Consensually non-monogamous partnerships seeking out therapy: A phenomenological approach

by

Kara Marie Langin

B.A., University of Nevada-Las Vegas, 2015
M.S., University of Nevada, Las Vegas, 2018

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

Department of Applied Human Sciences
College of Health and Human Sciences

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2023

Abstract

Consensual non-monogamy (CNM) is an umbrella term used to describe romantic, emotional, and/or sexual relationships that are not limited between two people. CNM can vary in terms of its structure and specific explanations or labels; however, the key foundations consist of open and honest communication, establishment of clear boundaries and expectations, and agreement and informed consent among all partners. There is a lack of research on CNM relationships in general, but even more so on CNM relationships and relationship therapy. Therefore, the purpose of this study is to understand the common experience of CNM partnerships seeking out relationship therapy. Participants were interviewed in a semi-structured format with their current partner(s) and asked about their reason(s) for seeking therapy, how they searched for a therapist, and what facilitators and barriers they experienced in this process. The following themes were common in the process of seeking out a relationship therapist: deciding *who* will be involved in therapy, navigating *how* to find a CNM informed therapist, identifying hesitations towards starting therapy, and attempting therapy or stopping the search process entirely. This study highlights the need for clinicians to be educated and informed on relationship inclusive practices.

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Dr. Jared Anderson

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Acknowledgements

I would like to acknowledge the contributions of my incredibly hard-working and passionate coding team, Maria Portillo, Hannah Bennett, and Mariah Moore. Thank you for your patience, support, and kindness as we navigated this process together.

Dedication

To my wonderful partner, Ashley, thank you for loving me and supporting me while I navigated this wild academic journey, especially while you are on your own graduate journey as well. The last few years have been challenging and overwhelming at times, but I am so grateful to have had you here with me. I would not have been able to complete this without you.

To my dogs, Copper, Ruby, Sammy, Rosie, Nala, and my cat, Ziva, you bring so much joy into my life and remind me that I work hard so my "kids" can have a better life. I know Ashley and I looked a little crazy for adopting so many animals, but holy heck, you all are so special and loving. You are my little family.

To my parents, thank you for supporting me and encouraging me when I told you I wanted to get my PhD. You helped me with my move to Kansas and have supported me every step along the way. Thank you for all the pep talks, encouragement, and love you have sent throughout this journey.

To my brother, Chris Langin, you are my best friend and have been since the day I was born. You are so smart, kind, funny, and caring. You always know what to say to make me feel better and have helped me with navigating boundaries and taking time for myself within grad school.

To my grandma, Barbara Langin, I have loved having you a few hours away. Spending weekends at your home has been such a blessing. You have found a good balance of kindness and also knowing when to push me to get work done. It has been a rough few years, but I knew you were always there for me 100% and supported my career into academia.

To my dissertation chair and mentor, Dr. Jared Anderson, none of this could have happened without you. I remember happily crying when you told me I had been offered an interview at K-State. I didn't even think I would make it far enough to get an interview, and look at me now. You have supported me since day one of the doctorate program, and have taken the time to really know me as a person. You have challenged me in the ways I needed to be challenged and you have truly helped me grow as a researcher, teacher, clinician, and overall person. Thank you.

To my dissertation committee, thank you for agreeing to be on my committee and supporting me on this journey. To Dr. Mindy Markham, thank you for always taking the time to meet with me even when you have a million things on your plate. To Dr. Marcie Lechtenberg, your support, words of encouragement, and open office door has meant everything to me and truly changed how I see myself. To Dr. Valerie Padilla Carroll, thank you for challenging me, pushing me outside of my comfort zone, and reminding me that I am a full blown feminist, and not a baby feminist. Thank you all.

To my Washburn colleagues, thank you for supporting me and encouraging me as I finished my dissertation while starting work with you all. Thank you for taking on extra work, so I could have more time to focus on my dissertation. Thank you all for reminding me that I can do this and that I am capable. Starting a "big girl" job while working on a dissertation was very stressful, but you helped make it happen. Thank you.

Finally, a huge thank you to my participants, I would not have been able to do this without you. Your openness to be involved in research and share your experiences is incredible and much appreciated. Thank you for trusting me.

Chapter 1 - Introduction

Consensually non-monogamous relationships (CNM) are sexual, emotional, and/or romantic relationships with multiple concurrent partners, in which all partners are aware of and consent to the agreements of the relationship (Garner et al., 2019). The research on CNM relationships tends to categorize them into the following three categories: polyamory, open relationships or marriages, and swinging or 'in the lifestyle.' Polyamory can be explained as emotional, romantic, and/or sexual long-term relationships between multiple partners. In polyamorous relationships, generally most, if not all, of the partners are romantically and/or sexually involved with each other. Open relationships consist of a primary monogamous partnership, but both partners can have sexual encounters separately outside of the relationship. Swinging consists of a primary partnership, but both partners engage in sexual encounters together, with other couples (Rubel & Bogaert, 2015). It is important to note that language is ever changing in the CNM community and some CNM individuals may not use any of these terms or may use these terms and have different meanings (Ritchie & Barker, 2006).

Consensual non-monogamy (CNM) is more common than many may think. In a national study, Haupert et al. (2017) found that 22% percent of Americans have been in a CNM relationship at some point in their life, and Levine et al. (2018) found that 4-5% of Americans are currently in a CNM relationship. However, mononormativity, or the belief that monogamous relationships between two people are the only normal, natural, and healthy way to be in an intimate relationship, is a strong ideology in the United States (Ferrer, 2018). Mononormativity leads to ignoring CNM couples in both the research and clinical literatures and to a deficit model of understanding CNM partnerships, leaving a lack of information or a negative focus on CNM relationships (Moors et al., 2013).

In addition to the prejudice that exists in mainstream society, therapists generally do not receive training on how to work with CNM couples, and do not have networks of consultation or educational resources to provide helpful information (Weitzman, 2006). This has led to harmful practices with CNM couples based on biases or assumptions about CNM partnerships from clinicians (Schechinger et al., 2018). Due to this phenomenon of stigmatization and discrimination, CNM couples may be more hesitant about seeking therapy. In comparison, if a therapist is trained and educated on how to work with CNM couples, and outwardly advertises this, it is assumed that CNM couples will be more likely to seek out professional help.

Minority Stress

Minority stress theory states that the chronic and unique stigma, prejudice, and discrimination that minority populations experience, creates a stressful social environment that can lead to increased mental health problems in comparison to majority populations (Meyer, 1995). This theory originally focused on lesbian, gay, and bisexual populations (LGB) and described stressors related to "prejudice events, expectations of rejection, hiding and concealing, and internalized homophobia" (Meyer, 2003, p. 675).

Minority stress theory has since expanded to include the umbrella of sexual minorities. The sexual minority community consists of people part of the LGBT+, kinky/BDSM, and Consensually Non-Monogamous (CNM) populations (Nichols & Shernoff, 2007). Current examples of minority stress include visibility management; navigating the coming out process; struggles with marriage, adoption, and custody of children; workplace discrimination; violence; and family cut off (Schechinger et al., 2018). Due to these stressors, people experiencing minority stress are more likely to experience mental health issues, additional relationship stress, and to seek out professional help (Hatzenbuehler, 2009). With the CNM population already

experiencing unique stigma and discrimination, they may be more vulnerable to negative or unsupportive therapy practices in individual and couples therapy (Schechinger et al., 2018). Unsupported therapy practices can additionally result in poorer mental health outcomes and lack of trust with professional services (Martin et al., 2000). Therefore, it is important to examine the couples therapy process through a minority stress lens.

Purpose of Study

CNM couples, like all couples, experience times of challenge and distress. Due to ongoing prejudice and discrimination related to CNM relationship structures, CNM couples have additional barriers to accessing care, including couples therapy. The purpose of the study, therefore, is to explore the common experience of CNM partnerships seeking out couples therapy, using a phenomenology approach. There is a vast amount of research on the experiences monogamous couples face when deciding to begin couples therapy (Bringle & Byers, 1997; Doss et al. 2003, 2004, 2009; Eubanks Fleming & Córdova, 2012; Guillebeaux et al., 1986; Hubbard & Anderson, 2022; Hubbard & Harris, 2019; Parnell & Hammer, 2017; Parnell et al., 2018; Vaterlaus et al., 2015; Williamson et al., 2019; Wolcott, 1986), however, there is no specific research on the common experience for CNM couples when seeking professional counseling.

This study is significant because it will provide information on the barriers and facilitators that affect CNM couples when seeking out therapy, as well as initial information for therapists to develop CNM friendly practices, beginning with how they advertise. This creates an opportunity for more CNM couples to effectively find a therapist and potentially feel safer in beginning therapy. Additionally, many CNM individuals experience externalized and internalized stigma in relation to their identity (Schechinger et al., 2018); therefore, this study

may provide insight for CNM couples thinking about, or currently searching for a therapist, and that they are not alone or abnormal in how they are feeling within their own process.

Research Question

This study will attempt to answer the following research question: *What is the common experience of CNM partnerships seeking out couples therapy?* Minority stress will be the guiding theory, as CNM relationships are frequently misunderstood, stigmatized, and discriminated against. Therefore, it is assumed that CNM relationships will experience additional barriers related to their minority stress identity when searching for a therapist.

