

Self-determination and relationship quality in consensually non-monogamous individuals

by

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B.A., St. Edward's University, 2019

A THESIS

submitted in partial fulfillment of the requirements for the degree

MASTER OF SCIENCE

Department of Applied Human Sciences
College of Health and Human Sciences

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2024

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Abstract

Research on Consensual Non-Monogamy (CNM) typically compares diverse relationship structures to monogamy, further perpetuating the societal belief that monogamy should be the standard for relationships, which is known as mononormativity (Moors, et al., 2019). Guided by Self-Determination Theory, this study aimed to determine how motives for being in a CNM relationship, internalized CNM negativity, and discrimination were associated with relationship quality. A latent variable structural equation model was used to test these associations. Higher levels of self-determined reasons for being in a CNM relationship were associated with higher levels of relationship quality ($b = 2.54, p = .007, \beta = .22$). Higher levels of internalized CNM negativity ($b = -1.75, p = .043, \beta = -.15$), discrimination ($b = -.36, p = -.014, \beta = -.16$), and neuroticism ($b = -1.75, p = .027, \beta = -.14$) were associated with lower levels of relationship quality. Relationship structure (i.e., poly, swinging, open), relationship length, and relationship status were not significantly related to relationship quality. These findings highlight that having self-determined reasons for engaging in a CNM relationship are important for relationship quality and that a person's sociocultural context may have a negative impact on optimal relationship functioning. Therapists working with CNM individuals must address their biases towards diverse relationship structures in order to help clients effectively deconstruct harmful mononormative beliefs. Additionally, addressing these constructs in relationship therapy can provide a beneficial start to treatment, as our cultural context heavily influences how we interact with ourselves and others relationally.

Keywords: Consensual Non-Monogamy, Discrimination, Internalized CNM Negativity, Relationship Quality, and Self Determination Theory.

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Acknowledgements

I would first like to thank my major professor, Dr. Jared Anderson, who has encouraged me to grow in more ways than I could have ever imagined, even though my perfectionism didn't always want to hear it. Your reassurance has helped me through times of crippling self-doubt. Thank you for guiding me through the many challenges I experienced while completing my thesis. I would also like to thank my committee members, Drs. Kristin Anders and Jared Durtschi, who provided me with support and guidance in my research.

My academic career would not have been feasible without the strength and resilience of my amazing parents, Fernando and Kiki. Their decision to immigrate to the United States in their early 20's has given me a life brimming with opportunity. I am forever indebted to their continuous sacrifices, love, and support. Gracias por todo lo que me has dado en esta vida y por tu amor y apoyo que nunca termina. Lo único que quiero es que ustedes estén orgullosos de mí.

I would like to thank my siblings. Karla and Stephanie, thank you for all the times you've answered my calls when life felt overwhelming and offered me words of encouragement or a good laugh. Thank you for taking time out of your life to spend time together, whether that be back home in Texas or to trips outside of the United States. Fer, thank you for all the laughs you give me over the phone or back home. You are the best brother and I am so proud of you!

My master's degree would not have been possible without the close friendships I have formed with my classmates. There is not enough space to individually thank all of you but you have no idea how much our time together meant to me. I have made my forever friends. Finally, my last acknowledgement to my beautiful cat, Alfie, who has spent countless nights on my lap while I worked away on my thesis. He is the absolute best.

Dedication

I would like to dedicate my thesis to all the other Hispanic and first-generation students who are also following their dreams in a world that was not built for them. Si se puede.

Chapter 1 - Introduction

Consensual Non-Monogamy (CNM) continues to be widely stigmatized (Conley, 2018), in and out of the therapy room (Zimmerman, 2012), despite the steady growth of this relationship orientation in the United States. Individuals in CNM relationships report experiences of discrimination in family, friend, and work contexts. Furthermore, CNM individuals often do not feel comfortable seeking relationship therapy due to bias or non-affirmative care from a therapist (Grunt-Mejer & Łyś, 2019).

CNM is an umbrella term used for relationships where partners agree to engage in romantic and/or sexual relationships with others. Diversity amongst agreements exists, but the most widely studied are polyamory, swinging, and open relationships. In polyamorous relationships, individuals agree to pursue romantic bonds with others, whereas individuals in an open relationship agree to engage in primarily sexual relationships with others, generally maintaining emotional monogamy (Moors et al., 2021). In swinging relationships, individuals engage in sexual activity with others, typically in the presence of one another.

We know little about the factors related to relationship quality in CNM relationships. Two factors likely to impact relational well-being in open relationships are the experiences of discrimination towards one's relationship structure and mononormative beliefs (Moors et al., 2021). Mononormativity is a term used to describe the idealization of monogamy in society as the standard for relationship practices (Moors et al., 2017). Interestingly, some studies show that sexual and relationship satisfaction in CNM relationships are similar or even higher than monogamous ones (Bonello, 2009; Rubel & Bogaert, 2014). Given the association between one's context, and relationship outcomes, Self-Determination Theory (SDT) provides a rich framework to examine potential associations between stigma and internalized CNM negativity

on relationship quality. SDT suggests that larger social and structural factors can impinge on the ability of individuals and partnerships to flourish (Ryan & Deci, 2017). Furthermore, the fulfilment of one's basic psychological needs can serve as a buffer against external and internal factors that negatively affect relationships (Ryan & Deci, 2017), thus protecting relationship quality.

Chapter 2 - Literature Review

Self-Determination Theory

Self-Determination Theory (SDT) is an empirical framework for examining the underlying processes that drive human behavior and impact human functioning within a given sociocultural context. SDT proposes two main overlapping concepts, the idea of psychological needs and a continuum of motivation. The three psychological needs for human flourishing are autonomy, competence, and relatedness. How well an individual's context (e.g., family, community, sociocultural environment) supports or thwarts their ability to meet those needs will have a real impact on their self-regulation, wellness, and overall life satisfaction. SDT also proposes that a motivation continuum guides our behavior. Our behavior is driven by internal and external forces. The type of motivation we engage in throughout our life will impact how well we can meet our basic psychological needs, and therefore, our ability to achieve overall well-being (Ryan & Deci, 2017).

The Basic Psychological Needs

The first basic need within SDT is autonomy, which is being able stand behind or author one's actions. This suggests a level of volition or choicefulness in directing one's actions, thus leading to one's actions having greater congruence with one's values, beliefs, and desires. Individuals with higher levels of autonomy need satisfaction are better at self-regulating in their interpersonal interactions. They feel self-determined. Therefore, one's actions are self-endorsed, and the individual engages with their environment with behavior that feels congruent with them. According to SDT, only some actions are autonomous, while others are regulated by the individual's context or external forces. They are not integrated with the Self and appear incongruent.

