UNDERSTANDING CONSENSUAL NON-MONOGAMY IN COLLEGE STUDENTS & IMPLICATIONS FOR COLLEGE HEALTH PROFESSIONALS

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| Activity- pair up & decide green or purple |
You are a third year student at XYZ College. You identify as non-monogamous and are in the process of...

**Green**- seeking a therapist.

**Purple**- seeking a primary care provider (assume you want regular STI testing).

1. What are some of your concerns about coming out as non-monogamous to your provider?
2. How could your provider or clinic make this process easier for you?
INTRO TO CNM

- Consensual non-monogamy: any relationship where all people involved openly agree to have more than one concurrent sexual and/or romantic relationship (Conley, Ziegler, et al. 2013)

- CNM ≠ Infidelity
Jealousy: an emotion that can be managed or overcome by
  - Taking ownership of own jealousy
  - Trying to figure out/address triggers & cause
  - Compersion: the opposite of jealousy

Negotiated rules/agreements around sex &/or dating
  - Adapted for particular triggers so different for every relationship
    - Safer sex practices
    - Reserve certain acts or locations
    - Restrictions on who
NON-MONOGAMOUS RELATIONSHIPS

1. Monogamish
   - Mostly monogamous

2. Swinging
   - Couples based, recreational

3. Open relationships
   - Can independently date & have sex w/ others

4. Polyamory
   - “Many loves”- multiple romantic & sexual relationships ok
   - Hierarchical or non-hierarchical

5. Religious Polygamy
   - Fundamentalist Mormons, other cultures

6. Relationship Anarchy
   - Non-possessive: no rules or expectations
PREVALENCE

- 4-5% of Americans currently in CNM relationship
  - Equivalent to those identifying as LG or B combined (Conley, et al., 2012; Gates, 2011; Mosher, Chandra, & Jones, 2005; Rubin et al., 2014)
- 22% part of CNM relationship at some point (Haupert, et al., 2016)
  - “agreed upon, sexually non-exclusive relationship”
- Over past 10 years poly & open relationships (not swinging) become increasingly popular (Moors, 2016)
WHO IS NON-MONOGAMOUS?

- No diff in political affiliation, race/ethnicity, age, educational level, income, religion, or geographic region (Haupert et al., 2016; Rubin et al., 2014)
  - Men & sexual minorities more likely report previous & current engagement in CNM (Haupert et al., 2016)
  - Small gender gap may be due to sexual double standard (Moors, et al., 2014)
MOTIVATION/BENEFITS
(WALSTON, 1999; WEBBER, 2003; BARKER, 2005)

- Openness/Personal freedom
- Honesty
- Personal growth
- Sexual variety
- Romantic variety
- Different or evolving sex drives
- Philosophical ideal
- Network/community
- More people to meet needs
- Fell in love w/ more than one person
- Queer/bi-friendly
DISADVANTAGES

- Complexity
- Time/logistics
- Exposing insecurities/managing jealousy
- Stigmatize/discrimination
- Not widely known/accepted
- Sexual precautions
- Cost
Pervasive societal stigma
(Conley, et al., 2012; Hutzler et al., 2015; Conley, Moors, Matsick, et al., 2013).

- Less/lower
  - socially acceptable
  - “in love”
  - sexually satisfying
  - trusting
  - committed
  - meaningful
  - desirable personalities
  - intelligent
  - overall quality
  - quality of life

- More
  - jealous
  - sexually risky
  - lonely
  - immoral
7 COMMON MYTHS

1. CNM doesn’t work
2. Damaged people
3. CNM is unnatural
4. CNM = more likely to have/contract STIs
5. CNM is not good for women
6. I couldn’t handle the jealousy
7. “OMG the children”
Non-monogamy is temporary, impossible, or unstable

- CNM experience equitable levels of commitment, longevity, satisfaction, passion, love, as well as greater trust and lower jealousy compared to monogamous relationships (Conley et al., 2013; invited resubmission; Rubel and Bogaert; 2015)

- Confirmation bias - tendency to search for, interpret, favor, and recall information in way that confirms one’s preconceptions
The people into CNM tend to be damaged, have mother/father issues, or can’t commit.