Chapter 2 - Literature Review

Introduction

Couples therapy has positive benefits for couples in distress (Doss et al., 2003), with nearly 70% of couples experiencing improvements in their relationship (Lebow et al., 2012). Couples therapy is also related to better mental health outcomes for individuals, couples, and families (Eubanks Fleming & Córdova, 2012). Despite the general effectiveness of couples therapy, few distressed couples initiate the process of couples therapy (Parnell et al., 2018).

Why do couples choose to go (or not go) to couples therapy? A growing body of literature has attempted to answer part of this question, focusing on the barriers and facilitators to initiating couples therapy (Bringle & Byers, 1997; Doss et al., 2003, 2004, 2009; Eubanks Fleming & Córdova, 2012; Guillebeaux et al., 1986; Hubbard & Anderson, 2022; Hubbard & Harris, 2019; Parnell & Hammer, 2017; Parnell et al., 2018; Vaterlaus et al., 2015; Williamson et al., 2019; Wolcott et al., 1986). This research has almost exclusively focused on monogamous couples, leaving out consensually non-monogamous (CNM) partnerships.

CNM partnerships experience relational challenges and distress, seek out relationship therapy, and likely face barriers and facilitators to relational therapy that are similar to monogamous couples and *unique* to CNM partnerships (Henrich & Trawinkski, 2016). To increase accessibility and inclusivity to couples therapy, it is beneficial to understand the barriers and facilitators CNM couples experience when considering couples therapy (Doss et al., 2004). I will begin by explaining minority stress theory and how it relates to CNM partnerships seeking out therapy. I will then review the empirical research on barriers and facilitators to entering couples therapy for monogamous couples, followed by the limited—mainly non-empirical—

narrative accounts of potential factors that could serve as barriers or facilitators for accessing relationship therapy for CNM partnerships.

Minority Stress Theory

Minority stress theory originally focused on the lesbian, gay, and bisexual (LGB) community. After reviewing the literature on mental illness within the LGB population, Meyer (2003) found that LGB individuals have a higher prevalence of mental health disorders in comparison to heterosexual individuals. Meyer argued that these higher prevalence rates were due to minority stress related to the stigma and discrimination that LGB individuals experience as a result of their minoritized status. Additional stress that LGB people encounter include prejudice events, expectations of rejection, hiding who they are, internalized homophobia, and unhealthy coping processes (Meyer, 2003).

Minority stress theory has expanded to be the framework for understanding unique and additional stigma related stress that sexual minorities experience (Hatzenbuehler, 2009). Sexual minorities include the LGBT+, kinky/BDSM, and CNM communities (Schechinger et al., 2018). Minority stress theory states that marginalized groups experience internal and external stressors, in addition to common, everyday stressors, such as going to work. For example, sexual minority groups are exposed to discrimination, violence, and rejection at a higher rate in comparison to non-minoritized individuals, resulting in minority stress (Meyer, 2003). Due to the additional effects of minority stress, there tends to be higher levels of health issues in these marginalized groups, including depression, anxiety, substance use, and physical health outcomes that relate to stress (Meyer, 2015).

Minority Stress and Barriers to Care

Sexual minorities experience a heavy burden of physical, mental, and other health concerns in comparison to heterosexual individuals. Discrimination from care providers poses a substantial barrier to seeking help and the type of help received if care is sought (Levine et al., 2018). In 2016, the National Institute on Minority Health and Health Disparities stated that sexual minority individuals are a health disparity population and described the unique challenges of stigma and discrimination as barriers to health care and overall well-being (Pérez-Stable, 2016).

Individuals in CNM relationships are no exception. For example, sexual and behavioral health interventions are grounded in monogamy and are designed to promote monogamy as the ideal standard. CNM relationships are seen as less moral, less sexually satisfying, lower in quality, and more sexually risky than monogamous relationships (Henrich & Trawinksi, 2016). Providers tend to focus on negative or stigmatized ideas, rather than considering positives of consensual non-monogamy, such as emotional support among multiple partners, sexual pleasure, safe sex practices and healthy communication in relation to sex, and satisfaction in relationships (Levine et al., 2018).

Minority Stress and Consensual Non-Monogamy

CNM couples and same-sex couples experience similar minority stressors. For example, Frost et al. (2017) interviewed 120 same-sex couples in Atlanta and San Francisco about their minority stress experiences. When individuals became part of a same-sex relationship, they were more likely to experience couple-level minority stressors, including: unequal legal representation of their relationship; hiding their relationship and negotiating when, how, and to whom they may come out to; limitations to participation in families of origin; public scrutiny; exclusion from

social support; not being perceived as a couple; negotiating stereotypes of what their relationship looks like; not having adequate relationship terminology; and a lack of role models.

CNM couples tend to experience additional pieces of social marginalization because they challenge the common idea that relationships can, and should, only be monogamous (Ritchie & Barker, 2006). For example, CNM partnerships experience external pressures when it comes to legal recognition, such as parental rights being restricted to two legally recognized partners, and an inability to legally marry more than one person. Furthermore, a variety of stigmatized ideas exist related to CNM partnerships, assuming that they are promiscuous and cheaters.

Therapy for couples who are experiencing minority stress has been found to be beneficial as it helps with coping, awareness of minority stress, understanding one's identity, and creating safety. However, if a therapist is not informed on CNM and minority stress, CNM couples are more likely to end therapy early (Schechinger et al., 2018). Unfortunately, many therapists do not receive education or training on how to work with CNM relationships and cannot provide suitable care (Weitzman, 2006). This can result in harm to CNM partnerships and perpetuate their minority stress (Haupert et al., 2017; Schechinger et al., 2018).

Overall, CNM partnerships experience a variety of common and unique minority stressors in relation to other sexual minorities, in addition to the multiple common stressors faced by non-minoritized monogamous couples. CNM couples also experience common and unique stressors when it comes to seeking couples therapy, in comparison to monogamous couples. Despite these unique challenges, there is no empirical research focused on the barriers and facilitators that CNM couples face when contemplating couples therapy. What follows, therefore, is a review of this body of research focused on monogamous couples.

Facilitators for Beginning Couples Therapy (Monogamous Couples)

De-stigmatization and Normalization

In a 2019 review and examination of the current literature for couple help-seeking, Hubbard & Harris found that the normalization of relationship distress and providing information on what to expect in couples therapy is a motivational factor, as it helps destigmatize couples counseling and reduce anxiety. If couples have had friends, family, or someone they trust, who have gone to therapy before and found it to be helpful, they are more likely to seek counseling. Additionally, in a 1997 study that surveyed over 200 married volunteers from a university sample, Bringle & Byers found that having social support to begin counseling and referrals offered from trusted support systems is a strong motivational factor.

Tele-therapy Options

Due to COVID-19, tele-therapy has become an option that many clinicians offer. Tele-therapy can be defined as healthcare by a telecommunication technology, generally via video teleconferencing (VTC) (Wrape & McGinn, 2018). It has highly increased accessibility and availability, especially for couples struggling with scheduling or finding childcare. Farero et al. (2015) discussed the benefits of VTC for military couples, specifically, but also highlighted its use for overall underserved or isolated populations, such as couples experiencing barriers due to stigma, rural location, or distance.

Positive Attitude and Past Helpful Experiences

In a longitudinal study of 210 heterosexual married couples, Eubanks Fleming & Cordova (2012) discussed that a positive attitude towards change was a motivational factor for seeking couples therapy. In a study of 222 married volunteers, Bringle & Byers (1997) found that another motivational factor is a previous beneficial experience in therapy. Couples who have

been to therapy before and found it helpful, are more likely to go back for different problems. It is also common for couples to return to their previous therapist as they have already built a relationship and trust (Parnell & Hammer 2018; Spiker et al., 2018).

Problems Seen as Severe

Couples are likely to seek therapy if the relationship problems are perceived as having become severe and that counseling is seen as a last resort (Doss et al., 2003, 2009). Any kind of major distress such as infidelity, lack of trust, sexual dysfunction, lack of intimacy or connection, financial problems, abuse, alcohol or drug problems, arguments or anger problems, and discussions about divorce or separation, tend to be high motivating factors for seeking couples counseling (Bringle & Byers, 1997; Doss et al., 2004; Guillebeaux et al., 1986).

Limitations

There are limited articles on facilitators for beginning couples counseling, in comparison to barriers. Additionally, the information available is outdated as quite a few of the articles are from the 1980s (Guillebeaux et al., 1986), 1990s (Bringle & Byers, 1997), and early 2000s (Doss et al., 2004). Participants in this specific research are also primarily heterosexual, White, and monogamous married couples between the ages of 18 and 60. Further research is needed to include diverse couples with recent data.

