “I feel I have the most difficulty with being bisexual and polyamorous when trying to find an appropriate therapist (i.e. one that doesn’t think these are symptoms of a problem)” (p. 147). Page’s results were published in the *Journal of Bisexuality*.

While there are certainly practitioners with considerable talent and competency currently working with CNM clients, it would be naïve to believe that most CNM clients are having affirmative experiences of counselling and psychotherapy. The results of these studies compel those in our discipline to firmly consider what standards of practice ought to be upheld for people who are consensually non-monogamous. Beginning, perhaps, with a mandate for education in sexuality and gender across post-graduate counselling programs.

### **Construction of Counselling Recommendations for CNM Clients**

The literature contains a substantial collection of articles and publications outlining clinical recommendations for therapists working with CNM clients (Johnson & Yarhouse, 2013;

LaSala, 2001; Page, 2004; Weitzman, 2006; Weitzman et al., 2012; Richards & Barker, 2013). Most of these recommendations are written by counsellors and therapists working with CNM clients, and many of the authors disclose that they practice CNM themselves. While some of these recommendations are embedded in empirical research, other publications are theoretical and written from the perspective of experienced clinicians in the field. That said, even those publications *not* embedded in empirical research serve to inform our understanding of the current constructions of CNM relationship distress, as these papers are nevertheless influential in the field of affirmative therapeutic approaches with CNM clients, and pave the way for further research.

Richards and Barker's comprehensive text *Sexuality and Gender for Mental Health Professionals*, sought to compile the most pertinent concerns and recommendations for counselling people who practice CNM. They put forth a number of considerations and clinical recommendations for counsellors working with clients who practice CNM drawn largely from the wider body of literature on this subject.

First, they impress upon clinicians the importance of doing their own reading and learning. "It should not be up to clients to spend large amounts of time educating professionals about their culture, religion, or generational context. Professionals should be prepared to do some background research of their own, while also ensuring that they check with clients whether what they have found applies to them (given that there is multiplicity and complexity in all religions, countries, cultures, and communities)" (Richards & Barker, 2013, p. 206)

They invite professionals to remember that people who practice CNM seek therapy in three broad classifications: "those for whom non-monogamy is incidental to other issues they are dealing with; those who are experiencing problems because their non-monogamous relationships



or beliefs are in conflict with others around them, or wider society; and those whose non-monogamous way of relating (or beliefs around this) is involved in the problems they are experiencing” (Richards & Barker, 2013, p. 207). Most importantly, they remind practitioners that the vast majority of CNM clients who seek therapy fall into the first two classifications, meaning that their problems are not in any way caused by their non-monogamy. In fact, the authors propose that “by far the most common problem that people experience around open non-monogamy relates to the difficulties inherent in being non-monogamous in a monogamous world,” or in other words, their experience of oppression, discrimination, and being made invisible (p. 207). Very much adhering to the mandate presented by Sue and Sue (2013), Richards and Barker (2013) encourage clinicians to normalize non-monogamy, and challenge mononormativity: “the fact that current Western society assumes monogamy to be the ‘norm’ and relationships to be monogamous unless otherwise stated” (p. 208).

Richards and Barker (2013) also speak to the importance of gaining familiarity with the common language and terminology that CNM people may use to describe themselves and their experiences. An example of this would be recognizing that some people have reclaimed words that in other contexts are pejorative, such as ‘slut.’ They may also adopt new terms, such as *metamour*, which has come to mean “my partner’s partner.” *Wibble*, *wobble*, and *jelly moment* might be words a CNM client uses instead of ‘jealous,’ indicating a sense of momentary discomfort, and not a destabilizing persistent and imperative experience as ‘jealousy’ has come to represent. *Compersion* (North America) or *frubble* (UK) are interchangeable terms describing a common polyamory concept where partners feel “pleasure at seeing one’s partner happy with another partner,” or, the opposite of jealousy (p. 216). *Polysaturation* refers to having “as many partners as one can manage” (p. 216).

Richards and Barker (2013) identify a number of oppressive factors working against CNM clients, including lack of societal recognition for their relationships and partners; lack of legal recognition for more than one civil or marital partnership; common beliefs that children are worse off in polyamorous households (similar to prejudice that children are better off in heteronormative households); potential for gendered prejudice (e.g. in the event that a woman is labeled a 'slut' while a man may be envied for his multiple partners); the pain and difficulty of remaining closeted; assumptions that a break-up of a non-monogamous relationship is not as painful as the break-up of a monogamous relationship; and compounding factors such as homophobia and transphobia. These outside factors pressing down on CNM individuals are substantial and contribute to the experience of *minority stress*. Additionally, pressures from within CNM communities themselves may compound these factors. Richards and Barker (2013) recognize that "there can be a tendency, as with any groups outside the perceived social norm, for people to become quite rigid in their view of open non-monogamy to quell the anxiety and uncertainty of being outside the widely accepted rules" (p. 216). Other "fixed ideas" may revolve around what agreements are best for most people, what kinds of sex one should have with which kind of partner, and even a taboo around experiences of jealousy (*wibbles, wobbles, jelly moments*). Authors maintain that "openly non-monogamous relationships are not immune to people breaking the rules and keeping secrets, just as they often do in monogamy" (Richards & Barker, 2013, pp. 216-217). They propose a list of common issues that people who practice consensual non-monogamy may wish to explore:

- (a) The different styles of non-monogamy and which would suit them best;
- (b) Help with coming out;
- (c) Negotiating relationship contracts with partners;

- (d) “Communication and conflict in their relationships;”
- (e) “Negotiating shared tasks, finances, child-care or living arrangements;”
- (f) “Breaking up and renegotiating relationships” (p. 217).

Richards and Barker (2013) also propose a list of clinical recommendations when working with CNM folks:

- (a) Be reflexive in practice and encourage others in your place of work to do the same;
- (b) Remember that CNM is a broad umbrella term and experiences are diverse within it;
- (c) Don’t assume that the problem they experience is caused by their CNM practice, or that the client is there to discuss their CNM;
- (d) Connect clients to online and local resources for CNM;
- (e) Have clients explore for themselves what they would like in their relationships;
- (f) Encourage ongoing communication rather than taking things for granted and be open to “the full spectrum of possibilities.” (p. 218)

The authors encourage clinicians to include all partners in a given system for the maximum benefit of therapy.

Johnson and Yarhouse (2013) present a compelling theoretical argument for the role of shame in the lives of sexual minority clients. They review the pertinent literature on the phenomenon of shame and its correlations with a number of difficulties ranging from depression, poor psychological health, decreased self-efficacy, interpersonal difficulties, social avoidance, and isolation. The writers also weigh in on empirical and theoretical writings that unequivocally express the central role of shame in the lives of sexual minority clients. With the theoretical understanding that shame is also influenced by cognitive distortions (CBT framework), the clinicians outline a number of CBT-inspired interventions a therapist can take with sexual

minority clients to reduce their shame. Their paper was published in the *Journal of Counseling and Values* by the American Counseling Association (ACA).

LaSala (2001) presents three cases of gay male couples that sought therapy from a registered social worker. It is not clear if the practitioner or practitioners described in the cases are the author, making the paper an anecdotal account, or if they were participants in an empirical study. No sampling data or description of methods was given. The cases presented were of three gay male couples all requiring support to establish and maintain different relationship structures (e.g., CNM or monogamous) in order for the relationship to work for both partners. In each case, the social worker required a strong understanding of the costs and benefits of monogamous and CNM relationships in order to help inform and guide the clients to find the structure that worked best for them. One required help coming to CNM agreements, another needed help to reaffirm their monogamous agreements, and another needed help in articulating and reaffirming their attachment bond before coming to CNM agreements. Counselling recommendations for working with CNM gay males are outlined in reference to the three cases. The paper was published in the *Journal of Contemporary Human Services*.

Weitzman (2006) and Weitzman, Davidson, and Phillips Jr. (2012) present papers brimming with clinical recommendations for working with bisexual persons who are polyamorous and when working with any person who is polyamorous, respectively. These papers represent a complex and lengthy inventory of clinical recommendations, some supported by empirical evidence (Weitzman, 2006) and others informed by both empirical data and clinical practice (Weitzman et al., 2012). Weitzman (2006) interviewed bisexual polyamorous persons with open-ended questions meant to elicit the respondents' narratives. A sample interview question was: "Do you know of any experiences which are unique to people who are both

bisexual and polyamorous, that people who are straight/gay and polyamorous do not experience?” (p. 145). A great number of themes and specificity emerged from the data, and informed the clinical recommendations in the final section of the paper. The sample size and description, other than the persons being bisexual and polyamorous, was not indicated. The results of this study and its write up were published in the Journal of Bisexuality.

Here are additional clinical recommendations that appear in these papers and in other sources in the literature:

**Recommendations for areas where the counsellor can grow knowledge.** Therapists should actively learn about CNM, learn about common struggles for people who practice it (including jealousy), and learn affirmative therapeutic practices (Barker, 2011; Constantine et al., 1972; Finn et al., 2012; LaSala, 2001; LaSala, 2004; LaSala, 2004; Davidson, 2002; Knapp, 1975; Mint, 2010; Page, 2004; Weitzman, 1999; Weitzman, 2006; Weitzman et al., 2012; Witherspoon & Wilson, 2013). Therapists must respect heterogeneity between and within CNM groups (Davidson, 2002; LaSala, 2001; Nelson, 2010; Weitzman et al., 2012; Witherspoon & Wilson, 2013). Additionally, therapists should recognize potential benefits of CNM without seeing it as a panacea (Constantine et al., 1972; Davidson, 2002; Finn et al., 2012; LaSala, 2001; Weitzman, 1999; Weitzman, 2006; Weitzman et al., 2012).

**Recommendations for areas where the counsellor can undo mononormative assumptions.** Counsellors are encouraged be aware of and acknowledge the influence of societal and systemic discrimination against CNM including that which exists in the theories and practices of counselling (Davidson, 2002; LaSala, 2001; LaSala, 2004; LaSala, 2005; Mohr et al., 2013; Nelson, 2010; Page, 2004; Shernoff, 2006; Weitzman, 2006), and to advocate for CNM interests in the counselling communities (Weitzman, 2006). Therapists are encouraged to

acknowledge and reduce shame in the client (Johnson & Yarhouse, 2013), and refrain from assuming unrelated problems are caused by CNM practices (Finn et al., 2012; LaSala, 2001; Nelson, 2010; Weitzman, 2006; Weitzman et al., 2012; Witherspoon & Wilson, 2013). Counsellors must strive for comfort, flexibility, and curiosity in their practice (LaSala, 2001; Nelson, 2010; Page, 2004; Witherspoon & Wilson, 2013). Therapists must examine their biases and, where necessary, refer out as necessary (Barker, 2011; Brandon, 2011; Constantine, Constantine, & Edelman, 1972; Davidson, 2002; Finn et al., 2012; Hymer & Rubin, 1982; Knapp, 1975; Page, 2004; Weitzman, 2006; Weitzman et al., 2012; Witherspoon & Wilson, 2013). Counsellors are also advised to discuss to what degree the client is “out” as CNM and assist the client with this process if they so desire (Weitzman, 2006; Weitzman, Davidson, & Phillips, 2012).

#### **Recommendations for enhancing and stabilizing CNM client relationships.**

Counsellors should help clients to make their relationship agreements explicit (Barker 2011; Davidson, 2002; LaSala, 2001; LaSala, 2004; Nelson, 2010; Shernoff, 2006; Weitzman, 1999; Weitzman, 2006; Weitzman et al., 2012). Additionally, counsellors are encouraged to attend to attachment considerations in the relationship(s) (LaSala, 2001; Mohr, Selterman, & Fassinger, 2013; Spears & Lowen, 2010). Where discord exists, it is recommended that the counsellor work to build dyadic specialness (Cook, 2005; Keener, 2004), encourage positive communication (LaSala 2001; Nelson, 2010; Weitzman, 1999; Weitzman, 2006), and generally help clients work through internal conflicts that may keep them from enjoying their lives and relationships (LaSala, 2001; Nelson, 2010; Weitzman, 1999; Weitzman, 2006). Sources mention the importance of acknowledging the ever-present tensions of freedom and togetherness (Barker

2011; Finn, Tunariu, & Lee 2012), and where desired by the clients, help clients end relationships amicably (Weitzman, 2006; Weitzman et al., 2012).

**Additional areas considered worthy of exploration/education with CNM clients.**

Additionally, counsellors are encouraged to help clients build their CNM identity (Weitzman, 2006), to connect the CNM community online and locally (Weitzman, 2006; Weitzman et al., 2012), and to offer safer sex education, and encourage clients to consider fluid-bonding in their agreements (LaSala, 2001; Shernoff, 2006; Weitzman, 1999; Weitzman, 2006; Weitzman et al., 2012).

**Criticism.** These recommendations appear quite comprehensive, but seem to span across therapeutic modalities such as cognitive-based and emotion-focused approaches. This may create conflict with a therapist's given theoretical foundation. Certainly these recommendations are helpful, but how to meld these with a given theoretical approach to relationship therapy is not clear. If an amalgamation of these approaches is indicated, how would this be accomplished, and what would be the resulting guiding theoretical model? Also, this researcher sees minimal consideration for individual concerns that may be influencing the couple, such as previous trauma; most of the recommendations are focused on the group or dyad. Additionally, which of these recommendations are best suited to which forms of consensual non-monogamy? Would a relationship anarchist appreciate a therapist who advocates for attending to attachment concerns in their relationship and the building of steadfast agreements between them and their partners? Or would some prefer a greater level of freedom from such constraints? I offer this criticism with a large degree of ignorance, as relationship anarchy is the CNM relationship form that I have the least amount of knowledge about, yet I have heard that it can often be more individually-focused rather than dyadically-focused.

Finally, regarding the final recommendation of safer-sex practices, it appears to me to be a double-edged sword. While safer sex practices have unquestionably saved lives, the very inclusion of this recommendation may give the erroneous impression that CNM relationships result in greater transmission of sexually transmitted infections (STIs) than monogamous relationships, which in fact may not be as ‘monogamous’ as they appear. The only criticism I put forth is for the inclusion of such education for all people, regardless of their relationship structure, and not only for clients who practice CNM.

### **Constructions of Relationship Distress and Change in CNM Relationships**

Next, I will review the common constructions of CNM relationship distress and constructions of change or relief to CNM relationship distress. These constructs are largely extracted from articles and publications that speak to the diverse needs of CNM clients in the therapeutic setting (Davidson, 2002; Richards & Barker, 2013; Weitzman, 2006; Weitzman et al., 2012; Zimmerman 2012). These publications often include practical recommendations for counsellors and therapists working with CNM populations. Most of these recommendations have been written by authors who have personal experience with CNM, and many of them are inspired from first-hand experiences working with CNM clients. By teasing apart these recommendations and special considerations, we can see how CNM relationship distress is currently constructed in the literature by those who have self-selected and specialized their practices for this population. In addition to these publications, we consider also the group of studies on counsellor attitudes towards CNM, reviewed in the previous section (Hymer & Rubin, 1982; Knapp, 1975; LaSala, 2001). One group of researchers in particular, Finn et al. (2012), which used a social constructionist lens to understand how their sample of self-identified “affirmative” therapists constructed conflict in CNM relationships, will be incorporated in the following review. I



include the results and discussion of their study, as well as other studies that inquire after therapist and client constructions of relationship distress.

**Shame and stigma as contributing to relationship distress.** In their theoretical paper, Johnson and Yarhouse (2013) propose that shame and stigma are “a central concern among members of a sexual minority” (p. 85). Despite the fact that empirical literature has found few significant differences between monogamous and CNM relationships in terms of relationship health, intimacy, stability, commitment, satisfaction, or dyadic adjustment (LaSala, 2004; Morrison et al., 2011; Mohr et al., 2013; Rubin, 1982; Rubin & Adams, 1986), CNM clients continue to face considerable stigma from society and from the discipline of psychology (Page, 2004).

The authors described shame as “an intensely painful affect resulting from an exposure of the self as flawed or inferior, and a concurrent deep belief that this deficiency will result in rejection, abandonment, or loss of esteem” (Johnson & Yarhouse, 2013, p. 85). Indeed, “on a societal level, consensual non-monogamies continue to be demonized, pathologized, marginalized and subject to the social regulation of ridicule, with no legal protections for people involved” (Barker & Langdrige, 2010b, p. 756). A number of client responses are potential indicators of shame, including: blame, anger, withdrawal, avoidance, intellectualization, argumentativeness, silence, perfectionism, and compulsive behaviours (Johnson & Yarhouse, 2013, p. 94).

Perceiving a need to conceal relationships or one’s identity as a sexual minority in order to avoid stigma, real or imagined, is understood to adversely affect the mental health of the sexual minority person (Johnson & Yarhouse, 2013). Weitzman et al. (2012) confirm that CNM individuals sometimes “choose not to reveal their multiple relationships to outsiders [or family],

as they perceive non-acceptance for their lifestyle from the wider society” (p. 15). The shame can be compounded when a person’s CNM relationship has dissolved; if the break-up is revealed, an uninformed listener may assume that this is evidence for the unviability of CNM relationships and voice this opinion: “Of course, when a monogamous relationship ends, it is not typically interpreted as evidence that monogamy is not a viable lifestyle. Likewise, the ending of a polyamorous union does not signify that polyamory is unviable,” (Weitzman, 2006, p. 158). Additionally, there may be a misconception that the termination of a CNM relationship is not as painful as the termination of a monogamous relationship (Richards & Barker, 2013).

As alluded to earlier, stigma may also come from the therapeutic relationship itself. Weitzman et al. (2012) assert that many CNM individuals may seek therapy to deal with the stress of concealment and fear of stigma, but they do not find what they need:

Traditionally, psychotherapists have reflected the major recognized value systems of the cultural groups in which they live and have seen alternative lifestyles to be either pathological or immoral. Because of this bias, they are often tempted to focus on changing the lifestyle rather than on alleviating the specific problems that motivated the individual to seek therapy to begin with. In such cases, the client is likely to leave the therapeutic interaction even more conflicted, alienated, and frustrated than when she or he arrived. (p. 20)

As noted previously, Finn et al. (2012) found that supposedly CNM-“affirmative” therapists offered “subtle and sometimes more explicit clinical reinforcements of mononormativity” in their conceptualization of their clients, and therefore risked compounding a client’s shame or vulnerability (p. 212). For example, one such self-identified therapist in their sample saw open non-monogamy as “misdirected and excessive sexual desire” and encouraged

the couples they were working with to be monogamous (p. 210). Other therapists in the sample sought to establish what is “true” and “authentic” about the client, and interpreted the client’s shame response as proof of inauthenticity (p. 211). They actively questioned their clients if they are doing the “right” thing for themselves, which may have felt judgmental and stigmatizing to the clients they served (p. 212).

**Change to shame and stigma.** Change to this factor in relationship distress is constructed as direct therapeutic work to reduce shame in the client (Johnson & Yarhouse, 2013):

Although reducing prejudice in a society is a worthy and necessary goal, reducing the prejudice within oneself is more readily and feasibly reached. By targeting negative beliefs that have been internalized, counsellors can help sexual minority clients reduce shame that is related to the stigma they experience. (p. 93)

The authors see the therapist’s role in three main areas: (1) establishing a therapeutic relationship rooted in respect, (2) helping the client to understand how they uniquely experience shame and how to manage their shame responses, and (3) working to dismantle any client beliefs of “inferiority, worthlessness, deficiency or inadequacy” through cognitive restructuring (p. 94).

As for the issue of stigma in the therapeutic relationship, Finn et al. (2012) see the therapist’s role as “helping clients explore different facets of themselves and actively affirm ambiguity over the ostensible stability and coherency of a politically conducive mononormativity,” (p. 213). Recall that Hymer and Rubin (1982) found that therapist conceptualizations of their CNM clients included such evaluations as: “fearing commitment and intimacy; having identity problems; narcissistic, borderline, and emotionally dead; having regressive wishes; fearing aging and being impulse-ridden; dissatisfaction in their primary

relationships; and as seeking variety” (p. 538). Barker (2011) challenges therapists working with CNM clients to thoroughly examine their own biases, assumptions, and countertransference towards CNM and develop truly open-minded and affirmative practices:

Like all things emotionally charged, it is exceedingly easy for us to bring our own values about monogamy into the treatment room. Some practitioners may feel particularly judgmental about patients who do not maintain monogamy (“He has such intimacy issues”); others may feel critical of those who are monogamous at all costs (“She shut her sexual self down”). Obviously, we will better serve our patients if we can come to terms with our own biases. The issue is not “I like monogamy” or “Monogamy is the right thing to do.” Nor is it about the ideal that humans should be able to overcome their non-monogamous natures with higher order thinking. Relatedly, it is important to acknowledge the very real debate over what the term “natural” really means and whether or not this concept should even play a role in our understanding of sexual function and dysfunction. In sum, the field of sexual health is not about behavioural value judgments. (p. 273)

In a society “full of sex-negative, erotophobic messages that become internalized,” therapists have the potential to provide an environment and relationship free of stigmatization, and several authors believe it is their job to do so (Shernoff, 2006, p. 416). It is documented that CNM clients will pick up on “subtle cues of disapproval” in their counsellors (Weitzman, 2006, p. 161), which will result in a deepening of the client’s shame and a compromised therapeutic process (Johnson & Yarhouse, 2013). Clinicians are encouraged to refer CNM clients to other practitioners if their values and opinions threaten to intrude harmfully into the therapeutic process (LaSala, 2005; Page, 2004; Shernoff, 2006; Weitzman et al., 2012).

Very much to this point, therapists are cautioned against conflating relationship distress with the practice of CNM (Finn et al., 2012; LaSala, 2001). Of course, therapists are encouraged to voice their concern when the relationship they observe contains “manipulation, dishonesty, or other dysfunctional patterns,” but they must be adept at “distinguishing [these] dynamics from troublesome passages in predominantly healthy [CNM] relationships” (Davidson, 2002, p. 5). Further to this, a therapist may observe that some CNM clients lack appropriate skills to manage their relationship(s) (Weitzman, 2006). Here the therapeutic work must seek to build these skills in the individual, or do a cost-benefit analysis with the client regarding a decision to continue pursuing CNM or to alter their relationship approach. Caution is warranted here, though: would an individual lacking in relationship skills have any more success in a monogamous relationship than a CNM relationship? Many therapists would argue that the skills are the same no matter the relationship structure.

Affiliated with the need for therapists to distinguish between healthy and unhealthy CNM relationships is the need for therapists to normalize the common uncomfortable emotional experiences felt by those in CNM relationships. Davidson (2002) proposes that a therapist can assure their CNM client(s) that jealousy, confusion, pain, grief, uncertainty, fear of loss and abandonment, and insecurity about desirability are normal experiences to those in CNM relationships. Such responses, likely experienced in monogamous relationships too, do not necessarily mean the individual is ill suited for a CNM relationship. In a similar vein, where CNM relationships have dissolved, clients “may need extra support during this time, as they may feel shame that they weren’t able to make the relationship work” (Weitzman, 2006, p. 158). Therapists are encouraged to validate their clients’ circumstances and decisions, and confirm that

when CNM relationships end, “most often, they end for the same reasons that monogamous relationships end– differing needs, falling out of love, and so forth” (Weitzman, p. 158).

Another shame-reducing construction that emerges from the literature is that of assisting the client in coming out as CNM. Weitzman et al. (2012) caution “there are significant research data that support the findings of negative physiological outcomes among sexual minority populations who remain ‘closeted’ and also psychosomatic symptoms that, while not physiologically damaging, may nevertheless reduce quality of life” (p. 26). Coming out is constructed as a process of reintegrating dissociated parts of self, which may lead to greater capacity for self-expression and improved mental health. The authors encourage therapists to help their clients carefully weigh the potential costs and benefits of coming out and to take the client’s lead on enacting a coming out strategy.

**Lack of connection to a CNM community as contributing to relationship distress.**

Especially considering the substantial stigma surrounding the phenomenon of CNM (cf. *Shame and Stigma*, above), Weitzman (2006) sees multiple benefits for CNM people when they connect to larger CNM communities. By doing so, they are able to meet others with similar ideals, feel a sense of validation and kinship, and find compatible dating partners (p. 148). The author considers such seeking out and connecting to be a growth task and milestone for the CNM person (p. 148). By connecting with a CNM community, such as a poly meet-up group, an individual can also become connected with additional subcultures, such as the lesbian, gay, bisexual, asexual, trans, and BDSM communities, that may offer the individual a deeper sense of belonging and acceptance (Bauer, 2010; Weitzman et al., 2012).

