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Archives of Sexual Behavior

Internalized consensual non-monogamy negativity and relationship quality among people engaged in polyamory, swinging, and open relationships --Manuscript Draft--

Manuscript Number:	ASEB-D-19-00499R2
Full Title:	Internalized consensual non-monogamy negativity and relationship quality among people engaged in polyamory, swinging, and open relationships
Article Type:	Article
Keywords:	consensual non-monogamy; polyamory; self-stigma; internalized consensual non-monogamy negativity; relationship quality; minority stress
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Order of Authors Secondary Information:	
Funding Information:	
Abstract:	<p>Drawing on an internalized homonegativity and minority stress framework, the present study seeks to address whether people engaged in consensual non-monogamy (CNM) internalize stigma toward their relationship style, and if internalized CNM negativity is associated with poorer relationship quality and functioning. We recruited a community sample of 339 people engaged in CNM (open, swinging, or polyamorous relationship) with at least two concurrent partners. Participants completed a newly developed measure of internalized CNM negativity (which assessed personal discomfort, social discomfort, and public identification) and four measures of relationship quality for each partner. Regression analyses show that personal discomfort with CNM (e.g., wanting to change one's relationship style or endorsing CNM as unnatural) was associated with lower satisfaction with romantic and sexual relationship agreements, global relationship satisfaction, and commitment (but not sexual satisfaction) in both concurrent relationships. The other two dimensions of internalized CNM negativity, social discomfort and public identification, were not related to relationship quality with either partner. These findings provide support for the notion that prevailing mononormativity (idealization of monogamy in society) can become applied to the self and negatively impact relationship quality. Understanding the processes in which broader societal stigma toward CNM can become internalized and affect well-being provides a new direction for research at the intersection of public health, psychology, and sexuality.</p>
Response to Reviewers:	<p>Thank you for the additional feedback on grammar; we made all of your suggested changes.</p> <p>In addition, we also added to the discussion (both in the main and future directions) a clear summary of our results, including what we found and what we did not. Thank you for this suggestion to make our findings more clear.</p>

Internalized consensual non-monogamy negativity and relationship quality among people engaged in polyamory, swinging, and open relationships

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Abstract

Drawing on an internalized homonegativity and minority stress framework, the present study seeks to address whether people engaged in consensual non-monogamy (CNM) internalize stigma toward their relationship style, and if internalized CNM negativity is associated with poorer relationship quality and functioning. We recruited a community sample of 339 people engaged in CNM (open, swinging, or polyamorous relationship) with at least two concurrent partners. Participants completed a newly developed measure of internalized CNM negativity (which assessed personal discomfort, social discomfort, and public identification) and four measures of relationship quality for each partner. Regression analyses show that personal discomfort with CNM (e.g., wanting to change one's relationship style or endorsing CNM as unnatural) was associated with lower satisfaction with romantic and sexual relationship agreements, global relationship satisfaction, and commitment (but not sexual satisfaction) in both concurrent relationships. The other two dimensions of internalized CNM negativity, social discomfort and public identification, were not related to relationship quality with either partner. These findings provide support for the notion that prevailing mononormativity (idealization of monogamy in society) can become applied to the self and negatively impact relationship quality. Understanding the processes in which broader societal stigma toward CNM can become internalized and affect well-being provides a new direction for research at the intersection of public health, psychology, and sexuality.

Key words: consensual non-monogamy, polyamory, self-stigma, internalized consensual non-monogamy negativity, relationship quality, minority stress

Internalized consensual non-monogamy negativity and relationship quality among people engaged in polyamory, swinging, and open relationships

Monogamy is often portrayed as a universal human desire. Finding a soulmate is central to love songs and romantic comedy plot lines as well as psychological theories of love and intimacy (Conley, Matsick, Moors, & Ziegler, 2017; Day, 2016; DePaulo & Morris, 2005; Moors, Matsick, & Schechinger, 2017). A by-product of idealizing monogamy is robust stigma toward expressions of intimacy that do not conform to romantic and sexual exclusivity with one partner. Ample research has documented that consensual non-monogamy (CNM)—relationships in which all people involved consent to engage in emotional and/or sexual intimacy with multiple partners—is highly stigmatized in Western cultures (Balzarini, Shumlich, Kohut, & Campbell, 2018; Conley, Moors, Matsick, & Ziegler, 2013; Hutzler, Giuliano, Herselman, & Johnson, 2016; Moors, Matsick, Ziegler, Rubin, & Conley, 2013; Rodrigues, Fasoli, Huic, & Lopes, 2018). Likewise, people engaged in CNM report experiencing a range of negative experiences, from isolation by one’s family members to being encouraged to renounce their relationship by mental health professionals (Aguilar, 2013; Balzarini et al., 2017; Schechinger, Sakaluk, & Moors, 2018; Sheff, 2011; Vaughan, Jones, Taylor, & Roush, 2019).