- Relationship structure is neither a robust predictor of psychological well-being (e.g., depression, happiness) nor relational well-being (e.g., satisfaction, commitment, longevity) (Rubel and Bogaert; 2015)
- Statistically proportionate amount of monogamous individuals w/ relationship & psychological concerns.
Humans are “naturally monogamous”

- 3% of mammals are considered sexually monogamous & documentation of adultery in every human society studied (Ryan & Jethá, 2010)
- Across 48 cultures: monogamy not a universal aspect of human nature (Schmitt, 2005)
- 20-55% of adults report having been sexually unfaithful to their monogamous partner (Glass & Wright, 1985; Janus, 1993; Lehmiller, 2015; Luo, Cartun, & Snider, 2010, Owen, Rhoades, Stanley, & Fincham, 2010; Swan & Thompson, 2016)
- Undergraduates: 20-40% had oral, vaginal, or anal sex outside of their relationship (Emmers-Sommer et al., 2010; Owen et al., 2010; Vail-Smith et al., 2010)
CNM = more likely to have/contract STIs

- CNM & monogamy report equivalent STI rates ~20% (Lehmiller, 2015)
- CNM have more partners (6.4 v 3.8), but more likely to use safer sex practices such as using condoms w/ primary partner, condoms w/ extradyadic partners, tell partner about extradyadic partner, be tested for STIs, discuss STI testing history (Conley, et al., 2012; 2013; Lehmiller, 2015; Swan & Thompson, 2016)
5) CNM IS NOT GOOD FOR WOMEN MYTH

Women only non-monogamous when tricked or are ‘just trying to please their man’

- Many forms of CNM grounded in feminism, promote equity, & empower women (Askham, 1984; Jackson & Scott, 2004; Moors, Rubin, Matsick, Ziegler, & Conley, 2014; Munsen & Stelboum, 1999; Rich, 1980; Ritchie & Barker, 2005; Ritchie & Barker, 2007; Robinson, 1997; Rosa, 1994; Sheff, 2005)

- Monogamy often upholds a system of gender oppression & CNM women feel more empowered to expand their family, cultural, gender, sexual roles (Sheff, 2005; Ziegler et al., 2014)

- “The most powerful way to undermine someone’s empowerment is to pronounce their freedom an illusion.” (Laura Smith, 2016)
Non-monogamy sounds nice, but I couldn’t handle the jealousy

- Jealousy levels were *lower* for CNM than mono (Conley et al., invited resubmission; Conley, Moors, et al., 2012; Jenks, 1985; Pines & Aronson, 1981)
- “Jealousy may actually be less severe, more manageable, or even non-existent among individuals in CNM relationships” (Conley, Moors, et al., 2012)
- Jealousy is highest when opening a relationship but diminishes over time (de Visser & McDonald, 2007)
Children will suffer or be damaged by CNM parents

- Children with CNM parents enjoy having multiple role models & do not necessarily experience stigma for their parents’ relationships (Conley, Ziegler, et al., 2013; Sheff, 2015)

- No evidence that children of polyamorous parents fairing better or worse than children w/ mono parents (Sheff, 2010)
CONCLUSION ABOUT MYTHS

- Prevailing social stigma generally not supported by the literature & CNM is a valid & equitable alternative to monogamy (see Conley, Ziegler, et al., 2013; Moors, Ziegler, & Schechinger, submitted)

- Parallels to anti-LGBT arguments
  - Emphasize choice, damaged people (father/mother issues), unnatural, children, make it about sex
What’s resonated or jumped out to you so far?

- A day in the life
- “Types” of relationships
- Common terms
- Demographics
- Prevalence
- Motivation/Benefits
- Disadvantages
- Social perceptions

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TURN TO YOUR PARTNER
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<th>6 RECOMMENDATIONS FOR COLLEGE HEALTH PROFESSIONALS</th>
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<td>1. Be mindful of your bias</td>
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<td>2. Recognize the impact of societal prejudice</td>
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<td>3. Assess relationship structure/orientation at intake</td>
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<td>4. Reconsider promoting “monogamy” as STI prevention strategy</td>
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<td>5. Remove barriers to STI testing &amp; treatment</td>
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<td>6. Include CNM in research, training, and continuing education</td>
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1) BE MINDFUL OF YOUR BIAS

- Most unhelpful practices (Schechinger, Sakaluk, Moors, unpublished data)
  - CNM is the cause or symptom of another problem
  - CNM is wrong/inferior
  - Lacking knowledge of CNM
  - Assuming is monogamous
  - Pressuring to end a relationship
  - Emphasizing religion or traditional values

“Told us she doesn't believe polyamory is stable. That she has seen several couples with strong relationships like ours fall apart because of polyamory.”