**Change to lack of connection to a CNM community.** Authors Weitzman (2006) and Weitzman et al. (2012) see the therapist’s role as helping their clients connect with these worlds

by recommending local meet-up groups and Internet networks dedicated to those curious about CNM. While the client may not be immediately ready for this contact, Weitzman (2006) proposes that the therapist can help such clients “grow in their readiness, if desired” (p. 148). Criticisms to this particular recommendation are proposed by Richards and Barker (2013), who caution clinicians that not all clients feel a longing to connect with the CNM community, nor are these communities equally accessible to all CNM folks.

**Attachment anxiety as contributing to relationship distress.** Mohr, Selterman, and Fassinger, (2013) tell us counsellors “should keep in mind that non-monogamy may signal relationship challenges for partners with high levels of attachment anxiety” (p. 80). Moors, Conley, Edelstein, and Chopik (2014) found that, among their 1,281 online respondents, individuals rating as anxiously attached held more negative attitudes towards CNM, but that their willingness to participate in CNM relationships was not influenced. In a poignant example, LaSala (2001) worked with two gay men who were committed to the CNM relationship they had created, even though one partner continued to experience strong attachment anxiety when he thought about his partner’s outside relationship. The therapeutic work was not to abandon the CNM relationship structure, but to find ways to mitigate the attachment anxiety experienced by the partner (see below.) Spears and Lowen’s (2010) independent qualitative study of 86 American gay male couples found that the couples in their sample used such techniques as “relying on their sense of trust” and “reassuring each other” as ways they managed anxiety in their CNM relationships (p. 20), indicating a relatively common need to manage anxiety in these relationships.

**Change to attachment anxiety.** Fear of abandonment is indicated as an important force to explore and manage with clients in CNM relationships (Mohr et al., 2013). LaSala (2001)

proposes that when the attachment bond between partners is strengthened, the distress experienced by the anxiously attached partner(s) can be mitigated. In that particular case study, it was through empathic questioning that the practitioner perceived a weakened attachment bond between the partners, and a fear of abandonment in the anxiously attached partner. Through attachment-informed therapeutic intervention, both partners were able to verbally reaffirm their bond and reassert their agreements and intentions with outside relationships. In this way, distress in their partnership was lessened while the CNM relationship continued.

Other authors criticize the strategy of having clients work to reduce the attachment anxiety in their CNM relationships. Finn et al. (2012) maintain that “positive incorporation would mean drawing on a client’s experience of their non-monogamy, in all its precariousness, to help them with anxiety-related issues, without necessarily conflating the two” (p. 213). This precariousness is constructed here as a fact of CNM; that CNM necessarily produces anxiety. The argument made here is that the anxiety is less about the relationship, and more about the existential truth of aloneness. It is noteworthy that CNM was negatively related with relationship satisfaction only where high anxiety attachment was present (Mohr et al., 2013), but it is also noteworthy that attachment in/security was the lens through which CNM was investigated, and its relevance to CNM not questioned. Acknowledging the influence of the more monogamy-centric beliefs inherent in attachment theory on counsellors’ conceptualizations of client wellness and relationship health may have great implications for the practice of counselling non-monogamous clients, and bears careful consideration. For example, if a CNM-affirmative clinical recommendation maintains that the way to manage attachment anxiety in a relationship is to decrease or cease involvement in outside relationships until the distress in the primary relationship can be resolved (Spears & Lowen, 2010), can it really be considered CNM-



affirmative? Mint (2010) problematizes any request by a CNM partner that limits or controls the other CNM partner's relationships; in their view, it is all too easy for these requests to escalate and for the jealous partner to exert unbalanced power in the relationship (cf. *Jealousy*, below). Clearly, there seems to be little consensus between scholars on how attachment theory can be used affirmatively to reduce anxiety in CNM relationships.

**Jealousy as contributing to relationship distress.** “Jealousy is a problem, or rather we tend to see it as one,” (Mint, 2010, p. 202). Weitzman et al. (2012) assert that jealousy is a commonplace experience for people in CNM relationships, but its emergence does not necessarily indicate the end of a CNM relationship. Instead, what seems important is the capacity of people to manage their jealous episodes: the degree to which CNM persons are able to “identify, label, and address manifestations [of jealousy] often determines their degree of success or failure in maintaining these relationships” (p. 17). In an interesting twist, de Visser and McDonald (2007) interviewed four co-habiting swinger couples while Mint (2010) employed an autoethnographic approach to understanding jealousy, and they found many swingers enjoying sexual arousal from their experiences of jealousy. In these CNM relationships it is suggested that while participants may not wish to entirely eliminate jealousy, it is still regulated through agreements and boundaries to remain below a certain threshold (p. 462). On the other side of the coin, McDonald (2010), who boasts extensive expertise in swinging research, asserts that “[jealousy] is the most common reason for discontinuing swinging” (p. 78). Here again we see little resonance between academics on the influence of this distress factor, and much variation in CNM experiences.

**Change to jealousy.** In their 2010(b) literature review, Barker and Langdridge suggest that the literature constructs a lack of clear and mutual agreements as a notable contributor to

jealousy in CNM relationships (p. 759; cf. *Agreements*, below). Weitzman (2006) suggests that a therapist's role is in "teaching partners how to express and soothe jealousy in constructive ways" through 'I' statements, expression of feelings, and communication of "a reasonable request" (p. 156) (cf. *Communication Skills*, below).

Mint (2010) insists that jealousy is a social construction that can be used to assert power in CNM and monogamous relationships and therefore contests Weitzman's (2006) proposed solution of arriving at reasonable requests between partners to solve the problem of jealousy. Mint notes that it is an all-too common response to a partner's jealousy to alter one's behaviour to help the jealous partner feel less so. By doing so, what threatens to follow an "escalation path" that may cut a partner off from most or all of their social ties, all in an effort to preserve the primary relationship (p. 203). Rather than through amendment of agreements as suggested by Weitzman (2006), it is Mint's (2010) recommendation that the jealous partner pursue de-escalation of their emotions, rather than using their experience of jealousy to assert power and insist on behavioural changes in their partner. This researcher wonders if feminist and anti-oppressive politics influence Mint's perspective, and if this perspective is congruent with relationship anarchy.

In an alternative approach, Weitzman et al. (2012) recommend an active, depth-seeking therapeutic approach to jealousy: first by separating out the various components of jealousy (e.g. anger, blame, and hurt), examining them, and allowing these examinations to produce natural actions for the client(s). "In short, the therapist must be on guard against the temptation to regard jealousy as natural, monolithic, and immune to intervention," and instead propose the idea that it is possible to explore and demystify this difficult cocktail of emotions (p. 18). While

jealousy is common in CNM relationships, the authors insist that it can decrease over time, and that this span of time may be shortened with the help of a competent therapist.

Often cited in the polyamoury literature is a uniquely CNM experience called *compersion*: or “feeling joy that one’s partner is sharing closeness with another person” (Weitzman, 2006, p. 140). It is constructed as the antithesis to jealousy, and is considered the ideal response to a partner engaging in a relationship with another person. In another definition, “it refers to taking delight in a partner’s love for another, much as a parent takes joy in the blossoming of a beloved child” (Weitzman et al., 2012, p. 19). Interesting to note is that these same authors propose that compersion is difficult unless the other partner has a “complementary satisfyingly equivalent [outside] relationship” (p. 19). Clinical recommendations for encouraging or developing compersion are absent from the literature.

**Lack of congruence between internalized values and expressed values.** Weitzman et al. (2012) believe it is possible to adopt intellectual values that are not in alignment with deeply internalized values, and, if lacking awareness of this disconnection, to suffer from the resulting conflict. The authors believe this can manifest as ongoing guilt and anxiety, or constantly questioning of the validity of one’s decisions.

**Change to lack of congruence between internalized values and expressed values.** Weitzman et al. (2012) see the therapist’s role in “helping clients explore their own value systems and their impact on their feelings about themselves” (p. 17). Ideally, “the therapist must be sensitive to these internal conflicts and help clients gain some awareness and acceptance of their own psychological reality and personal limits” (p. 17). This researcher recognizes a strong cognitive element to this approach, and wonders how an emotion-focused approach might counter this recommendation.

**Lack of clear and mutual agreements as contributing to relationship distress.** Almost every publication on CNM recommends that partners come to agreements about their relationship (Barker, 2011). Barker and Langdridge (2010b) wisely comment: “the aim of such arrangements is to ensure the stability and security of the relationships and to minimize painful emotions, notably jealousy” (p. 759). Nelson (2010) sees relationship health as contingent on making the implicit explicit. Shernoff’s (2006) conceptual paper insists that the way “individuals or couples define sexual activity varies enormously,” and without explicit definition, couples can be unaware of how differently their partner sees the boundaries (p. 411). Weitzman et al. (2012) maintain “consent must be given at an explicit and detailed level in order to avoid future recriminations” (p. 24).

Explicit agreements may concern the physical activities that individuals do with extra-dyadic partners; these agreements may include mutual rules regarding what kinds of activities are allowed (e.g. touching, cuddling, kissing, *fluid-bonding* or the exchange of bodily fluids, oral and penetrative sex), as well as expectations regarding use of contraceptives (Wosick-Correa, 2010). Agreements may also concern the frequency and duration of these interactions and relationships. On one end of the spectrum we find agreements that do not allow sex with any outside partner more than once, that do not allow sleepovers, and that expect outside relationships to cease if emotional connections begin to form (Spears & Lowen, 2010). On the other end of the spectrum we find partners expecting to have total freedom in scheduling dates and vacations with partners and having no limitations on their sexual activities and emotional involvements (Weitzman 2006). Some partners may wish to establish a hierarchy for their relationships, maintaining one partner as a primary and others as secondary, whereas others will prefer to make no primary commitments and give their multiple connections equitable time and

attention (Weitzman, 2006). Agreements might include rules regarding interactions between primary and secondary partners, such as deciding to have extra-dyadic sex only with both primary partners present (Adam 2006), or deciding under what circumstances primary partners might socialize with their partner's partners (Weitzman et al., 2012). Agreements may also refer to the level of disclosure that each partner prefers; for some partners, nothing less than every detail will suffice, while others prefer to adopt a 'don't ask, don't tell policy' (Spears & Lowen, 2010; Weitzman et al., 2012). Other areas that may see negotiation and discussion are the sharing of household duties, finances, and childcare responsibilities (Weitzman, 2006).

**Change to lack of clear and mutual agreements.** Therapists share that many of their CNM clients are perpetually attending to their agreements with one another: it is “a process of self-assessment, communication, negotiation, experimentation, more self-assessment, discussion, and if renegotiation is desired, then process repeats” (Weitzman et al., 2012, p. 25). Emphasis is placed on allowing the partners to come to their own decisions about what works best for them, rather than having the therapist offer recommendations for them (Barker, 2011). It is not necessary that counsellors and clients work until absolutely every angle of the relationship is agreed upon; as Barker (2011) suggests, less comprehensive negotiations may still prove useful:

They may end up finding that they actually agree with each other, they may end up realising that they disagree but come to a compromise, or it might be that they find they are in quite different places and that this will probably be a tension that crops up in their relationship from time to time as it continues and that is okay if they can respect each others' positions (all relationships will have such tensions somewhere). (p. 285)

Ultimately, “there are no right or wrong answers . . . caring negotiation and compromise are key” (Weitzman, 2006, p. 152). Nelson (2010) adds: “it isn't that one or the other can't have any

secrets . . . it's just that therapy should help them both agree about whether secrets are allowed” (p. 5).

Especially challenging to navigate is the relationship where one or more partners wish to shift the relationship from a monogamous structure to a CNM structure. In this instance, Davidson (2002) recommends extensive therapeutic work on the establishment of rules and boundaries that are mutually agreed-upon. Normalizing the difficulty of this process and making each agreement as explicit as possible is seen as necessary for the stability and viability of these relationships in-transition. At each juncture, therapists are encouraged to pause and invite clients to ask themselves: “what skills am I lacking and how can I acquire them?” (p. 4). A therapist can also help couples plan for the possibility that one or both will wish to return to monogamy (Weitzman, 2006). This researcher sees a strong cognitive approach bias in these recommendations, and wonders how an emotion-focused therapist may prefer to work. Additionally, how would this recommendation feel for a client who identifies as a relationship anarchist who prefers not to contract too heavily with their partners?

**Intolerance of uncertainty as contributing to relationship distress.** This discourse harkens back to a previous citation by Finn et al. (2012) suggesting that CNM necessarily involves precariousness, unknowing, and uncertainty (cf. *Attachment Anxiety*, above). A number of constructs of CNM relationship distress belie a fundamental discursive framework that suggests CNM relationships fall apart when there is too much anxiety, stress, jealousy, “doubt, wonder, and risk” (Finn 2012, p. 614). Coming to agreements about all aspects of the relationship, making the implicit explicit, and mitigating attachment anxiety all speak to a yearning for predictable certainty and assurance of trust. “Breaches of trust are conceived as

betrayals of promised certainty—as steering a relationship, and its occupants, towards disconnection, insecurity, and falsity” (Finn, 2012, p. 614).

While these discourses see attachment, commitment, and trust as irrevocably connected to relationship health and stability, the criticism emerges: Are these expectations of relationships reasonable? And is the active fixing of certainty even desirable? Finn’s (2010) research sample found CNM persons articulated a preference to remain free of rules and expectations, yet they still engaged in “contracts” and “agreements,” regarding these freedoms. It was the author’s interpretation that their contracts and agreements only enforced mononormative expectations on their CNM relationships.

**Changing intolerance to uncertainty.** Finn (2012) proposes that we begin to construct relational processes not on these binary and mononormative terms (e.g., certainty/uncertainty, stable/unstable), nor guide the process along linear expectations. Instead, Finn suggests taking an approach that acknowledges the chaotic processes at work in all relationships, especially those that embody non-monogamous practices: “what becomes important, I would argue, is not fearing preconceived notions of the unfamiliar, the unstable, and the chaotic but reconceptualising an order–chaos dynamic in non-dualistic ways such that life-affirming forms of intimate relationality can be more fully realized” (p. 620). It is a fascinating premise, one that detaches itself from the larger body of recommendations in the literature that seem to favour the constructions of understanding, agreeing, and stabilizing relationships. Unfortunately, practical applications to therapy and counselling are not provided, and it remains a theoretical concept.

**Poor communication skills as contributing to relationship distress.** Communication skills are sometimes conflated with arriving at mutual agreements, but here instead I see them as constituting a different theme. This construct refers to the way in which individual needs,

expectations, and preferences are communicated, or in some cases, not communicated. For example, Weitzman (2006) found some of her clients “have trouble saying ‘no,’ and fall into the habit of saying ‘yes’ to whichever partner is in front of them” (p. 157). In another study, the practitioner found that the clients’ defensive communication strategies hindered the emergence of deeper attachment needs (LaSala, 2001).

**Change to poor communication skills.** Nelson (2010), situated in the self-proclaimed era of “The New Monogamy,” agrees that most present-day relationships would benefit from explicit discussion of their implicit or ill-defined monogamy and non-monogamy agreements. In her view, couples come to therapy “not to get permission to do what they're doing, but to get their communication clear” (p. 5). Weitzman (2006) believes that the therapist’s work is to “assist [clients] in articulating their needs” (p. 148). In the aforementioned example of clients who have difficulty saying “no,” we can predict that the recommended work in therapy be to develop assertive communication skills in these clients. With these skills established, the work then turns to “helping partners negotiate their relationship agreements and process their experiences” (Weitzman, 2006, p. 148). In the example of defensive communication patterns, the practitioner found success in teaching clients how to use “I” statements and how to better listen and reflect their understanding to one another (LaSala, 2001, p. 608). Following these interventions, the couple was able to reinstate agreements that worked for them both.

**Criticism.** It is apparent from this collection of “problems” and “recommendations” that there are a wide variety of therapeutic lenses at play, some of which do not lend themselves well to all the proposed approaches. I would think that some therapists would be keen to work on communication between partners while others would be much more focused on the attachment bonds between them. Asking clients to increase their tolerance for uncertainty is intellectually



interesting, but is in stark contrast with emotion-focused approaches that seek to understand these anxieties and quell them through closeness and reassurance. I would be curious to see how an emotion-focused therapist would tackle issues of jealousy, and how partners experience jealousy over time and in the context of different attachment bonds. Some of the recommendations might be seen as non-affirmative; for example, where the therapist is encouraged to help their clients accept their ‘personal limitations’ when their internalized values and expressed values do not coincide. While I can see that some therapists would argue that some clients do not have the relational or emotional regulation capacity to tolerate CNM relationships, what if the client before them holds deeply held political values that make monogamy intolerable for them? Of course, there are other recommendations that encourage therapists to explore compersion and help their clients develop greater tolerance for jealousy and uncertainty. How can a counsellor comb through these and create an affirmative experience of counselling for their clients? Comparison with the research findings may help to illuminate these diverse approaches and where they are best indicated, and how they play out in the counselling experience.

### **CNM as Healthy and Viable**

I include here a review of a number of studies that speak to the potential for consensually non-monogamous relationships to be both healthy and viable, many of which compare their findings with monogamous relationships. These studies are not directly relevant to the research question, but I recognize that some readers may be unfamiliar with CNM relationship structures and may be suspicious of the mental and relational health of those who practice it. For readers who already hold the concept of CNM relationships as viable and healthy, this empirical data may serve to reinforce your beliefs.

As discussed, there exists a collection of studies which sought to measure the prevalence and strength of relational and dyadic constructs in CNM populations, such as need fulfillment, secure attachment, relationship well being, dyadic adjustment, and stability. Below, I describe the design and results of the most influential of these studies. Their results suggest that CNM relationships can be both healthy and viable.

In their 2013 study, Mohr, Selterman, and Fassinger sampled people from Canada and the United States in same-sex relationships: 274 female couples, 188 male couples, 34 women whose partners did not participate, and 39 men whose partners did not participate. Their mail-out surveys included the Adult Attachment Scale-Revised (AAS-R), The Commitment Scale, The Trust Scale, a short form of the Marital Communication Inventory, items to assess global relationship satisfaction, and a list of 17 potential relationship problem areas to be rated by respondents. The researchers correlated their data and found that monogamy was more positively associated with relationship quality than CNM (specifically on indices of satisfaction and commitment) only where moderate to high levels of attachment anxiety were present in the participant or their partner. Where attachment anxiety in both partners measured lower, non-monogamy and monogamy were comparably correlated with relationship quality factors. The results of their study were published in the *Journal of Counseling Psychology*.

In a 2011 study, Morrison, Beaulieu, Brockman, and Beaglaioich used a convenience sample (N=284) of monamorous and polyamorous men and women to compare the differences on indices of relationship well being and sociosexuality of those in monogamous and those in non-monogamous relationships. The scales used were the Intimacy Attitude Scale (IAS-R), the Passionate Love Scale (PLS) short-form, The Relationship Questionnaire (RQ), the Sociosexual Orientation Inventory-Revised (SOI-R), and the Trust Scale (TS). Ultimately, the researchers

found that “few group differences were identified” (p. 87). One of the differences that were found, however, was that both the male and female polyamorous respondents “evidenced significantly greater intimacy than their monamorous counterparts” (women,  $F(1, 193) = 9.49$ ,  $p < 0.001$ ,  $\text{partial } \eta^2 = 0.05$ ; men,  $F(1, 72) = 25.35$ ,  $p < 0.001$ ,  $\text{partial } \eta^2 = 0.26$ ) (p. 86). As well, they found that polyamorous men, but not women, scored higher on sociosexual attitudes ( $F(1, 71) = 10.81$ ,  $p = 0.002$ ,  $\text{partial } \eta^2 = 0.13$ ) and behaviour ( $F(1, 71) = 8.88$ ,  $p = 0.004$ ,  $\text{partial } \eta^2 = 0.11$ ), perhaps indicating greater acceptance and practice of casual sex by polyamorous men. The results of their study were published in the *Journal of Psychology and Sexuality*.

Rubin (1982) compared two groups of married couples on dyadic adjustment using the Dyadic Adjustment Scale (DAS). 130 sexually open respondents and 130 sexually exclusive respondents were sampled, having been recruited from newsletter announcements and advertisements at psychological conventions. The sample included residents from 22 states and a small number from Canada. The respondents are presumed to have been in heterosexual marriages given the year of the study. The two groups were matched on (1) stage in the family life cycle (no children, young children still at home, or older children out of the home); (2) education; (3) occupation; (4) income; and (5) marital status, and contained equal numbers of males and females. They found no significant differences on the DAS results between the exclusive and non-exclusive respondents, provided that these couples were currently living together, and not separated: “couples who are together are very much alike whether they are in open or exclusive marriages and both are different from the couples who are split” (p.105). Rubin’s results were published in *Alternative Lifestyles*.

Rubin and Adams (1986) were curious about the stability of non-exclusive marriages and followed up on Rubin’s (1982) study, which was sampled in the year 1978. They provided a

follow-up questionnaire to all the respondents they managed to find where both partners were still living. The follow-up questionnaire included 25 items such as: “whether or not a job change or additional education had taken place,” “whether or not a change in marital status (i.e., separation, divorce),” “concerns about jealousy,” “degree of happiness in the relationship,” and “involvement in psychotherapy, marital counseling” (p. 313). Additionally, for couples who were originally in sexually open marriages, there were items asking “about whether there were changes in the ground rules of the open relationship,” “whether there were changes in the reasons for having an open relationship,” and “was there an effect of the open relationship on the satisfaction with the marriage in general” (pp. 313-314). They found that 68% of the sexually-open group were still together, while 82% of the exclusive group were still together  $\chi^2(1, N = 73) = 2.03, p > .05$ . The researchers also found that for both open and exclusive couples, those that stayed together reported a similar level of happiness as they did in 1978. The researchers also found that respondents in the sexually exclusive sample were more likely to feel jealous when their partner was away than those in sexually open relationships (p. 315). Their results were published in the *Journal of Sex Research*.

LaSala (2004) sampled 264 coupled gay men and employed a mixed-methods study to answer the following questions: (a) “what are the reasons gay men establish either monogamous or sexually nonexclusive relationship agreements?” (b) “what is the impact of outside sex on monogamous and open couples?” (c) “can gay men in openly, sexually nonexclusive couples maintain their relationship boundaries and avoid destructive emotional triangles?” and (d) “if so, how?” (p. 4). Responses were collected through 90-minute telephone interviews and included the Dyadic Adjustment Scale (DAS). The study yielded many interesting results, including this: “men who pledged monogamy but had outside sex were over-represented in the low scorer

category on the DAS” than any other category, including men who engaged in a variety of consensually non-monogamous relationship structures. It was found by the researchers that “non-monogamous partners were able to enjoy outside sex without significant damage to their primary relationships. Some even reported that outside sex [agreed upon by their partner] reinforced their commitment to their partners and improved their sex lives with each other” (p. 19). LaSala’s results were published in the *Journal of Gay and Lesbian Social Services*.

Rubel and Bogaert (2015) completed a significant review of comparison and stand-alone studies that investigated psychological well-being and relationship quality of polyamorous, swinging, and open relationships. They found that, “given the nature of null hypothesis testing and methodological issues, we can only conclude that there is an absence of evidence that consensual non-monogamists differ from monogamists in these domains” (p. 979). They go on to state:

Regardless of whether differences between consensual nonmonogamists and monogamists are completely absent, it is clear that many consensual nonmonogamists are likely happy with their lives and satisfied with their relationships. Given that many monogamists are also likely satisfied with their lives and relationships, this suggests, from a theoretical perspective, that relationship structure is not a particularly powerful predictor of psychological and relational well-being. In support of this suggestion, the significant differences that were described in this review were generally small in size. Indeed, the largest effect sizes reported in this review were not found when comparing different relationship structures, but when comparing individuals who adhered to their relationship agreements to those who had not. Thus, the most important causes and

consequences of individual and relational well-being are likely variables that are unrelated to consensual nonmonogamy. (p. 979)

Through their own review of the relevant literature, sexuality and gender specialists Christina Richards and Meg Baker (2013) summed it up this way: “such relationships can certainly be as satisfying as monogamous ones and last as long, and that the people who form such relationships are no different from monogamous people in terms of mental health, attachment style, personality, or risk of STIs” (p. 213). With these conclusions in mind, I move forward with this study of cultural competence for counselling CNM clients with the assertion that, given the review of literature, CNM relationships cannot be considered to be significantly any more or less healthy than monogamous relationships.