Barriers for Beginning Couples Therapy (Monogamous Couples)

Financial Concerns

In a 2019 study, Williamson et al. interviewed low-income couples and found that they were less likely to seek couples therapy in comparison to middle class couples. Participants stated that the price of therapy was one of their top reasons for not seeking couples counseling, given that insurance tends to not cover couples counseling (Clawson et al., 2017). Additionally,

many clinicians only offer private pay for couples therapy, which can range from $50 to $200 an hour (Richardson, 2021). Couple disagreements on who will pay for therapy is another barrier, especially if one partner is leaning out and does not want to be there in the first place (Wolcott, 1986). For example, in a multiple case study of 7 heterosexual couples who sought couples counseling, men shared that financial concerns and disagreement sometimes delayed the process of starting couples therapy (Parnell et al., 2018).

Gender Differences

Eubanks Fleming & Córdova (2012) highlight that one major barrier in beginning couples counseling is that both partners have to agree to seek help, and that women are more likely to ask for help than men. Women are generally the first to notice a relational problem and suggest couples therapy (Bringle & Byers, 1997; Parnell et al, 2018; Williamson et al., 2019). Women tend to report more reasons for seeking therapy and express more negative emotionality, less positive emotionality, and more partner responsibility (Doss et al., 2004). Men have been found to be more reluctant to ask for help (Doss et al., 2003), especially men with more "masculine" psychological traits, such as self-reliance and emotional control (Guillebeaux et al., 1986; Parnell & Hammer, 2017; Spiker et al, 2018). Men, additionally, are more likely to fear stigma related to therapy, mistrust the mental health system, and hold negative attitudes towards seeking treatment (Ojeda & Bergstresser, 2008).

Lack of Accessibility

Wrape and McGinn (2018) discussed accessibility barriers to couples counseling such as driving distance and schedules that do not line up. Additionally, there are situations where there are no therapists nearby, or a limited number of therapists, especially in small towns or rural areas (Jensen & Mendenhall, 2018; Willging et al., 2006). Many couples do not know how to

begin the process of finding a couples therapist (Doss et al., 2003). In Williamson's 2019 study, low-income couples stated that a top reason they did not seek couples therapy was uncertainty of where to go for counseling, in addition to affordability concerns.

Lack of Trust

Couples reported that they did not believe therapy would be helpful (Lebow et al., 2012). This lack of trust becomes more challenging with couples who struggle to find a therapist that they can relate to or feel comfortable speaking to (Ojeda & Berstresser, 2008).

Minority Couples. Couples with lower income, lower educational status, and who are of color, are less likely to seek therapy and trust the mental health care system (Ojeda & Bergstresser, 2008; Williamson et al., 2019). Therapy tends to be more accessible and less stigmatized for people who are educated, White, and have a high income (Doss et al., 2004; Doss et al., 2009).

In the only study that looked at motivation for Black couples to seek marriage therapy, Vaterlaus et al. (2015) found that husbands and wives expressed a lack of trust in therapists due to a disconnect between the sacredness of marriage, faith, and the potential advice of a marriage counselor that might conflict with their values. Couples stated that they tended to rely on religion or spirituality, family members, or preferred to keep their problems within their relationship. Couples also stated barriers for seeking therapy were related to concerns on cultural sensitivity, the idea that therapy is only for people with severe mental illnesses, feeling like therapy is for weak people, and not having the financial resources to pay for therapy.

Ojeda and Bergstresser (2008) found that couples of color, along with gender and sexual minorities, did not trust the mental health care system. They expressed concerns about having to educate a therapist or a therapist not understanding their experiences. Additionally, therapists can

cause harm if they are not culturally competent and educated on how to work with diverse populations. For example, in a national study, lesbian, gay, and bisexual (LGB) couples felt more comfortable with an LGB therapist and were less likely to seek out help if an LGB therapist was not available (Weitzman, 2006).

Negative Perceptions of Therapy

Clients who have attended therapy in the past and found it to be unhelpful, are unlikely to seek couples counseling. Clients reported feeling traumatized from their experience in therapy and felt triggered by the idea of trying counseling again. Additionally, clients who have heard of unhelpful experiences from friends or family are less likely to seek therapy. Overall, couples who have a negative perception of therapy due to personal or outside experiences, see counseling as a waste of money (Eubanks Fleming & Córdova, 2012).

Shame and Stigma

Couples are less likely to seek relationship help in comparison to individuals seeking help for mental health concerns (Hubbard & Harris, 2019). Sheras and Koch-Sheras (2008) wrote about their experiences of working with hundreds of clients and reported that couples who sought treatment shared that embarrassment or shame due to societal or cultural messages often served as a barrier to seeking treatment. Specifically, "taboo" subjects, such as sexual problems or intimate partner violence (IPV) added to the resistance to seek out help. In an Australian study (Wolcott, 1986), couples felt their relationship problems were too private to share with an outside person and that they had the ability to figure it out on their own. In two separate studies on relationship help-seeking, couples sought out the Internet, talking to friends, or other private options instead of seeking counseling (Doss et al., 2004; Doss et al., 2009). These barriers exist for CNM couples, along with added sexual minority stressors.

CNM Couples Therapy

It can be challenging to seek couples therapy due to the following factors: financial cost, finding the "right" therapist, and the perceived stigma that surrounds couples counseling. These barriers likely exist for CNM couples, along with additional barriers due to the nature of their relationship.

Unfortunately, there are no specific articles on the experiences of CNM couples seeking therapy. Also, the research on consensual non-monogamy and therapy focuses on individual client experiences, rather than couple experiences, and even these studies are limited (Finn et al., 2012; Henrich & Trawinksi, 2016; Levine et al., 208; Schechinger et al, 2018).

CNM Experiences in Therapy (Empirical)

Henrich and Trawinski (2016) interviewed 12 participants in polyamorous relationships who had attended therapy at some point. Half of the participants in the study stated that they had negative experiences in therapy. The results shared the following three main problems that occur in therapy: "lack of knowledge, client marginalization, and therapist bias" (p. 384). Henrich and Trawinksi also stated from their data and their own experiences in therapy as polyamorous clients that therapists tend to minimize, deny, or overlook polyamorous relationship issues.

In comparison, Schechinger et al. (2018) investigated the therapy experience of 249 individuals in CNM relationships across the U.S.; 38% of participants provided responses on negative experiences in therapy. The most common unhelpful experiences were the following: "1) indicating that CNM was the cause or result of another problem, (2) lacking or refusing to gather information about CNM, (3) being generally judgmental toward CNM, (4) indicating that CNM was wrong or not ideal, and (5) putting pressure on a client to end a relationship or come out" (p. 885).

Levine et al. (2018) examined data from the 2012 National Survey of Sexual Health and Behavior, consisting of 2270 participants. Levine specifically looked at participants who identified as CNM, which was 4% of the data, or roughly 91 participants. CNM participants discussed experiencing the following stereotypes when seeking help: CNM relationships are perceived as less moral, less sexually satisfying, lower in quality, and more risky than monogamous relationships. The authors suggested a need for more awareness of diverse relationship structures among researchers and providers.

Significance of Study

There is no empirical literature that explores the experience of CNM partnerships seeking relationship therapy. Although it is likely that many of the barriers and facilitators monogamous couples experience will also apply to CNM partnerships, minority stress theory would suggest that CNM partnerships will experience additional barriers. This study, therefore, will add to the literature by exploring the unique experience of CNM partnerships seeking out relationship therapy.

In addition, these findings are likely to assist clinicians in better marketing their practices in CNM affirming ways and to assist clinicians in creating a CNM and minority stress informed practice. Without proper training, education, and research available on how to work with CNM couples, therapists are actively causing harm and providing ineffective treatment (Schechinger et al., 2018).

Chapter 3 - Method

This study explored the common experiences of CNM partnerships seeking relationship therapy. Due to this focus, and my own personal connection to this topic, transcendental phenomenology was used to design the study and methodology. Transcendental phenomenology focuses on the lived experiences of the participants, rather than the interpretations of the researcher. To prevent researcher bias, transcendental phenomenology implements bracketing, or epoché, which is used to set aside the researcher's experiences, to take a fresh look at the studied phenomenon (Creswell & Poth, 2018; Moustakas, 1994).

The purpose of transcendental phenomenology is to develop a textural description of "what" the participants experienced, along with a structural description of "how" the participants experienced the phenomenon. The textural and structural descriptions are then combined to provide an overall essence, or meaning, of the experience (Creswell & Poth, 2018; Moustakas, 1994).

Participants

Purposeful sampling was used to ensure that participants met the criteria for the study and that there was a shared experience of the phenomenon of seeking out relationship therapy as a CNM partnership (Moustakas, 1994). Inclusion criteria for this study were that participants were 18 years old or older, currently in a CNM relationship, and had sought out relationship therapy with their current partner(s).

Previous reviews of qualitative sample sizes in phenomenological studies (Creswell, 1998; Morse, 1994) identify that sample sizes between five and eight participants are adequate for reaching saturation. Saturation can be defined as reaching a point in which enough information has been gathered to fully develop and understand the phenomenon (Creswell &

Poth, 2018). The goal of this study was to interview between five and seven CNM partnerships. Nine partnerships were interviewed with each interview consisting of two partners (N = 18); however, the data of five partnerships were excluded from the study, which is explained in-depth at the end of this chapter. This left a total of four partnerships (N = 8).