Given these stigmatizing and intolerant views toward people engaged in CNM, we argue that, as a result, these ideas can be directed inward and manifest as *internalized CNM negativity* (can also be conceptualized as *internalized mononormativity*). That is, we suggest that people engaged in CNM can direct negative social attitudes and experiences toward the self, which, in turn, leads to a devaluation of the self and internal conflicts about one’s desire for or engagement in CNM (c.f. Meyer & Dean, 1998). As such, the present study is a first empirical step to explore the psychological phenomenon of internalized CNM negativity and examine how this may be

linked to relational functioning (e.g., relationship satisfaction, commitment) among people with multiple concurrent romantic and/or sexual relationship partners. Below, we outline parallels between internalized CNM negativity and internalized homonegativity—a body of research that inspired and theoretically grounded the current research. We then discuss how internalized CNM negativity may be linked with relationship quality and functioning across multiple relationships.

Conceptual Parallels between Internalized Homonegativity and Internalized CNM Negativity

Over time, the broader sexual minority community has expanded to recognize emerging subcultures, including trans and non-binary, BDSM, and CNM communities (Nichols & Shernoff, 2007). Although identifying as a member of the lesbian, gay, bisexual, and queer (LGBQ) community and identifying as someone who engages in CNM are distinct, there are several experiences shared by these sexual/relational identities and practices. In this section, we discuss parallels between experiences that LGBQ people and people engaged in CNM may encounter (e.g., societal stigma, disclosure concerns) to lay the groundwork for the concept of internalized CNM negativity. In addition to these parallels, there is also high engagement of LGBQ people in CNM relationships (Balzarini, Dharma, Kohut, Holmes, et al., 2019; Fairbrother, Hart, & Fairbrother, 2019; Hauptert, Gesselman, Moors, Fisher, & Garcia, 2017; Hauptert, Moors, Gesselman, & Garcia, 2017), which further connects these communities and sexual/relational practices. Specifically, Hauptert and colleagues (2017) found that approximately one out of five people in the U.S. have engaged in CNM at some point during their life with a higher proportion of LGBQ people compared to heterosexual people reporting engagement (approximately 75% gay and bisexual men v. 25% heterosexual men; 56% lesbian and bisexual women v. 44% of heterosexual women).

At the broadest level, one point of overlap between LGBTQ individuals and people engaged in CNM is experiences of prejudice and discrimination based on their identities and sexual practices. Drawing on queer theory (Minton, 1997; Moors & Schechinger, 2014; Rubin, 1984), sexual identities and practices are organized into systems of power, which encourage heterosexual and monogamous practices and, likewise, stigmatize practices and identities deviating from these practices. That is, there are a set of sexual identities and practices that are deemed appropriate (known as the “charmed circle”) and perverse (known as the “outer limits;” Rubin, 1984). This stratification of sexuality in Western society places same-sex and CNM relationships on the outer limits, warranting the persecution and, often, criminalization of those who fall outside of the narrow frame of what constitutes appropriate sexualities (Rubin, 1984). As such, a substantial amount of research has documented the prejudicial and discriminatory experiences that LGBTQ people and people engaged in CNM endure on the basis of their “non-normative” sexualities (e.g., Conley et al., 2013; Kelleher, 2009; Meyer, 2003; Moors et al., 2013; Rodrigues et al., 2018; Vaughan et al., 2019).

Given stigma surrounding both LGBTQ and CNM sexual practices, additional overlapping experiences may include concerns related to disclosure, isolation from family and friends, and legislation surrounding parenting, housing, and workplace rights (Aguilar, 2013; Aviram & Leachman, 2015; Barker, 2005; Pallotta-Chiarolli, 2010; Rambukkana, 2004; Sheff, 2011, 2015; Weitzman, 2006). For instance, in ethnographic longitudinal research, Sheff (2011) found that people who engaged in polyamory often experience rejection from family members and criticisms about raising children because of their relationship structure—experiences that are similarly shared by LGBTQ individuals (e.g., Puckett, Woodward, Mereish, & Pantalone, 2015; Ryan, Legate, Weinstein, & Rahman, 2017). Qualitative research and practitioner insight on

CNM identity development suggests that challenges surrounding disclosure are comparable to coming-out narratives among LGBQ individuals (e.g., Rambukkana, 2004; Weitzman, 2006). In a similar vein, accounts of CNM individuals' experiences have been shown to align with essential aspects of Cass's (1979) lesbian and gay identity formation model (i.e., moving through the six stages from identity confusion through identity synthesis; Klesse, 2007; Klesse, 2014).