## Chapter 3: Methodology

### Epistemology

Social constructionism as outlined by Burr (2003) served as the major philosophical framework for the research. This lens problematizes the assumptions of essentialism and instead posits that knowledge is historically, culturally, and subjectively contingent. Through the social constructionist lens, the existence of a singular reality is not denied but rather “bracketed . . . since we can never have a direct access to a reality beyond discourse” (p. 90). Objectivity is thus considered an impossible feat; as Burr attests, “truth becomes revealed not as some irrefutable state of affairs ultimately discoverable through the application of scientific method, but a fluid and unstable description of the world created through discourse” (p. 80). With this lens, I acknowledge that there is no one given way of achieving cultural competence with CNM clients, no tried-and-true process, no singular list of competencies to read, understand and practice. Instead, I assume that cultural competency is developed in a myriad of ways depending on the personhood of the counsellor, the theoretical lens(es) through which a counsellor practices, the unique personhood of the client(s) served, the problem(s) presented, and the evolving process of relationship building, meaning-making, and change. In sum: I expect that competency is built through a complex process that is situated in a particular time, place, and cultural milieu that is never static. I encouraged participants to tell their stories of cultural competency, and I analyzed the resulting texts with these provisos in mind.

On top of this, my own subjective lens influenced all levels of the research process. My level of knowledge and capacity to interpret the existing literature on CNM influenced the depth of my literature review. My interpretations of the existing literature influenced my study design. My personal beliefs influenced the inclusion criteria, which sought only participants lacking

discriminatory biases towards CNM relationships. My subject positioning influenced the questions I asked in the narrative interview process. My knowledge and position as a new counsellor to the field influenced the kinds of questions I asked, and in some areas, limited the depth to which I could take the conversation. My relative newness to this area of research and practice influenced the transcription process and the reading and interpretation of those transcriptions. Most significantly, the researcher's subjectivity influences the implicit position of the study: that cultural competence is a worthy goal for counsellors working with CNM clients and is deserving of further research.

Researching this phenomenon adds yet another layer of interpretation, narrowing of focus, and “stepping away” from the holistic phenomenon of counselling CNM clients in culturally competent ways. For one, the research question asked only *counsellors* to describe how cultural competence with CNM clients is achieved [italics added]. One can imagine that CNM client responses to a question like: “How did your counsellor work well with you?” may sound quite different than the responses of their counsellors, and would provide an extremely valuable perspective to the construct of cultural competence. Another way in which this research was a “step away” from the original phenomenon is the fact that I was not witness to the original phenomenon (cultural competence with CNM clients). I did not directly witness the course of therapy nor saw the cultural competence in action. Instead, I conducted narrative interviews where I asked counsellors to *recount* their experiences of cultural competence [italics added]. In the process of recounting, we took a step away from the original experience.

Social constructionist researchers aim to co-create knowledge via discourse with participants such that the perspectives of the participants carry equal weight and validity as those of the researcher. Such “democratisation of the research relationship” places participants and



researcher in relation to one another such that the aim becomes collaborative inquiry (Burr, 2003, p. 154). Given the assumption that knowledge is never impartial, apolitical, nor 'true' across all times, spaces, and circumstances, I did not consider my views to be any more important than those of the participants. We co-constructed discourses in the context of narrative interviews; these interviews constituted a meaning-making process that was inevitably influenced by the interactions, positions, and curiosities of the study participants and myself.

Burr (2003) cautions that, "psychological research has been used, and continues to be used, to address the concerns of relatively powerful groups in society," (p. 153). This observation is of critical importance while researching competent counselling practice with a marginalized population. I have worked to incorporate principles of reflexivity into all levels of research to ensure fairness and equity. This involved three critical processes: (a) through efforts made to give participants an equal voice in the construction of meaning including the opportunity to comment on my accounts and interpretations, while recognizing that my position as researcher, inherently one of power, is often perceived to carry more weight; (b) recognizing that social constructionism is in and of itself a social construction, and it was incumbent upon me to engage in a reflexive analysis of my own perceptions and interpretations within its framework; and (c) through explicit acknowledgement of the "personal and political values and perspectives informing the research," (p. 157). Thus, the analytic process was tracked closely, accounted for my positioning, knowledge, and experience (the researcher's position is outlined in *Ethics of Interpretation*, below), and is included in this final write-up. Additionally, I conducted a member-checking procedure that allowed participants to react and respond to the themes I identified. The participants, the co-creators of the narrative, at times expressed disagreement with these themes and/or made clarifications on their original statements, all of which have been

included in the final write-up. In this way, I sought to greater democratization in my relationship with the study participants.

### **Narrative Inquiry**

The narrative interview methods outlined by Riessman (2008) served the research study's aims. In this approach, generalizations to a larger population is not the assumption made of the study findings, instead, generalizing to "theoretical propositions" is the aim (p. 13). In keeping with the epistemological framework of social constructionism, Riessman cautions that what results from the interviews is not *truth* of a essentialist/positivist nature, but instead, the speaker's imitation or *mimesis*, which is inherently "at least one step removed" (p. 22). The interviews are seen as "narrative occasions" where it behoves the interviewer to explore associations and meanings that might connect several stories (p. 24). The process especially values the details of stories and "necessitates following participants down *their* [sic] trails" (p. 24). Additionally, this approach assumes that, "the researcher does not *find* narratives but instead participates in their creation" (p. 21), as "genuine discoveries about a phenomenon can come from power-sharing" in discourse creation. Riessman encourages the use of open-ended questions that encourage narrative responses, and which "allow respondents to construct answers in ways they find meaningful" (p. 25).

The research design was comprised of three interviews per participant. The first interview (~30 minutes) invited participants to share demographic and contextual information that helped to situate their responses and positions (see Appendix E: Descriptive Information). Due to concerns for participant confidentiality in a small community of competent counsellors for CNM clients, this interview was voluntary, though all three participants agreed to do it. The second interview (~50-60 minutes) was a narrative interview that gathered/co-constructed participant

narratives of cultural competency with this client population. This co-constructed narrative interview was semi-structured to encourage longer narratives to emerge. The open ended questions and prompts used for this interview may be found in Appendix F: Narrative Interview Questions and Prompts. Flexibility in the responses of the interviewer was encouraged, as “the specific wording of a question is less important than the interviewer’s emotional attentiveness and engagement and the degree of reciprocity in the conversation” (Riessman, 2008, p. 24). These interviews were audio recorded and transcribed for analysis. The final, member-checking, interview (~30 minutes) asked participant responses to the themes constructed by the researcher’s analytical process. The questions posed in this phase may be found in Appendix G: Member Checking Questions.

### **Participants**

Participants sought for this study were counsellors who are not only CNM-affirmative but identify as practicing with cultural competence with CNM clients. Counsellors must have been a member of a professional counselling association (such as the BCACC) for at least 5 years and have at least 5 years professional counselling experience with no previous or pending ethical inquiries. Inclusion criteria stipulated that counsellor-participants have some previous experience counselling CNM clients and define their approach with these clients as being CNM-affirmative and culturally competent. Affirmative does not mean that they advocate for CNM relationships in all or most circumstances, it simply means they do not hold mononormative biases.

Participant recruitment was conducted by email and phone. Contacts included persons in researcher’s professional networks, local organizations and practices friendly to CNM populations. Email advertisement (see Appendix A) to counselling centres, agencies, and professional distribution lists were distributed in a snowball technique.

The study sample (n=3) resulted in a group of counsellors with a combined experience of over 25 years working with CNM clients.

### **Data Collection**

The following data was collected: voluntary descriptive information of participants, such as gender identity, age, preferred pronoun, the counsellor's training, experience, counselling approach, and years of practice (see Appendix E: Descriptive Information); narrative interviews audio recorded and transcribed (Appendix F: Narrative Interview Questions and Prompts); participant reflections of researcher's findings (see Appendix G: Member Checking Questions); peer and expert reviewers' reflections on the researcher's findings (see Appendix H: Questions Asked of Peer and Expert Reviewers).

### **Data Management**

All digital data including participant information, audio recordings, written observations, accounts, and analyses was encrypted and password-protected, whether stored on computers, devices, external hard drives, USB data sticks, or memory cards. Any analog materials remained secure under lock and key, and were shredded after digitization. Pseudonyms were used for all participants on all digital and analogue documents. All data will be kept for a period of 5 years in the office of the principle investigator (on UBC Point Grey Campus) after which it will be permanently erased, shredded, or otherwise destroyed.

### **Data Analysis**

**Narrative analysis.** With the research question and research aims in mind, narrative analysis with a primary focus on content was utilized to analyze the interview transcripts. In the “four-cells” model proposed by Lieblich, Tuval-Mashiach, and Zilber (1998), the model used was *categorical-content*. In Riessman's (2008) book on Narrative methods, it is referred to as

thematic analysis. Both sources emphasize that a focus on content and categories is useful for applied settings; given that this research aims to describe applied suggestions for counsellors working with CNM clients, this was the approach recommended for the study. After all, “stories can have effects beyond their meanings for individual storytellers, creating possibilities for social identities, group belonging, and collective action” (Riessman, 2008, p. 54). An important philosophical distinction of narrative analysis (Lieblich, Tuval-Mashiach, & Zilber, 1998; Riessman, 2008) from other qualitative approaches, however, is the rejection of such notions as ‘giving voice’ to participants on purely descriptive terms. Indeed, such a goal is considered impossible, given that any research process “involves carving out unacknowledged pieces of narrative evidence that we select, edit, and deploy to border our arguments” from a much larger data set (Fine, 1992, p. 218). At all levels of analysis, the researcher sought to acknowledge the embeddedness of the narratives in the inter- and intrapersonal contexts where these discourses are produced and analyzed.

Riessman’s (2008) thematic analysis model emphasizes content as the main focus, coupled with consideration of subject positioning and interactions between researcher and participant. It is understood that the researcher’s interpretations of the data, i.e., the themes that the researcher develops from the data, are influenced by “prior and emergent theory, the concrete purpose of the investigation, the data themselves, political commitments, and other factors” (Riessman, 2008, p. 54).

In the categorical-content analysis method described by Lieblich, Tuval-Mashiach and Zilber (1998), units of text are broken up into relatively small pieces for descriptive analysis (p. 112). The steps for textual analysis included:

1. *Selection of the subtext* into a content universe smaller than the entire dataset collected. In this research study, all narrative units describing how cultural competence was achieved with CNM clients will be selected to constitute the content universe.
2. *Definition of the content categories* found within the content universe. The researcher worked to read the text as openly as possible, while still acknowledging the likely influence of content categories identified in the current literature on counselling practice with CNM clients. This is described as a “circular procedure that involves careful reading, suggesting categories, sorting the subtext into categories, generating ideas for additional categories or for refinement of the existing ones, and so on” (p. 113).
3. *Sorting the material into categories.*
4. *Drawing conclusions from the results.* Once data is assigned to categories, the researcher may make a description of the category with reference to the context within which the narrative was produced. (pp. 112-114)

I obtained 40 categories across the three narrative interviews and condensed these into five major themes. The five major themes that I interpreted from the interview data are:

1. Knowledge. Culturally competent counsellors for CNM clients cultivate broad and deep knowledge of CNM experiences from a wide variety of sources, academic and non-academic. They recognize there is a vast span of diverse experiences that are considered CNM.
2. Advocacy and advancement. Culturally competent counsellors for CNM clients have a deep understanding of how power, privilege, and oppression play out in the world

and in the counselling context, and they use this knowledge to advocate for their clients and for the advancement of competent practice.

3. Affirmative integrative practice. Because many counselling theories for relationships carry heteronormative, cisnormative, and mononormative assumptions, culturally competent counsellors for CNM clients endeavour to integrate their knowledge of CNM with these counselling theories in a way that creates affirmative experiences of counselling, i.e., that supports the diverse experiences of their clients.
4. Minimization of one's own judgments. Culturally competent counsellors for CNM clients strive for self-awareness in an effort to identify and manage judgements, as these ultimately hamper their ability to provide affirmative counselling services.
5. Personal factors. Culturally competent counsellors carry diverse identities and personal life experiences that coalesce in unique ways to contribute to their cultural competence with CNM.

Descriptions of the categories will be given with excerpts from the participant's interviews to contextualize the findings.

### **Criteria for Evaluating the Worth of the Study**

Braun and Clarke's (2006) 15-point criteria checklist for thematic analysis was followed to ensure credibility and trustworthiness of data collection, analysis, and reporting (p. 98):

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
Analysis	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
Overall	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as <i>active</i> in the research process; themes do not just 'emerge'.

Also critical to credibility and trustworthiness is the maintenance of a detailed audit trail, which I kept at all stages of data collection, transcription, and analysis (Burr, 2003).

These additional suggestions for rigour were utilized (Taylor 2001, as cited by Burr 2003): (a) member-checking (asking research participants to weigh in on analysis); (b) consideration of usefulness and fruitfulness: “the power of the analysis to generate theory developments and novel explanations and to cast further light on previous research findings” (p. 159); (c) publishing an audit trail, where the “investigator provides documentation that allows the reader to track the analytic process from the original text to final analysis, perhaps through specific examples . . . explaining how it arose from the steps of the analysis and being careful to include revisions and exclusions” (p. 159); and (d) acknowledgement of where the researcher and participants opinions differ.

Member-checking procedures were conducted with each participant, allowing them to review and comment upon the categories and themes developed by the researcher. The participants were asked questions: (a) whether the categories and themes were coherent; (b) the



degree to which the categories and themes corresponded with what the participant spoke about in their interview, (c) the degree of completeness/comprehensiveness they encompass, and (d) the pragmatic value for counselling practice that the categories and themes provide.

## **Ethics**

**Ethics of interpretation.** As described above, this research project provided reflexive opportunities (Burr, 2003, p. 156) for participants to comment upon their own accounts and those of the researcher, as well as for the researcher to comment upon their own account, so as to “address the part played by [their] own contribution to the discourse [they are] analysing” (p. 157). This involved “explicitly acknowledging the personal and political values and perspective informing the research” (p. 157).

**Positioning the researcher.** I acknowledge my support of relationships that enhance the lives of the members involved, that are flexible, caring, and free from abuse. I acknowledge that consensually non-monogamous relationships can encompass all these characteristics, as can monogamous relationships. More realistically, I recognize that most relationships do not exist and function in such strict binaries, but I respect and understand the need for such designations to identify diverse needs. I support ongoing research that illuminates biases in the field of counselling psychology and seeks to mitigate them in the ethical service of clients presenting in all forms of diversity.

This researcher strongly supports the development of research-based clinical recommendations and competencies for therapists working with all sexuality, gender and relationship minority clients, including those adopting or experimenting with CNM models of relating. I see a need for these competencies to be informed not only by intellectual conceptualizations of how therapy should work, but also by accounts of those who strive for and

achieve cultural competence in their work with this population. Choosing this topic for research demonstrates my wish to, within the field of counselling psychology, advocate for persons adopting or experimenting with alternative relational models in their lives, so long as the practice is consensual and non-abusive. As Barker (2005) wrote, “polyamory, in particular, presents a fascinating avenue for exploring dominant constructions of relationships and the ways in which these may be challenged” (p. 76). As with any creative impulse that my clients present, I want to support their exploration.

I do believe, as Shernoff (2006) does, that many of us are hounded by internalized “sex-negative, erotophobic messages” issuing from our socialization (p. 416). I also believe that the therapeutic context ought to be a safe haven from these messages, and be a place where new messages must be encouraged to materialize. Unfortunately, while CNM-savvy therapists do exist and may even advertise as such, not all CNM clients have health insurance or can afford their fees (Weitzman, 2006). I support the increased accessibility of services to sexuality and gender minorities through low to no-cost counselling service and widespread understanding among professionals of the diverse needs of these clients. I also recognize that finding a CNM-aware psychiatrist for mental health concerns may be very difficult (Weitzman, 2006). This puts the CNM population who suffers from more acute mental health concerns at higher risk for mismanaged treatment and disengagement (Page, 2004). In one poll, a quarter of CNM responders declined to come out to their therapists as CNM due to fear of being unfairly pathologized (Weber 2002, as cited by Weitzman et al., 2012).

I would not describe my feelings towards consensual non-monogamy as either foreign or distasteful. Rather, I hold both a personal and professional curiosity for a range of relational experiences. Like Foster (2008), “I am attempting to do commitment differently” than the

heteronormative and mononormative discourses would dictate (p. 87). Through the process of creating this research proposal, I have come to re-construct all my relational experiences, both past and present, as encompassing elements of monogamy and non-monogamy. Furthermore, it is my experience that many relationships tend to fluctuate up and down this spectrum to varying degrees. My constructions of my own sexual expression and relationship structures encompasses discourses of fluidity, creativity, and curiosity.

Despite some arguments that non-monogamy is more natural to the human species than monogamy, I have little interest in arguing that any sexual expression is more or less natural than any other. I instead task myself with understanding, accepting, and valuing the individual's exploration of what works for them, whether stimulating, comforting, perplexing, or anything else. I seek to honour their experiences as they fluctuate over time and across contexts.

In summary, I position myself as being CNM affirmative, that is, as not holding negative bias towards CNM relationships or the people who choose them. This is not the same as saying that I believe CNM relationships to be better than monogamous relationships, or believe that clients struggling with monogamy should necessarily adopt CNM relationship structures, or that people should maintain CNM even when there is distress in the relationship. In certain sections of this document, I have summarized studies that found CNM-“affirmative” counsellors to still maintain some negative biases against CNM relationships. I acknowledge that this project may find both biases and affirmative attitudes in the participant accounts, and that I myself may unwittingly espouse monogamy-centric assumptions and beliefs. Given that the ‘normative’ relationship structure in the society and culture in which I am embedded is monogamy, this would not be at all surprising. At all stages of research I have retained a log of my procedures,

conclusions, reflections, and consultations and have worked to acknowledge all imaginable effects of my subject position on my findings.

**Ethics of confidentiality.** Participants' identities are protected by the researcher through the use of data security (lock and key, password protection, encryption), and pseudonyms for all participants. The researcher abided by the usual limits of confidentiality in the participant-researcher relationship (See Appendix D: Participant Consent Form).

As with any rich, detailed qualitative method that carefully considers context, the risk of identifying participants must always be considered. By simply referring to a given counsellor's theoretical approach or number of years in practice, identification was very likely. Given the imperative to favour the protection of participants' identities over the desire to contextualize participant responses, themes and codes were presented across participant interviews, rather than analyzing each interview separately. Participants were additionally given an opportunity to decide how much of their descriptive information appeared in the published study, and they were allowed to withdraw their consent to participate at any stage of the research without penalty. Only the investigators have access to the participants' personal information and research data.

**Ethics of representation.** Participants were accepted for this study regardless of their age, ethnicity, gender identity, sexual orientation, and dis/ability. Participants were accepted regardless of their theoretical orientation, provided they adopted a CNM-affirmative approach within it. Considerations of the counsellors' intersecting identities and theories for relationship counselling helped to situate their responses. The research sample included a fair degree of heterogeneity along the lines of gender, age, ethnicity, race, dis/ability and theoretical orientation.

This researcher acknowledges that the inclusion criteria for CNM is broad and encompasses a wide variety of relationship styles and structures. When participants referred to their client's self-defined form of CNM (e.g., polyamoury, swinging, open relationship, etc.), and intersecting identities (e.g., race, ethnicity, sexual orientation, sexual practices, subcultures, marriage status, etc.), the researcher worked to situate their responses and processes within their group and individual contexts, but only where the confidentiality of these clients was not compromised by doing so.

Given the presuppositions of the study's epistemological lens and narrative framework, generalization to a greater population is not the goal. Instead, generalization of the study findings to counselling theory is the express aim of the research findings.

**Ethics of fairness and equity.** A person engaged in a consensually non-monogamous relationship is considered a minority and vulnerable to discrimination (Finn et al., 2012; Richards & Barker, 2013). By extension, counsellors who actively and openly practice with these clients may be vulnerable to discrimination in their field. The researcher made careful consideration of study procedures to ensure respect and dignity for all participants throughout all steps of study. Ensuring equal participation of participants was achieved by including participant observations and reflections in equal measure to those of the researcher. This objective is critical to the aspirations of the research philosophy. The participants' preferred language (e.g. preferred name, preferred pronoun, preferred language to describe themselves and their relationships) was inquired after and was used throughout the research process. The researcher endeavoured to acknowledge the privilege and power held by the researcher throughout the research process and interpretations. Interesting to note, this research also experienced moments of inversion to this presupposed power dynamic. This was on account of the fact that the researcher is new to the

field of counselling and to the work of counselling sexuality, relationships, and gender minorities, while the participants conveyed a great deal of expertise in these areas. At many points during the research process, this researcher found themselves learning and being taught by the study participants. In many instances, the interview responses pushed the researcher's level of knowledge well beyond what was gained through the literature review.

**Ethics of harm reduction.** Many of the aforementioned ethical considerations already consider the ethics of no harm. Further to this end, given my preliminary education in research ethics, I will continually consult with senior researchers, professionals, and community members throughout the research process. Through consultation with thesis supervisor and principal investigator Dr. Marla Buchanan of the UBC Counselling Psychology program, I learned how to protect the confidentiality, dignity, voice, and autonomy of all my participants. Through consultation with Dr. Janice Stewart at the Institute for Gender, Race, Sexuality and Social Justice (UBC) and with professionals who regularly work with CNM clients, I learned how to structure my research questions, procedures, and analysis in a way that respects the dignity, needs, and contexts of those who practice CNM, and which helped to acknowledge the vast diversity within these identities. I sought feedback from peer and expert reviewers of the study's themes (see Appendix L). I reported no moral or personal biases against CNM, and I identify as CNM-affirmative (cf. *Positioning the Researcher*, above). I positioned myself to be curious and open-minded about the perspectives of all the participants in the study, and worked to explore their narratives in depth. I recorded their reflections and reactions to the data, sought the input of participants (member-checking) on my findings, and incorporated considerations of my own subject position into my discussion.

Considerations for intersecting identities (e.g., transgender, LGB) were made, including asking participants for their preferred name and pronouns, and using their preferred language to describe themselves and their relationships. All participants were invited to weigh in on the researchers' findings, and their reflections and criticisms appear in the final write-up. This measure was included in order to give participants the opportunity to question or problematize any findings they do not align or agree with. This step acknowledged the subject-positioning of the researcher and the subject-positioning of the participants and sought to give equitable stake to all participants in the collaborative meaning-making process.

**Ethics of benefit.** Research into the constructions of relationship distress and change with consensually non-monogamous clients and their counsellors was a task intending to benefit the therapeutic community and its current and future clients. There was potential for benefit to the very participants in the study, as participants had the opportunity to reflect deeply on their experiences of counselling and have equal stake in the interpretive process. They had the opportunity to language their experiences, reflections, and insights as skilled counsellors in the presence of a researcher who values their contributions to the field.

### **Member-Checking**

I presented each participant with my thematic analysis and the relevant passages that I thought coincided with the themes I developed. I discuss their responses below and make note of how much their responses influenced the development of themes and the meaning I made of their passages.

I asked each participant: do these categories and themes make sense to you? I received mostly positive feedback from the participants on this question. Where thematic names did not

resonate with the participant, adjustments were made to better reflect the meaning of their passages.

I asked each participant: do these categories and themes reflect what you told me? Some errors in understanding had been made on my part, and I allowed participants to correct my readings of the interviews. For example, at one stage of analysis I had grouped “curiosity” in the category “innate personality traits.” The participant expressed their view that curiosity is not an innate trait and rather a “personal quality” or a developed skill. Another point of feedback came on the word “bias” to describe the ways in which therapists conceptualized their clients’ presenting issues. One participant asked me to reconsider the word “bias” if the subject in question is a conceptualization borne of counselling theory. The participant expressed their view that “bias” should refer more to personal judgements, rather than conceptualizations issuing from a theoretical frame of knowledge. This consideration was incorporated in the final write-up.