Participant Exclusion

The five partnerships that were excluded from the study answered the screening questions, met study inclusion criteria based on their responses to the screening questions, and then met with me for the interview process. However, in all five interviews, there were major difficulties in understanding each other due to language barriers. Participants' answers were very brief or did not make sense, and I struggled with receiving clarification on their responses. For example, in one interview, I asked, "How would you describe your current relationship with your partner?" The participant answered with: "I would say we are consensual non-monogamy, as I have applied for this." When the researcher asked for more information on what "consensual non-monogamy" means for them or what the structure of their relationship looked like, both partners were unable to answer and appeared confused. Additionally, due to an inability to effectively communicate, the interviews were short, and lacked data that clearly answered the research question. As an example, the mean interview length was 21 minutes (range of 16 - 30 minutes) for the excluded interviews, and 61 minutes (range of 45 - 87 minutes) for the interviews that were kept in the study. Given this, these five interviews were not included in the final analysis.

Final Sample

Participants' ages ranged between 24 and 43. Annual household income ranged from "$20,001 - $40,000" all the way to "$100,001 or over." Three participants identified as queer,

two as bisexual, one as pansexual and queer, one as a lesbian, and one as lesbian, queer, and asexual. Three participants identified as women, two as non-binary/gender queer/gender fluid, one as a woman and non-binary/gender queer/gender fluid, one as a man, and one person self-described as transgender non-binary. Four participants identified as White or Caucasian, two identified as Black or African American, one identified as White/Mixed Race, and one self-identified as White (Settler). All were currently in CNM relationships and had sought out partner therapy with their current partner who participated with them in the interview. For all demographic questions, participants had the option to select more than one choice, select "prefer to not say," or select "prefer to self-describe," and could write in their own answer. Participant pseudonyms and demographics are in Table 1.

Table 1 CNM Participants, Pronouns, Racial Identity, and Years Together (N = 8)

Participant Name*	Pronouns	Race	Years together
Jet	They/them/theirs	White or Caucasian	5
Dan	Any/all	White or Caucasian	5
Kyle	He/him/his	White or Caucasian	13
Bonnie	She/her/hers	White/Mixed Race	13
Ramona	She/her/hers	White or Caucasian	6
Io	They/them/theirs	White (Settler)	6
Gabriella	She/they	Black or African American	7
Maya	She/her/hers	Black or African American	7

**Note: Some participants chose pseudonyms and others did not. The researcher does not distinguish which names are pseudonyms and which are not.*

Procedure

After the study was approved by the Kansas State University Institutional Review Board (IRB), participants were recruited mostly online. Flyers were posted and made shareable in CNM, Queer, Dissertation, and PhD focused Facebook groups (with permission), posted and shareable on my personal Facebook account, sent out on a COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) Program Director listserv, posted on an online forum for all members of AAMFT (American Association for Marriage and Family Therapy), and shared via word of mouth. Three out of four partnerships from the study found the flyer via Facebook (one from a Queer PhD Network group and the other two from the personal pages of their friends). Whereas the fourth partnership saw the flyer shared on a webpage for polyamorous people in their area. The following statement was included with the recruitment flyer:

My name is Kara Langin and I am an LMFT and Doctoral Candidate at Kansas State University in Manhattan, KS. With the support of my advisor, Dr. Jared Anderson, I am conducting an IRB approved research study entitled: The Common Experiences of Consensually Non-Monogamous Partnerships Seeking out Couples Therapy in partial fulfillment of the requirements for my PhD in Couple and Family Therapy.

The purpose of the study is to explore the experiences of consensually non-monogamous partnerships that have sought out couples therapy. I am particularly interested in what has prevented or encouraged CNM couples to seek out help and how therapists can create CNM affirming practices, beginning with how they advertise. My hope is that this study will reduce barriers and stigma for CNM couples therapy and increase facilitators.

I am recruiting 5-7 CNM partnerships that have sought out relationship therapy or are currently seeking it out. At least two partners must be involved in the study to participate. Partnerships interested in participating will:

1. Be asked screening questions via email.
2. Schedule a 60- to 90-minute-long video-recorded interview if the study eligibility criteria are met. Interview questions will include asking about their experiences seeking out relationship therapy.

3. Complete an online demographic survey with questions about their background. The online demographic survey should take no longer than 5 minutes to complete.

I am providing a $75 Amazon gift card for reimbursement of time and effort for each partnership who meets the eligibility criteria and completes the 60-to-90-minute research study interview. There is no compensation provided for completing the online demographic survey.
I would greatly appreciate it if you would circulate this information to relevant contacts. I have attached a flyer to this email as well. Thank you in advance for your support.

All interested participants reached out via email, in which I explained the study in more detail and asked the following screening questions: Are you currently in a CNM relationship (open, poly, swinging, mono/poly, relationship anarchy, etc.)? More specifically, does your current relationship include or allow for more than two people? Have you sought out therapy with your current partner or partners? If so, are they willing to be part of the study with you? If partnerships fit the criteria for the study, a 60–90-minute Zoom interview was scheduled.

Interviews were conducted via Zoom from my office at Washburn University, in Topeka, KS. To protect confidentiality, I informed my co-workers that I would be conducting interviews, left a sign on my door, closed the door, and used headphones. Participants were told where I was conducting the interview and what steps I was using to protect their privacy before the start of interview.

I then explained the informed consent form in detail, answered any questions, and had each individual participant sign the consent form. After signing, each individual participant filled out a brief demographic survey via Qualtrics asking their age, gender identity, pronouns, sexual orientation, race, ethnicity, and annual household income. To ensure confidentiality, the Qualtrics survey included a place where participants could choose their own pseudonym.

The mean interview length was 61 minutes (range of 45 - 87 minutes) and followed a semi-structured format. The interviews focused on the research question: What is the common experience for CNM partnerships seeking out relationship therapy?

All interviews were video and audio recorded through Zoom's recording function with a safety encryption function. Each partnership was compensated with a $75 Amazon e-gift card at the completion of the interview.

Analysis

After audio recordings were transcribed using Zoom's audio transcription feature and double-checked line by line, the data were analyzed and interpreted following transcendental phenomenology, and focused on the research question: What is the common experience of CNM partnerships seeking out therapy? The data were analyzed following the steps outlined by Moustakas (1994):

1) Setting aside preconceived ideas and biases (epoché)
2) Highlighting significant statements from each transcription in which participants shared their personal experiences of the phenomenon (horizontalization)
3) Transforming significant statements into initial themes and subthemes, or clusters of meaning
4) Re-examining significant statements and clusters of meaning to develop themes and subthemes that reflected *what* was experienced (textural) and *how* it was experienced (structural)
5) Engaging in member checking with participants and making changes as needed

Epoché

Epoche consists of identifying and setting aside preconceived ideas, judgments, and biases, in order to view and code data with an open and clear mind. Due to the importance of this initial step, I sought out a team of cross-coders who would be especially mindful and serious with identifying and challenging their biases.

I recruited a team of three Master's level students from the Couple and Family Therapy (CFT) program at Kansas State University. I chose therapy students because I needed coders who were professional, hardworking, and would be open and nonjudgmental towards participants' experiences and towards one another.

To begin the epoché process, the coding team met before data had been collected and shared with each other why they were interested in working on the study, what experiences may relate to that decision, and what potential biases they may carry when coding the interviews. After the meeting, the coding team reflected on what they shared in the meeting and wrote down notes related to their own assumptions or biases that could affect the coding process.

On my own epoché journey, I made notes on the thoughts and feelings that came up for me after I conducted each interview. Once I started transcribing, I immersed myself in the data by making detailed notes of my reflections and impressions in this process. I then compared notes to see what came up for me initially as the interviewer in comparison to being a reviewer. I continued and re-read and listened to the transcripts multiple times, stopping to note any additional reflections, impressions, biases, or judgments.

The rest of the coding team engaged in a similar process, where they carefully read each transcript and wrote down any notes, concerns, or questions. These notes were brought to research team meetings in which they were discussed as a group and each member actively listened to the opinions of each other.

Developing Themes and the Essence of the Phenomenon

For each step in this process, coders met individually and then came together as a group to discuss, compare, and finalize agreed upon findings. In the horizontalization step, coders went through each transcription and highlighted significant statements in which participants shared

their personal experiences of the phenomenon. 117 significant statements were agreed upon by the team and then examined for similarities, in which six initial themes and five initial subthemes were found, also known as clusters of meaning. Significant statements and clusters of meaning were then re-examined to develop four finalized themes and nine finalized subthemes that described *what* was experienced by participants (textural) and *how* it was experienced (structural).

Member Checking

All four partnerships agreed to member checking, which can be explained as a form of credibility, in which data are returned to participants to check for accuracy (Creswell & Poth, 2018). Participants were emailed the results of the study, and asked if the themes, subthemes, and overall essence of the phenomenon accurately described their experiences. Participants were also asked if their statements from the interviews were correct, and not misunderstood in the transcribing process, or from my own interpretation. Lastly, participants were asked if there was any potential identifying information that they wanted taken out (e.g., area they live in, name in study, demographic information) All eight participants (four partnerships) engaged in the member-checking process in which they were invited to follow up via Zoom, phone, or email. Three partnerships responded via email, and one partnership met via Zoom. Out of those four partnerships, only one partner requested a change, in which they asked for information about their location to be taken out.