“Questioning whether I was actually non-monogamous & indicating that my lack of monogamy had to do with me lashing out in some way, rather than a conscious decision I made for myself.”
2) RECOGNIZING IMPACT OF SOCIETAL PREJUDICE

- Similar challenges as other sexual minorities (Twist, et al., 2015)
  - Coming out
  - Children
  - Marital/partnership rights
  - Moral ground discrimination
  - Extended family consequences/conflict
  - School parental participation
  - Housing & workplace discrimination
  - Minority stress
  - Difficulty finding community/not fitting in

- CNM is not a protected minority status (Emens, 2004; Tweedy, 2011)

- Many potential ramifications for coming out & many choose to remain closeted (Nearing, 2000; Pallotta-Chiarolli, 2010)
3) ASSESS RELATIONSHIP STRUCTURE/ ORIENTATION AT INTAKE

- 41% therapists assumed were monogamous (Schechinger, Sakaluk, & Moors, unpublished data)

- 8 reasons
  - Reduce mis-labeling/identify
  - Validate experience/identity
  - Safer avenue of disclosure (esp. questioning/closeted)
  - Symbol may be a safe space (clinicians at least aware)
  - Increase in-session disclosure (clinicians at least aware)
  - Increase awareness (staff & students)
  - Generate data (prevalence, needs)
  - Not asking reinforces monogamy is “the only option”

When it comes to relationships, I think of myself or identify as:
  - Monogamous
  - Non-monogamous (Polyamory, Open relationship, Swinging, etc.)
  - Questioning
  - Other ____
  - Prefer not to answer
The way monogamy is perceived & practiced is a *protective fallacy* b/c this type of relationship does not shield the risk of STIs (Swan & Thompson, 2016)

Promoting monogamy as safer sex strategy does not appear to curb the spread of STIs as intended & may be an irresponsible public health message (Conley, et al., 2015)
5) REMOVE BARRIERS TO STI TESTING & TREATMENT

- Often feel judged or having to advocate for comprehensive testing/treatment
  - Emphasis on limiting cost & reducing antibiotic resistance discouraging testing & treatment?
- Guidelines developed w/ monogamous populations
  - Frequency of pap smear
  - Use of anti-HPV vaccine (Gardasil; recommended if under 26)
  - Routinely screen all sexually active patients for STIs rather than presuming partner status can determine risk  
    (Conley et al., 2015)
6) INCLUDE CNM IN RESEARCH, TRAINING, AND CONTINUING EDUCATION

- 29% therapists lacking basic knowledge of CNM needed to be helpful (Schechinger, Sakaluk, Moors, unpublished data)
  - Trainings have been shown to positively enhance knowledge and skills when working w/ sexual minorities (Rutter, Estrada, Ferguson, & Diggs, 2008; Twist et al., 2015)
- Include CNM in LGBTQ+ agenda
- Create task force for non-monoexist research
  - CNM individuals included in mainstream research
  - Create sanctioned guidelines for practice (Schechinger, unpublished data)
What are you taking away from this seminar and how do you plan on applying it to your work?

1. Be aware of your bias
2. Recognizing impact of societal prejudice
3. Assess relationship structure/orientation at intake
4. Reconsider promoting “monogamy” as STI prevention strategy
5. Remove barriers to STI testing & treatment
6. Including CNM in research, training, and continuing education
RESOURCES

Books
- Opening Up by Tristan Taormino
- The Ethical Slut by Dossie Easton and Janet W. Hardy
- More Than Two by Franklin Veaux and Eve Rickert
- Mating in Captivity by Esther Perel
- Sex at Dawn by Chris Ryan and Cacilda Jetha
- Polyamory by Deborah Anapol
- The Jealousy Handbook by Kathy Labriola

Online Resources / Websites
- Polyamory in the News: polyinthemedia.blogspot.com/
- More Than Two: www.morethantwo.com/
- Loving More Magazine: www.lovemore.com/
- Polyamory Weekly Podcast: www.polyweekly.com/
- OKCupid: www.okcupid.com/
- Reddit Polyamory: www.reddit.com/r/polyamory/
- Bay Area Open Minds: http://bayareaopenminds.org/

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