I asked each participant: what themes/content/details are missing? No additions were made, but one participant thought that the sample size (n=3) could have been increased to gather greater knowledge in this area of study.

I asked all participants: is there anything you would change? Many participants asked for identifying characteristics to be omitted or replaced with less identifying words. I did so.

I asked all participants: how do you think these categories and themes relate to other counsellors working with CNM clients? Feedback received focused on the difficulty of generalizing the study’s findings, due to the differences in theoretical approaches in the study sample.

I asked all participants: how will these findings be helpful or unhelpful to other counsellors working with CNM clients? Feedback received confirmed that these findings would



be helpful, with consideration of the aforementioned provisos regarding generalization and applicability across theoretical approaches to counselling.

I asked all participants: is there anything further you wish to say? Is there anything else of importance that you feel I should know? One participant noted that a great contribution to EFT relationship therapy would be the separation of attachment security from monogamy, and the addition of “secure consensual non-monogamy” as an EFT theoretical conceptualization.

## Chapter 4: Findings

Findings will be presented in a manner not typically congruent with narrative research. Typically, narratives are meant to be preserved holistically rather than segmented, in order to get a sense of the whole story as it unfolds in the interview and becomes interpreted by the researcher. Research findings are also meant to include the intersections of identity and of experience for each respondent in order to consider the multiple factors that influence their narrative accounts. The interviews did result in a number of longer narrative accounts, which I have sought to maintain in the analysis. However, this presentation of the findings is not organized as Interview 1, Interview 2, for example, but instead along major themes and categories, with responses from all three participants interspersed throughout.

This presentation was preferred following consultation with the research supervisor. It was agreed that the presentation of holistic accounts was not particularly relevant to the aims of this research study. The most valuable information came in the themes of competency, more than in the holistic journey of each practitioner. This is not to say that each practitioner's journey was not deeply important, but rather, a discussion of the individual acts, learnings, and experiences that led to competency are perhaps most relevant to readers looking to develop their own competence with CNM clients. Furthermore, it was reasonable to imagine that presenting holistic accounts could jeopardize participant confidentiality; this is especially true given the relatively small number of practitioners who have cultural competence with consensually non-monogamous clients.

This atypical presentation will of course impact the reading of the findings and will detract from the readers ability to situate the responses in each participant's identity, years of

practice, and so on. I strove to provide non-identifying details where possible, such as the theoretical orientation of the respondent.

It should be noted that the pronouns they/them/theirs will be used for all the participant responses, though not every participant preferred these pronouns. The justification for the use of they/them/theirs for all findings is twofold: first, to respect the confidentiality of all participants involved, since using the same set of non-binary pronouns for all responses will remove the potentially identifying details of the participant, and second, to exercise inclusivity for gender non-binary people by avoiding sexist and cist-centric language.

Three narrative interviews were conducted and I interpreted separate story lines for each participant. I present them here before exploring the categories and major themes.

In the first interview, the participant politely challenged the label “culturally competent with consensually non-monogamous clients,” due to a lack of codified criteria for that designation. They much preferred to identify themselves as *having experience with consensually non-monogamous clients* [italics added]. They went on to tell a number of clinical anecdotes that illustrated how very much they have learned about CNM from their clients. This participant spoke of taking their client success stories to further propel their competency in this area of practice. This participant also stressed their belief in approaching CNM clients with non-judgement, openness, curiosity, care, and respect, an approach long held by this counsellor when working with a variety of clientele. This counsellor spoke often and in depth about their integrated use of attachment theory and emotion-focused modalities. They spoke to the importance of grounding relationship work in bonding while making considerations of other human systems at play in intimate relationships, such as desire.

The second participant described their personal and professional journey into the heart of what it means to love more than one person. This participant's story included narratives of pushing through difficulty and resistance from institutions and relationship experts to pursue their interest in counselling people in consensually non-monogamous relationships. They pressed on with the deep sense that CNM relationship work in the counselling field was important, and needed. They took it upon themselves to wrangle with the existing theories of relationships and to develop a deep understanding of attachment and bonding in the context of CNM: how these relationships, like all human relationships, are guided by the same attachment principles. They arrived at a place of deep self-knowing and deep empathy for what it is to be in a consensually non-monogamous relationship. They built a sincere belief in the viability of these relationships, and continue to challenge biases that overlook the complexities of consensually non-monogamous relationships.

The third participant spoke of gaining deep knowledge of CNM in non-academic settings before becoming a counsellor. This person deeply rooted their conceptualization of CNM in the principles of feminist and anti-oppressive therapeutic approaches that acknowledge and honour the multiple intersections of identity and practice of their clients. They spoke to the importance of gaining deep, non-academic learning about the experience of consensual non-monogamy, and held these sources of knowledge as the gold standard in CNM education. They spoke of combining their counselling theory, understandings of CNM relationships, and acknowledgement of multiple intersections of identity to develop affirmative anti-oppressive practices. This participant told stories of respecting the clients' voices and experiences and respecting their language and identity. This participant spoke emphatically of their belief that there is no right or wrong way to do consensual non-monogamy.

In total, I interpreted 40 distinct categories in the data. These may be found in Table 1, along with the response rate and response ranking. Response rate refers to the number of participants (a number out of three) who spoke to the category presented. The response ranking refers to the category's representation across participants, i.e., a ranking of 1 indicates all participants spoke to the category, a ranking of three indicates that only one of three participants spoke to the category. Please note that cultural competence is abbreviated to CC in this table.

Table 1

Categories and Frequency

No.	Category Name	Response Rate	Response Ranking
1	Read CNM literature	2	2
2	Consult with a CC supervisor	1	3
3	Be present in CNM culture	1	3
4	Consult with people who practice and research CNM	3	1
5	Do research	2	2
6	Learn from clients	3	1
7	Advanced knowledge of LGBTQ, BDSM/kink	3	1
8	Advanced knowledge of intersectionality	1	3
9	Lived experience of CNM	2	2
10	Privilege sexuality, relationship, and gender minorities	3	1
11	Bring CNM into discourse	3	1

No.	Category Name	Response Rate	Response Ranking
12	Provide CC education and supervision	3	1
13	Clients as experts	2	2
14	Offer information only as requested	2	2
15	Allow clients to determine CC	1	3
16	Recognize that CNM is usually not the problem	3	1
17	Privilege practitioners with lived experience	1	3
18	Spearheading integration of CNM into counselling theory and practice	2	2
19	Mastery of basic counselling skills	3	1
20	Conceptualize distress as attachment insecurity	2	2
21	Individual emotional regulation	2	2
22	Challenge clients using attachment theory	2	2
23	Privilege secure bonding between primaries	2	2
24	Name oppression	1	3
25	Integration with models of sex therapy	1	3
26	Update and expand existing theory	2	2
27	Avoid purely cognitive or behavioural approaches	3	1
28	Hold no assumptions about CNM relationships	2	2
29	Move people out where they are "stuck"	1	3

No.	Category Name	Response Rate	Response Ranking
30	Belief in the validity of CNM relationships	2	2
31	Ongoing self-reflection and personal growth	2	2
32	Cultivate non-judgment, respect, curiosity	3	1
33	Acknowledge judgments	3	1
34	Process judgments away from the client	2	2
35	Practice CNM	2	2
36	Identify as a sexuality, relationship, or gender minority	3	1
37	Experiences prior to being a counsellor	2	2
38	Experiences of discrimination	1	3
39	Personal qualities	1	3
40	Value differences	3	1

The categories with the highest response ranking include:

- Consult with people who practice and research CNM
- Do research
- Learn from clients
- Advanced knowledge of LGBTQ, BDSM/kink
- Privilege sexuality, relationship, and gender minorities

- Bring CNM into discourse
- Provide CC education and supervision
- Recognize that CNM is usually not the problem
- Mastery of basic counselling skills
- Avoid purely cognitive approaches
- Cultivate non-judgment, respect, curiosity
- Acknowledge judgments
- Identify as a sexuality, relationship, or gender minority
- Have friends and loved ones who practice CNM
- Value differences

There are considerable caveats to assuming that the categories with the highest frequency ought to hold the most weight. This is primarily due to the fact that two of the participants work from an attachment-informed theoretical approach while the other primarily utilized feminist and anti-oppression approaches to their counselling work. The lack of representation of many theoretical approaches, or even equal representation of theoretical approaches, tremendously influences the frequency rating of the categories. Additionally, it must be noted that even though some categories did not appear in all interviews, this must not be interpreted to mean that some participants do not in fact practice or endorse those categories. What surfaces in the narrative interview is not always exhaustive, but rather, likely focused on the aspects deemed most important by a given participant.

With consideration of the 40 identified categories, I condensed these concepts into five major themes. The five major themes that I interpreted from the interview data are:



1. *Knowledge*. Culturally competent counsellors for CNM clients cultivate broad and deep knowledge of CNM experiences from a wide variety of sources, academic and non-academic. They recognize there is a vast span of diverse experiences that are considered CNM.
2. *Advocacy and advancement*. Culturally competent counsellors for CNM clients have a deep understanding of how power, privilege, and oppression play out in the world and in the counselling context, and they use this knowledge to advocate for their clients and for the advancement of competent practice.
3. *Affirmative integrative practice*. Because many counselling theories for relationships carry heteronormative, cisnormative, and mononormative assumptions, culturally competent counsellors for CNM clients endeavour to integrate their knowledge of CNM with these counselling theories in a way that creates affirmative experiences of counselling, (i.e., that supports the diverse experiences of their clients).
4. *Minimization of one's own judgments*. Culturally competent counsellors for CNM clients strive for self-awareness in an effort to identify and manage judgements, as these ultimately hamper their ability to provide affirmative counselling services.
5. *Personal factors*. Culturally competent counsellors carry diverse identities and personal life experiences that coalesce in unique ways to contribute to their cultural competence with CNM.

I observed that although these major themes are distinct, in many cases they would interact in the development of cultural competence. For example, some participants' identities and lived experiences led them to develop of anti-oppressive practices. For others, identity and life experiences contributed predominantly to their knowledge of CNM, as exposure to unique

sources of knowledge became arguably more valuable than any academic source of knowledge. Consider also that the very act of building a base of knowledge for CNM practices and experiences is an anti-oppressive act, and requires knowledge of other intersections of identity (e.g. gender, race, ethnicity, disability, socioeconomic status) to be useful, leading to yet more anti-oppressive action on the part of that person. Let us now look to the findings.

### **Major Theme 1: Knowledge**

Culturally competent counsellors for CNM clients cultivate broad and deep knowledge of CNM experiences.

I think a massive massive massive implication is the importance of adequate education . . . that's my biggest concern for people working with this particular population. I'm really concerned about what the level of education is, even if that's self-study . . . Are you going deep? I feel that that is just so crucial for competence in working with such a marginalized population of people.

Education comes from a wide variety of sources, academic and non-academic. They recognize that valuable learning occurs not only in a classroom and from books, but also in the realm of their lived experience.

I think the most valuable part of my cultural competence and learning by far is lived experience . . . It is interesting that people are often more respected for [academic education] . . . I think we need to recognize that people can be doing work really powerfully and ethically and really well . . . from a lived experience.

This participant went on to qualify this response in a member-checking interview, saying that although they believed that lived experience is a very powerful way to learn about CNM, they

did not find it was sufficient for cultural competence. They especially recognized that one lived experience could not be extrapolated to all lived experiences of CNM.

**Read CNM literature.** Most participants spoke about reading relevant literature to gain knowledge, in whatever form was available to them. One participant, who started their study of CNM some years ago, recounts:

I started digging into the literature / at the time there was like hardly any literature on this . . . and so I had to dig into the literature of the history of communes . . . and the history of the free love movement in the sixties and seventies. Really reading up on what the history of non-monogamy was. Reading up on the impact of feminism on how sexual freedom had started to be reconceptualised . . . But, you know, since then there's been a LOT more literature published on non-monogamy . . . I think that being up to date in the literature is crucial.

One participant made note that although they did read CNM literature, it was not sufficient for their education.

I found a lot of that would give me practical knowledge but it did not give cultural knowledge . . . so there were little pieces that could be picked up here and there but reading was not sufficient.

They went on to discuss many other sources of knowledge that were important for their development of cultural competency (discussed in the next several categories).

**Consult with a culturally competent supervisor.** One participant spoke of having a supervisor who helped to guide their practice.

I did have a clinical supervisor who was familiar with non-monogamy, so I did have that . . . Someone who had the cultural competency and also information on family systems and other pieces.

They remark at the importance of having this supervisor:

I think it's really important to have a supervisor to do ethical work, no matter what population you're working with and no matter how long you've been working. I'm a big believer in yes, let's make that part of our practices. I don't HAVE to do that as a registered clinical counsellor, but I think I have to for myself, to be ethical.

**Be present in CNM culture.** One participant seeks out opportunities to be respectfully present in cultures in order to witness and gain knowledge from people practicing different forms of CNM.

I really am a big believer in learning about culture by respectfully being present in culture, if you can, because you get a depth of knowledge that you don't get elsewhere.

They spoke of being mindful with this practice, however, and to not enter areas that are not meant for them. Finding individual people of those cultures who you can speak with and learn from is preferred in those circumstances.

There are still places where I don't have that. For instance, I never did events in cis gay men spaces because it was not my place. I wanted to respect that. So that learning was more fruitful from talking with individuals rather than being immersed.

This participant spoke about supplementing their knowledge by speaking with a good friend who identifies as a gay man.

**Consult with people who practice and research CNM.** In the previous section, the participant found that speaking to people who practice various forms of CNM was a close second

to being respectfully present in culture. All participants seek consultation with informed individuals, especially those who actively practice consensual non-monogamy. Some of these people are friends while others are colleagues.

I guess some of what I know about it is from friends. I have friends who have informed me about consensual non-monogamy. I've had friends who've told me about how they've navigated that sort of stuff.

Another participant said:

Being surrounded by other people trying to understand non-traditional relationships. You know, I have a really good friend and colleague . . . and I met him early on in my studies around polyamory and at the time he was also practicing poly. And we would get together and have these intellectual stimulating conversations and banter over the literature. I think that our interactions and our conversations and our dialogue and understanding and sharing about our own understandings of the concepts around non-monogamy were very very valuable in helping me to develop a solid conceptualization for how these relationship structures work . . . So I think those conversations with my friend and a couple of colleagues who I was going to school with . . . who were also poly, and also very well established in [relevant] theory. The dialogue around trying to make sense of it, I think was huge. Yep, huge in terms of helping me to develop more competence in this area.

This participant, when asked about what would help them to continue developing competency with CNM clients, answered:

I need to continue to have conversations with other people who are competent in this.

**Do research.** Some of the conversations that participants had with CNM practicing people were in the context of their own research projects. Two participants spoke about having done research that furthered their understanding of CNM. One participant stumbled upon CNM themes without expressly seeking them. In their research with older gay men, this participant stumbled on an interesting perspective on monogamy and non-monogamy in relationships:

One of the things they talked about was how each of them, almost all of them, were still very good friends with their first serious partner. And usually the relationship had broken up because something in the kind of lust luster, as I call it, the lust sheen had worn off, and that somehow led to a break-up. And they said they felt they had knowledge to share with the heterosexuals as well as the gay community, or communities . . . don't trash your relationship just because desire happens elsewhere or desire is not there. They basically were saying their [first boyfriends] were their attachment figures through life . . . So these guys said to me, take the first couple of years and be monogamous, because you need the communication skills and the trust before you open your relationship.

**Learn from clients.** The very experience of meeting people who share their unique experiences in a counselling setting allows for learning and growth of the counsellor.

It's been through the generosity of my clients and the mutual kind of co-constructed, mutually respecting sharing of knowledge and information [that I've learned so much about CNM].

Another said:

A lot of what I learn is just from sitting and LISTENING to my clients.

One participant wanted to be clear about their views on the limits to this form of learning: that learning from the client should not be the only source of learning, and the client should not have to inform the therapist about common CNM knowledge.

“Oh I don’t know about that, teach me all about” it is not appropriate . . . It is okay to say “I don’t know about that, I’m going to go learn more,” and “I’m open to whatever you have to say,” but to not put it on the client . . . Actually, often when people come in to see me one of the complaints they’ve had is that they went to see someone else and they wanted me to teach them about [CNM] and I wanted to go to someone I didn’t have to go through that process. And to me that is actually an abuse of power. . . . I would say that is probably one of the more frequent things that people tell me.

**Advanced knowledge of LGBTQ, BDSM/kink.** They have developed knowledge of and cultural competence with lesbian, gay, bisexual, transgender, queer, and BDSM/kink experiences. They have specialized their practice to work with a wide variety of sexual and gender minorities.

I had a lot of overlap with kink as well . . . there is quite a bit of consensual non-monogamy in kink community.

Another participant said:

I mainly do relationship type therapy with gay, straight, bi, trans, swinging, poly, kinky folks. So my main area is working with more marginalized populations around sexuality issues. So lots of queer, trans, poly, swinging or kinky are kind of the main folks that I work with.

Two participants spoke of having advanced knowledge and education in the discipline of human sexuality. Having advanced knowledge of sexuality, relationship and gender minorities, they

recognize that intersecting identities of their clients affects their client's life experiences and their practices of CNM. One participant spoke on the subject of CNM as a culture:

I don't think we can make it ONE monolithic or totalizing or unitary, unified, unitary culture.

**Advanced knowledge of intersectionality.** This area of knowledge and consideration is becoming exceptionally important when counselling all manner of clients, including those that practice CNM. One participant particularly noticed how quickly practices and areas of knowledge change over time, and the importance of being informed of current developments.

You have lots of queer people navigating non-monogamy in ways that wasn't even being done ten years ago . . . when you're working with populations that are not strictly heteronormative, you run the risk of being offensive if you're not aware of what all the different languages are? What pronouns do people prefer? What are people's gender identities? How do people identify? . . . If you're not adequately informed by reputable literature, you run the risk of doing harm.

One participant particularly noted how not only sexuality and gender identity, but also how intersections of ethnicity, race, and disability influence their client's lives and their CNM relationships.

To think about how do things like racialized identities, class, disabilities . . . how sexual orientation, gender identity, all these things factor into non-monogamy? Because they're REALLY COMPLICATED. It's not just about I need cultural competency in non-monogamy it's also about what could that mean? You know, who are these people? It's not just one little group of people. And how do all areas of who they are influence how the practice non-monogamy?



In these interview passages I began to imagine how these intersections of identity can create tremendous differences in the experiences of CNM people. In this passage, the participant illustrates the considerable barriers to accessing and being a part of one local CNM community due to intersections of race, sexual orientation, gender, and socioeconomic status:

It's crucial that we don't forget intersectionality in cultural competence . . . this is a complicated area and the experiences of people who are non-monogamous in communities of people of colour are very very different. Especially / I don't know if you had a chance to explore the VISIBLE side of Vancouver polyamoury community, specifically? It's VERY white. It's VERY middle class. It does not feel like a welcoming space for people of colour. And I've heard that repeatedly from people of colour. It's actually, interestingly, straight-ish, where the default seems to be most men are straight, most women are bisexual but tend to be cis-normative looking, feminine presenting. There are a lot of people who get left out there . . . Those people are looking for culturally competent care as well and it might not be reflected in the learnings they get from going to a Poly 101 or something like that, because they're going to look around and feel alienated or leave the room . . . No one is sitting there saying yes we want a white space but because the space IS white centric there is a just complete lack of understanding of what that means for a person of colour walking into a space and being like one of two or three people in a room of twenty or something like that . . . for instance, holding this event at a restaurant and people can't necessarily afford to come and eat but they'd really like to get the content . . . Recognizing and acknowledging that and seeing that / that is so important to the cultural competency piece.

In a member-checking interview, this participant wished to summarize this passage by saying the two main barriers faced by CNM people of colour to accessing this CNM community were the white-centric make-up of the community, and the location of the meeting: a restaurant, which would exclude people who cannot afford to eat in a restaurant.

Another consideration for people of colour in CNM relationships is the impact of societal norms of beauty, and the fact that people of colour may have a more difficult time finding partners and/or may internalize a notion that they are less attractive than white people.

For instance, one thing I frequently hear with mixed interracial couples is that there IS a power differential with a white partner who has white privilege and the other partner is a person of colour and how that manifests in non-monogamy, in terms of who is more desired . . . Even who is carrying the internalized version of who is more desirable. We live in a culture where white is the norm of beauty. So recognizing that is real, that creates tension and friction. It's not so much a problem that needs to be fixed as an oppression that needs to be acknowledged . . . not pretending it's not there. When it's not spoken [about] I think it can create more tension.

Considerations are also made for CNM clients who live with disability. This participant recognizes how CNM may look very different for them and expressly validates these differences in session:

I work with a lot of people with disability, too. And recognizing that again, the power differential there. We live in a really, actually HUGELY ableist culture and it's really not acknowledged in so many different ways. So . . . YES, a person with a disability may have less capacity to go out and find other partners. It might also be that their partner's actually helping with their care taking and the feeling of vulnerability that comes with

that is huge. And also living in a society in which you can devalue some of the disability that tells them all of these incredibly destructive lies. That they are lazy, that they must work, they're less attractive. So again, not pretending that stuff doesn't exist.

In the member-checking interview, this participant wished to add that there are many more considerations for CNM people with disability. For instance, they point out that many places are not wheelchair accessible, which includes not only ramps but wheelchair accessible washrooms as well. This can make it impossible for people with disability to go on dates in certain places or to attend polyamory meet-ups if they are held in a non-accessible location. Disability can include sensitivity to scents, making it difficult for people to spend time in places that are not scent-reduced. When considering people who communicate by sign language, would a sign language interpreter be made available at a polyamory meet-up? All these considerations impact the ease with which a person may practice CNM, and may influence their access to information and events that interest them.

**Lived experience of CNM.** Two of the three participants spoke of having personal experience of being in consensually non-monogamous relationships.

I have lived experience in consensual non-monogamy, so having cultural competency, a lot of that for me is bringing that from my own life . . . there's a depth of cultural competency in terms of lived experience that you can't really GET any other way. So, it was useful having that experience.

One participant in particular saw this source of knowledge as a gold standard for CNM knowledge, and one that holds particular value for the clients.

I think lived experience is SO valuable, because it only shows you ONE experience, but it's so DEEP. I think it created lots more feeling of safety for [the CNM clients who see me].

This participant spoke of feeling particularly grounded on account of their lived experience.

For me and probably for many people I was pretty nervous at the beginning when I was doing my practicum. You know, "am I doing this right?" "Let's refer back to the text." "Let's do this." So one thing I've learned is to trust the lived experience piece. It will give me the competency.

The other participant who spoke of lived experience with CNM relationships held their experience as a point of departure for their future work with CNM clients.

I think my own personal experience is what started fuelling my competency as a therapist working with non-monogamous people. When I was in my twenties I had an experience of feeling like I was in love with more than one person. And that prompted a big growth spurt both personally and professionally.

This participant also assigned great value to their lived experience when considering their development of cultural competence with this population. Without that lived experience, it would have been so much easier to believe that these relationships were not viable.

P:I really don't think that I would have been as open and understanding to non-monogamous populations if I hadn't had had the experience myself of being in love with more than one person. I think there is something really quite key in that for me, because without it it's just so easy to buy into the socialization of monogamy . . . in having the experience of being in love with more than one person and going through my own therapeutic process with that, I had to really dig into the literature to try and make sense

of it. So skeptical (.)

I: Of yourself.

P: Of myself. Like, maybe I'm just trying to fool myself. You know, maybe I'm just trying to justify my feelings or my behaviour. You know? But really I got into the [research]. I'm getting into all of this feminist, postmodern literature that goes well who the fuck says that this is the way a relationship is supposed to be? And really looking at the impact of religion, and history, and patriarchy as contributors to monogamous relationship structures. So I think another really important piece in there was . . . the belief that this is a legitimate way of relating. And I think that because I didn't have the bias that monogamy was the only way to relate, that was another big contributor to being culturally competent in working with this population of people.

## **Major Theme 2: Advocacy and Advancement**

Culturally competent counsellors for CNM clients have a deep understanding of how power, privilege, and oppression play out in the world and in the counselling context, and they use this knowledge to advocate for their clients and for the advancement of competent practice. One participant reminds us that this skill set applies to more than CNM clients:

I recognize that power and privilege are really really complicated. Knowing that when someone comes to see me . . . I am sitting here as the professional, I am carrying power and privilege and I can't pretend not to. And that is huge doing any kind of work with any client. Not just people who are non-monogamous.