Competence is our basic need to have mastery over our important life contexts. A space where we feel self-efficacy as demonstrated through our behavior. The ability to be curious manifests from this space and motivates our behavior to seek the answers to difficult issues or support our goals. However, feelings of competence can be easily thwarted in a context where significant criticism exists, negative feedback is prominent, and when the obstacles are too challenging. Also, there is a lack of effectiveness further undermined by interpersonal interactions like criticism and social comparisons.

Relatedness is our inherent need to feel connected to others and an important part of a larger group. From the time we are born, our connection to others is our only means of survival. We are hardwired to depend on others for support, understanding, and we learn about ourselves first, while also maintaining a reciprocal relationship of care, belonging, and a sense of contributing to the larger social group (Ryan & Deci, 2017).

The Motivation Continuum

Self-Determination posits that motivation is not an either/or scenario but rather exists on a continuum with various degrees of autonomy. Individuals can experience multiple types of motivation simultaneously and they can interact in a unique way (Ryan & Deci, 2000; 2017).

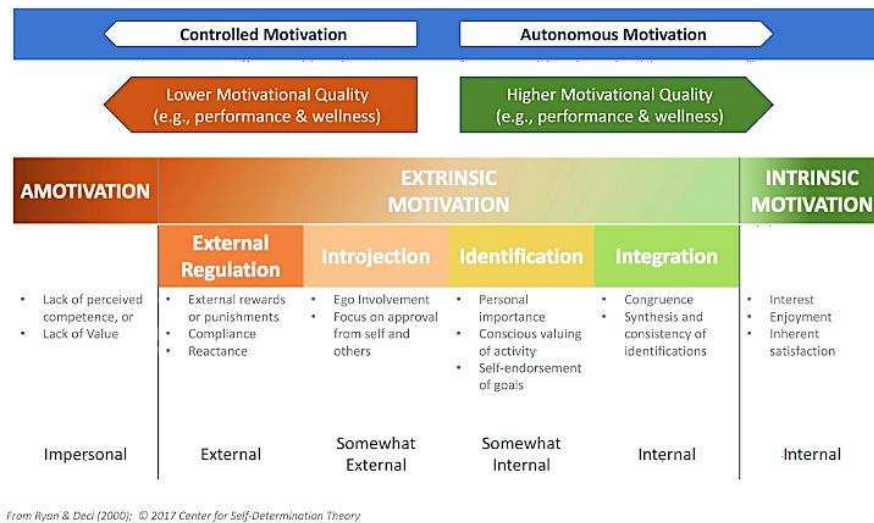
The motivation continuum includes amotivation, external regulation, introjected regulation, identified regulation, integrated regulation, and intrinsic motivation. (see Figure 1).

Amotivation is characterized by the state of lacking intention to engage in a particular behavior because it lacks value to the individual. External regulation where individuals engage in behavior to meet an external demand, obtain rewards, or avoid punishments. Introjected regulation is engaging in a specific behavior but not identifying with it. For example, behaviors are performed because you “should.” We internalize the external demands that may not be

aligned with who we are but engage in that behavior to avoid shame and guilt--sometimes internalizing the shame or being shamed by others. External regulation and introjected regulation are often combined in SDT scales to form a variable called controlled motivation.

Identified regulation occurs when individuals value a goal and accept the behavior that must lead them to the goal. Integrated regulation is characterized by behavior that is congruent with the self, is seen as important, and brought into alignment with one's values and needs. Although this type of behavior seems more intrinsically motivated, it is still considered under extrinsic motivation because engaging in the behavior is done to attain a particular outcome instead of being done because it feels satisfying. For example, an individual who has the desire to improve their physical health, and although they don't like exercise, they deem it as important to attain their goal. Lastly, intrinsic motivation is behavior aligned with one's values and done for the inherent satisfaction and joy it provides. Identified and integrated regulation and intrinsic motivation are often combined in SDT scales to form a variable called autonomous motivation. With autonomous motivation, individuals engage with an activity because it is inherently satisfying, or they have identified with the value of the activity and integrated it into the Self (Ryan & Deci, 2017).

Figure 1: The Motivation Continuum



SDT and Relationship Quality

SDT within relationship research suggests that one’s self-determination for being in a relationship is related to multiple factors, including relationship quality (Ryan & Deci, 2017). Where an individual falls on the motivation continuum (autonomous vs controlled) will determine behavior that supports or diminishes need fulfillment (Ryan & Deci, 2017). Self-determined or autonomous engagement bolsters openness rather than defensiveness, considering the perspectives of others, authenticity, support of others and relational well-being (Hodgins & Knee, 2002; Knee et al., 2013). Research on SDT follows two approaches, first, the influence of the type of motivation on engagement of relationship activities that support or thwart relationship quality. The second approach focuses on the influence of motivation on the fulfillment of SDT’s basic needs of autonomy, competence, and relatedness (Guardia & Patrick, 2008).

Motivation

Motives for entering relationships have a significant impact on relationship quality (Ryan & Deci, 2017). A study by Blais et al., (1990) sought to understand the differing motivational style between partners for entering and maintaining the relationship. The authors hypothesized

that the more self-determined or autonomous a person is for being in the relationship, the greater opportunity for adaptive relationship behaviors and positive affective reactions, therefore, achieving relational satisfaction and happiness. Participants consisted of 126 individuals, 63 heterosexual monogamous couples, with the majority (77.4%) being married and cohabitating. Along with three questionnaires measuring dyadic happiness and adaptive behaviors, the authors developed *The Couple Motivation Questionnaire* (CMQ), which assesses the six types of motivation suggested by SDT. The questionnaire begins with “Why are you in the relationship?” followed by 18 items (reasons) for being in the relationship along a continuum of autonomy, from less self-determined (e.g., “Because my partner wouldn’t be able to cope with the separation”) to more self-determined (e.g., “Because the moments I share with my partner are very stimulating and satisfying for me”). These findings suggested that partners’ levels of autonomy or self-determination for being in the relationship strongly predicted relationship outcomes. The more self-determined both partners’ motivations for being in the relationship, the more adaptive relationship behaviors were present, and simultaneously the higher the relationship happiness. Couples were less defensive and had higher levels of relationship satisfaction after disagreements (Blais et al., 1990; Knee et al., 2005). Therefore, it is beneficial for both partners to be self-determined or autonomous in their motivations for entering and maintaining relationships as it is associated with relationship satisfaction and outcomes.