Beyond the scope of the present research is a position on whether a proclivity toward or engagement in CNM is an orientation, akin to sexual orientation, as empirical pursuits in this line of inquiry are in the nascent stages (see Klesse, 2014; 2016, for further commentary). We argue, instead, that a similar process of seeing and being subjected to broader societal stigma and discrimination on the basis of one's relationship style can be internalized—similar to how heterosexism and anti-gay rhetoric impacts LGBQ individuals. Specifically, internalized homonegativity¹ is the process by which LGBQ individuals (often unconsciously) internalize societal messages toward gender and sexuality as part of their self-image (Meyer, 1995). Integrating societal messages has been found to translate into negative feelings toward oneself when people experience same-sex attraction because this conflicts with idealized heterosexual norms (Herek, 2007; Herek, Gillis, & Cogan, 2009). Specifically, internalized homonegativity is considered to be chronic and is likely to be experienced by most LGBQ people due to the pervasiveness of LGBQ stigma (Meyer, 2003). Of note, internalized homonegativity is not conceptualized as an inherent personal trait or response generated by subjective or “neurotic” concerns, but a product of broader societal and political bias (Herek et al., 2009; Meyer & Dean, 1998; Szymanski & Carr, 2008).

The impact of social stigma on sexual and romantic relationships are often framed within Meyer's (2003) minority stress model, or the process by which stigma and discrimination create

a hostile social environment leading to negative health, well-being, and relationship effects. The minority stress model provides cultural context and a narrative for understanding the experiences of LGBQ individuals, who are exposed to unique stressors related to their minority status.

According to this framework, internalized homonegativity is one of five unique types of stressors experienced by LGBQ individuals, with the other four related to experiencing prejudicial events, anticipating rejection, concealing one's sexual orientation, and ameliorative coping (Meyer, 2003; Szymanski, Kashubeck-West, & Meyer, 2008).

In sum, these parallels between LGBQ people and people engaged in CNM reflect the ways in which people engaged in CNM may view and interpret negative reactions to their intimate relationships and, in turn, internalize stigma. Thus, we posit that people engaged in CNM are subject to experiencing similar psychological conflicts because their inclinations deviate from societal expectations regarding monogamy. Similar to internalized homonegativity, we conceptualize internalized CNM negativity as the process in which people who desire or are engaged in CNM internalize mononormative societal messages toward sex and relationships (often unconsciously) as part of their self-image. That is, we suggest that social and political stigma and bias toward CNM relationships shapes self-stigma regarding one's own CNM relationship style.

Internalized CNM Negativity and Relationship Quality

Societal stigma and discrimination has been found to be harmful to the romantic relationships of LGBQ people (Doyle & Molix, 2015; Fingerhut & Peplau, 2013; Rith & Diamond, 2013). For some LGBQ people, they may avoid emotionally intimate or long-term relationships to alleviate feelings of internalized homonegativity (Meyer & Dean, 1998; Ross & Rosser, 1996). Likewise, research has documented that experiencing negative feelings and

internalizing stigma among LGBTQ people is associated with lower relationship quality (e.g., satisfaction, harmony) and greater conflict (Balsam & Szymanski, 2005; Doyle & Molix, 2015; Frost & Meyer, 2009; Mohr & Fassinger, 2006). Among gay and bisexual men, high levels of internalized homonegativity are linked with high levels of sexual anxiety and low levels of sexual satisfaction (Frost & Meyer, 2009; Meyer, 1995). A recent meta-analysis of 35 studies on social stigma and relationship functioning among LGBTQ people found a consistent inverse association between social stigma and relationship quality with more deleterious associations for internalized homonegativity relative to general stigma (Doyle & Molix, 2015). Taken together, although LGBTQ people engage in meaningful and stable romantic relationships (Kurdek, 2005; Means-Christensen, Snyder, & Negy, 2003), internalized homonegativity may play a pivotal role for some LGBTQ people and negatively affect their relationship quality.