**Privilege sexuality, relationship, and gender minorities.** Participants spoke of privileging sexuality, relationship, and gender minorities by specializing their practice to these clients, by providing accelerated access to service, and by providing sliding scale fee structures:

I make it known that I have a focus of interest with people who have alternative sexual orientation and gender identity . . . I've felt a certain responsibility to the queer communities. If I could sort of privilege those people on our waitlist, I would . . . Just the same way that I'm maybe more inclined to give reduced fee to a student or something, I feel like there are barriers to service for queer folks, and I feel a responsibility, then, to bridge those.

In another passage:

P: I realized . . . my practice also leaves some people out, right? Like, I do some sliding scale to no-cost, but not a lot. Because I also have //

I: Well, you have overhead as well.

P: Yeah. So there's limitations there, but recognizing and acknowledging that and seeing that, that is so important to the cultural competency piece.

**Bring CNM into discourse.** Participants spoke of taking a lead in bringing “non-normative” identities and practices into discourse in their counselling work.

If I'm working with a same sex male couple, I'll almost always ask at some point, or if there's any kind of intimacy, I'll ask “are you guys monogamous?” Or do you have, encounters that are outside your relationship? What's your understanding and agreement with each other? . . . we need to bring things into discourse . . . it's the same way you kind of don't just want to just ask some teenage boy “do you have a girlfriend?” You know? Opening space.

Some participants also do this by being *out* as practicing consensual non-monogamy.

I am pretty open about: yes, I do have lived experience with this community . . . It lets people know that this is at least a safe person to talk to. Not one hundred percent safe, no

one is, but that I am coming from an insider perspective, which, I believe a lot more people would be a lot more comfortable opening up to me from the beginning/ that I am not just coming in saying well I have heard of this.

They also advertise their practice using language that brings these ‘non-normative’ experiences and practices into discourse.

I’m a person of colour and I do specifically put in my listings the things I do. I say I work with interracial relationships and all these other terms.

**Provide culturally competent education and supervision.** Two participants spoke of providing culturally competent and knowledgeable education and supervision for CNM, sexual and gender minorities, intersections of race and disability.

I’ve given trainings.

It’s in some of our training materials now, and I’ve done some of the work myself to put it in there.

**Clients as experts.** They view the client as experts in their own lives and give them space and license to self-define and guide their own process:

I don’t pass judgement, I don’t say, “I don’t think you folks should be together,” I mean, I’m not God, right? And I’m not them.

One therapist was particularly aware of how important it is to honour the clients’ expertise in their own lives, and to relinquish the role of expert in the therapeutic relationship:

Maybe it’s actually dangerous to go in and present yourself as the expert. People are experts in their own lives. Everyone is. So, if I come in here and I say, well, I know all about polyamoury, I am going to tell you how to do it, that is actually exerting power and privilege in unethical ways. So some of it is, okay I am situated here, I bring this

knowledge, and this person is coming to sit with me, who is going to bring some totally different knowledge which is much more relevant to their life than anything I am just going to be able to hand to them. And knowing that they may be actually looking to me to give solutions because there is a power piece there and sometimes people want something fixed or they want an expert. So it is acknowledging that. Letting people know that [they] ARE the expert in [their] own life and that I am here to help guide you, but you are the authority. And also acknowledging that yeah, I am here as a counsellor, and you might see me as an expert, but I'm not. You're the expert.

Honouring the client's language and their own definitions was particularly important to this therapist.

One of the things I like to do which isn't so much a stand-out moment, but one thing I love is when people first come to me and we're doing the intake and getting to know you piece. I ask them whatever language they use, maybe non-monogamy or polyamory or relationship anarchy. And I ask them what it means to them, because EVERYONE HAS A DIFFERENT ANSWER. I've been doing this for YEARS, right? I love, I just love that people have so many different ways of exploring non-monogamy and we may use the same language or different language and I just think it's a really beautiful . . . there's so much diversity in that. There's no right or wrong way to do it. So sometimes someone sitting there and "well, yes, we do it this way," and they'll explain it. And it's just like, HUH, I have never heard that – now I wouldn't say this out loud – I've never heard that term used that way. That was really interesting. You know, like, we are polyamorous, we have casual sex with other people, we are emotionally committed to each other. It's like, that's not, like, a wrong definition. That's THEIR definition.



**Offer information only as requested.** Two participants spoke to providing clients with education only if requested to. In reference to the above passage, the participant added:

I think it's really important to not try to impose and not just say "well, what you're saying sounds more like swinging." No, no, don't do that. (Laughter). If people say "IS there language, has anyone ever done this?" It's fine to tell them terms. But not to try to take what they're saying is THIS thing and saying well no it's actually THAT, because that's not respectful.

Another participant, on the topic of coming to boundaries and agreements in between CNM partners, offered the they do not impose ideas but rather bring them up in the conversation:

I don't want to impose those, but I will ask "do you guys HAVE any kind of guidelines around that stuff?"

Also important to this process was the concept of letting clients determine for themselves if the information is helpful or useful to them.

I: So you come to that place as needed, as it comes from them.

P: Yeah, exactly. And just kind of put it on the table like the idea / that's an example, but do you guys have any sense of what would work for you? And would that be helpful to have something like that?

**Allow clients to determine cultural competency.** One participant questioned, who gets to decide what cultural competency with CNM is? Do we yet have criteria to determine this?

Their solution was to allow their clients to speak to this.

I: How have you become culturally competent working with consensually non-monogamous clients?

P: . . . I want to even kind of trouble or question that assumption for starters. Because that

kind of / I don't know that we have criteria for that. So I don't know that I'm culturally competent, but I have experience. I have experience. So that's what I claim.

In another passage:

If I'm understood to be culturally competent, I'm not sure by whose standards. I guess by my own and my clients'. How's that?

This participant went on to recount a number of CNM client success stories, and offered these as anecdotes of cultural competence.

**Recognize that CNM is usually not the problem.** They maintain that often the “problem” is not related to a client's CNM relationship structure. Two participants pointed out that the issues they deal with in CNM clients are simply not much different than the issues they see their monogamous clients dealing with.

I: How has working with non-monogamous clients been different than working with monogamous clients?

P: You know what? Not hugely. It's the interesting thing . . . the things that come up in relationships are things that come up in relationships. They just LOOK a little different. So, okay, you've got extra people involved, but with monogamous couples you've got someone's work involved, or their kids, or there's another focus, or there's, so . . . actually, I think, more people would explore non-monogamy if they realize it's not that different. (Laughter)

One participant uses a theory that centres on universal human emotions, which can surface for people no matter what their relationship structure is.

The issue really wasn't different than any other relationship that I had seen. The issues in non-monogamy are the same as what the issues are IN MONOGAMY. They're just

amplified because there's more people involved. . . . I'm taking this attachment theory and how we understand it in monogamy and I'm applying it over here and I'm realizing, well, ALL the issues are the SAME.

One participant, for example, provided several anecdotes of ailing CNM couples where the problem was not their relationship structure, but due to other common factors that can surface in relationships: lacking relational capacity, feeling threatened by one particular person in their partner's life, and feeling pangs of disappointment when a partner isn't always there. This therapist's ability to parse these details out and not blame the CNM structure of the relationship resulted in CNM-affirmative counselling experiences.

First, this participant spoke to a lack of relational capacities as problematic:

Well, the one [partner], when I saw them in couple therapy, had tremendous difficulty taking her partner's perspective on anything.

In another clinical anecdote, their clients had a long time CNM agreement between them with few problems, but the couple entered therapy on account of a unique and perplexing reaction to one particular outside partner:

P: They're gay guys, and they basically, you know, MET at the sauna, like a long time ago. So that's been there from the beginning. And they always allowed it and that was all fine, but they come to me in total crisis because one of them has been having an ongoing relationship with someone [who really threatened him].

I: And it sounded like, in that case it wasn't about the non-monogamy.

P: No. It wasn't.

I: Right? They were non-monogamous, but because, you said, like, a lot of these outside

relationships haven't affected them this way.

P: No.

In yet another clinical anecdote, the participant saw the issue to be that one partner had difficulty accepting and receiving their partner's negative emotions. Therapy became about finding acceptance for their emotional reactions and becoming more at peace with who they are.

I helped them a little more articulate how they viewed their relationship and what it was like for each of them. Like what it was like for him when she WAS let down. She has to be able to feel let down without him somehow feeling like "oh I'm trapped in something I don't want to be in." Right? She's saying . . . I'm FINE with you going and having your other lovers . . . but I want to be able to be sad about you not being there with me. Well that freed them up! . . . So I helped them get to be more okay with who they were.

As alluded to in an earlier section, one participant's approach, grounded in anti-oppression theory, sees these oppressive factors (the white-centric, cis-centric, hetero-normative, and ableist systems) as much more influential on relationship distress than the CNM structure they may choose (cf. *Advanced knowledge of intersectionality*).

**Privilege practitioners with lived experience.** One participant spoke to positioning practitioners with lived experience of CNM as being more knowledgeable and culturally competent than those without.

I am not just coming in saying "well I have heard of this." I would sometimes find that frustrating [that] other people that did not get that there is a divide [between lived experience and intellectual knowledge of an experience], and to just acknowledge it. If you don't have lived experience it's okay, it doesn't mean that you CAN'T do the work, but it is different, and recognize there is a power differential there as well.

This participant further clarified their response in the member-checking interview. They added that even though there is tremendous value in lived experience, they do not see lived experience as *sufficient* for cultural competence. They recognize that it is only one experience, and cannot be applied to all experiences of CNM. Finding knowledge in other ways about other experiences of CNM is critical for cultural competence.

**Spearheading the integration of CNM considerations into counselling theory and practice.** Participants spoke of being the first to publically point out gaps in theory and practice that left counsellors without any guiding theoretical models for counselling work with CNM clients.

P: I would take what I was learning while doing my literature review for [CNM] and reading about attachment theory and there was NOTHING that pieced these pieces of the puzzle together.

I: No one had done that yet.

P: So in a way I'm kind of a pioneer around thinking about these things, writing about them.

To start, they noticed a distinct lack of education in human sexuality for graduate level counsellors, and work to get it addressed.

I kept trying to push for human sexuality courses at the graduate level because I'm just like what the fuck? How are people being trained? . . . At the Masters level there's no graduate program in Canada that requires a human sexuality course for therapists. . . . I think that that's a huge issue. How can any trained therapist actually be culturally competent in addressing issues of non-monogamy when it's not even covered in the curriculum?

They openly challenged the limits of current counselling theories of relationships that do not include CNM. They do so at the level of their workplaces, education institutions, forums, and conventions:

I don't really think sexual fidelity needs to be the measure of love. . . . And I've discussed this on the list-serv [of one therapy community].

In another passage:

I was at two sex conferences last year and they're very heteronormative. There isn't a lot of discourse around [CNM] populations.

And in another:

P: I was actually the first person to talk to [a prominent relationship therapist] about polyamoury. What happened was . . . I went to this conference . . . and I raised my hand at the panel of experts and I asked: "What are your thoughts on attachment and polyamorous relationships?" And [one therapist] was like: "poly- what?" And so I told them what it meant, and their QUICK, off the cuff response was, "Well I wonder what they're running away from" . . . And then I saw them at a conference, I think about four months later. I'm like: we still have to have that conversation about polyamoury. They're like: I'm not having that conversation. So I don't think they can wrap their head around it. I said to them, "How many kids do you have?" They said two. I'm like, would you say that you can only be attached to one of them? They're like: "that's different." I'm like, "attachment is attachment is attachment, as far as I'm concerned."

### **Major Theme 3: Affirmative Integrative Practice**

Because many counselling theories for relationships carry heteronormative, cisnormative, and mononormative assumptions, culturally competent counsellors for CNM clients endeavour

to integrate their knowledge of CNM with these counselling theories in a way that creates affirmative experiences of counselling, (i.e., that supports the diverse experiences of their clients).

After reviewing the responses of all participants on how they approach CNM clients in a culturally respectful way, one can understand one participant's response: "I don't think we have criteria for [cultural competence with CNM clients]." To start, participants noted that there was a lack of training for *counsellors* on practicing with CNM clients [italics added].

There is no training in counselling, specifically. Especially when I was doing my Masters in counselling . . . When I went to university there was NOTHING on non-monogamy other than a little footnote here and there saying well / maybe gay people are not always monogamous and stuff. And it was like, really? . . . I've certainly attended workshops and things like that around polyamoury for instance, but I don't think I've ever had specific training geared towards counsellors around working with non-monogamy.

One participant spoke of feeling shaky and uncertain in their counselling practice with CNM clients. They attributed this to the very lack of resources and trainings available to help counsellors integrate knowledge of CNM relationships with relationships counselling theories.

I still have imposter syndrome where I'm like "ohh I have no idea what I'm doing!

They're going to find out I'm a /" It's because no one is really talking about how to do this yet. Or they're [only] doing very very briefly little bits.

Each participant spoke of struggling to gain knowledge and counselling competency without the benefit of a widely known approach for CNM clients. To build their competency, participants spoke to many of the elements of affirmative integrative practice that link up to

previous categories: reading CNM literature, learning from personal experience, seeking culturally competent supervision, and learning along the way.

One thing I've learned is to trust the lived experience piece. It will give me the competency. That combined with the counselling piece, and actually learning how to blend them, has been really interesting. Like, I know a lot about non-monogamy from lived experiences of being polyamorous and being a relationship anarchist. I know what that looks like, right? But then thinking, "what does that look like in terms of attachment theory?" Let's have a little think about what might be coming up there. And let's think about family systems; my supervisor was useful for that. So kind of getting to integrate the learning where it was really lacking and sort of mirroring it to the lived experience piece, and some of that is learning through doing as well.

In this passage we see also that the participant starts to integrate counselling theory into their conceptualization; they speak of attachment theory of family systems in particular. In a subsequent category, I explore the most common therapeutic paradigms that the respondents used to integrate their knowledge into practice and make it affirmative for CNM clients.

**Mastery of basic counselling skills.** Mastery and liberal application of basic counselling skills was spoken about in several interviews as a core foundation to cultural competence with CNM clients. Two of the participants are instructors and supervisors of basic counselling skills, and provide supervision to both new and experienced counsellors:

I also do supervision increasingly and it seems to be happening organically, where colleagues are hiring me to teach them.

Particular core counselling skills that participants spoke of were developing empathy, curiosity, and unconditional positive regard



I think the [main] thing that gives me a credential to say that I have any cultural competency is the position of curiosity, non-judgement.

And in another passage:

I started becoming more culturally competent in working with non-monogamous populations . . . [by using] the core counselling skills of empathy and unconditional positive regard.

Next I will explore the various ways that the participants spoke of integrating their knowledge of CNM with various counselling theories and approaches. Through use of these paradigms of conceptualization, I begin to see how the participants manage to see beyond the structure of their clients' relationships and see other forces contributing to their distress (cf. *Recognize that CNM is usually not the problem*, in the previous thematic section).

Two of the participants identified their approach to relationship therapy as being firmly based in attachment-informed modalities, and they integrate their knowledge of CNM with their approach. Four categories related to integration with attachment-informed counselling approaches are: (a) *Conceptualize in terms of attachment security*; (b) *Individual emotional regulation*; (c) *Challenge clients using attachment theory*; and (d) *Privilege the process of securing primary attachments over other partners*.

**Conceptualize distress in terms of attachment insecurity.** In a previous theme, *Spearheading integration of CNM into counselling theory and practice*, one participant spoke of their discovery of a major gap in attachment theory for adult relationships: no consideration of CNM relationships. They dedicated their time and research to making those connections and integrating considerations for CNM into attachment-informed counselling practices. Through this process of integrating theory with practice, this participant spoke to the superb applicability

of EFT relationship therapy to distress in CNM relationships as well as monogamous relationships.

P: the proof is in the pudding, you know? Like, I do therapy with people with all types of relationships and the way I do therapy using the EFT lens, it helps people experience less distress. So I believe in that model. And I believe that it can be applied very effectively to non-monogamous folks.

I: Yeah. You've seen it, actually.

P: Yeah . . . We're just trying to figure out, you know, find a way to be more securely attached in the relationships that we're in. Regardless of that's in a monogamous relationship or a non-monogamous relationship. We want to feel a sense of security and belonging and love and acceptance. And that THAT'S really at the heart of RELATING, period.

Another respondent also spoke to the great importance of secure attachments for all humans, whether engaged in monogamous or CNM relationships.

I think HUMANS need [secure attachments]. I think we all do better with whether it's a sister or a beloved friend. Maybe . . . I'm just projecting out from my experience but I think most humans do better knowing there's someone who really has their back. I think we do. Even people I've worked with who really seem on the autism spectrum . . . still want connection.

Equating secure attachment with monogamy did not sit well with this participant, though.

I do think people need each other. . . . I think we do WAY better out in the world when we know someone has our back, [that] someone's there for us. *It doesn't mean that person's my only lover.* [italics added]

Two clinical anecdotes reveal the way in which one respondent, while using their attachment-informed theoretical lens, was able to conceptualize distress in their CNM clients as perceived threats to their attachments.

It was so hard to figure it out because the non-monogamy doesn't threaten them . . . but something just bumped into his alarm, alarm, alarm . . . It just SCARED him. It made him scared – his attachment stuff . . . it made him scared that his partner was more dissatisfied than he looked. And through the course of that therapy which was fairly brief, I mean that fellow really calmed down . . . over the course of that therapy, they felt really tight together.

And in another passage:

She has to be able to feel let down without him somehow feeling like “oh I'm trapped in something I don't want to be in.” Right? Because if she's saying . . . I want to be able to be sad about you not being there with me . . . and that brought him into something where he's in “oh but I see you're sad and that's really hard for me and I feel like I'm constricted in something and then I want to run.” Well that's not going to help them.

In both cases, therapy concluded with partners feeling more securely attached to one another, while still preserving their CNM relationship structure.

Research participants who use attachment-informed modalities made considerations for the impact of trauma on CNM relationship distress.

I have this memory of this one couple and both of them had pretty severe trauma histories. And when one of them got activated emotionally, felt misunderstood or hurt, she would pull away. So through an EFT lens there's a withdrawal, a fight or flight response. And then the other, in her trauma history, she had experiences of abandonment,

so each time her partner withdrew it would bring up so much anxiety for her, that she would pursue. And so through that attachment lens, also seeing the attachment lens play out in this dynamic, where the issue really wasn't different than any other relationship that I had seen.

**Individual emotional regulation.** Participants made consideration for the individual factors affecting the health of a relationship, a concept reflected in EFT couples therapy theory. Individual emotional regulation was particularly indicated here.

And I think the other piece in there . . . is a piece around emotional regulation . . . EFT talks about the importance of the interpersonal and the intrapsychic. And so, the intrapsychic piece is like, what is it that's going on inside of ME? Right? And although I can get reassurance and emotional support from a partner, there's also a big piece of that that's my own responsibility as an individual, right? My fear is MINE, and I'm the one who has to take responsibility to address that fear. And that might involve asking a partner to help comfort me but ultimately transforming that fear is something I have to be able to navigate within myself. And so I see that as a major part of navigating non-monogamy, because if we have this attachment system that becomes threatened . . . If other partners are igniting that attachment response, there's a big piece of that that I have to learn to navigate within myself. What do I DO when I feel scared? What do I DO when I feel jealous? You know? How do I comfort myself and remind myself that I'm safe? Because part of that attachment response is, I mean, it's a flight or fight response. I'm scared that I'm not emotionally safe. So kind of over the years seeing the importance of figuring out individual strategies for people around how to regulate their own emotional states has been pretty huge.

One respondent made considerations for the impact of socialization on our very systems of attachments and the fight-flight-freeze response in a very interesting integration of CNM knowledge with attachment theory:

P: And I think too, people who are navigating non-monogamy, we've all been socialized to be monogamous. And I think a large part of the attachment insecurity that people experience is a massive part of our socialized way of relating. And so people are trying to navigate non-monogamous lifestyles with socialization that is programmed into their nervous system that, "oh you want to go have sex with other people? Oh my god. That must mean" / and not necessarily consciously, because that visceral, lizard brain reaction / "that must mean you don't want to be with me." "That must mean I'm not loveable." "That must mean that your partner over there is better than me." That sense of threat of, you know, I'm not valuable, I'm not loveable, I'm not worthy, I'm not enough.

I: They work together, both the socialization and that lizard brain.

P: Yeah.

**Challenge clients using attachment theory.** They have honest conversations with their clients about what does and what does not make for successful bonding according to attachment theory. They use these premises, drawn from theory, to support their conversations, and they deliver them with empathy and positive regard.

I call people out on bullshit. You know? I use the literature to support the things about humanity. Like actually no, you can't yell at your partner and expect them to stay present with you. That's not the way the fight or flight response works. Right? And that can be really hard for people to hear . . . And I think people VALUE that. Because I can bring those core micro skills of unconditional positive regard, empathy into the clinical room

while at the same time going: it doesn't work that way. And people respect that. And a lot of the feedback I've hear over the years with non-monogamous folks but also with other folks is that I like that you're not going to just let me get away with what I'm continuing to do. Because clearly what I'm continuing to do isn't working. So you're willing to take the plunge and call me out on some of my stuff, and challenge me, and challenge me in a way that I can hear it, and I can be open to it . . . It's being really confident in my theory but also using those core skills that enable a solid working alliance with the client. What your experience is in the moment is it's not working for you. You're in distress. You're in relational distress. So we need to find a way to help you get under it and do something different.

Another respondent spoke of sharing their "bias," meaning the lens through which they understand human bonding and attachments:

So, I'm a big one for sharing my bias . . . I feel like bias is in the room anyway . . .

I do think sharing my bias is probably helpful. It's helpful to say "don't keep coming to me if what you want is to feel more secure with each other but while you're in the throes of your insecurity and your fights and all that, you're also going to bring into the mix other lovers AND drugs. They DESERVE TO KNOW [my biases]. And my biases don't come up very much, because for the most part my bias is, you know, whatever works for you is going to be okay. But there are some ideas that I do have about HUMANS. And what works for humans.

**Privilege the process of securing primary attachments over other partners.** For these therapists who ascribe to attachment theories of relationships and who employ emotion-focused therapies for relationships, there is a focus on security in the dyad where partners identify as

primaries, sometimes at the expense of other partners for a time. One respondent spoke of encouraging clients to privilege their dyadic connection before inviting other lovers into their lives.

When we experience an important connection as threatened, then we have our antics. We have our ways of coping, and that can feed into the distress. So, if / so, it can get big and messy if you're having, if you're coping with distress by bringing in other people and then that's feeding into the distress.

In another passage:

I just saw the attachment themes between them. And seeing how there wasn't attachment security in that primary relationship, then it created quite a lot of challenging moments when they were trying to go out and navigate their external sexual relationships. So if they weren't feeling securely attached in the primary relationship, any outside relationships that they were going to have in that type of dynamic were just very threatening to them.

...

At the time, the outside partners were activating the trauma responses. So we had to put a stop to the sexual relationships outside of that relationship for the time being. With the recognition that that wasn't like, a complete / you know, you're never going to engage I those relationships again, but if you're calling THIS your primary relationship, and these other relationships are creating so much turmoil here, well you're on the brink of losing this relationship. So, as long as you're activated by these outside relationships, this relationship is on its way downhill.

In the member-checking interview, this participant wanted to emphasize that they endorse a temporary closing of the relationship to regain stability *only* if those partners were in a primary relationship, which was true for the partners spoken of in the above anecdote [italics added].

One study participant with lived experience of relationship anarchy spoke of their carefulness in using attachment-informed counselling theories with some CNM clients.

Some things are relevant for some people, and some things are not as much. Sometimes there are places people don't WANT to go . . . Attachment theory is not always a safe or comfortable place for people to even explore. Right? So, by just bringing that in and using that with all my work, that might actually be damaging for people, right?

In the member-checking interview, this participant wished to further clarify this passage. They wished to acknowledge that some therapeutic modalities could be ill-fitted to some clients and to some presenting issues. This participant has found that with some clients, attachment-informed *language*, in particular, can be triggering, especially for some people who have experienced relational trauma [italics added]. They wished to clarify that attachment-informed modalities can be excellent and useful, but that they always check with their clients to see if the modality and the language fits for them before continuing to use them.