Similarly, Knee and colleagues (2002) found that having more self-determined reasons for engaging in a relationship was associated with adaptive behaviors when coping with relationship problems, such as, less hostility towards partner, and addressing issues through productive discussions and solutions. These findings continue to resonate in recent studies, for example, Gaine & La Guardia (2009) examined the association between motivation for engaging

in a romantic relationship and engaging in relationship activities (e.g., self-disclosure, social support, and physical intimacy) with relationship well-being. Results indicated that both variables independently predicted relationship well-being, and together, they accounted for 80% of the variance in relationship well-being. Thus, reasons for maintaining a relationship autonomously promote relationship quality through adaptive relationship behaviors. Expanding on physical intimacy, levels of self-determination also are related to motivation for engaging in sex and sexual satisfaction. Brunell & Webster (2013) found that self-determined sexual motivation had a positive effect on well-being and relationship quality. Furthermore, engaging in dyadic sex for self-determined reasons was related to greater sexual satisfaction and desire in relationships (Shoikedbrod et al., 2022). Thus, having self-determined reasons for engaging in behaviors that maintain the relationship aid relationship quality.

Psychological Need Fulfillment

According to SDT, optimal functioning of the individual arises from optimal conditions in certain social contexts that promote need fulfillment (Ryan & Deci, 2017). Relationships are naturally an important part of the human experience and understanding the dynamics between close relationships and need fulfillment is vital. Optimal relationship functioning is founded on autonomous or self-determined reasons for entering and maintaining a relationship. Reasons stem from what feels true to self and not being in a particular relationship for the desires of others. Research shows that when individuals engage in relationships autonomously, they experience more secure attachments, awareness and support of others' needs, and become less defensive during conflict (Knee et al., 2007). Therefore, it is more likely individuals are open to meeting their partner's needs and vice versa. Researchers suggest that relatedness need fulfillment can be signaled by feeling close or by having a high level of connection. La Guardia

et al., (2000) found that the degree of security of attachment between partners was strongly associated with the degree to which individuals can meet their partner's psychological needs of autonomy, competence, and relatedness.

SDT's basic psychological needs approach proposes that the quality of interpersonal relationships is associated with the ability for partners to meet each other's needs, promoting self-determined reasons for being in the relationship, which then influences relationship behavior and how the partnership approaches conflict. Across three studies, Patrick et al., (2007) differentiated the three basic needs, autonomy, competence, and relatedness to examine the impact of need fulfillment on relationship quality. The findings from their first study indicated that fulfillment of needs was associated with higher levels of wellbeing (e.g., self-esteem, positive affect), secure attachment, greater relationship quality (e.g., commitment and satisfaction), less conflict, and more adaptive behaviors to conflict (e.g., less defensiveness). The second study expanded on these associations to actor-partner interactions, where one partner not only benefitted from having their needs met but also gained fulfillment from their partner experiencing need fulfillment. The ability for one partner to meet their partner's needs of autonomy and competence predicted satisfaction, level of defensiveness, and perceived conflict. Fulfilling the relatedness need was associated with commitment, satisfaction, and helpful responses to conflict. The last study found that relatedness was most closely linked with intrinsic motives for engaging in the relationship.

SDT research has primarily focused on heterosexual and monogamous couples (La Guardia, et al., 2000; Knee, et al., 2002; 2007) with little research on motives for entering CNM through the SDT motivation continuum (autonomous vs controlled). However, researchers believe that it is possible to expand the tenets of SDT to CNM agreements (Wood et al., 2021).

Specifically, the more self-determined reasons for entering CNM relationships, the more likely it will enhance need fulfillment (i.e., autonomy, competence, and relatedness), therefore, positively impacting relationship outcomes. Wood and colleagues, (2018) conducted a study comparing the reasons for engaging in sex for monogamous and CNM individuals to examine if both groups engaged in sex for similar reasons, levels of sexual and relational satisfaction, and the association between SDT and need satisfaction. CNM individuals were more likely to report self-determined reasons for engaging in sex with their primary partner (e.g., enjoyment of sex, values, satisfying their sex drive). Consistent with other studies (e.g., Rubel & Bogaert, 2014; Séguin et al., 2016), CNM and monogamous individuals did not have significant differences in relational and sexual satisfaction. Results indicated that relationship structure was not significantly associated with relationship outcomes and that CNM relationship quality did not differ from monogamous ones.

Research suggests that there is a plethora of intrapersonal and interpersonal motives for choosing a consensually non-monogamous relationship (e.g., personal need fulfillment, autonomy, novelty, connection) and that these reasons overlap with SDT's concepts (Wood, et al., 2021). Furthermore, SDT theory and research also suggests that the fulfillment of one's basic psychological needs can serve as a buffer against external and internal factors that negatively affect relationships (Ryan & Deci, 2017), thus protecting relationship quality. Therefore, SDT provides a rich theoretical framework to understand the nuances of open relationships, and how relationship quality is impacted by stigma and broader systems.

Consensual Non-Monogamy

Consensual non-monogamy (CNM) encompasses relationship dynamics where partners agree to pursue extra-dyadic sexual and/or emotional relationships with others (Rubel & Bogaert, 2015). Although it is possible to have many variations of CNM relationships (see Astle et al.,

2024), the most studied are polyamory, swinging, and open relationships (Mastick et al., 2013; Moors et al., 2017). The three types of CNM have different structures. Individuals engaged in polyamorous relationships agree to participate in emotionally intimate relationships with others. People can choose to become hierarchical or non-hierarchical. In hierarchical polyamorous relationships, individuals have a primary partner, and they tend to dedicate more time, energy, and resources to that relationship. Individuals in non-hierarchical relationships do not see their partners as primary or secondary, but rather treat everyone as equal (Moors et al., 2019). Couples who practice swinging engage in extra-dyadic sexual activity together, without an emotional attachment to others--typically, in the presence of one another. Open relationships involve partners seeking sexual relationships outside of their primary partnership without an emotional connection or attachment, usually without one another (Mastick et al., 2013; Brooks et al., 2022; Mogilski, 2023). A national sample of single Americans found that 21.9% of participants reported engaging in CNM at some point in their lives and are more likely to identify as sexually diverse (Hauptert et al., 2016; Laitinen, 2022).

