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### Review

# What do we know about consensual non-monogamy? Ryan Scoats<sup>1</sup> and Christine Campbell<sup>2</sup>

#### Abstract

Recent years have seen considerable interest in consensual non-monogamy from both public and academic perspectives. At least 5% of the North American population is currently in a consensually non-monogamous relationship of some form and there is little difference in measures of relationship quality compared to monogamous relationships. Despite increasing levels of understanding and engagement many practitioners of consensual non-monogamy still experience stigma (and minority stress) which is exacerbated by context (e.g. parenting, healthcare settings), type of consensual non-monogamy (e.g. polyamory vs swinging) and intersects with other identities (e.g. race, sexuality). This review outlines what is currently understood about consensual non-monogamy and argues that relationship diversity has a place alongside gender and sexuality when studying sexual behaviours, romantic relationships, and well-being.

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#### Keywords

Consensual non-monogamy, Healthcare, Romantic relationships, Sexual behaviour, Stigma.

### Introduction

Consensual non-monogamy (CNM) is an umbrella term which describes a range of relational and sexual practices where people have more than one partner with the explicit knowledge of everyone involved [1]. This openness distinguishes CNM from infidelity and is why it is sometimes also referred to as ethical or responsible non-monogamy. This review provides a comprehensive understanding of CNM, illustrating what people do,

how they navigate CNM, the groups most likely to engage in CNM, and the stigma people who engage in CNM experience. Since the study of CNM is still very much in its infancy, this review gives an overview and covers the major research developments across the last 10 years as well as highlighting more recent developments and gaps in knowledge.

Some of the most well-known forms of CNM include swinging, open relationships, and polyamory, although definitions are open to debate [2]. Swingers tend to be characterised as attending organised events where they have sex with people other than their established partner (if they have one) while generally eschewing the development of romantic emotional bonds (although friendships do often develop) [3]. In open relationships participants in a dyadic relationship have permission to have sex with partners outside of the relationship [4]. In contrast, polyamory ('many loves') involves having multiple emotional and/or sexual relationships [5]. Polyamory can be practiced hierarchically, where partners are identified as primary and secondary, or non-hierarchically where all partners needs are considered equally important. This may reflect living arrangements, where cohabiting partners (often referred to as "nesting partners" by polyamorists) are considered primary. There are of course also ways that people engage in consensually non-monogamous forms of sex that do not necessarily lend themselves to particular relationship labels or identities, such as threesomes [6,7] or group sex [8].

However, these umbrella terms should be viewed with caution, at the individual level CNM is practiced in a variety of ways, producing a plethora of relationship configurations [5]. Indeed, even within the context of an individual relationship one partner may practice CNM differently to other partners. Thus, for example, a polyamorous triad may consist of one partner who has no partners outside the triad, another partner may only have casual sex partners outside the group, and the third partner may have kink relationships with other partners which do not involve genital contact. The nature of CNM relationships may change over time and with experience [9], so what began as swinging may transform into polyamory, the meaning and significance of a threesome may differ across multiple experiences [6], or relationship practices may be fundamentally challenged through philosophies such as relationship anarchy (a

discourse which rejects hierarchical relationship organisation and the privileging of connections which include romantic or sexual elements [10]).

Despite being the subject of much stigma, often stemming from misconceptions, studies which have examined characteristics such as love, commitment, jealousy, relationship satisfaction, and relationship quality have tended to find no difference between reports from people in monogamous and CNM relationships [e.g. Refs. [11-13]]. Though research suggests that polyamorous people tend to be more content in their relationships than people in open relationships, and people who practice hierarchical polyamory tend to be less satisfied than people who practice non-hierarchical polyamory [14].

One important difference between those engaging in CNM compared to monogamy, however, is how they approach sexual and romantic jealousy. In CNM, jealousy is not necessarily regarded as a threat to relationships [15]. Instead, it may be something that is possible to manage [9] or even experience positively as compersion (whereby someone derives pleasure from the thought of their partner enjoying themselves with another [16]).

# Who does consensual non-monogamy?

In recent decades, interest in consensual nonmonogamy from both academic [17] and public spheres [18] has increased significantly. Estimates are that approximately 3-7% of the North American population are currently engaged in consensual nonmonogamous arrangements [19] with approximately 20% having ever engaged in CNM [20]. Interest in having a CNM relationship is also high. Moors et al.'s [21] study of single Americans found approximately 1 in 6 were interested in engaging in polyamory. Sexual fantasies about threesomes and group sex are extremely common and often one of the most typical fantasies people report [22].

Across a range of different consensually nonmonogamous practices, men report higher interest and engagement in polyamory [21]; open relationships [23]; threesomes [24,25] and CNM more generally [26]. Potentially, men's higher interest and engagement may be a result of sexual double-standards and the social stigma women risk by enacting their sexual agency via CNM [6,27]. Similarly, sexual minorities also frequently report higher levels of interest and rates of participation in comparison to heterosexual individuals [20], possibly owing to their established questioning of heteronormativity [28]. Open relationships are particularly common in gay male populations [23] although differences in sexual opportunities and cultures [29] may mean that men are more readily able to engage in CNM. despite sexual minority women's similar level of interest (see Ref. [30]).

Researchers are beginning to explore individual differences associated with CNM participation. Attachment theory, being a framework for understanding interpersonal relationships, has been the subject of quasiexperimental studies. The picture is quite nuanced with some studies suggesting a link between willingness to engage with CNM and avoidant attachment style (although this may not translate into actual engagement) [31], and some suggesting that those same anxiously attached people nevertheless hold negative views [32]. Moors et al. [33] report that openness has been found to predict positive attitudes and willingness to engage, whilst conscientiousness predicted the reverse. They also state that the Big Five predicts attitudes towards CNM to a greater extent than attachment style.