**Name oppression.** They take a lead in naming oppression, inside and outside the counselling room. Adding on to their earlier discussion of how intersections of identity lead to real oppressions in the lives of their clients, one study participant spoke to how they incorporate this philosophy in their counselling work: through teaching the clients about these systems of oppression, through acknowledging the impact of these systems on their lives, and by having open discussions around needs and need fulfillment.



This section harkens back to previous interview passages (cf. *Advanced knowledge of intersectionality*) where the participant discussed the impact intersectional differences on peoples' experience of CNM, where the counsellor spoke to the reality facing some CNM people with disability:

A person with a disability may have less capacity to go out and find other partners. It might also be that their partner's actually helping with their care-taking and the feeling of vulnerability that comes with that is huge. And also living in a society in which you can devalue some of the disability that tells them all of these incredibly destructive lies. That they are lazy, that they must work, they're less attractive. So again, not pretending that stuff doesn't exist.

In such instances, the participant looks to initiate dialogue around needs in relationships. If it is not possible to get them fulfilled, at the very least there is a process of acknowledging people's lived realities.

That is sometimes doing some really structured work around okay, are people's needs getting met? When they are not getting met, what's going on? And that is so important in any relationship. But in a non-monogamous relationship it can really really come up. Huge. Really huge for people (laughter). There's this giant elephant in the room that people don't want to talk about . . . That some of their needs actually are around / yeah/ AND I need you to cook for me. And if you're on a date, I might not eat . . . So those are real things.

Bringing these oppressions into discourse in the counselling session is key for this participant's cultural competence.

I: I think you're trying to use your power and privilege as a person who is the counsellor, with your Masters degree, to identify these systems of oppression.

P: Yeah.

I: Identify how they play out, not just in that person's life, but also in the relationship.

P: Yeah. And sometimes just teaching people. Like this: saying, we live in an ableist society, we actually all internalize it, and this is some of the ways it may manifest, right?

And acknowledging the challenges too. So not saying that you're being ableist and terrible to your partner because that's not helpful (laughter). But saying, okay, because we live in an ableist society, and your partner doesn't have access to all the resources they need and you're needing to provide more of them, that's exhausting for both of you. Bringing those pieces in there, in that way. And then saying, and with that, how do we navigate that? How do you want to navigate that? What are each of your needs?

This participant noticed how pervasive sex-negativity has impacted people who practice CNM, and in another area of their professional work, tries to "undo" the shaming messages that CNM people carry around sex and sexual health.

In some ways almost when I work with people who are non-monogamous there's more active work around undoing sex negativity. (Laughter) Which is almost the opposite of what you'd expect. And maybe it surfaces more because they are going into a place that feels a little less emotionally safe to begin with . . . I mean, we don't know if there's more risk because there's a lot of people who are monogamous who have far more partners than people who are non-monogamous.

. . . Especially in polyamory community for some reason, there's some really weird sex shaming that comes up around sexual health. That's something that seems to be more

with non-monogamy. People talk about being fluid-bonded which is not using barriers with each other, and it becomes a huge piece of trust. I think that there are some really unexamined pieces around STIs being dangerous and bad rather than just germs, everyone gets germs. So that comes up more. It's a very specific piece, but I think it's fascinating, because you think it would be a community that was more sex-positive and yet there seems to be/ maybe it's a backlash against the fact that they're already getting resistance? That we have to prove that we're not bad by embracing this other norm, which is that STIs are bad things that happen to people who have lots of sex? So, some of the work I do there is actually trying to gently undo that . . . when I talk to polyamorous people about sexual health and herpes. And seeing the questions that come out of that was fascinating in terms of the fear and the judgement. Well I'm clean and how do I know someone else is? And it's just oh that language is so shaming, so that is one specific piece that I do notice.

Sadly, training in anti-oppressive approaches for CNM is not as readily available (much as with attachment-informed approaches for CNM).

I would actually love to get any kind of anti-oppression psychotherapy training that focuses on couples work. I think that would actually, really address a lot of the stuff in there that I do. So I'm watching and waiting for that.

**Integration with models of sex therapy.** Two participants spoke of using their knowledge in human sexuality to inform their counselling work with CNM clients. One participant spoke of using sex therapy models in their own practice of counselling CNM clients. They spoke of Jack Annon's PLISSIT model of sex therapy in particular:

It's an acronym [and model for sex therapy]. The "P" stands for permission. . . . You give people permission and as you give them permission to just be what they are, it's a form of unconditional positive regard, a lot of times that can just be really healing in and of itself. And then you give people limited information, which is a form of education, psychoeducation. And in giving people psychoeducation sometimes THAT'S just enough to help people kind of feel less distress. "S-S" [stands for] for specific suggestions. So in sex therapy you might give tips on how to have extra pleasure or you might get some information in the literature that says oh when you do X, Y, and Z in the realm of non-monogamy, you might have positive results. So you give specific suggestions. And when all of those things don't work, then the IT stands for intensive therapy. So that's where a trained psychotherapist would kind of dig more into, you know, the psychological underpinnings . . . [I] really try to practice that PLISSIT model in the context of being with non-monogamous clients. You know, giving people permission, just like I had been given permission in my own therapy process.

They integrated the principles and philosophies of that model with their counselling skills and experiences from their own life.

I think that just coming in with those very basic skills in a sex-positive framework along with my own personal experiences and understanding that just because you want to be in multiple relationships at once, that doesn't mean that you have a pathology of any kind. I think that those were really the building blocks of starting to create cultural competency with these populations.

**Update and expand existing theory.** Participants spoke of using their integrated knowledge and experience to thoughtfully expand and update existing counselling theories. As

previously mentioned, one participant not only saw a lack of understanding for CNM in EFT couples therapy, but worked hard to integrate considerations for CNM into that counselling approach. All three participants demonstrated a good eye for the limitations of current counselling theories.

One respondent has considered the CNM experiences of their friends and contemplates the fact that these experiences fall outside the margins of existing relationship theories. They honour this experience even though it is not reflected in prevailing theories of relationships.

So I think about, like, someone I know, who's GAY, who got married young, had a family, in a Christian kind of context where it wasn't okay to be who he was. And he really WANTED to be heterosexual. And his WIFE is his attachment figure, NO DOUBT. But over time, over many years, he's really discovered that's not where his desire lies. So it's like, what are you going to do with that?

As a result, this participant took issue with two prevailing beliefs among some attachment-informed relationship theorists: first, that desire will return when the attachment between partners becomes more secure, and second, that monogamy is necessary for secure attachment.

They contended that there are more systems acting on relationships than attachment, and that attachment may be necessary but is not always sufficient for desire to return.

If I understand correctly, Sue Johnson basically says that the sex desire is going to come back and the attraction is going to come back when the attachment is in place. And that's not true for everybody. And that's the sort of thing I've contested . . . That it ISN'T the same system. And I think a lot of people, until you really parse it out, hear her saying it is the same. And it just can't be! Because what happens when you're gay but your

attachment figure is of the opposite sex, and that's just not where desire and *eros* comes in? And so, we have to acknowledge that stuff . . . it IS somehow privileging monogamy. In a member-checking interview, this participant further qualified their response by saying Sue Johnson *has* acknowledged that desire and attachment are not the same system, but that other therapists, in hearing her speak, may not understand her that way [italics added]. It was this participant's belief that other therapists still hear say that attachment and desire are the same system. Second, this participant witnessed conversations in this community of relationship therapy that seem to equate secure attachment with monogamy, and this oversimplification appears to privilege monogamy. In this participant's view, an expansion of EFT couples theory that uncouples the concept of *secure attachment* from *monogamy* would be a considerable and needed contribution [italics added].

One participant saw value in maintaining our attachment bonds in a CNM structure, rather than abandoning them just because of certain conditions not being met, such as sexual desire/*eros*. Coming back to research they conducted with older gay men, the gay guys had this sense that they wanted to share, which is like, you know: don't trash your relationship just because, like, someone else / desire happens elsewhere or desire is not there. They basically were saying their [first boyfriends] are their attachment figures through life . . . So these guys said to me, take the first couple of years and be monogamous, because you need the communication skills and the trust before you open your relationship. So these are guys WAY after the fact, looking back . . . So I've taken that as kind of wisdom that I've used.

Another participant lamented about the lack of recognition for CNM in family systems therapy and looked forward to a modernized version to become available.

And I think it would be, you know, with non-monogamy, especially not with non-monogamy, but specifically with people who have units of more than two, together, I wish family systems was a little more updated, I guess? (Laughter) . . . Some training that runs and deepens what family looks like there. Because I think that would be relevant.

**Avoid purely cognitive or behavioural approaches.** All participants warned about considering CNM relationship concerns through purely cognitive or behavioural approaches. Many opt to take problems out of the cognitive and solution-focused realms to focus on feelings.

One participant spoke of a client struggling with a lack of congruence between her intellectual values and her emotions. This therapist worked to help this person accept their feelings while still maintaining their ideals.

At a certain point it was sort of like she had the IDEA, philosophically, of WANTING to not be jealous. Or not even not be jealous – not feel let down if her partner couldn't be there for her at a special time. That's not even jealous, that's just to not feeling her feelings . . . so philosophically she's okay with him having other lovers and her having other lovers, but she WANTED to feel differently than she DID feel. And then I kind of want to reflect that and say, so there's a way that you understand all of this, and you think about it, and you have an ideal that you're aspiring to. But your actual lived experience or felt sense of it is different than that ideal.

Another participant spoke in depth about coming back to the attachment insecurities that drive distress in relationships of all kinds.

You know, I can tell myself that that person's coming back, but that's a cognitive exercise. It doesn't actually attend to what that emotional need is. I'm scared, so I need reassurance. Not just from my own head, I need reassurance from this person who's

really important to me. To come toward me, and hold me, and tell me that I'm so important to them, or whatever this emotional need is on the inside that's going to help me feel that sense of reassurance and to allow that in and go okay, yes I hear you. Yes, I really feel and know that you love me, I got it. Okay have a good time . . . So I guess in all the experiences that I've had working with folks who are non-monogamous, those are the themes that just keep coming up over and over. As how the cognitive behavioural strategies although they can be helpful they don't get to the HEART of what people are needing at the foundational places of their relational distress . . . That's key.

Finding ways that bond people to one another again is the primary tactic for this therapist.

When people are trying to cognitively work their way through attachment responses, you can't do it. The only way to create attachment security is through bonding and giving people reassurance that I love you and you're important to me and your feelings matter to me, and hey come and, you know, let me hold you, let me hug you, and reassure you that I want to be here in this relationship. You're valuable to me. And I feel like in a lot of the experiences that I've had in working with non-monogamous folks is that THAT underlying piece of figuring out how to create attachment security is missing. And a lot of the information that you get about relationships focuses so much on communication and communication and communication. Now, clearly I'm an emotionally focused therapist so more of my focus is on emotion. Well, if you feel scared, what do you need to feel a sense of security, a sense of reassurance? So in using that lens I see the limitations to what the literature is out there for non-monogamous folks. It's surface-y. How to deal with jealousy! You know? Go talk to a friend! You know?



Another participant speaks of blending behavioural solutions *with* the acknowledgment of deeper emotional dynamics at play between partners [italics added].

Like when people are very / “there’s never enough time, we need to get our Google calendars aligned.” It’s like well that’s actually anxiety, okay. We can work with that.

(Laughter), right? . . . And that doesn’t mean / a Google calendar is a great solution.

That’s a really wonderful creative solution when you have anxiety around time management but also naming it as anxiety as well as just our calendars are not lining up. And, is there anything that that anxious part needs? Just to be taken care of? So that this stops being such a huge chore. So yeah, bringing those pieces in, sort of melding them together.

Most participants found that using solution-focused, cognitive-behavioural ideas in conjunction with other approaches did have merit.

There are going to be more explicit questions about how you navigate your relationship, and, yeah. So it’s going to be different that way because we’re going to talk about logistics a little bit, whereas if they are people living together and they’re monogamous, you don’t have to talk about the same logistics.

In work with one client couple in particular, coming to some basic agreements was helpful.

They had one other problem. You know, it’s like, come on guys, you need a few BOUNDARIES and GUIDELINES for yourself . . . Maybe, if you’re going to have ongoing with someone maybe don’t keep it secret. Maybe either don’t do it in the house, or don’t grill me right afterwards even though I’d be happy to share it with you tomorrow but not in that moment. That’s what we kind of navigated. So these guys, they needed something quite concrete.

This respondent sometimes brings in ideas they saw their CNM friends use with success in their own relationships.

I might say that I do have friends who've told me some of their rules or guidelines. You know, "not in our home, even if you're out of town," . . . and I have friends who have said "no repeat encounters" just as a way to protect themselves.

**Hold no assumptions about CNM relationships.** One participant offered that they don't make assumptions about any kind of relationship structure, and take extra time to understand how their clients' relationships work and are influenced by who the individuals are.

For me some of the richest learning comes from just people explaining what [their relationship] means to [them] . . . I just love that people have so many different ways of exploring non-monogamy . . . there's so much diversity in that . . . And sometimes they'll bring in some of the other pieces as well, the intersectional pieces, and talk about what it means for me to be in an open relationship with this person, and this is where I am and this is where they are.

Another participant also spoke of holding fewer assumptions when they encounter a CNM relationship, especially regarding structure, agreements, what the relationship means to them, and who are you to each other

P: I have to come to them with more of an open mind, fewer assumptions . . . With monogamous clients, you know that they want their partner to be their number one go-to person. I can't NECESSARILY assume that [with CNM clients], I have to find out.

"How do you folks understand who you are to each other?" I guess I can make some assumptions, for the most part, if I know that they're in a monogamous [relationship] . . . I can ASSUME people want to be each other's go-to.

I: So you're saying if you have a couple here who doesn't appear heteronormative, then, you're already sort of /

P: In a more open mind /

I: You've got another process going, wondering about how this relationship might be structured.

P: Yeah, I'm going to wonder what it means to the two of you to be in relationship and who you are to each other . . . I have made assumptions about that with my other couples. That would be great to actually start asking everybody that, I think.

Even the process of working out what each person means to the other carries therapeutic value:

I do think we can help these folks and it's partly by helping them gain some clarity around what it all means to them. And who they are going to be for each other.

**Move people out of where they are “stuck.”** One participant offered a philosophical approach to therapy that works for any kind of relationship structure: that of helping clients shift out of a stuck place. And once again, this is not the same as proposing monogamy instead of CNM.

I feel that my success is helping couples shift out of a stuck place, and if I help them shift out of a stuck place, and that was a successful therapy . . . I help ANY couple shift out of a stuck place. So I could have a non-monogamous couple come to me, and if they're experiencing some problem, I want to help them shift to a place where it's less problematic. I mean you're asking if it might go towards more monogamy? I haven't had many consensual non-monogamy folk necessarily shift toward more monogamy.

In one anecdote, the couple seemed to adopt more monogamous-looking practices of their own accord:

P: I had this one couple where they had what they call “guest stars,” . . . That was just their pleasant way of saying they were *monogamish*, that’s how they identified. And I have a feeling that over the course of working together, they had less “guest stars” and more focused on each other.

I: And that was something that evolved between them.

P: Yeah.

I: That wasn’t necessarily the work of therapy?

P: Well, it wasn’t my agenda for them

And in another anecdote, the consensual non-monogamy continued as before, with the couple feeling less stuck and more freed-up.

Even that couple, the male-female couple where the woman ASPIRED to be more non-hierarchical, and less threatened and disappointed when her partner wasn’t there – they seem to be working. They stopped coming and they said we think we’re doing better and we want to save the sessions and the money for when we need the help more. So I think I helped them and I certainly didn’t help them become more monogamous.

#### **Major Theme 4: Minimization of One’s Own Judgements**

Culturally competent counsellors for CNM clients strive for self-awareness in an effort to identify and manage judgements, as these ultimately hamper their ability to provide affirmative counselling services.

**Belief in the validity of CNM relationships.** They have incorporated knowledge, theory, and personal experiences to develop a real *belief* that CNM relationships are *valid* [italics added]. They can be done, and they can be done well.

I have to BELIEVE in something in order to really work with it therapeutically. It's kind of like a theoretical orientation. Like, I can't employ cognitive behavioural therapy because I don't believe in it. I don't believe in its effectiveness in the long term. And so if I'm trying to employ that in a therapeutic setting, coming back to the Rogerian idea of genuineness, I'm not being genuine. So I think that if I didn't believe in non-monogamy as a VIABLE relationship option, I don't think that I would have the same competency in working with this population of people because my biases would come out. And it would influence the effectiveness of the therapy.

**Ongoing self-reflection and personal growth.** Most participants took time to speak of the ways in which they engage in self-reflexive practices and seek personal growth to benefit their work.

One participant grounded their self-reflection in their anti-oppressive counselling framework, accounting for their own multiple intersections of identity and how these influence their life experiences and their understanding of others' life experiences.

I have a lot of power and privilege. I'm middle class. I've had access to university education. I'm working as a professional in a counselling capacity. I pass for neurotypical. I pass for non-disabled even though I live with disability. There are a lot of things where I have huge massive privilege and there are also areas, like for instance, being queer, being gender queer, being a person of colour, there are other places where it is more complicated. So that helps me. Having that mix, I find often it's often easier to see the places I do not have privilege and the places where I do. But it is so important to see the places that I do when I am working with people who are living or exploring

consensual non-monogamy because we live in a world where relationships are presumed to be heterosexual, monogamous, everyone is cis-gendered, all these things.

This participant continues to recognize how being out in some respects and in some environments and not being out in others creates some tension with regards to their theoretical approach.

I'm also noticing that I am able to be out because I carry a lot of privilege in other areas.

There are a lot of people who can't be out because it's not safe for them . . . I'm in a weird situation in my workplace. I get MORE clients by being out than if I was in a different workplace or situation. I might not be able to put food on the table if I didn't.

And so, because I've managed to get to this place, through a lot of luck, through a lot of privilege, I can do that. And I still find that there are areas I don't talk about as openly.

Like, I don't talk as openly about living with my own chronic pain and mental health stuff, as I do about being queer. So it's like, wow, that is actually of necessity and it's also internalized ableism. And recognizing it. And saying "how does that affect when I'm working with people with disability?" Who I tend to out myself to. And yet I'm not outing myself to the world with that. So hmmm, complicated stuff.

In a similar vein, another participant spoke to their recognition of sex-negativity in the greater society and its impact on all people, even themselves. They speak to a constant process of recognizing and processing sex-negative responses for the betterment of the therapeutic work.

So we have all this socialization, rooted in tons of history of religion: sex is bad, sex is dirty, sex is wrong, you should only have limited sexual partners, if you have a certain number of partners that means you're slutty if you're a woman, or that means you're a dirty cheater if you're a man. And so I think that's another really key piece to being

culturally competent, is examining the ways that sex negativity plays out in my own consciousness you know? Because sometimes in therapy you hear stories that are pretty hard to hear if you're in that paradigm of relationships should be monogamous and if their not monogamous they need to look a certain way . . . I had this one client who had realized that she wasn't monogamous. And she'd been trying to work out an agreement with her husband about how to open the relationship. But in doing that she was having relationships outside her marriage. And so with her relationships outside of the marriage, those were all consensual, but her husband didn't know about it. And I had to check my sex-negativity over and over and over, and all of my socialization. Because my job is to help this person navigate her own sense of integrity in this really complicated dynamic she found herself in. And over here in the places where she was being consensually non-monogamous, that felt really good and she was in her integrity. But then here she is in her marriage NOT feeling like she was in her integrity. And wanting to really be genuine with her husband but recognizing that her genuineness would be really hurtful to him. And it would have been so easy for me to have this countertransference reaction and judgement toward her, around "you're a terrible cheating human." Right? And so, really being able to come back to examining my own reactions, my own thoughts, my own opinions, and understanding these dynamics through the lens of sex positivity. That sex is not a bad thing and that the issue that is on the table here isn't actually about sex. The issue that is on the table here is about your relational agreements. And we fuse those things together, right? Where we go, oh you've had sex with people that you shouldn't have had sex with, is like, that's sex negativity. So examining that within myself continually is, I think, a part of my process as I continue to move forward.

Another participant remarks at how their personal growth contributed to their professional growth. In these passages I interpreted narratives of overcoming fear and exhibiting bravery in their professional role.

I think that it's MY evolution as a therapist, as a seasoned therapist that has just changed the way I work, refined the way I work . . . You know, when I think about being a baby therapist, I have memories of being in supervision and feeling scared of people's emotional responses. Feeling scared of their emotional responses toward me . . . Feeling afraid of offending people. Feeling afraid of challenging people. And, you know, over the years, in getting lots of supervision, I remember one supervisor telling me your job as a therapist isn't just to create safe space, but ALSO to bring clients to the edge of their experience. And so she really encouraged me to go into those places that made me feel uncomfortable . . . I think that in supervision, realizing the places where I felt uncomfortable, that I wasn't actually doing clients any favours. By not going to those places that are hard and uncomfortable.

Learning emotional regulation was key for this participant growth and development.

P: it's a parallel process. So earlier I'm talking about the importance of people in non-monogamous relationships learning how to do their own self-regulation with their emotion. But that's the part of the work that I'VE had to do as the therapist when I'm scared in a therapy session. To challenge somebody's behaviour or way of being in a relationship that isn't helpful. Having to learn how to regulate MYself and MY fears in the clinical context. While at the same time, you know, being present with what's happening for the client.

I: So there's a parallel process there. Yeah. Insofar as your clients are also learning how



to regulate their own reactions, not bypassing their amygdala, but being with it and working through it. You're doing the same?

P: Yeah. I've had to learn to do the same.

An integral part of growth for one participant was the pursuit therapeutic work for themselves, which developed their competence as a therapist to all clients, including CNM clients.

I think if you're going to be someone who is effective, like, you've REALLY got to do your own work. And so, doing my own therapy, getting lots of supervision to deal with those kinds of counter-transference reactions all that that helps me to be present and not as fearful around how someone's going to react to me in a therapy session. And so, that ability to regulate myself enables me to stay present during the emotional times in therapy that are uncomfortable. And yeah, sometimes people get pissed . . . What do you mean? (Laughter.) You're taking their side! (Laughter). So I think that's a huge part of the process around my evolution as a therapist, which overflows into my evolution of how I work with non-monogamous people.

**Cultivate non-judgment, respect, and curiosity.** Participants cultivate a position of non-judgement, of respect, of curiosity. They saw this as absolutely critical to their competent practice.

I: What have you found to be really helpful when working with consensually non-monogamous clients?

P: Well, to convey curiosity, and respect . . . I think my cultural competency is actually respect, openness, curiosity, and some knowledge. But I think the [main] thing that gives me a kind of credential to say that I have any cultural competency is the position of curiosity, non-judgement.

Another participant remarked at how important this mindset is for approaching CNM clients, and how quickly their practice grew on account of it.

You know, giving people permission . . . “It’s OKAY that you want to be non-monogamous,” without judgement, right? As I was giving people permission to act with agency in their relationships, and developing more therapeutic alliance, and coming with a non-biased approach for non-monogamy, I started to develop quite a practice, because people were doing things word of mouth.

**Acknowledge judgments.** Participants acknowledged that they experience judgements against their clients from time to time.

It is really useful for me to know my social location as someone who’s non-monogamous and, of course, has my own particular way of being non-monogamous . . . It’s funny, sometimes I’ll get an emotional reaction after one of my sessions where I thought: “I love my relationships they’re much easier than that person’s!” . . . And I’m like: oh that was a judgement. (Laughter) You know?

Another participant acknowledged:

I have to check my sex-negativity over and over and over.

One participant recognized that their own CNM lived experiences and choices could at times interfere with their ability to maintain a non-judgmental attitude towards alternative practices that their clients were exploring.

P: When I’m continuing to work with non-monogamous clients, I recognize that I have to continue to check my own biases at the door, in order to remain culturally competent in this regard.

I: Knowing what’s worked for you and not assuming that should work for//

P: Exactly. Knowing what works for me and REMINDING myself that everybody's different. You know, there are other people that are working at the post office and they have all the emotional energy in the world to go out and process multiple relationships. My current context? Not interested. And that's okay. That my way of being in my own [relationship] is completely okay, and other people's way of navigating their own relationships, whether that's monogamously or non-monogamously, that that's okay too.