Motivation and CNM

The type of motivation for entering any relationship is highly likely to impact relationship quality and interpersonal dynamics (Blais et al., 1990). CNM researchers have begun to explore motives for entering non-monogamous relationships (Cohen, 2015; Conley & Piemonte, 2021; Wood et al., 2018). Using an SDT framework, Wood and colleagues (2021) found that individuals who pursued CNM relationship structures were seeking need fulfillment of autonomy. They highlighted the ability to have control over their bodies, who they interacted with, and how they chose to connect with others. Authenticity was another common motivator participants reported, feeling more fully themselves and engaged in relationships that aligned

with their identities (i.e., ethics, sexual identity, relational identity). Another theme was belief systems around monogamy; participants felt this relationship structure constrained the fulfillment of intrapersonal and interpersonal needs. Participants explained that for them, it was unrealistic to expect one person to meet their emotional and sexual needs throughout a long-term relationship. They had a desire to support their partner's autonomy and decisions over their ideal relationship agreement, so they could each get their needs met. Furthermore, need fulfillment was a common theme that stemmed from the belief that it is unrealistic for one person to meet your emotional and sexual needs throughout long-term relationships. Fulfilment within sexual needs was the interest in novelty, variety, and excitement through relationships outside of the dyad, as some reported it as a solution to sexual desire discrepancies between partners. Congruent with these findings, a recent study on motives for engaging in sex outside a relationship among CNM participants found that individuals sought to raise their self-esteem, experience novelty, have sex that is aligned with their sexual identity (i.e., non-heterosexual orientations), and to engage in kink activities (or other types of sex like anal, fetishes, etc.) that their primary partner might not be interested in (Kelberga & Martinsone, 2022). Literature that solely examines motivations for entering an open relationship is extremely sparse. One study found that motivations for engaging in this relationship structure included the ability to relate to others outside of their primary partnership and to experience feelings of freedom. When examining gender differences, men were more interested in sexual satisfaction and experiencing new things, women reported seeking freedom (Cohen, 2015).

Stigma and Consensual Non-Monogamy

Monogamy has been set as the standard for modern coupling, therefore, non-monogamy is surrounded by extreme stigma (Moors, 2019). Several studies on stigma in CNM have found

that monogamists are perceived to have higher relationship quality, overall well-being, have societal benefits, perceived to be free from STIs, and better health than individuals engaged in CNM (Moors et al., 2019; Wood et al., 2021). A recent study by Mahar et al., (2022) sought to examine the effects of stigma on the day to day lives of CNM individuals (study 1) and how stigma affects the mental health of CNM individuals via minority stress theory (study 2). Themes across individuals who had experienced stigma were character devaluation, relationship devaluation, loss of resources/threatening behaviors, and expressions of discomfort and/or disapproval of CNM. Participants reported negative experiences when sharing with coworkers, families, and friends. Examples include people demonstrating disgust when learning about their relationship style, labeling them as living a “sinful” life, oversexualization, and slut-shaming. Several participants lost their employment due to their CNM relationship and others experienced harassment and being called slurs. Furthermore, 37% of participants reported limiting their disclosure of their relationship due to being perceived as deviant by others. Study two found associations between stigma and psychological distress that were mediated by internalized stigma and anticipated stigma towards CNM identity. The authors found support for the application of minority stress theory to CNM individuals. These findings are supported by previous research on stigma and CNM (Conley et al., 2012; Grunt-Mejer & Łyś, 2019; Mogilski et al., 2020; Brooks et al., 2021).

Researchers have begun to examine the relationship between the type of CNM agreement and perceived stigma. Open relationships remain highly stigmatized in and outside of the therapy room (Zimmerman, 2012; Levine et al., 2018). Previous studies highlight therapist bias and stigma towards CNM clients. Relationship issues are generally attributed to their relationship agreement and lack of sexual exclusivity (Grunt-Mejer & Łyś, 2019). Beliefs about relationships

rooted in mononormativity and non-inclusive language (i.e., pair bond, attachment, couples therapy) are pervasive in the therapy room and there is a general lack of theoretical models that capture the complexities of multi-partner relationships (Cassidy & Wong, 2018).

A study (Mastick et al., 2013) on social attitudes towards CNM found that participants perceived polyamory as more favorable than open relationships and believed those engaging in monogamy have higher relationship quality and overall well-being. Therefore, participants held more positive views of relationships that prioritize love with others over casual sex encounters. Swingers and individuals in open relationships continue to be perceived more negatively due to the idea that sex should only happen within a committed and emotionally intimate relationship (Peplau et al., 1977). In addition, a study (Moors et al., 2021) on internalized mononormativity (standard of monogamy) found that individuals with higher personal discomfort with CNM were associated with lower relationship satisfaction and commitment. Although there is not extensive research on internalized CNM negativity and discrimination, these findings draw parallels to the experiences of other minoritized groups. For example, there is substantial literature on internalized homophobia on well-being and relationship quality in LGBTQ+ partnerships (Frost & Meyer, 2009; Newcomb & Mustanski, 2010; Totenhagen et al., 2018). Furthermore, high levels of perceived discrimination linked with relationship quality and functioning (Otis et al., 2006; Peplau & Fingerhut, 2007).

SDT and Consensual Non-Monogamy

Given this general lack of research, we know very little about the factors related to relationship quality in CNM through a self-determined approach. The SDT framework places an emphasis on social context as a major influence in psychological need fulfillment, yet the majority of research focuses on interpersonal relationships (La Guardia & Patrick, 2008). Two

factors likely to impact relational well-being are the experience of discrimination towards one's relationship structure and internalized prejudice, in this case, mononormativity (Moors et al., 2017; 2021; Scoats & Campbell, 2022). These findings echo the theoretical assumptions of Self-Determination Theory (SDT), which suggests that larger social and structural factors can impinge on the ability of individuals and partnerships to flourish (Ryan & Deci, 2017). In addition, SDT theory would suggest that one's self-determination for being in a relationship is related to multiple factors, including relationship quality (Ryan & Deci, 2017). Finally, SDT theory and research also suggests that the fulfillment of one's basic psychological needs can serve as a buffer against external and internal factors that negatively affect relationships (Ryan & Deci, 2017), thus protecting relationship quality. Therefore, SDT provides a rich theoretical framework to understand the nuances of open relationships, and how relationship quality is impacted by broader systems.