Chapter 4 - Findings

The data in this chapter answers the following research question: What is the common experience of CNM partnerships seeking out relationship therapy? The four partnerships ($N = 8$) in the study shared their personal experiences in this process, and from that information, the following four themes emerged: 1) deciding *who* will be involved in therapy; 2) navigating *how* to find a CNM informed therapist; 3) identifying hesitations towards starting therapy; and 4) attempting therapy or stopping the search process entirely.

Deciding Who Will Be Involved in Therapy

Each partnership in the study consisted of two people who sought therapy, even though they had additional partners. To understand how participants came to this decision, they were asked, "How would you describe the relationship structure between the two of you?" and, "How did you decide who would attend therapy?" The purpose of the first question was to get a clear understanding of the relationship dynamics, and potentially, how those dynamics could have influenced the decision of who would be attending therapy.

Defining the Relationship Structure. Participants had varying answers on how they described their relationship with their partner in the study. However, one common theme across all partnerships was that they lived together without their other partners. In addition to living together, most partnerships had other dynamics that may have influenced their decision to seek therapy only with each other. For example, Dan, who is 30 years old, White, gender-fluid, lives with their partner, Jet, in Massachusetts, and also shares a business and a car with them:

> Sometimes we say that we are partners in business, in life, as a way of just telling the world that we are dating each other. I think we are very intentional to not say that we're primaries because to the world we are primaries. My parents know that I'm polyamorous,

but they consider Dan to be my partner. They don't think about me having other partners, really, just because Dan is the one that's there the most.

Jet, who is 26 years old, White, and non-binary, had a similar description of their relationship with Dan:

> There's no rules, really. There's no hierarchy, and I think that that is such a huge part of coupleship in this culture, but like it feels completely wrong that way. We just call each other whatever feels good and try, and mostly just be nice to each other.

Maya, a 26-year-old Black woman, shared how she navigated CNM differently than her partner, Gabriella:

> A lot of the times we refer to our relationship as mixed orientation because we both practice non-monogamy individually differently. So, for example, I would consider myself to be polyamorous and I can let Gabriella speak for themselves, but together, I guess we practice non-monogamy as an umbrella term.

Gabriella, who is 24 years old, Black, non-binary, and lives with Maya in North Carolina, agreed and stated how they view their relationship:

> Yeah, I think that's right. Because yes, I think I consider it to be a non-monogamous relationship, but I currently am pretty monogamous or just focused on me. So, I think that's where the mixed orientation comes in because I feel like we have different romantic orientations in terms of what we're looking for outside of the relationship.

Io (pronounced eye-oh), is 39 years old, White (Settler), transgender non-binary, and married to Ramona. They described how they ended up with the description of their relationship together:

> I think we use the term ethically non-monogamous (ENM). And that was because of the politics that you [Ramona] brought into the relationship that I've really learned from… I

> think the way you [Ramona] explained it to me is that everybody can be consenting, but it doesn't mean it's ethical.

Ramona, who is 43 years old, female, and White, followed up on the importance of using "ENM" instead of "CNM" when describing their relationship:

> Yeah, because we have a trauma-informed relationship, it's important for us to make the distinction that we are ethically non-monogamous instead of consensually non-monogamous. Because consent you can be non-monogamous, but not everyone is consenting to the dynamics involved.

Kyle, who is 36 years old, White, male, is married to and lives with Bonnie in Missouri, had a similar explanation to Gabriella's when describing his relationship:

> I have just Bonnie as my only partner. And she has two others currently beyond me. So, she's got the poly, the relationship is open. And that's kind of where it's at right now.

Bonnie, who is 35 years old, mixed race, and female, agreed with her husband and stated:

> Yeah, I would just describe it as poly if I had to just put a word on it. That's what I say.

Deciding to Seek Therapy without Additional Partners. Each partnership had a similar answer when asked, "How did you decide who would be involved in therapy?" They stated their other partners had nothing to do with the presenting problem, and therefore, it would not make sense to include them in therapy. For example, Jet described why they sought out therapy with only Dan:

> I haven't gotten to a point with my other partners that felt like this was something that I needed with them, but also, I don't live with any of them, and I don't own a business with any of them, and, Dan and I don't identify as primary partners, and we're not that for each

other, but we do live together, and have kind of a more intertwined life. We spend more time together, just from the nature of how we've set up our life.

Dan followed up and stated:

> Yeah, I feel like if I were to go to couples therapy with any of my other partners, it would be, you know, just me and them as well. I kind of view my structure as like I'm a hub with folks; rarely do they sort of cross over more than just friendship.

Maya shared that she had just moved in with Gabriella, they were attempting to figure out CNM, and that her relationships with other partners were not at the same level:

> We moved in together and a lot of our conflicts, in general, had to do with communication and things. The other relationships that I was in, were not committed relationships in the same way. So, whereas my idea of couples therapy is that you work on your partnership. I feel like at that time, I was exploring the options of potentially doing that, but not actually.

Gabriella followed up and stated:

> I feel like it is an interesting question because I always thought, and that was one of my concerns honestly, was going into couples therapy, we're going to have to have some huge sit down of all the people who were involved in the situation. A lot of the reasons why we decided to go to couples therapy was because of, yes, we had transitioned from long distance and I was coming from living alone…And so, there were challenges there, but I think those were exacerbated by non-monogamy had been going very well. I think when we were long distance and then when we were together, it was just a lot of issues were coming up. So, there were situations where I felt like it wasn't all the way ethical what was going on, and I think you (Maya) would agree with that. Part of why it was just

> us also was because there weren't strong, and I don't want to use the word “respectful” because that sounds wrong, but how would you describe the relationships weren't positive amongst everyone at the point for us to do a three or four-person session?

Io shared that in their relationship with Ramona, they currently do not have any other partners:

> We actually aren't dating anybody outside of each other right now, or actually because of COVID protocol. So, we aren’t monogamous, and we're definitely open to still dating people, but because of it, and because of needing to not bring in viruses… We aren’t actively working on dating anybody and also we were in a serious car accident in March.

Kyle explained that his relationship struggles had nothing to do with having an open relationship or with Bonnie’s other partners:

> I don't think that it was anything particular with our type of relationship. We were just kind of in a rough spot in our marriage at the time. There were no outside influences. It was just between us and me and my job searching or lack thereof that brought stuff to head and put us in that situation.

Bonnie agreed and added:

> It was just the two of us. We really believed that this had just to do with us. It also doesn't help that of course my other partners at the time were long distance, so, it’s not like they were going to show up. But like he said, it had nothing to do with them.

Analysis of Theme. All partnerships in this study lived together, had been together for years, and had been together longer than they had been with any other partners. Partnerships also stated that their reasoning for seeking out therapy did not have to do with their additional partners; therefore, it would not make sense to include them in the process. Lastly, all

partnerships were seeking therapy for reasons not related to CNM, except for Gabriella and Maya.

Navigating *How* to Find a CNM Informed Therapist

Even though most participants stated that CNM was not the reason for seeking therapy, they still wanted to find someone who had a basic understanding of CNM, could see it as a "part" of the relationship, and have a nonjudgmental approach. There were two primary ways participants navigated the process of finding a therapist—each with their own challenges.

Searching Online. It is common to search online for a therapist because it is convenient and, in theory, potential clients can search for specific qualities. However, many participants discussed that they had problems with how therapists' market themselves on their personal websites, social media, and on therapist directories such as Psychology Today. Participants who searched online stated that therapists were unclear on what populations they have experience working with, what their educational background is, what trainings they have participated in, and what they specialize in. Kyle expressed his frustration in this process:

> It's a lot of work… you have to look through their profiles. What did they study? What do they actually do..? Are these boxes even accurate? Well, no. Okay. So let's throw them in the garbage and go to the next one… I think the biggest thing is finding a therapist that is actually a fit for the situation and realizing that if you look for a poly-friendly therapist, you're probably gonna have a very limited pool.

Bonnie followed up by stating:

> And it's hard to even look that up [poly friendly therapists] because the best thing you can usually search for is like LGBT type therapy... it's usually lumped in with that, which

> is not the same thing [laughing]. That's just not the same thing at all. Looking for poly friendly therapy also narrows you down so much, and most people don't accept it.

Io highlighted how therapists misrepresent their specialties online:

> Folks have 10,000 things as their areas of specialization when they're clearly not doing anything other than going to 1-hour trainings on stuff. So people that are just like, "I'm queer affirming." And you're like, "that is the bare minimum."

Dan also shared that it was time consuming and exhausting trying to find a therapist who clearly explained what populations they work with. They then came up with the following idea:

> I wish I could make a dating profile for me, and have clinicians bid for my time.

Jet agreed and identified why it is problematic for therapists to market a "one size fits all" approach:

> It should be like that because the person seeking should be able to see the type of client that the therapist wants to be working with as opposed to trying to be open to all types of people. That's just ridiculous. It is like another intimate relationship. You are being vulnerable and intimate with this new person... almost in a polyamorous way.