**Process judgments away from the client.** Many participants operate with the belief that negative judgments about client relationships, that is, judgements not unsupported by credible literature, theory and experience, have no place in the counselling relationship. They take it upon themselves to deal with their judgements appropriately.

I mean a lot of the people who are coming to see me around non-monogamy are looking for couples work or individual work and they want someone who won't judge them or shame them or any of those things, right? . . . If something comes up for me, [I need to] take it and not put it on the client. Sometimes some stuff will come up, [and I need to] go to a professional supervisor to get help around that if I need it . . . [I need to] be aware of it and unpack it when it does come up. And sometimes sort of, yes, all you can do is laugh at it but also be REALLY mindful not putting that on one of my clients. You know, [passing judgement that makes them feel] that they're doing it wrong.

Participants spoke of a need to recognize their judgements, unpack them.

I: How do you unpack as a counsellor?

P: Um, different things. I will journal if something feels really stuck. Sometimes it's actually something as simple as having a couple of deep breaths. And it's recognizing it's [a process that is] ongoing . . . I have a counsellor and a supervisor.

## Major Theme 5: Personal Factors

Culturally competent counsellors carry diverse identities and personal life experiences that coalesce in unique ways to contribute to their cultural competence with CNM. Many of these coincide with their sources of knowledge. All participants spoke of having friends and loved ones who practice CNM (cf. *Consult with people who practice* and *Research CNM*), and some took the perspective of friends in ways that lent to their cultural competence with CNM. Participants also spoke of having opportunities to be immersed in cultures where CNM is practiced (cf. *Be present in CNM culture*).

**Practice CNM.** Two participants spoke of practicing CNM or identify as CNM. They spoke of achieving a level of competence on account of this personal experience that they simply could not have without it (cf. *Lived experience of CNM*).

I think the most valuable part of my cultural competence and learning by FAR is lived experience.

I asked these two participants if they thought people who lacked personal experience of CNM should provide counselling services to CNM clients.

I: Do you think it's important for a therapist working in this area to have personal experience with non-monogamous relationship formats?

P: . . . So on one level I say, around non-monogamy, well, maybe no. Maybe you don't need to have those personal experiences. But I think that if you have, your ability for empathy, I think, deepens . . . I think that if I HADN'T had had my own personal experiences, my own personal struggles in navigating a non-monogamous relationship, I think it would be a lot easier for me to just be judgmental. About why the fuck are you even navigating this? Like, CLEARLY you're not happy! . . . Like, "clearly, you should

just go back to being monogamous.” You know?

I: You could come to that conclusion so much more easily if you had just read books on it or articles.

P: Yeah I think so. I think that visceral experience and understanding, and really having a deep belief of like, no: this is a VIABLE relationship option . . . if there’s an element in you that doesn’t believe in it, well, you’re not going to buy into it and do the work that’s required to, you know, find some of those solutions to your relational challenges. You’re just going to say, fuck this! You know, I’m out of here!

I: (Laughter)

P: I’m going to go back to one person! So I think in my experience I’d say the PERSONAL experience was key. But maybe for other people that’s not so key? I don’t know.

The other participant hoped that many people would develop competency in this area, but also hoped that the key counsellors in this area be those with lived experience cf. *Privilege practitioners with lived experience*).

I actually believe that people should still try to gain the competency. I believe VERY strongly in that because you NEVER know who is going to come in to your practice, what their background is, but I also believe strongly that people shouldn’t try to position themselves as “I am the person to go to with that” [if they do not have lived experience]. I find that really problematic. I have seen that a lot . . . People who put themselves out there as queer-friendly counsellors because they had a gay client or something, and it’s like no. There’s so much complexity there. And you do not gain that experience just by seeing one or two clients or reading books . . . I actually believe that even around things

like trauma work, and stuff. That people bringing a lived experience? THOSE should be the people who we're listening to first actually, and be making more space for and who are recognized as those are the safer people to send clients to. But I don't want to discourage anyone from doing the work in that area because I would love to see a world where this is just part of normal teaching.

I want us to centre people who do work with lived experience and not just with non-monogamy . . . For people of colour to be working more with people of colour is incredibly healing and powerful and let's acknowledge that and not pretend it doesn't make a difference.

**Identify as a sexuality, relationship, or gender minority.** All participants identified as being a gender minority and/or relationship minority, and/or sexuality minority. Having the experience of being a minority added to their competence with various types of clients who practice CNM.

Not one participant identified strictly on the gender binary. Two participants recognized that their gender identity occupied locations within and outside the gender 'norms.' In the words of one participant:

Frankly, I'm kind of in the grey zone. I guess I'm under the large umbrella of trans. Two participants spoke of being non-heterosexual. Additional intersections of identity occurred on indices of ethnicity, race, and disability.

**Experiences prior to being a counsellor.** In this broad sub-theme we see interview passages where participants spoke of experiences they had in life before becoming a therapist, which ultimately contributed to their cultural competency with CNM and sexuality and gender minority clients.

One participant spoke of a business venture that brought them in contact with a number of sexuality and gender communities, including CNM communities.

Way before I became a counsellor, I had a little sex toy company. It started online and then I started vending at various events and since I was culturally a part of this community already/ I mean it is a lot of different communities that practice different forms of non-monogamy/ but I also began vending at events which included non-monogamous practices that were outside my own framework like swinging parties and things like that. I became known in the community and got to actually observe in spaces where people were practicing. So play parties and workshops and events like that that were really just about me being there, but then selling toys. That also led to me realizing there was a huge gap in what was being shared for information and really bringing that into my practice in selling toys online to doing workshops and doing things like themed toy parties. I would embed the idea . . . actually, I would undo the piece that monogamy is a default. Right? That was really exciting, since a lot of what is done, especially at toy parties, is really hetero-centric, sort of monogamy-centric, is really cis-centric, so I got to do stuff that REALLY challenged that. That was a lot of how I built my practice, by seeing there was a lack and trying, even sometimes even very clumsily, to fill it. And I had that before I even decided to start training as a counsellor . . . That was actually what led to me wanting to go into counselling. Talking to people. People came to toy parties and they would be like I want to buy something to fix my sex life, and I would just sit with them for twenty minutes and say, “there is nothing wrong with you,” (laughter) you know? You don’t need to buy anything. And sometimes it was around things like . . . “is this relationship structure for me?”

Another participant spoke about an experience of therapy that was extraordinarily validating and which contributed to their desire to counsel other CNM people.

I had an experience of feeling like I was in love with more than one person . . . in having the training I had at the time, it actually scared me. Because I was like oh my god, what does this mean about me and my ability to commit to a person? . . . I had really started to [think] maybe there's something very wrong with me . . . I promptly hired a sexologist and did some therapy around that and he was really quite helpful. [He was] the first person to introduce me to ethical non-monogamy and polyamoury in particular because in my situation it was really about love. So as I was kind of exposed to this idea that / oh there's actually people out there who do this. It was extraordinarily validating . . . that launched into my desire to do my research on the topic of [CNM].

. . .

I: You'd received such a good experience when you sought that sex therapist.

P: Yeah.

I: Yeah. So you had a lived experience of that, too. Of being accepted, and you knew what that impact had for you //

P: Yeah, it was life-changing.//

I: And could have for others.

P: Yeah. It was life-changing. The PERMISSION was life-changing.

**Experiences of discrimination.** Participants spoke of personal experiences of discrimination that informed their future development of clinical competency. One participant had a poor experience of therapy and wished to never re-create it.



I had my own experience when looking for a poly-friendly counsellor at one point when I was fairly new to poly. He told me what I was doing was not polyamoury. I never forgot that! (Laughter) It's like, because I was with a partner who had multiple partners and I wasn't dating anyone else at the time, and [he said] well you're not being polyamorous . . . I wasn't going to do that to someone else.

One participant spoke to the sting they felt when their relationship structure was completely missing from their graduate curriculum.

P: I don't know what your experience has been but my experience with any training I got in relationship counselling was just / it was so missing that it was almost offensive.

I: Oh yes.

P: Like, it actually was offensive.

This worked to include education on CNM in their place of work.

**Personal qualities.** One participant spoke of a personal quality, determination, which led to culturally competent practice with CNM. They committed to learning and studying CNM despite all obstacles.

P: I think my temperament is a big piece to this, too. If I think about my journey of becoming a therapist who works quite regularly with non-monogamous populations, at the time, there was NO support around doing this type of research. The people that I was working with didn't know a ton about it . . . So I think there's something there around my own temperament, my own stamina. To be the little goldfish in the big ocean of therapists, of academics. So I think there has to be something there that I'm just this little soldier //

I: Yeah. That doesn't quit //

P: (Laughter) That wasn't going to quit! Because I think that it's really easy to get discouraged when you don't have that type of openness or support around you to really engage in something that's super non-traditional . . . So I guess that personal characteristic in me of like, no, I'm really interested in this and I don't care how many people around me know or understand what I'm trying to do. I'm really interested in it so I'm going to do it. And even despite those challenges that I had . . . I still was like, NO, I'm SO interested in this that I am going to keep ploughing away and learning about it. So I think there's something there around my temperament and how that influenced my ability to continue to engage and exercise my interest so that I could be competent in working with this population of people.

The isolation and difficulty inspired this participant to provide safe and affirmative experiences of counselling for CNM people.

So that level of interest, that level of dedication, the "I don't care what happens I'm not going to quit." I'm very very invested in having this be part of my career. And . . . in feeling so isolated in my own experience of recognizing that I have my own non-monogamy tendencies, and feeling so isolated during that time in my life, I didn't want other people to feel so isolated. And so I wanted to be able to provide a service that could help people navigate that experience in a way that felt safe and validating and supportive for people's own agency in how they relate.

**Value differences.** All participants spoke to their ability to value differences in people, whether due to their relationship structure or other unique qualities. At the most basic level, participants spoke against viewing CNM in a pathological light.

Just because you want to be in multiple relationships at once, that doesn't mean that you have a pathology of any kind.

Participants spoke to the beauty of human diversity, and made careers of championing the lesser known and oppressed.

I did workshops on lots of different things like different kinds of sex. I really tried to make my workshops inclusive but not in a surface way. To really challenge the idea that sex / well even that sex is supposed to be a partnered activity, right? A sexual unit is ONE, to start with. And it challenged things that monogamy is the default and that you should be doing this this way, which is often the rhetoric around improving sex. Yeah, so I was really fortunate to get to do more workshops and get known in that area.

And I love, I just love that people have so many different ways of exploring non-monogamy and we may use the same language or different language and I just think it's a really beautiful opportunity to see / there's so much diversity in that.

These five major themes: *Knowledge; Advocacy and Advancement; Affirmative Integrative Practice; Minimization of Judgement*, and; *Personal Factors*, coalesced to create detailed and informative narratives of cultural competence with CNM clients. In the next chapter, I explore the significance of these findings in relation to the current literature on culturally competent counselling with CNM clients, make connections to counselling practice, and make recommendations for future research.

## Chapter 5: Discussion

This study resulted in a number of exciting findings, directions for practice, and directions for future research. In this section, I will review: findings that are congruent with the current literature; findings that are unique; limitations to the findings; and proposed areas for future research. Throughout I will explore implications of the research findings for the field of counselling psychology and the development of cultural competence for working with CNM clients.

### Findings Congruent with Cultural Competency Literature

This project's findings align closely with Sue and Sue's (2013) three major arms of cultural competence: (a) cultivating an awareness of one's biases; (b) developing an understanding of client's diverse experiences, and; (c) the development of culturally-sensitive approaches for culturally diverse populations.

Participants spoke to ways in which they cultivate awareness of their biases in an ongoing manner (cf. *Ongoing Self-Reflection and Personal Growth; Acknowledge Judgments*) and the ways in which they uphold affirmative beliefs about and practice with CNM relationships (cf. *Belief in the Validity of CNM Relationships; Cultivate Non-Judgment, Respect, Curiosity; Process Judgements away from the Client; and Value Differences*). All three participants went beyond a strictly cognitive appreciation for the cultural differences of CNM relationships and were able to draw upon personal experience and the experience of close friends to more deeply empathize with and understand the life experiences of their CNM clients (cf. *Lived Experience of CNM; Consult with People Who Practice and Research CNM*).

Participants spoke to multiple sources from which they gained knowledge about diverse CNM experiences as well as less recognized gender identities, sexual identities and sexual

practices: *Read CNM Literature; Consult with a Culturally Competent Supervisor; Be Present in CNM culture; Consult with People who Practice and Research CNM; Do Research; Learn from Clients; Advanced Knowledge of LGBTQ, BDSM/kink; Advanced knowledge of Intersectionality; and Lived Experience of CNM*). These sources of knowledge represent both traditional (i.e., academic) sources of knowledge as well as more personal and experiential and personal forms of learning (e.g., friends, experiences of being present in CNM spaces and culture, personal experiences). Additionally, participants spoke of gaining critical information and knowledge from disciplines outside of counselling psychology, specifically for the reason that counselling psychology continues to inadequately account for or affirm sexuality, gender, and relationship differences between people (cf. *Advanced Knowledge of LGBTQ, BDSM/kink*).

With regards to Sue and Sue's (2013) arm of competence that promotes the development of culturally sensitive approaches to counselling, participants spoke to a number of ways they modify and adapt their practice to create affirmative counselling experiences for their CNM clients. Participant responses emerged from two different approaches: attachment-focused approaches for individuals and relationships, and an anti-oppressive/feminist approaches. With attachment-based approaches, participants spoke directly to ways in which they reconsidered theory and adapted practice to accommodate CNM differences (cf. *Conceptualize Distress as Attachment Insecurity; Individual Emotional Regulation; Challenge Clients Using Attachment Theory; Privilege Secure Bonding Between Primaries; Update and Expand Existing Theory; and Move People Out of Where They are "Stuck"*). With regards to anti-oppressive and feminist approaches, the categories: *Name Oppression* and *Hold No Assumptions About CNM Relationships* were particularly salient considerations for culturally competent practice in this modality. *Integration with Models of Sex Therapy* was an interesting finding as well, indicating

again the lack of affirmative models for diverse relationship structures in the discipline of counselling psychology, and the inventive integrative techniques adopted by these culturally-competent counsellors.

Sue and Sue (2013) spoke to the culturally competent therapist's role in addressing systemic discrimination of people from diverse cultural backgrounds. They recommend the acknowledgment of systemic oppressive factors both inside and outside the counselling room. This additional arm of competence was well-represented in an number of categories: *Name Oppression; Privilege Sexuality, Relationship and Gender Minorities; Bring CNM into Discourse; Provide Culturally Competent Education and Supervision; Clients as Experts; Offer Information Only as Requested; Allow clients to Determine Cultural Competency; Recognize that CNM is Usually Not the Problem; Privilege Practitioners with Lived Experience, and; Spearhead Integration of CNM into Counselling Theory and Practice.*

Richards and Barker (2013) affirmed the importance of gaining knowledge about diverse gender identities, sexualities, and relationship practices without asking the client to be the practitioner's primary source of information. They state: "if you do need training, a client in distress is not the person to give it" (p.8). This competency is represented in the findings where one participant spoke at length about the abuse of power that comes with counsellors asking their CNM clients to teach them about their CNM relationship structure (cf. *Learn from Clients*). That particular participant knew they were a preferred practitioner for CNM clients precisely because they already carried substantial knowledge about many CNM relationship constructions. A caveat here, however: this same participant was cognizant of the fact that no two relationships are alike. Along with the other participants in the study, they stated clearly the need to have knowledge of CNM going into sessions, and allow the client's particular practices to illustrate

individual differences and eventually add to the practitioner's existing knowledge of CNM relationships.

Richards and Barker (2013) also stated: "it is most important that professionals do not question marginalised identities and practices on the grounds that they are non-normative" (p. 9). All three participants found their way towards an affirmative view of CNM relationships and adjusted their practice to prevent undo discrimination in their approach (cf. *Affirmative Integrative Practice*). All participants used their position to undo mononormative and heteronormative assumptions inside and outside the counselling room (cf. *Advocacy and Advancement*), and maintained that their CNM practice is a viable relationship possibility for their clients (cf. *Recognize that CNM is Not the Problem; Value Differences*). Even where practitioners at first recommended closing the CNM relationship to attend to dyadic attachment security (cf. *Privilege Secure Bonding Between Primaries*), they account that these measures for the most part did not result in a more monogamous arrangement between partners, nor was that the agenda of the attending therapist.

Richards and Barker (2013) caution professionals about their judgements and conceptualizations of clients representing multiple oppressed intersecting identities (p. 9). One study participant spoke at length regarding the intersections of race and disability with CNM and identified a number of critical considerations often overlooked by clinicians regarding that person's lived experience and experience of CNM (cf. *Advanced Knowledge of Intersectionality*). Additionally, this participant illuminated how compounding minority stress may result in tremendous pressure and strain on intimate relationships. Without question, developing clinicians' awareness of multiple intersections of experience and identity along with

their associated systems of oppression and sources of minority stress is the goal for optimum cultural competence.

Richards and Barker (2013) touched on the importance of not assuming all CNM clients necessarily belong to a CNM community, nor are they equally accepted or represented in any such community (p. 11). One participant provided a clear example of the limits of one CNM community that, perhaps without meaning to, leaves many people without a sense of belonging or inclusion (cf. *Advanced Knowledge of Intersectionality*). In this participant's example, barriers to inclusion existed for several CNM folks along lines of race and socioeconomic privilege. If a clinician were to recommend that a client connect with or join that community, it may lack acknowledgement of these very real barriers to participation and alienate the client from seeking further help.

### **Findings Congruent with Counselling Recommendations for CNM Clients**

I found that many of the categories were congruent with the clinical recommendations I reviewed in the literature. Certainly, current recommendations speak of gaining knowledge of CNM before practicing with CNM clients (Barker, 2011; Constantine et al., 1972; Finn et al., 2012; LaSala, 2001; LaSala, 2004; LaSala, 2004; Davidson, 2002; Knapp, 1975; Mint, 2010; Page, 2004; Weitzman, 1999; Weitzman, 2006; Weitzman et al., 2012; Witherspoon & Wilson, 2013). Counsellors to CNM clients are already urged to hold no assumptions about clients, even when clients use terms familiar to the counsellor, as there exists great heterogeneity in CNM communities and experiences; counsellors are thus encouraged to learn about the substantial differences in CNM experiences across communities and intersections of experience (Davidson, 2002; LaSala, 2001; Nelson, 2010; Weitzman et al., 2012; Witherspoon & Wilson, 2013). In the realms of advocacy, counsellors to CNM clients are already urged to acknowledge



discrimination and systemic influences working against CNM people: they are urged to acknowledge systems of oppression that serve to create stress for CNM clients and advocate for CNM interests in the counselling community (Davidson, 2002; LaSala, 2001; LaSala, 2004; LaSala, 2005; Mohr et al., 2013; Nelson, 2010; Page, 2004; Shernoff, 2006; Weitzman, 2006). In the counselling room, literature sources currently encourage counsellors to recognize that the vast majority of CNM clients who seek counselling are not there to discuss relationship concerns (Finn et al., 2012; LaSala, 2001; Nelson, 2010; Richards & Barker, 2013; Weitzman, 2006; Weitzman et al., 2012; Witherspoon & Wilson, 2013). When they do come for relationship support, counsellors are currently encouraged to remember that CNM is usually not the presenting issue: instead of blaming their relationship structure for the distress, counsellors may work to help these clients by attending to issues affecting the individual (LaSala, 2001; Nelson, 2010; Weitzman, 1999; Weitzman, 2006), attending to attachment considerations between partners (LaSala, 2001; Mohr, Selterman, & Fassinger, 2013; Spears & Lowen, 2010), and in some cases, may work towards building dyadic specialness or closeness between primary partners (Cook, 2005; Keener, 2004). Counsellors are already liberally encouraged to cultivate curiosity, non-judgement and comfort with CNM, and to regularly engage in self-reflection regarding their work with CNM clients (Barker, 2011; Brandon, 2011; Constantine, Constantine, & Edelman, 1972; Davidson, 2002; Finn et al., 2012; Hymer & Rubin, 1982; Knapp, 1975; Page, 2004; Weitzman, 2006; Weitzman et al., 2012; Witherspoon & Wilson, 2013).

### **Unique Findings**

Much of the value in this study's findings came in the details. Of course, counsellors are already encouraged to build knowledge of the various cultures they encounter in their counselling offices (Canadian Counselling and Psychotherapy Association, 2015). But the

sources of information – *where* this information comes from, was part of the new knowledge co-created in this narrative inquiry. Some sources may have been easy to guess, such as books, culturally competent supervisors, and independent research, but these were by and large not the most important sources of knowledge for the study participants. For example, gathering information from their friends and from their lived experiences featured heavily for all participants (cf. *Consult with People Who Practice and Research CNM, Lived Experience of CNM*). Also interesting was the notion of “being respectfully present in culture” which I had not come across before in the CNM literature (cf. *Be Present in CNM Culture*).

Given the stark lack of adequate education for counsellors in the area of sexuality, gender, and relationship structure, it does not surprise me that many of my participants sought advanced education in human sexuality to compensate for this scarcity and to boost their knowledge of related cultures and experiences (cf. *Advanced Knowledge of LGBTQ, BDSM/kink*). One participant’s use of the PLISSIT model from sex therapy is particularly interesting (cf. *Integration with Models of Sex Therapy*). It has considerable resemblance to counselling models; it is a wonder that such a model and others like it are not explored in graduate counselling programs for issues relating to human sexuality.

Another group of recommendations that simply did not appear in such force and detail in the literature centre around acknowledging intersecting identities and systems of oppression which accumulate in great force in the lives of many CNM clients (cf. *Advanced Knowledge of Intersectionality*). I cannot help but conclude that any attempt at affirmative practice simply must include a deep study of these intersections and speaking about these force in real terms, rather than theoretical. This competency coincides with another major contribution of this study: the need for an anti-oppressive lens when working with CNM clients. This lens was enacted in

multiple ways, such as by seeking deeper education into the oppressive systems that work on the multiple intersections of identity carried by CNM clients (cf. *Advanced Knowledge of Intersectionality*). This was also enacted by placing the client in the driver's seat, so to speak, and maintaining that they are the expert in their own life (cf. *Clients as Experts*). Another way that anti-oppressive practice was enacted was by naming oppression inside and outside the counselling room, and again, speaking of these forces in real terms (cf. *Name Oppression*).

I was fascinated by the notion of privileging practitioners with lived experience of CNM as the “go-to” practitioners for CNM clients (cf. *Privilege Practitioners with Lived Experience*). This is yet another way that privilege and empowerment can be encouraged in CNM people. While I do not believe that it is impossible to practice affirmatively if lacking lived experience of CNM, I cannot help but reflect on the fact that the clients with whom I currently have the most success with are the ones whose lives and experiences are not far removed from my own. I certainly do not mean to say that I cannot build competency in other areas and experiences (I endeavour to do just that), but I do mean to say that it *is* easier to empathize, to join, to suspend criticism and judgment, when you have *been* there [italics added], and the study participants concurred (cf. *Belief in the Validity of CNM Relationships*). Most importantly, however: it is an anti-oppressive act to place those who are CNM or who practice CNM at the heart of any discussion regarding cultural competency.

Another important area of unique findings refers to the integration of CNM with attachment-informed approaches to counselling. While the existing recommendations encourage counsellors to attend to attachment concerns (LaSala, 2001; Mohr, Selterman, & Fassinger, 2013; Spears & Lowen, 2010), that simply does not give a good sense of how that ought to be done. Specifics that my participants and I co-constructed include conceptualizing distress in

CNM relationships in terms of *attachment insecurity* rather than terms of *CNM as unstable*.

Illustrative examples in the study findings show how practitioners can look at CNM relationship distress and see attachment factors as driving distress (cf. *Conceptualize Distress as Attachment Insecurity*), rather than making negative attributes to CNM or people who practice CNM. Seeing attachment insecurity as a driving force for distress in all relationships, not just CNM relationships, highlights how relationships are more similar than different in their deeper structures. Additionally, the attention paid to an individual's need for emotional regulation (cf. *Individual Emotional Regulation*) was a unique finding, perhaps not to relationship therapy, but certainly to the literature on CNM cultural competencies. Attending to an individual's emotional regulation can additionally contribute a sense of security and peace in any given relationship, CNM or otherwise. These findings are likely more useful for counsellors working with CNM clients than the current recommendations available because they illustrate *how* to affirmatively implement attachment-informed interventions with their CNM clients [italics added].