Chapter 3 - Methods

The current research's purpose is to apply components of SDT to examine the mechanisms of relationship quality in self-identified CNM individuals. Specifically, how self-determination for being in a CNM relationship, internalized CNM negativity, and discrimination are associated with relationship quality (i.e., sexual and relationship satisfaction). Additionally, how the fulfillment of the basic psychological needs (within the partnership) moderates these associations. This study seeks to fill the current gap on the impact of sociocultural factors that support or hinder relationship quality in CNM relationships. Few studies examine the associations between discrimination in the individual's context, negative internalized messages, and relationship functioning. We are interested in examining which factors are negatively and positively associated with relationship quality. Studying these constructs will be useful in relationship therapy, as it can identify points for intervention.

H1. Higher levels of discrimination, internalized CNM negativity, and controlled motives for being in a CNM relationship will be linked with lower levels of relationship quality.

H2. Higher levels of autonomous motivation for being in a CNM relationship will be associated with higher levels of relationship quality.

H3. Psychological need fulfillment will moderate the association between experiences of discrimination, internalized CNM negativity, controlled motivations for being in a CNM relationship and relationship quality.

Participants and Procedure

We recruited participants through ConnectResearch (a cousin of MTurk) and various social media websites such as Facebook, Fetlife, and Reddit. Moderators were contacted via private message to gain permission to post the study in their groups. The moderators were

provided with information about the study, the IRB approval number, and a pdf file of the list of questions in the survey. The study was posted on the following social media platforms: 1) the Facebook group, Loving Without Boundaries: *Healthy Open Relationships & Lifestyle Freedom*, 2) *Humboldt Ethical Non-Monogamy* on Fetlife, and on the following Reddit pages, 3) r/psychologyofsex, r/surveycircle, r/samplesize, and r/socialpsychology. The advertisements contained information on the study's purpose, inclusion criteria, and a link to the online Qualtrics questionnaire. To be eligible for the study, individuals had to be at least 21 years old, currently in a committed CNM relationship for at least 6 months, and fluent in English.

Data collection occurred between October 2023 and April 2024. Most participants were recruited from Connect CloudResearch (N = 156), the remaining participants (N = 66) were recruited through social media (e.g., Facebook, Reddit, and Fetlife). The study protocol was approved by the Institutional Review Board at Kansas State University.

One important thing to note is that this study was originally geared towards individuals in open relationships. Hence, the “primary” partner language used throughout the survey and literature review. Once it became clear that there would not be enough individuals in open relationships to conduct data analyses, we shifted the study towards all CNM relationships. The survey instructions for each partner were changed to “primary partner, or the person you have been with the longest”. We are aware that some CNM individuals do not engage in hierarchical relationships.

Demographic Characteristics

Individuals in the sample (N = 222) were adults aged 21-76 ($M = 37.1$), who identified primarily as cisgender (women, 42.3%; men, 39.2%) and White (74.8%). Participants were primarily in polyamorous (n = 80), open (n = 82), and swinging (n = 28) relationships. There

were participants (n = 26) who identified as CNM but did not distinguish relationship structure type. The remaining participants (n = 6) identified as relationship anarchists, solo-poly, poly but partner is not, and CNM in name but did not have a current partner outside of the relationship.

Of the individuals who answered questions about their sexual orientation (87.8%), 38.7% identified as Heterosexual, 27% were Bisexual, 6.3% Pansexual, 6.3% Queer, 3.2% Gay, 2.7% Lesbian, 1.8% were questioning, 1.4% of another sexual orientation (e.g., demisexual), and one individual was Asexual. Participants completed an online survey related to relationship motivations, processes, and outcomes for one partner and 44.6% of participants answered a second set of questions for an additional partner.

Measures

Predictors

Discrimination. Discrimination was assessed using *The Perceived Discrimination Scale* (PDS), which is a 20-item assessment composed of two subscales measuring lifetime discrimination and daily discrimination (Williams et al., 1997). The nine questions from the daily discrimination subscale were used for this study and modified to reflect their CNM identity. For example, the instructions read, “How often are you discriminated against because of your relationship agreement (i.e., open relationship, polyamorous, swinging)? Select your response for the questions below.” Example items include, “You are treated with less courtesy than other people,” “You are often called names because of your CNM relationship,” and “You are threatened and harassed about your relationship,” rated on a 4-point scale (1 = *often*, 4 = *never*). The average was computed to determine the levels of discrimination participants experienced ($\alpha = .90$).

Internalized CNM Negativity. The Reactions to Homosexuality Scale (Ross & Rosser, 1996; Smolenski et al., 2010) adapted by Schechinger et al., (2021) to measure internalized

mononormativity is comprised of three subscales: personal discomfort, social discomfort, and public identification. The items for personal discomfort are, (1) “Even if I could change my relationship orientation, I wouldn’t.” (2) “I feel comfortable having a consensual non-monogamy lifestyle.” (3) “Consensual non-monogamy is as natural as monogamy”. Example items for social discomfort included, (4) “I feel comfortable in consensual non-monogamy friendly communities/locations, and (5) “Social situations with consensual non-monogamy individuals make me feel uncomfortable”. Lastly, for public identification example items included, (6) “I feel uncomfortable discussing consensual non-monogamy in public situations,” and (7) “I feel comfortable being seen in public with consensually non-monogamous individuals”. Participants rated their level of agreement with each item using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). All items but item 5 were reverse scored, and then averaged to create a mean score for internalized CNM negativity ($a = .81$).

Self-Determined Motivations for Being in a Relationship. We developed a new scale, the *Self-Determined Motivations for Being in a Relationship* scale, in part, adapted from Blais et al.’s (1990) Couples Motivation Questionnaire. See Portillo, Anderson, & Eisert (*in process*) for psychometric results and scale development. An exploratory factor analysis was utilized to create two subscales for autonomous and controlled motivation. The autonomous motivation subscale is comprised of 7 items ($a = .82$), example items include, “Because it’s fun,” “Because I enjoy it,” and “Because after careful thought, I believe a CNM relationship structure best represents who I am relationally”. The controlled motivation subscale is comprised of 12 items ($a = .82$), with examples including, “Because I would feel ashamed of myself if I didn’t,” “Because I would feel bad about myself if I didn’t,” and “Because being in a CNM relationship is a commitment I must keep”. Participants were instructed to answer the items to the degree they represented their

reasons for being in a CNM relationship (1 = *does not correspond at all*, 7 = *corresponds exactly*).