Ramona is a therapist that specializes in CNM, and had a little bit of a different focus in her search process:

> I think what would have made a difference to me is people posting their professional affiliations. What I mean by that is, "Who is their governing body? Who are they going to answer to? What sort of special training have they done? Are they an AASECT member?"

Reaching Out to the CNM Community. The CNM population is stigmatized, misunderstood, and seen as a minority group. Due to this, people in the community tend to build

connections and share resources with one another. Gabriella shared the unconventional way of how they found a therapist who was part of the CNM community and specialized in it:

> Our process was pretty easy because I listened to this podcast called *Therapy for Black Girls.* There was one episode on the non-monogamy person or exploring ethical non-monogamy. I feel like it was even before we had said that we were going to do that [CNM], but I was like, "Oh, well this is someone, if I ever did this [CNM] and wanted a counselor, this would be someone to come back to." Then I went back and found the podcast episode, and she [the therapist featured] was available.

Maya highlighted the importance of support in the CNM community, and how she would have looked for a therapist if Gabriella had not found theirs:

> Reaching out for group support or other peer support is a big thing in the non-monogamy community. So, finding therapists who specialize in that [ENM], I probably wouldn't have gone to, I don't know, an accreditation site or a resource like that. I probably would've waited to find or asked around to the different people in my community or on social media or whatever to figure out who they go to or who they would recommend.

Dan shared that they are more optimistic about searching for a therapist now that they have a resource and connections specific to the CNM community:

> When we first searched for a therapist, I did not have this... But now I have a great resource that Fenway Health put together. It is a Google Doc full of kink, ethically non-monogamous, and queer clinicians and organizations, along with other resources.

Analysis of Theme. All partnerships stated that they had difficulties searching for a therapist by using the “traditional” method of searching online. Even though Maya and Gabriella did not search online, Maya stated that if they had no luck going through the podcast, she would

have not looked online, and instead, would have sought out support within the CNM community. Dan and Jet originally searched online and had a negative experience. However, Dan stated that moving forward, they would seek out help within the CNM community, and had obtained had a document of CNM affirming therapists in their area.

Hesitations towards Starting Therapy

Minority Stress. Many participants, especially after their experiences of searching for a therapist, expressed reservations about moving forward with therapy. They worried about being misunderstood, experiencing discrimination, having to educate their therapist, and feeling unsafe in the therapy room. Specifically, participants expressed concern about their therapist being informed and educated on intersecting identities, minority stress and oppression, ethical non-monogamous (ENM) relationships, and social justice. For example, Maya shared that she did not feel comfortable going to a therapist who did not clearly explain and provide proof of their specializations and experience.

> For me, I already had so much fear of going to therapy, in general. I think adding another thing that I needed help with sort of felt like... now it's non-monogamy on top of being queer and all these other things... So that is terrifying. So, if the therapist isn't listing all of those things under the things that they specialize in or whatever, it's very hard to be like, "Okay, well, I'm going to come in and bring this other piece of the puzzle that potentially you can't help me with."

Jet also expressed concerns that therapists would not be informed on intersectionality when they first searched:

> Knowing about non-monogamy is one thing, but there's a lot of intersecting identities we have, too. So it's like, "Are they going to misgender us constantly? Or "Are we going to

have to keep correcting them about stuff? …I've never felt what it is like to just easily walk into a space and have people understand my frame of reference.

Dan followed up and stated:

> The hardest part was trying to find a person who we feel like can hold space for us in a complete way. It is helpful to know about gender issues in theory, and it's helpful to know about polyamory. It's helpful to know about queerness and all of these things, but someone who can just hold space for all those at once, it's very rare... and I'm even White. I can't even imagine someone not White trying to find this like, "Oh, my God!"

As stated previously, Ramona is a therapist who specializes in CNM. Additionally, her spouse, Io, is a gender studies professor. Io explained that this led them to have high expectations of therapists and how they market themselves:

> Ramona has such a remarkable specialization and is very good at what she does. And then I am a cranky queer professor... we were really averse to people who did not have particular trauma-based competencies, race based understanding of social justice, or did not include any kind of gesture on oppression, social justice, or queer things.

Ramona added:

> If you can't meet us where we're at, there is no point in seeing you.

Location. Another factor that influenced hesitation towards therapy, was the location in which the participants lived and were searching. For example, Io and Ramona moved to the Midwest after spending most of their lives on the West Coast. Io shared some of their concerns with therapists and therapist marketing after they moved:

> There were just too many alarm bells, given the way that people's.. like we'd look at their profiles on Therapy Den and Psychology Today, and some of the more queer, feminist

> places, and then we'd look at their website. It just.. The messaging was not like.. there was even one that was like, "If you're thinking about non-monogamy…" all this kind of stuff, and then it had a thing about Christian counseling. And we were just like, "Ohhh! No dice; new dealer."

Ramona added:

> Yeah! There's just so much religious based counseling where we live now. I think it just throws it in the face of it all, like... That is something that's looked down upon in [West Coast state].

Dan now lives on the East Coast, but when they were initially searching for a therapist with Jet, they were in the Midwest. Similarly, to Ramona and Io, Dan described the impact of living in the Midwest and how that affected their process of searching for a therapist:

> My ability to seek out therapy, and even being open to finding anyone really hinges on whether I feel safe in my community in general. So, if I'm just in survival mode of feeling very unsafe and attacked, I'm much more likely to be like, "You know what? It's just too dangerous to deal with this because I can't trust anyone to hold that space." But the reason that I feel so much better about it now is just because I'm in a community (east coast) that I don't feel as unsafe in… It's way harder to reach out for help when you just feel unsafe in your grocery stores and in your workplace and in your space in the world.

Gabriella and Maya found a therapist that lived outside their state. Gabriella shared the problems they likely would have encountered if they searched locally:

> We're in North Carolina, so a lot of the therapists are Christian counselors, and they won't even say it. They'll say they're family, but then you go there and it's very not that way.

> My fear would've been that the goal of the practitioner would not have been to help us get to a place of ethical non-monogamy. I feel like they would've told us to break up because it's an abomination, or it would've been like, "you need to be monogamous, or this is just extra. This is just too much."

Analysis of Theme. All partnerships, except for Bonnie and Kyle, highlighted how the location in which they were searching for a therapist, influenced their ability to find an affirming clinician. Additionally, most partnerships stated that the majority of the therapists they found online were religious based, and assumed going to them would result in a lack of safety and understanding, and that they would be pressured to stop engaging in CNM. Dan also explained how feeling an overall lack of safety in their past living location due to their minoritized identities, highly influenced their trust in the local therapists.

Attempting Therapy or Stopping the Search Process Entirely

Two partnerships decided on a therapist, attended a few sessions, and did not go back, or look for a therapist again. Io and Ramona never decided on a therapist and stopped the search process altogether. Gabriella and Maya, however, had a mostly successful experience with their therapist, and met with her for over a year. In this section, participants described why they chose their therapist and the outcomes from that decision.

Negative Therapy Experience. Dan described how they chose their therapist:

> That was such a hard time in general. We really needed someone… The person that we ended up seeing was our only choice because of financial reasons, and the one person who seemed qualified at all. They were part of a trans youth center.

Dan then explained why they decided to stop attending:

> It felt like they [the therapist] did not know what they were doing at all. They were taking Jet's side a lot, and there weren't even sides to take…It definitely made me not want to go back to couples therapy for a while when it didn't go well.

Bonnie and Kyle had a similar experience to Dan and Jet when they decided on a therapist. Bonnie stated:

> We didn't have a lot of money at that time, and I was in no shape to be calling places, so we used the EAP (Employer Assistance Program) for my work.

Kyle then shared why they stopped attending therapy after a couple sessions:

> There was nothing on how to help us. No actual guidance for anything. It was just a lot of finger pointing [at Bonnie] for two sessions.

Bonnie added:

> She [the therapist] mentioned a bit about me being escapist into other relationships. She asked, "Are you sure you really want to fix this [with Kyle]? Because you know [suggesting Bonnie being poly was a problem]…" I decided I was not going back.

Did not try therapy. Io and Ramona did not find a therapist they felt comfortable meeting with, and decided to stop searching. Ramona shared how they came to that decision:

> We would have taken a chance on someone who said that they have an understanding of social justice and intersectional feminism who did couples counseling. We would have emailed and said, "Could you do this?" But because we could find exactly 0 people in [Midwest state] that have that on their profile or website somewhere, it just didn't happen…We eventually decided that we can work on the relationship by ourselves.

Mostly Positive Therapy Experience. Gabriella and Maya were the only partnership who found a therapist that was the right fit for them. Gabriella shared why they chose their specific therapist:

> She was an expert in talking to clients who were trying to understand the system or the structure for ENM. My whole thing about therapy was, we are going to do this [ENM]. This is a thing we wanted, that I don't have a problem with us doing, but we just have to have some sort of ethical boundaries for how that's going to happen in a way that's more healthy.

Maya expressed excitement and curiosity when she found out their therapist had overlapping identities with them.