# How is consensual non-monogamy regarded?

In Western cultures, even as same-sex marriage becomes more common, multi-person marriage is still (usually) illegal and monogamy is afforded superior status both culturally and legally. This privileging of coupled relationships has been termed as monocentrism, compulsory monogamy or mononormativity [34,35]. There are a number of common stereotypes and myths which CNM is subject to [6]. Referred to as the consensual nonmonogamy burden, CNM is presumed to: 1) be primarily motivated by a desire for more sex, and thus must lead to an elevated risk of STIs; 2) be inherently oppressive to women; 3) means practitioners do not love their partners: 4) is a defective behaviour that does not work well in comparison to monogamy; 5) will result in jealousy which will be relationship destroying; and finally 6) is not natural. These stigmas often lack an empirical basis but are instead based in stereotype, myth, and misinformation [6]. In contrast, monogamy is frequently viewed through 'rose-tinted glasses' and is defended at all costs, even in the face of evidence to the contrary [36].

Despite these shared common stereotypes and stigmas, distinct types of CNM are often judged differently. A number of studies have compared attitudes of the general population attitudes towards CNM practitioners. These studies tend to present participants with vignettes of people in archetypal CNM relationships and ask them to make judgements about their characteristics such as their morality, intelligence and relationship satisfaction [2,37]. In comparison to all forms of CNM, monogamy is overwhelmingly judged to be superior. However, there is a more mixed picture when contrasting types of CNM. Some research suggests that forms of CNM that are predominantly sexual in nature (e.g. swinging or group sex) receive less stigma than polyamory [38] whilst other research suggests that polyamory is less stigmatised [2,37]. Thus, although the elevated stigma towards CNM compared to monogamy is a consistent and robust finding in the literature, the level and target of stigma is likely influenced by a range of variables (e.g. endorsements of sexual double standards, age, gender, culture, sexual orientation etc. [38,39]).

Unsurprisingly, the prejudice CNM people face is enacted as discrimination in a variety of contexts. One study found that over a course of ten years more than a quarter of those in polyamorous relationships in the US had experienced discrimination based on their relationship status [40]. The arena of families and parenting is a specific context where discrimination is keenly felt. Much like gay parents, CNM parents have found themselves the victims of discrimination [41] and suffer from a lack of legal protection and recognition in many contexts [42]. Highlighting the intersection between race and CNM, some research with Aboriginal families in Australia argues that racism exacerbates the likelihood of state intervention [43]. As with any minority group, the fear of the damage that stigmatisation may have on children often leads parents to adopt strategies of secretness in order to "pass". However, many polyamorists argue that family configurations with multiple adults, rather than being morally inferior are, in fact, an ideal model for parenting. In line with the proverb, "It takes a village to raise a child" the suggestion is that children are more likely to have their needs met. To date there is no quantitative research on polyamorous parenting outcomes, though there is a rich corpus of qualitative data which suggests children thrive in such configurations [44].

Another key area in which CNM people experience stigma is when they try to access healthcare. CNM has been characterised as pathological by mental health practitioners (e.g. Ref. [45]). In terms of physical health, intimate relationship status becomes particularly important when accessing reproductive healthcare. For example, when accessing pregnancy care [46] or sexual health services [47,48].

It is also worth noting that there are still significant gaps in the research literature on CNM, in particular, a lack of research on non-white groups. Most research has been conducted with polyamorous people, the majority of whom tend to be white and middle or upper class [49]. Whether this is a result of internet-based sampling strategies, a reliance on mainstream CNM communities for recruitment, or barriers created through cultures of whiteness and privileged socio-economic situations [49], much CNM research comprises of a fairly homogenized group (white, educated, heterosexuallypaired [27]). However, emerging research has found that people of colour are just as likely to engage in CNM as white individuals [23,27,50]. Furthermore, research is also starting to show a number of similarities in reasons for CNM engagement between African American and predominantly white samples [50]. Thus, although research on non-white populations is starting to appear, much is still to be done in this area [39].

# Concluding thoughts

Relationship diversity is an important component to understand sexual behaviours, romantic relationships, and well-being. Indeed, in the UK the acronym GSRD (gender, sexual and relationship diversity) is becoming more common and Sari Van Anders [51] foregrounds partner number as an important feature of her sexual configurations theory, alongside gender/sex. At the same time, some argue that CNM is an enduring identity or orientation similar to sexuality (e.g. Ref. [52]), a question that has ramifications for battles for legal recognition. However, knowledge on non-white individuals and wider cultural groups is still limited and further research is needed. Regardless of whether we consider CNM alongside gender/sex, the rising interest, engagement, and the damaging effects of stigma and minority stress [53] to CNM populations all mean that this is not a group that should be ignored.

Finally, although knowledge regarding CNM is steadily growing, Barker & Langdridge [5] warn "against taking one group of non-monogamous people, practices or ideologies as representative [as there are] multiple meanings and understandings both between and within groups and individuals practicing openly non-monogamous relationships" (p.5). Accordingly, more research, with more diverse ranges of groups, cultures, and circumstances are needed in order to better understand how people's lives intersect with CNM and the impact that this has.

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#### Conflict of interest statement

Nothing declared.

# Data availability

No data was used for the research described in the article.

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Utilising a mixed-methods approach this study provides important information CNM engagement within an under-studied group. Sexual orientation was found to be significant as a predictor of CNM, whereas age, gender, household income, religiosity, and education were all nonsignificant. This study is one of the few large-scale studies on African Americans and CNM.

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