Relationship Outcomes

Sexual Satisfaction. The New Sexual Satisfaction Scale-Short (NSSS) is a 20-item multidimensional scale that focuses on multiple aspects of sexual satisfaction, and is gender, sexual orientation, and relationship status neutral (Štulhofer et al., 2009). For each item, participants were asked to rate their level of satisfaction with their sex life in the last 6 months (e.g., “My partner’s initiation of sexual activity,” “The quality of my orgasms”) on a 5-point scale: 1 = *not at all satisfied*, 2 = *a little satisfied*, 3 = *moderately satisfied*, 4 = *very satisfied*, 5 = *extremely satisfied*. The ego-centered subscale (items 1-10) and partner/activity-centered subscale (items 11-20) were scored by computing the average of all items ($\alpha = .98$).

Relationship Satisfaction. *The Couples Satisfaction Index (CSI-4)* is comprised of 4 items to measure current relationship satisfaction (Funk & Rogge, 2007). For items 1 and 2, participants indicated how happy they are in their relationship and how true the statement, “I have a warm and comfortable relationship with my partner” is. Items 3 and 4 related to how rewarding their relationship is and how satisfied they are. Participants used a 5-point scale to indicate their level of agreement with the statements (1 = *not at all*, 5 = *completely*). The total score was computed by averaging their responses ($\alpha = .96$).

Personal Dedication Commitment. Four items from the Commitment Inventory (Stanley & Markman, 1992) were used to assess commitment. Items included, “My relationship with my primary partner is more important to me than almost anything else in my life,” “I may not want to be with my primary partner a few years from now,” and “I want my primary relationship to stay strong no matter what”. Participants were instructed to select the degree to

which they agreed with the statements (1 = *strongly disagree*, 5 = *strongly agree*), and their score was computed by adding all their responses ($a = .78$).

Moderators

Psychological Need Fulfillment. The Basic Needs Satisfaction Scale (BPNSS) is a 9-item scale used to assess need fulfillment (La Guardia et al., 2000) of the three basic psychological needs (i.e., autonomy, competence, relatedness) among a range of relationships (e.g., family, work, life). For this study, the items were adapted to reflect the participant's CNM relationship ($a = .95$), "When I am with my primary partner, I feel free to be who I am," and "When I am with my primary partner, I feel a lot of closeness and intimacy". Participants were asked to rate their responses on a 7-point scale (1 = *not true at all*, 7 = *very true*). Their answers were averaged to compute a total score.

Control Variables

Relationship Length. Relationship length was measured by asking, "How long have you been in your current relationship?" Responses could be recorded in months and years but were converted to years.

Neuroticism. The 4-item neuroticism subscale in the Big Five Inventory (BFI) was used to measure the degree of neuroticism vs emotional stability of participants (John & Srivastava, 1999). The instructions asked individuals to rate how accurately each item described them, "Have frequent mood swings," "Am relaxed most of the time," "Get upset easily," "Seldom feel blue". Participants rated these statements using a 5-point scale (1 = *very inaccurate*, 5 = *very accurate*), and their responses were averaged to compute a mean score ($a = .82$). Neuroticism was selected as a control because individuals with higher levels of neuroticism are generally less

satisfied with their romantic relationships and more likely to interpret their partner's behavior negatively (Kreuzer et al., 2021).

Relationship Structure. Participants were asked to select the type of CNM relationship they were currently in: (1) Monogamous: We are in an exclusive monogamous relationship, meaning we are emotionally and sexually committed to only each other., (2) Polyamorous: We are in an emotional/romantic and/or sexual relationship with other people., (3) Open relationship: Our relationship is primary, but one or both of us have sexual encounters separately outside of the relationship., (4) Swinging: Our relationship is primary, but one or both of us have sexual encounters together, generally with other couples, and (5) Another relationship structure (participants filled in the blank). Monogamy was included as a response option as an additional criteria check.

Relationship Status. Participants were asked to select their current relationship status with their primary partner: (1) Single, (2) Casually dating, (3) Seriously dating, (4) Committed relationship, (5) Engaged, (6) Married, (7) Prefer not to say, (8) Another relationship status. Individuals who were not in a committed relationship, engaged, or married were removed from the study because they did not meet criteria.

Analysis Plan

SPSS was used to compute descriptive analyses and to determine the amount of missingness in the data. Full information maximum likelihood estimation (FIML) procedures were used to address missingness as it was found to be the preferred approach compared to listwise deletion, pairwise deletion, or mean substitution (Acock, 2005). Zero-order correlations between model variables were computed. Initially, we sought to test the potential moderating effects of basic psychological need fulfillment between our predictor (discrimination,

internalized CNM negativity, autonomous and controlled motivation) and outcome variables (relationship and sexual satisfaction, commitment). However, the psychological needs variable was too highly correlated with our outcome variables (see Table 2 below), therefore, we shifted our direction and used a latent variable analysis structural equation model to analyze these associations and did not conduct moderation analyses.

A latent variable, relationship quality, was created and composed of relationship satisfaction, sexual satisfaction, and commitment. Unfortunately, the model fit was poor, $\chi^2 (29) = 5.47, p < .000$; RMSEA = .142; CFI = .76; NFI = .74. Commitment was removed from the latent variable as it was hypothesized that that it might not have been a good indicator of relationship quality alongside relationship and sexual satisfaction. Higher levels of commitment are not always associated with higher levels of relationship satisfaction as some individuals commit to their partners for external reasons (e.g., feeling trapped, economic pressures, and family or religious reasons), also known as constraint commitment (Burke & Segrin, 2014). We proceeded with the latent variable model and used sexual satisfaction, relationship satisfaction, and basic psychological need fulfillment as indicators of relationship quality.

Chapter 4 - Results

Results gathered from the correlation table (Table 1) showed a high positive correlation between relationship satisfaction and sexual satisfaction ($r = .66, p < .001$), basic psychological needs fulfillment ($r = .84, p < .001$), and autonomous motivations ($r = .39, p < .001$) for being in a CNM relationship. Relationship satisfaction was negatively correlated with controlled (or extrinsic) motivation for being in a CNM relationship ($r = -.25, p < .001$), internalized CNM negativity ($r = -.38, p < .001$), and discrimination ($r = -.21, p < .01$). Sexual satisfaction was positively correlated with basic psychological needs ($r = .63, p < .001$) and autonomous motivation ($r = .21, p < .01$), but negatively correlated with internalized CNM negativity ($r = -.20, p < .01$). Experiences of discrimination were not significantly correlated with sexual satisfaction ($r = -.08, p = .249$) or controlled motivation ($r = -.12, p = .090$). Finally, basic psychological needs were positively correlated with autonomous motivation ($r = .44, p < .001$) and negatively correlated with controlled motivation ($r = -.38, p < .001$), internalized CNM negativity ($r = -.43, p < .01$), and discrimination ($r = -.24, p < .001$).