> She was Black and queer and non-monogamous herself. In the past, in my own experiences of therapy, I didn't have a therapist that shared those identities with me. I was really interested on what that would have been like or what the experience is when those identities were matching.

Gabriella added on and stated why their therapist ended up being a good fit:

> Having someone who does the sort of lifestyle that we wanted to have, but in a way where she figured more of it out, that was very useful to me to feel like, this is a person I could see in terms of her values and things like that, that we could look up to. So it was the shared identity for sure. But then a bit of the, we want to get like that. That was helpful for me

When Gabriella and Maya were asked if they were still attending relationship therapy, Gabriella stated that they were not because their therapist had disappeared on them:

> We were ghosted… We hope she's okay. We transitioned from every week to twice every other week, so I think it felt natural. But it did happen, and we were trying to reschedule and it just fizzled out so… I don't know. That was it.

Analysis of Theme. Partnerships did not go into deep detail on their past therapy experiences, due to the focus of the study being on "the process of seeking out a therapist." However, they all provided a brief overview of why they decided to attend therapy and how they chose their therapist. Partnerships additionally described what their initial therapy experience was like and how that influenced their decision to continue therapy or not.

Chapter 5 - Discussion

This study provides a glimpse into the common experience of CNM partnerships seeking relationship therapy. The study used minority stress theory as its theoretical framework to highlight the unique and additional barriers that CNM partnerships may experience when looking for a therapist. Additional research with larger and more diverse population samples are needed in this specific area; however, the themes and subthemes of this study provide an insight on the challenges CNM partnerships face and potential suggestions for therapists to create more inclusive practices.

Implications for Therapists

Previous literature has focused on suggestions for clinicians working with CNM clients. This is the first empirical to support the experiences of CNM partnerships seeking out therapy. Based on the findings from this study and prior research, a couple key points should be considered when it comes to therapist training, marketing, and working with CNM clients.

Deciding Who Will Be Involved in Therapy

All partnerships had varying language on how they defined their relationship, even though there appeared to be similarities across partnerships. The language that was used, includes the following: partners in life, ethically non-monogamous (ENM), open, poly, and non-monogamy. Instead of assuming of what a CNM relationship looks like, clinicians are encouraged to ask clients how they define themselves and their relationship, and what exactly they mean by the language they use. This information offers additional perspectives on the presenting problem, and which partners are involved in it.

Navigating How to Find a CNM Informed Therapist

Most partnerships did not want a CNM specialized therapist, but at the very least wanted someone with a basic understanding of CNM. Partnerships stated that they did not know where or how to search for this, as many online therapist directories do not include CNM as a population to search for, and personal therapist websites do not often include experience or knowledge on CNM. Partnerships expressed uncertainty in trusting the specialties there were listed because therapists did not include their experience, education, or training. This finding suggests that therapists should clearly advertise their scope of practice and specialties. Additionally, therapist directory sites, such as Psychology Today, are encouraged to be more inclusive and provide an option for "CNM" as a population.

For CNM informed therapists, Trexler (2021) provides beginning suggestions on how they can better market themselves. She highlights that there are poly friendly platforms that therapists can advertise on, including the National Coalition for Sexual Freedom (NCSF) Kink Aware Professionals. Additionally, she suggests that CNM informed therapists use inclusive and affirming language, and provide clear information on *how* they might work well with CNM dynamics in their marketing tools.

Hesitations Towards Starting Therapy

Most partnerships were not seeking out therapy for CNM specific issues, but wanted to find a therapist who had at least a basic understanding of CNM and minoritized identities. After difficulties finding a therapist who fit this basic requirement, participants worried that they would have to educate their therapist on CNM, sexual minorities, intersectionality, and minority stress.

Many participants explained that finding a therapist with similar or matching minority identities would alleviate some of their hesitations towards starting therapy. Maya and Gabriella shared that they found comfort and value in choosing a therapist who was also a Black woman, queer, and part of the CNM community. Dan and Jet also expressed interest in finding a therapist in the CNM or queer community, in hopes that all of their identities would be held in therapy and understood. Io and Ramona discussed how they appreciated it when clinicians self-disclosed that they are non-monogamous or queer on their advertising platforms, as it showed a sense of vulnerability, safety, and trust.

Grove et al. (2013) and Modricin & Wyers (1990) found that LGB clients commonly sought out therapists who were part of the LGB community for similar reasonings. Therefore, queer and CNM clinicians who want to work with these populations are suggested to share their identities in their marketing tools, but only if they feel comfortable doing so. Openly disclosing may lead towards client trust at the beginning stages; however, clinicians may not feel safe in publicly sharing these identities, and need to be mindful of what is right for them.

Attempting Therapy or Stopping the Process Entirely

Negative experience. All partnerships experienced barriers related to treatment, regardless of their decision to seek therapy or not. Io and Ramona never even attended therapy due to a lack of trust towards the therapists in their area. Two of the partnerships who attempted therapy, stopped going after a few sessions due to negative experiences; both partnerships shared that their therapist was uninformed on CNM, took sides, and created an uncomfortable environment. These findings relate to Henrich & Trawinksi (2016), in which polyamorous clients described why their therapy experience was unpleasant. Their reasonings were that their therapist had a lack of knowledge on polyamory, had biases towards polyamory, or minimized, denied,

and overlooked their problems. Therefore, therapists are encouraged to receive training on CNM relationships in which they are educated on unique problems that CNM partnerships may face, and take time to identify, explore, and challenge their biases surrounding CNM.

Positive experience. Gabriella and Maya had a successful experience in therapy with a CNM informed therapist; however, they stated that after a year of sessions, their therapist "ghosted" them and they could not get ahold of her. Farber, Hubbard, & Ort (2022) describe therapy ghosting as an "inappropriate, therapist-initiated termination of treatment in which the therapist ceases communication with their patient without prior notice" (p. 545). Although, this literature is not specific to CNM partnerships or minoritized clients, it provides a general overview of the harmful effects of ghosting clients, which include distress and a lack of trust towards therapists in the future. Therapists are encouraged to not ghost their clients, to be mindful of the ethics related to termination of therapy, and to understand how damaging ghosting can be, especially towards minoritized client populations.

Limitations

A larger and more diverse sample likely would have provided greater depth and understanding into the common experience of CNM partnerships seeking out therapy. For example, most of the participants in this study were White, all participated as dyads, and four partnerships were left in the final sample, when the original goal for saturation was at least five to eight partnerships.

Saturation

Most themes reached adequate saturation because both participants in each partnership (N = 8) described in detail their experiences, and there were many commonalities in the experiences of all partnerships. The final theme of, "Attempting Therapy or Stopping the Search

Process Entirely" did not reach saturation and could have gone more in depth within the interview process, or benefited from additional interviews. In this theme, participants gave a general overview of their decision to attend therapy or not. If they attended, they briefly described why they decided to continue sessions or not. Rich descriptions of this theme could have provided additional insight into common barriers or facilitators that exist after a CNM partnership decides on a therapist, or not.

Participant Recruitment

Some of the factors that probably influenced *who* participated in the study relate to how they study was advertised. Every partnership in the study consisted of two people. The study's flyer and detailed description of the study requested for "couples" to participate, potentially leading partnerships of more than two to think they did not meet the criteria for the study. Using the language of "partnerships" or "relationships" may have encouraged triads, quads, and other diverse relationship sizes and structures to participate.

Five out of the nine partnerships in the study were excluded after it became clear that they did not fit the criteria. Advertising strictly in CNM and therapeutic spaces, offering a lower incentive amount, and having a stronger screening process, may have prevented spam emails, and overall interest in the study from partnerships who did not meet the inclusion criteria. Additionally, having a specific and clear definition of CNM may have better clarified the criteria for the study, especially since language in this community is ever changing, and partnerships may use different language to describe their relationship (Ritchie & Barker, 2006).

Future Directions

Future research in this area is encouraged to continue exploring the experiences of CNM partnerships in relation to therapy. Qualitative or mixed method studies with other forms of data

collection, larger and more diverse samples, and partnerships that consist of three or more partners, may provide a different or more thorough explanation of this phenomenon. For example, partnerships in this study were limited to one interview, consisting of themselves and their partner. Partnerships may have answered questions differently if they were interviewed separately, if more than one interview was conducted, or a survey was used in addition to an interview process. Additionally, all partnerships in this study were dyads. There is no empirical literature on the therapy experience for CNM relationships consisting of three or more partners; therefore, it is unknown if partnerships of this size experience different facilitators or barriers when seeking therapy.

In summary, the common experience of seeking out a therapist is a phenomenon that uniquely affects CNM partnerships. Although more research is needed in this area, the findings in this study suggest that there is a lack of accessibility and safety for CNM partnerships seeking out help. Therefore, more research and clinical practice into supporting and providing affirming therapy to the CNM community may greatly contribute to the mental health, de-stigmatization, and normalization of CNM relationships.