I was excited to speak with one participant about their recommendations for an evolution in EFT relationship therapy: to uncouple the notion of *secure attachment* from the concept of *monogamy*, and strive to theorize *secure CNM* [italics added] (cf. *Update and Expand Existing Theory*). Such a contribution, when it develops, will most certainly be a boon to those working from that perspective with their CNM clients. It may well propel forward the legitimacy of CNM relationships in that therapeutic community, and perhaps in other therapeutic communities as well (e.g., living systems). Given that two participants are already using EFT relationship theory to do competent work with CNM clients, this seems like a sincere possibility.

Additionally, I was interested by the concept that our fight-flight-fear response may be influenced not only by our more primitive instincts, but also by our modern socialization:

P: And I think too, people who are navigating non-monogamy, we've all been socialized to be monogamous. I think a large part of the attachment insecurity that people experience is a massive part of our socialized way of relating. And so people are trying to navigate non-monogamous lifestyles with socialization that is programmed into their nervous system that, "oh you want to go have sex with other people? Oh my god. That must mean" / and not necessarily consciously, because that visceral, lizard brain reaction / "that must mean you don't want to be with me." "That must mean I'm not loveable." "That must mean that your partner over there is better than me." That sense of threat of, you know, I'm not valuable, I'm not loveable, I'm not worthy, I'm not enough.

I: They work together, both the socialization and that lizard brain.

P: Yeah.

Much has been theorized regarding the role of socialization on our relationship expectations, but what about the role of socialization on our fight-flight-fear response? If socialization is in fact active in this system, how can socialization be used to undo this response and provide a greater sense of safety for people in CNM relationships?

Finally, there were some personal factors that contributed to the participants' cultural competency that also did not appear in the literature. Clearly these are not the most useful for aspiring practitioners to CNM clients, as it is not easy to duplicate personal experiences. Nevertheless, participants who had personal experiences of validating or even invalidating therapy seemed influenced to become the best practitioners they could be to CNM clients. Additionally, it is clear that the experience of practicing CNM, or of being a sexuality or gender minority, creates the capacity for empathy and understanding with other people with differences (cf. *Lived Experience; Belief in the Validity of CNM Relationships; Valuing Differences*).

## **Limitations of Findings**

I recognize that presenting findings along thematic headlines rather than as holistic narrative accounts impacts the reader's ability to more fully contextualize the interview passages presented. As discussed in the fourth chapter introduction, this decision was largely made to protect participant confidentiality. I believe that presenting the results in the fashion still allowed for meaningful results that directly speak to cultural competencies with CNM clients.

The study's sample size and uneven representation of counselling approaches likely had a greater impact on the findings. Although the participant who approached their work in an anti-oppressive/feminist framework provided a great deal of information and detail of their practice, without a second participant from a similar approach, there is no way of knowing if we reached saturation in terms of the resulting categories. Even with the two participants heralding from their attachment-informed perspectives, I saw a great deal of difference in their responses. It is not clear whether a third participant from that approach might provide yet more novel findings. Given that a single researcher is conducting this research project meant that the scope of the study simply did not reach the level of saturation that many, including the researcher, would crave to see.

As alluded to in the third chapter, it is my belief that any query into cultural competence is incomplete without a client perspective. A previous version of this study sought to gain CNM clients as study participants as well. Although it passed the ethical review board at the university, many counsellors to CNM clients saw major ethical barriers to involving their clients in research. This is of course understandable, though it does not dispel the fact that, as counsellors, we may perceive we are providing affirmative and safer spaces for CNM clients, but the only people able to definitively confirm this are the clients themselves.

**Impact of researcher position on findings.** I must acknowledge a number of ways that I influenced the outcomes of this study. First, I must admit that I lack a great deal of knowledge and competency with intersecting identities. I have an introductory knowledge of multicultural counselling practices, and I have had only minimal bits of formal education where I took stock of my multiple intersecting identities, recognized the resulting biases that emerge from my unique life experiences, and went on to learn about alternative experiences and identities. Through the course of my interview with the participant heralding from an anti-oppressive/feminist approach, I found myself receiving the most education in this area that I had ever had. This of course was thrilling for me, but ultimately, it impacted the depth to which the interview could go. As I was grappling with basic concepts in this realm of knowledge, I could not follow-up with questions that would explore deeper and more specific competencies for practice.

It would not be fair of me to place all the blame on this, but I must acknowledge that the literature I reviewed for this study was simply not geared in that direction, either. I have no doubts that the existing literature on counselling competencies with CNM clients is limited in its recognition of multiple intersections of important identities (e.g., race, disability, socioeconomic status). Additionally, I have been influenced by the fact that neither a full course on multicultural competencies nor a full course on sexuality and gender were required for me to complete my degree. I do agree with many of my study participants that this is not acceptable for the realization of a composite education in counselling psychology.

Despite these drawbacks, I feel that my open-mindedness, curiosity and sincere interest in counselling alternative relationship structures allowed me to have open, interesting, and quality conversations with my research participants. I found myself eager to understand, clarify and learn more with each passing interview. I was also able to remain humble and reflective

throughout my research process, and be honest with myself about my limitations. I believe humility and interest are great boons to any qualitative research process.

### **Future Research**

Thinking back to the unequal numbers of participants per theoretical approach, I would be curious to know: How does a therapist's theoretical paradigm influence their practice with CNM clients? While there were certainly overlapping competencies among all participants, I noted some distinctions along conceptual and practical lines. Such a research project would undoubtedly involve a larger sample and likely would need to sample from a larger geographical area to gather adequate numbers of participants. Understanding how a given theoretical lens influences counselling practice with CNM clients will help to untangle the mass of clinical recommendations currently found in the literature. Additionally, given that many counsellors employ an eclectic approach to their work, I would be curious to know: How can an anti-oppression lens be integrated with attachment-informed approaches to therapy? Or other approaches not represented in this study? Perhaps it seems early to hope for multiple conceptual and practical approaches to CNM clients, but having a wealth of approaches to draw from would be undoubtedly helpful given the great individual differences and preferences of therapists and clients alike.

Two of the research participants spoke of using the EFT relationship therapy model with good success with their CNM clients. I believe the next step for research in this approach is to understand which, if any, changes are needed to the theory and practice of EFT relationship therapy to make for an affirmative experience of counselling for CNM clients. My proposed research question would be: What would a CNM inclusive theory of relationships look like in an attachment framework such as the EFT couples therapy model? I cannot help but feel curious



about the very curiosities that these participants shared with me, and I echo their thoughts here: With regards to EFT couples therapy theory, how can the notion of *attachment security* be uncoupled from *monogamy*? How can we conceptualize *secure consensual non-monogamy*? These questions would be invaluable to explore for the future of CNM-affirmative therapy in this approach.

Finally, while this is certainly not an area of study that I know much about, I am curious about one participant's response regarding the impact of socialization on our trauma response systems. My proposed research question is: How does socialization interact with the fight-flight-freeze response? And my follow-up questions: Can this response be "re-wired"? If so, how? If there are barriers to successful exploration of CNM relationship structures based on harmful societal perceptions of such differences, it would be interesting to know how these might be mitigated. Could a therapeutic approach such as EMDR assist with giving individuals greater freedom to choose relationships that fit their lives and loves best? This would be a very interesting premise.

Finally, how can counsellors effectively account for multiple intersections of identity in their CNM clients and adjust their practice to support all CNM clients? How do factors such as race, socioeconomic status, disability, gender, sexual orientation and relationship preferences influence the needs of CNM clients in therapy? Greater acknowledgement of these differences has yet to transpire in the counselling literature on CNM relationships, and this is a tremendous deficit for this area of practice. It is my belief that without consideration of these differences, counsellors cannot claim to be truly culturally competent with their CNM clients.

It is my sincere hope that this study provides interesting reading and provokes discussion among counsellors. Certainly, if clients are exploring a relationship structure unfamiliar to us,

certain understandings and competencies go a long way in assisting and supporting these clients in a counselling setting. My wish is that those reading this study will advocate for culturally competent practice with all manner of sexualities, genders, and relationship structures in their workplaces and institutions.

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## Appendices

### Appendix A: Recruitment Email



Department of Educational and Counselling Psychology, and Special Education  
Faculty of Education  
2517-2125 Main Mall  
Vancouver, BC, Canada  
V6T 1Z4  
Phone: 604-822-4625  
Fax: 604-822-3302

### **Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry**

**Dear (Recipient's Name Here),**

Consensually non-monogamous (CNM) clients are those that engage in multiple relationships with the knowledge and consent of their partners. These relationships may include emotional, intellectual, or physical intimacy, or any combination of these. Clients might identify as polyamorous, swingers, in an open relationship or marriage, or use other terms to identify their relationships as being different from the monogamous norm.

- ✚ Are you a counsellor who has experience working with CNM clients and is CNM-affirmative?
- ✚ Are you willing to share your clinical experience of working with CNM clients?
- ✚ Do you have at least 5 years experience as a professional counsellor?

It is generally understood that CNM relationships require a CNM-informed counselling approach. Unfortunately, while a number of recommendations for working with CNM clients have been published, no multiple-participant studies have been conducted to empirically account for how such cultural competence is achieved.

Participants will be interviewed in a narrative technique to elicit their stories of culturally competent practice, and these narratives will be analyzed for themes. All participants will also have the opportunity to review and comment on the study's emergent themes before publication. All participant identities will be kept strictly confidential.

**If you are interested in participating in this study or in obtaining additional information, please contact:**

Dr. Marla Buchanan (Principal Investigator)  
XXX-XXX-XXXX, XXXXXXXXXXX@XXXXXX.XXX

Rachel Friederichsen (Co-Investigator)  
XXX-XXX-XXXX, XXXXXXXXXXX@XXX.XXX

**If you are not interested in participating in this study but you know someone who might be, please forward this recruitment email to them.**

This research is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology.

## Appendix B: Invitation to Study



Department of Educational and Counselling Psychology, and Special Education  
Faculty of Education  
2517-2125 Main Mall  
Vancouver, BC, Canada  
V6T 1Z4  
Phone: 604-822-4625  
Fax: 604-822-3302

### Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry

#### Invitation to the Study

##### Purpose

*Consensually non-monogamous (CNM) clients are those that engage in multiple relationships with the knowledge and consent of their partners. These relationships may include emotional, intellectual, or physical intimacy, or any combination of these. Clients might identify as polyamorous, swingers, in an open relationship, “monogamish,” or use other terms to identify their relationships as being different from the monogamous norm.*

It is generally understood that CNM relationships require a CNM-informed counselling approach. Unfortunately, while a number of recommendations for working with CNM clients have been published, no multiple-participant studies have been conducted to empirically account for how such cultural competence is achieved.

The study’s research question is: How is culturally competent counselling practice achieved with consensually non-monogamous clients? Participants will be interviewed in a narrative technique to elicit their stories of culturally competent practice, and these narratives will be analyzed for themes. All participants will also have the opportunity to review and comment on the study’s emergent themes before publication. All participant identities will be kept strictly confidential.

### **Basic Eligibility Criteria**

- You have been in possession of a professional counselling license for at least 5 years.
- You have at least 5 years professional counselling experience with no previous or pending ethical inquiries.
- You have some previous experience counselling consensually non-monogamous clients and describe your practice as CNM-affirmative.
- You do not report moral or personal biases against consensual non-monogamy.

Potential participants who contact the researchers will be asked questions to ascertain that they are eligible for this study.

### **Study Procedures**

If you choose to participate in this study:

1. I will ask you a few voluntary questions about yourself and your practice. These questions can be asked in person or over the phone and should not take longer than 30 minutes to answer.
2. We will meet for a 50-60 minute interview to talk about your practice with CNM clients. It is requested that this interview be audio-recorded to allow for transcription. These interviews will be semi-structured. These meetings will be scheduled at a location and at a time that is convenient for you.
3. It is asked that participants communicate with the researcher a second time, either in person or over the phone, in a follow-up interview that will ask you to provide your reflections on the emergent themes of the study. This communication will last approximately 30 minutes.

Your participation in this study will total approximately 2 hours.

### **Contact Information**

If you are interested in participating in this study, have any questions, or require more information, please contact Dr. Marla Buchanan (Principal Investigator),

Department of Counselling Psychology, UBC, at XXX-XXX-XXXX, or at XXXXXXXXXXXX@XXXXXX.XXX.

You can also contact Rachel Friederichsen (Co-Investigator), Graduate Student, at XXX-XXX-XXXX, or at XXXXXXXXXXXX@XXXXXX.XXX. This research is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology.

## **Appendix C: Recruitment Interview Protocol**

### **Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry**

#### **Recruitment Interview Protocol**

Thank you for your interest in this research project.

- How did you hear about this study?
- What motivated you to respond?

Offer additional information about the study, including more detailed study procedures, and potential risks and benefits of participating.

Answer any questions the potential participant may have.

Ask if individual is interested in participating. If no, thank them for their time and ask them to forward the recruitment email to any counsellor they believe may be interested in the study. If yes,

Double-check eligibility criteria:

- Have you been in possession of a professional counselling license for at least 5 years?
- Have you had at least 5 years professional counselling experience with no previous or pending ethical inquiries?
- Have you counselled consensually non-monogamous clients before?
- Would you describe your practice as being culturally competent with CNM clients?

If counsellor meets criteria,

- Have the counsellor review and sign the study consent form (Appendix D).
- Invite them to provide descriptive data (Appendix E)
- Schedule an interview time and location
- Thank the counsellor for their participation in the study.

## Appendix D: Participant Consent Form



**Department of Educational and Counselling Psychology, and Special Education**  
Faculty of Education  
2517-2125 Main Mall  
Vancouver, BC, Canada  
V6T 1Z4  
Phone: 604-822-4625  
Fax: 604-822-3302

### **Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry**

#### **Participant Consent Form**

##### **Principal Investigator**

Dr. Marla Buchanan, Department of Educational and Counselling Psychology, and Special Education, UBC, XXX-XXX-XXXX, XXXXXXXXXXXX@XXXXXX.XXX.

##### **Co-Investigator**

Rachel Friederichsen, Graduate Student, Department of Educational and Counselling Psychology, and Special Education, UBC, XXX-XXX-XXXX, or at XXXXXXXXXXXX@XXXXXX.XXX.

This research is being conducted as part of the thesis requirement for a Master's degree in Counselling Psychology. Research results will be accessible by the public upon publication of the thesis.

##### **Sponsor**

There are no sponsors of this research project.



**Purpose**

You are being invited to take part in this research study which investigates culturally competent counselling practice with consensually non-monogamous clients.

Consensually non-monogamous (CNM) clients are those that engage in multiple relationships with the knowledge and consent of their partners. These relationships may include emotional, intellectual, or physical intimacy, or any combination of these. Clients might identify as polyamorous, swingers, in an open relationship, “monogamish,” or use other terms to identify their relationships as being different from the monogamous norm.

It is generally understood that CNM relationships require a CNM-informed counselling approach. Unfortunately, while a number of recommendations for working with CNM clients have been published, no multiple-participant studies have been conducted to empirically account for how such cultural competence is achieved. This deficit in the research may be leaving counsellors at risk of unintentional malpractice and their clients at risk of unintended harm.

Participants will be interviewed in a narrative technique to elicit their stories of culturally competent practice, and these narratives will be analyzed for themes. All participants will also have the opportunity to review and comment on the study’s emergent themes before publication.

You have been invited to participate in this study because you are a counsellor who has experience working with CNM clients. You have at least five years counselling experience and you have been licensed as a counsellor for at least five years with no previous or pending ethical inquiries. You do not report to have strong moral or professional biases against CNM.

**Study Procedures**

At the study’s outset you will be invited to participate in an introductory interview about yourself and your therapy practice. This interview is entirely voluntary. If you choose to participate, the interview should take no longer than 30 minutes to complete.

If you choose to participate in the study, you agree to meet with the researcher for a 50-60 minute interview to talk about your practice with CNM clients. It is requested that this interview be audio-recorded to allow for transcription. These interviews will be semi-structured. These meetings will be scheduled at a location and at a time that is convenient for you.

It is asked that participants communicate with the researcher a second time, either in person or over the phone, in a follow-up interview that will ask you to provide your reflections on the emergent themes of the study. This communication will last approximately 30 minutes.

If you choose to complete the introductory interview, narrative interview, and follow-up, your total time involvement for this study would be approximately 2 hours.

### **Potential Risks**

This research study is recognized as a minimal risk study. Potential risks to participants are described below.

*Risks to confidentiality.* We recognize that despite all the measures that will be taken to protect the identity of the counsellor-participant, it is possible that confidentiality of identity may not be entirely assured. This risk is considered moderate because the counselling community in the BC lower mainland is a small one, and the number of counsellors with cultural competence with CNM clients is smaller yet. While every reasonable measure will be taken to not include identifying information in the study results (only information agreed on by the participant will be included), we recognize the potential for counsellor-participants to be identified by those with a strong knowledge of them and of their practice.

*Psychological risks.* We acknowledge that this study poses minimal psychological risks to counsellor-participants. It is possible that a discussion of your work with vulnerable clients can spark strong feelings. You will be provided with a list of CNM-friendly counselling and community support services that you might wish to use in the event that our interviews trigger a need to further process or explore

arising issues. You may also speak with Dr. Marla Buchanan (XXX-XXX-XXXX), who is a counselling psychologist.

### **Potential Benefits**

Counsellors who currently work with CNM clients and those who will in the future may benefit from the findings of this research. It is expected that results will more deeply inform counselling practice with CNM clients suffering from relationship distress, initiate meaningful dialogue within the field, and provide a platform for further research of this topic in the counselling field.

All participants will be asked to review and comment on the findings of the study, and these comments will be incorporated into the publication. Every effort will be made to acknowledge the power imbalance between researcher's views and participant views and to mitigate this inequity.

### **Confidentiality:**

Every reasonable measure will be taken by the researchers to keep participant identities strictly confidential. Only the principal investigator Dr. Marla Buchanan and Co-investigator, Rachel Friederichsen, will have access to your personal information. You will not be identified by name in any reports of the completed study and your pseudonym will be used in reference to you in all transcripts, the final write-up, and future publications or presentations. You will be able to decide what descriptive information is included in the study write-up (e.g., your age, gender, years in practice, etc.)

Digital files and information will be kept on computers, SD cards, USB sticks, and devices that are password-protected. Any analog materials will be secured under lock and key, and shredded after digitization. All research data will be retained for a period of 5 years and then permanently erased, shredded, or destroyed.

- Video recordings and audio recordings will be stored on SD cards and/or devices that are password-protected.
- All digital files, including transcriptions of sessions and interviews, will use pseudonyms, will be digitally encrypted, and will be password protected.

- All non-digital data, such as paper-and-pen interview notes, will use pseudonyms and will contain no identifying information. Once digitized, it will be destroyed (shredded).

Please note the following limits to confidentiality in this research study:

1. Where there is considerable risk of harm (e.g., suicidal or homicidal intention),
2. Where there is current, or reasonable potential for, neglect or abuse of a child or vulnerable adult, and
3. Where the researcher is subpoenaed to appear in a court of law by a judge.

Where such information is revealed to the researchers, there is a legal obligation to disclose this information to the appropriate authorities (e.g., child protection or law enforcement officials) and you would be invited you to join in this process.

### **Remuneration/Compensation**

You will not receive monetary compensation for your participation in this study.

### **Contact for information about the study**

If you have any questions or desire further information with respect to this study, you may contact Dr. Marla Buchanan (Principal Investigator) at XXX-XXX-XXXX, or at XXXXXXXXXXX@XXXXXX.XXX, or Rachel Friederichsen (Co-Investigator) at XXX-XXX-XXXX, or at XXXXXXXXXXX@XXXXXX.XXX.

### **Contact for concerns about the rights of research subjects**

If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598 or if long distance e-mail to RSIL@ors.ubc.ca.

**Consent**

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without any negative consequences.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Your signature indicates that you consent to having our interviews audio-recorded and transcribed.

The pseudonym I choose for myself is:

\_\_\_\_\_

Using this pseudonym, I grant permission to be quoted: Yes: \_\_\_ No: \_\_\_

I give permission for some of my responses to be used in future academic and non-academic publications and presentations: Yes: \_\_\_ No: \_\_\_

I give permission for all of my responses to be used in future academic and non-academic publications and presentations: Yes: \_\_\_ No: \_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of the Participant signing above

## Appendix E: Descriptive Information

### Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry

#### Descriptive Information

You are invited to share the following information. This information will help me to understand your preferred language and terminology for describing yourself and your practice. This information is voluntary and you may decline to answer any or all of these questions. Please note that you will be given the opportunity to decide how much or little of the following information appears in the published study. The confidentiality of your identity is of utmost importance.

- (1) Age
- (2) Ethnicity
- (3) Gender identity
- (4) Preferred name
- (5) Preferred pronouns
- (6) Describe your practice
- (7) Years of practice
- (8) Theoretical orientation(s)
- (9) Training and experience working with CNM clients
- (10) Is there any other information that you would like me to know?

## **Appendix F: Narrative Interview Questions and Prompts**

### **Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry**

#### **Narrative Interview Questions and Prompts**

##### **Preparing the Participant**

I am going to ask you questions about how you achieve culturally competent counselling practice with your consensually non-monogamous clients.

##### **Interview Questions/Probes (50-60 minutes)**

What are the important considerations to make when working with CNM clients?

How is working with CNM clients different than working with monogamous clients?

What are the important adjustments to make when working with CNM clients?

What has been really helpful when working with CNM clients?

What have you learned about practicing competently with CNM clients?

How have you become culturally competent working with CNM clients?

. . . can you say more about that?

. . . what else?

. . . did I understand you completely?

##### **Debriefing the Participant (5 minutes)**

That concludes our interview. Thank you for providing your insights and thoughts on how you achieve culturally competent counselling with your CNM clients. I will

be transcribing all interviews and analyzing them for common and unique themes. Once I have finished my analysis, I will contact you, share these findings, and invite you to comment on them. Your comments will be incorporated into the final write-up.



## Appendix G: Member-Checking Questions

### Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry

#### Member-Checking Questions

##### Preparing the Participant

I am going to share with you the themes of CNM culturally competent counselling practice that I understood you express. I will ask you a few questions about these themes, and I invite you to share any other reflections you think are important for me to know.

1. Do these themes make sense to you?
2. Do these themes reflect what you told me?
3. What themes/content/details are missing?
4. Is there anything you would change?
5. How do you think these themes relate to other counsellors working with CNM clients?
6. How will these findings be helpful or unhelpful to other counsellors working with CNM clients?
7. Is there anything further you wish to say about these themes?

## Appendix H: CNM-Friendly Counselling Resources

### Culturally Competent Counselling with Consensually Non-Monogamous Clients: A Narrative Inquiry

#### CNM-Friendly Counselling and Community Resources

##### Community, Support, and Counselling Services

###### Dragonstone Counselling

<http://www.dragonstonecounselling.ca/aboutus.html>

Sliding scale services with supervised counselling interns.

XXX-XXX-XXXX

XXXXXXXXXX@XXXXXX.XXX

###### VanPoly Event Page

<http://www.vanpoly.ca/>

Local meet-ups and events for poly-identified people in the BC Lower Mainland

###### VanPoly Yahoo! Group

<https://groups.yahoo.com/neo/groups/vanpoly/info>

Online forum and resource for Poly individuals in the BC Lower Mainland

###### QMUNITY

<http://qmunity.ca/>

Local Non-Profit dedicated to improving queer and trans lives. Provides education, support, connection and advocacy to LGBTQ community members.

Up to 12 free counselling services available. For more information, call XXX-XXX-XXXX ext.

XXX or email XXXXXXXXXXX@XXXXXX.XXX

##### Private Counselling Services

###### Devony Baugh, Registered Clinical Counsellor

Tapestry Counselling Centre XXX-XXX-XXXX

Sliding scale fees.

###### Tania Zulkoskey, Clinical Registered Social Worker

Private Practice XXX-XXX-XXXX

\$115-\$125/hour