Table 1

Correlation Table for Relationship Quality (N = 222)

Variables	1	2	3	4	5	6	7	8
1. Relationship Satisfaction	—□							
2. Sexual Satisfaction	.66***	—□						
3. Basic Psychological Needs	.84***	.63***	—□					
4. Autonomous Motivation	.39***	.21**	.44***	—□				
5. Controlled Motivation	-.25***	-.12	-.38***	-.16*	—□			

6. Internalized CNM Negativity	-.38***	-.20**	.43**	-.62***	.25***	-□	
7. Discrimination	-.21**	-.08	-.24***	.07	.20**	-.06	_
8. Open Relationship	-.00	-.05	-.03	-.09	.08	.16*	-.21**

* $p < .05$. ** $p < .01$, *** $p < .001$.

Table 2

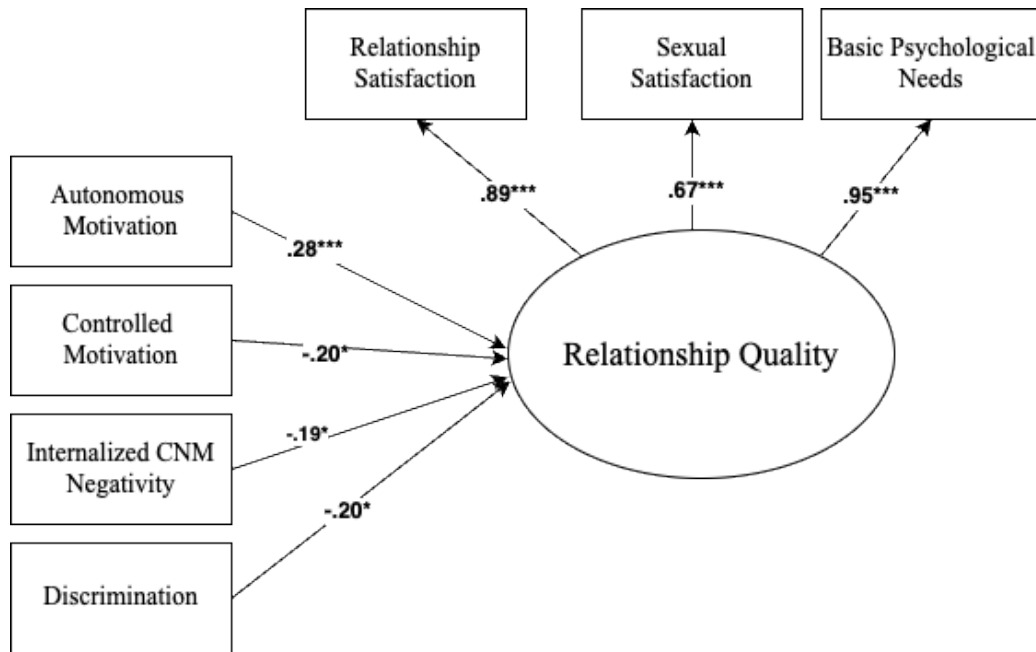
Descriptive Statistics for Predictor and Outcome Variables (N = 222)

Variables	<i>M</i>	<i>SD</i>	Range	α/\square
Autonomous Motivation	4.41	1.08	1 – 6	.82
Controlled Motivation	1.48	1.48	1 – 6	.82
Internalized CNM Negativity	2.52	1.07	1 – 7	.81
Discrimination	14.75	5.58	1 – 4	.90
Relationship Satisfaction	20.80	4.96	1 – 7	.96
Sexual Satisfaction	3.68	1.05	1 – 5	.98
Commitment	16.16	3.23	1 – 5	.78
Basic Psychological Needs	5.03	1.05	1 – 6	.95
Neuroticism	2.73	.98	1 – 5	.82

A latent variable structural equation model was conducted using Amos 29 (see Figure 2). The latent variable, relationship quality, was represented by three indicators: relationship satisfaction ($b = 1.0, \beta = .89$), sexual satisfaction ($b = .64, p < .001, \beta = .67$) and basic psychological needs ($b = .90, p < .001, \beta = .95$). The structural model demonstrated acceptable fit: $\chi^2 (16) = 7.01, p < .001$; RMSEA = .08; CFI = .97; NFI = .95. As hypothesized, higher levels of self-determined or autonomous reasons for being in a CNM relationship were associated with higher levels of relationship quality ($b = .29, p < .001, \beta = .28$). Higher levels of controlled motivation ($b = -.36, p = .002, \beta = -.20$), internalized CNM negativity ($b = -.19, p = .015, \beta = -.19$), discrimination ($b = -.35, p = .002, \beta = -.20$), and neuroticism ($b = -.19, p = .006, \beta = -.17$) were associated with lower levels of relationship quality. For control variables, relationship

structure (i.e., poly, swinging, open), relationship length, and relationship status were not significantly related to relationship quality.

Figure 2: Conceptual Model



*p < .05. **p < .01, ***p < .001.

Chapter 5 - Discussion

The present study sought to extend the current application of Self-Determination Theory to Consensually Non-Monogamous (CNM) relationships. Congruent with SDT's assumptions, we found that the type of motivation behind one's desire to engage in a CNM relationship is associated with more optimal relationship functioning. Higher levels of self-determined or autonomous reasons for being in a CNM relationship were associated with higher levels of relationship quality. This finding echoes past research on the application of SDT to monogamous relationships. Brunell & Webster (2013) found that having self-determined reasons for engaging in a romantic relationship was positively associated with relationship quality. Controlled motives for engaging in a CNM relationship was negatively related to relationship quality, as theorized, and the association was statistically significant. This suggests that motivation plays an important role in relationship functioning, even in CNM relationships. These results extend previous research on monogamous relationships and suggest that motivations for entering and being in a relationship, no matter the relationship structure, is an important factor associated with relationship quality.