Conclusion

This study explored the common experience of CNM partnerships seeking out relationship therapy from a minority stress framework. Findings suggest that CNM partnerships experience additional and unique barriers when searching for a therapist due to their sexual minority status. For example, therapists were not trained or informed on CNM relationships, and had a bias towards non-monogamy. Additionally, many therapist marketing tools lacked clarity on the populations and issues they worked with. Therefore, therapists should consider the important role of clearly advertising their experience and expertise, especially if they work with

CNM relationships or other minoritized populations. Future directions can consider the effects of clinicians receiving education on the normalization and de-stigmatization of CNM relationships, best practices when working with this population, and how to provide accessible and clear marketing that highlights their professional experience and knowledge

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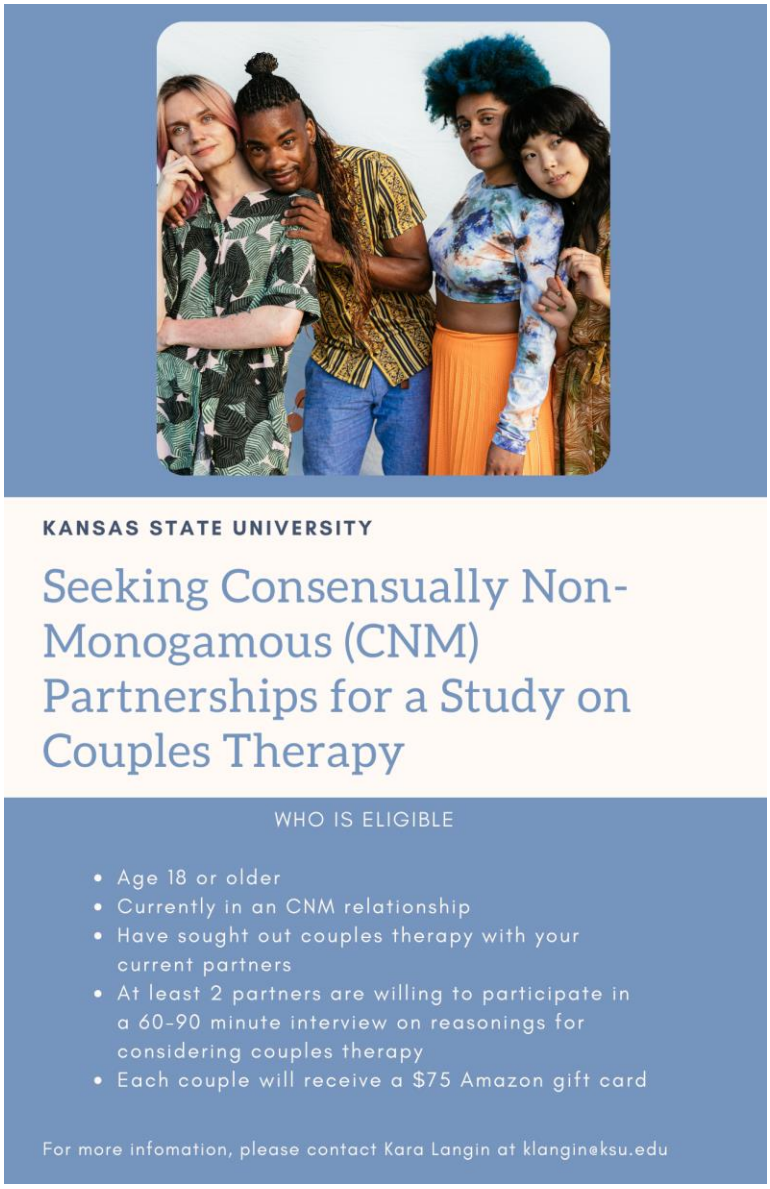
Appendix A - Study Flyer



Appendix B - Informed Consent

PROJECT TITLE: Consensually non-monogamous partnerships seeking out therapy: A phenomenological approach

PROJECT APPROVAL DATE: 11/27/2022
PROJECT EXPIRATION DATE:11/26/2025 **LENGTH OF STUDY:** 60-90 minutes

PRINCIPAL INVESTIGATOR: Dr. Jared Anderson

CO-INVESTIGATOR(S): Kara Langin

CONTACT DETAILS FOR PROBLEMS/QUESTIONS:
Dr. Jared Anderson: (785) 532-4198; jra@k-state.edu

IRB CHAIR CONTACT INFORMATION:
Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532- 3224

Heath Ritter, Acting Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532- 3224

PROJECT SPONSOR: Robert H. Poresky Research Funding Scholarship

PURPOSE OF THE RESEARCH:
The purpose of this study is to help mental health therapists better understand the common experiences and thought processes of Consensually Non-Monogamous (CNM) couples deciding to start therapy.

PROCEDURES OR METHODS TO BE USED:
If you fit the criteria for the study, you will be invited to participate in a 60-90 minute one-time, video recorded interview with your partner(s) via Zoom. Additionally, you and your partner(s) will be asked to separately fill out a brief demographic form online via Qualtrics asking your age, pronouns, gender identity, sexual orientation, income range, race, and ethnicity.

BIOLOGICAL SAMPLES COLLECTED (Describe procedure, storage, etc.): N/A

Whole genome sequencing will not be included as part of the research.

You will be informed of clinically relevant results that are discovered as part of the research.

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT: N/A.

RISKS OR DISCOMFORTS ANTICIPATED:
Because you are part of a sexual minority population, there may be discomfort with sharing personal pieces of your relationship. Additionally, you will be asked questions about your experience seeking couples therapy, which is generally a private topic. You will not be subjected to any penalty from withdrawing from the study at any point of time.

BENEFITS ANTICIPATED:
If you and your partner(s) meet the eligibility criteria and complete the 60-to-90-minute research study interview, you will receive a $75 Amazon gift card.

Societal benefits may include mental health therapists having a better understanding of the common experiences and thought processes of CNM couples deciding to start therapy. The study also offers the opportunity for therapists to gain information on how to create a more inclusive practice and how to effectively advertise their knowledge, education, and acceptance of CNM relationships. Lastly, I (Kara Langin) hope to destigmatize and validate the common experience that CNM partnerships face when considering couples therapy.

EXTENT OF CONFIDENTIALITY:
Zoom interviews and recordings will be encrypted and password protected. You and your partner(s) will provide an alias that will be used in the data analysis and results. Information included in the results of the study will not contain identifiable information.

The information or biospecimens that will be collected as part of this research will not be shared with any other investigators.

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS? ☐ Yes ☒ No

Terms of participation: I understand this project is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

PARTICIPANT NAME:_____

PARTICIPANT SIGNATURE:_____

DATE:_____

WITNESS TO SIGNATURE (PROJECT STAFF):_____

DATE:_____

Appendix C - Demographic Survey

Age (please answer numerically, ex. 45):

_____

Gender Identity (please select all that apply):

(1) Woman

(2) Man

(3) Transgender Woman / Trans Feminine

(4) Transgender Man / Trans Masculine

(5) Non-Binary / Genderqueer / Gender Fluid

(6) Two Spirit

(7) Prefer to self-describe _____

(8) Prefer not to say

Pronouns (please select all that apply):

1) She/her/hers

2) He/him/his

3) They/theirs

4) Ze/Zir/Zirs

5) Prefer to self-describe _____

6) Prefer not to say

Sexual Orientation (please select all that apply):

1) Bisexual

2) Gay

3) Lesbian

4) Pansexual

5) Queer

6) Asexual

7) Heterosexual

8) Prefer to self-describe _____

9) Prefer not to say

Are you of Hispanic, Latino, or of Spanish origin?

1) Yes

2) No

3) Prefer not to say

How would you describe yourself? (please select all that apply)

1) American Indian or Alaska Native

2) Asian

3) Black or African American

4) Native Hawaiian or Other Pacific Islander

5) White or Caucasian

6) Other (please specify) _____

7) Prefer not to say

Appendix D - Interview Questions

- How would you describe and define your current relationship or relationship(s)?
- How long have you been in your relationship or relationship(s)?
- How did you decide that you wanted to start couples therapy? What experience(s) led to the discussion of beginning couples therapy?
    - What was the motivation for beginning couples therapy?
    - Whose idea was it to start couples therapy? How did you reach an agreement?
    - What were the hesitations, if any? Who had more hesitations? How did you work through those hesitations? Were you all in agreement to start? Why or why not?
    - What were your major concerns about starting couples therapy, if any?
    - What challenges, if any, did you face in getting started? How did you overcome these challenges or barriers in order to begin couples therapy?
    - What factors made it easier to begin couples therapy?
- What messages have you received about couples therapy that played a part in deciding to begin therapy, if any?
- Have any of you been to therapy before (e.g., individual, couples, family)? If so, what was your experience like? Did that play a part in deciding to begin therapy this time?
- How did you decide *who* you wanted to attend couples therapy? Did the therapist help you decide this process? Did it depend on the session? Please explain.
- How did you find a couples therapist? What was that experience like? How did the difficulty or ease of finding a couples therapist impact motivation?
    - Did finances play a part in beginning therapy? (Who pays? Is it affordable? Do financial stressors limit how often you all go to therapy? Etc.)

- How did you decide to terminate therapy? If you are still in therapy, how have you decided to continue?
- Is there anything else we haven't discussed that made it easier to start the process of couples therapy?
- Is there anything else we haven't discussed that made it challenging to start the process of couples therapy?