Even if an individual has self-determined reasons for being in a CNM relationship, their sociocultural context may impact optimal relationship functioning. Past research shows that CNM individuals are perceived to have lower relationship quality and overall well-being compared to monogamous individuals (Moors et al., 2019). CNM individuals often receive negative responses from friends and family members due to their relationship orientation (Mahar et al., 2022). We found that higher internalized CNM negativity and daily experiences of discrimination (based on CNM identity), were found to be associated with lower levels of relationship quality. This finding supports past studies on the role of stigma where participants'

higher scores of personal discomfort for being in a CNM relationship were associated with lower relationship satisfaction (Moors et al., 2021). Individuals may naturally internalize negative societal messages about CNM, and that internalized CNM negativity may exist in their relationships. Decades of LGBTQ+ research on internalized homophobia indicates that the internalization of negative messages based on queer identities is common and that it has been linked to poorer relationship and mental health outcomes (Frost & Meyer, 2010). Although queer and CNM identities are different, they are still marginalized and may experience the same internalization of stigma and experiences of discrimination.

Relationship structure (i.e., poly, swinging, open) was not significantly related to relationship quality. In other words, one group did not have higher levels of relationship quality when compared to another. Other studies support this finding (Conley, 2018; Séguin et al., 2016).

Limitations

There were several limitations in the present research. The data were collected at a single time point and the sample was not large enough to conduct separate analyses by relationship structure. Most of the sample was White/Caucasian (74.8%), and data were only gathered from one partner. Additionally, there were too few participants who answered questions about a second partner, which limits our understanding of relationship quality to only part of the relational system. As has been discussed elsewhere (Astle et al., 2024), relationship structure categories are incredibly nuanced and often fluid, but that also produces practical limitations for collecting information on the type of CNM relationship an individual engaged in. We, therefore, used the three most commonly studied types of CNM (i.e., poly, open, swinging); however, it is possible that individuals may have different definitions and/or engage in more diverse

relationship agreements. In addition, the online survey consisted of self-report measures only, which might have inflated the associations among the variables due to shared method variance. Finally, participants were recruited from ConnectResearch and online sites related to CNM relationships. There is a possibility this limited variability or variety in the type of individuals who participated.

Future Research

Future research could utilize diverse recruitment methods, instead of crowdsourcing and social media sites. It may be possible that individuals in these groups are more comfortable with their CNM identity and are likely “out” to some degree. We also know that individuals in the online CNM community are more likely to be White/Caucasian (Rubin et al., 2014). Various recruitment methods may also aid obtaining a racially diverse sample. Translating the survey to another language like Spanish may also help in gathering a diverse sample. This can expand our understanding of the intersection of culture and one’s CNM identity. Furthermore, levels of internalized CNM negativity could potentially differ at the intersection of race or individuals may use different coping mechanisms for the pervasive mononormative beliefs in society.

As for possible future studies, a longitudinal design can allow researchers to collect data at several time points. This can be helpful when examining changes in relationship quality and overall satisfaction. Additionally, using a longitudinal design can help us track changes in CNM relationship dynamics as individuals add or remove partners to their existing partnerships. These suggestions/future directions can help us understand a more nuanced and or/ detailed picture of intra-interpersonal dynamics between partners within a given context, across time.

Clinical Implications

Therapists can use an SDT framework to assess motivation for being in a CNM relationship. Understanding the type of motivation our clients demonstrate can have helpful applications for treatment, especially when trying to improve relationship functioning. The type of motivation an individual has for engaging in a relationship can be shown through behaviors that maintain the relationship. Individuals with more controlled or extrinsic reasons for being in a relationship are more likely to have difficulty working through conflict, for example, non-adaptive relationship behaviors like hostility towards partner(s) and non-productive discussions about relationship issues (Knee et al., 2002). After assessment, therapists can work with clients towards increasing self-determined motivations and therefore, increasing adaptive relationship behaviors. This would be beneficial to all partners involved, especially when attempting to meet each other's basic psychological needs (i.e., relatedness, competence, and autonomy).

A strong therapeutic alliance between clinicians and clients with marginalized identities is vital in clinical work. As therapists, we have the ethical obligation to provide services free from discrimination based on relationship status (AAMFT, 2015). Examining one's beliefs and biases as to what "normal" relationships look like is a key aspect of clinical practice with CNM individuals. Without this continual practice, therapists have the potential to perpetuate societal stigma and mononormativity with clients. There could be a lack of attunement to the internalized messages CNM clients may have about their relationship and a lack of challenging those beliefs/ideas. This practice or type of intervention is needed to improve individual and relational functioning in CNM individuals (Conley et al., 2013). Furthermore, clinicians need to be mindful of the lack of inclusive language (e.g., couple, pair bond, marital, family) within relationship therapy and its possible impact on a clinician's ability to conceptualize relationships and

presenting issues (Cassidy & Wong, 2018). Therapists can also utilize *Polyamory: A Clinical Toolkit for Therapists (and Their Clients)* by Martha Kauppi, when working with CNM individuals. A therapist who engages in challenging their internal biases can aid in providing ethical care by helping CNM individuals deconstruct mononormativity, internalized negativity, and discrimination.

As mentioned above, these factors have serious implications for relationship quality and optimal relationship functioning. These are aspects all therapists working with CNM relationships can address in their work, regardless of their presenting issue. Given that there is a lack of clinical theories that fit with CNM populations, Self-Determination Theory (SDT) may provide a rich framework for conceptualizing relationship issues and how our sociocultural context impacts the relationships of CNM individuals and possible therapist bias.

Conclusion

The findings of this study are compelling as it provides fresh insights that can transform our understanding and approach to internalized CNM stigma, discrimination, and relationship quality, ultimately benefiting both individuals and clinicians. The motivation behind entering a CNM relationship (or any relationship, including monogamous ones) will have a significant impact on relationship outcomes. Societal stigma and the internalization of negative messages toward CNM are important areas to address with this population. We encourage researchers and practitioners to expand SDT to include CNM relationships, as it provides a useful empirical framework for examining relationships. Unfortunately, there is a lack of research and clinical theory widely adaptable to relationship therapy. Many CNM individuals do not feel like they will find a competent therapist, or those who have gone to therapy report a lack of knowledge and stigma held by their therapist. Again, as relationship structures become more diverse, it is our

ethical responsibility to develop a nuanced understanding of CNM agreements and to be mindful of how stigma may impact our perceptions, so we are able to provide socioculturally attuned care through clinical work and in research.

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