Contrary to mononormative beliefs (idealizing and perceiving monogamy as natural) of many Americans (Moors et al., 2013), people engaged in CNM exhibit high levels of relationship satisfaction and commitment—levels that are not different than those reported by people engaged in monogamy (e.g., Balzarini, Dharma, Kohut, Campbell, et al., 2019; Conley et al., 2017). At the same time, we hypothesize that people engaged in CNM with high levels of internalized CNM negativity will experience lower relationship quality in their concurrent relationships. Similar to the established links between internalized homonegativity and poorer relationship quality, we suggest that this process of self-stigma based on one's relationship style will have negative ramifications on relationship satisfaction, commitment, and sexual satisfaction. Relationship duration is an important component to relationship quality, including high satisfaction, security, and commitment (Davila, Karney, & Bradbury, 1999; Moors, Ryan, & Chopik, 2019). We anticipate that the predicted inverse association between internalized CNM

negativity and relationship quality may be particularly pronounced in people's relationship longer-term relationship partner (referred to as partner 1 in the present study). In other words, we suggest that people may hold internalized stigma which could manifest into doubts about engaging in CNM (or "opening up one's relationship") that might particularly affect their relationship quality with their longest relationship partner.

Present Study

As outlined above, our goal was to adapt a measure of internalized homonegativity to assess internalized CNM negativity and examine how this psychological phenomenon may be linked with relationship quality among people with multiple romantic and/or sexual partners. As such, the central research question we sought to answer was: Is internalized CNM negativity associated with poorer relationship quality and functioning?

To examine links between internalized CNM negativity and relationship quality, we recruited an online community sample of 339 people engaged CNM (swinging, polyamorous, open, or non-labeled relationships), with at least two concurrent romantic and/or sexual partners. At 80% power (at $\alpha = .05$), our sample size enabled us to examine effects as small as $f^2 = .02$ and larger. In the following sections we refer to P1 (partner #1) and P2 (partner #2); these distinctions do not necessarily reflect primary partner status, instead, reflect longer relationship duration with P1. Participants reported on their attitudes toward and comfort with consensual non-monogamy (internalized CNM negativity), three dimensions of relationship quality with each of their partners, satisfaction with their current emotional and sexual relationship agreements with each partner, as well as various demographic characteristics. Consistent with minority stress and internalized heterosexism research (Doyle & Molix, 2015; Schechinger et al., 2018), we hypothesized that higher levels of internalized CNM negativity would be associated

with poorer relationship functioning with each partner. Moreover, we anticipated that this negative relationship may be particularly pronounced for P1 (longest relationship partner).

Method

Participants and Sample Characteristics

A community sample of participants was recruited online via social networking groups, listservs, and websites related to CNM. We contacted directors/webmasters of these CNM-specific websites/listservs and asked them to post advertisements for our study. Given the stigma surrounding CNM (Moors et al., 2013), a targeted recruitment was required to obtain a large sample. Off- and on-line targeted recruitment has been successfully used by other researchers who study marginalized identities, including sexual and racial minorities (e.g., Jellison, McConnell, & Gabriel, 2004).

A total of 589 volunteer Internet respondents took part in a broader study on the experiences of people engaged in CNM; for more details see Moors and colleagues (2019) and Schechinger and colleagues (2018). Our central goal was to examine potential links between internalized CNM negativity and relationship quality among individuals with at least two concurrent romantic and/or sexual partners. We excluded a total of 88 participants from our analyses who did not have at least two concurrent romantic partners. Given that internalized CNM negativity and relationship quality were central to our analyses, we also removed 162 participants who did not complete these measures of interest (on average, these participants, dropped out of the study after completing less than 25% of the survey). Further supporting this decision to remove participants who did not complete the present study's measures is the notion that statistical tests are likely to be biased when greater than 10% of the data is missing (Bennett, 2001).

The final sample included 339 participants; of these, 71% were in a polyamorous relationship, 17% were in an open relationship, 4% were in a swinging relationship, and 8% were in some other form/non-label specific type of CNM (e.g., relationship anarchy). Sixty-one percent of the participants identified as a woman, 29% identified as a man, 6% identified as gender queer/trans, and the remaining did not select a response. Forty-six percent of participants indicated that they were bisexual, 29% identified as heterosexual, 17% identified as pansexual/queer, 3% identified as gay or lesbian, and the remaining did not select a response. Breaking this down by gender, most women identified as bisexual (57%) followed by pansexual/queer (18%); while most men identified as straight (57%) followed by bisexual (33%). As mentioned previously, these portions of people who identified as non-heterosexual are consistent with research using national samples from the U.S., which has documented that sexual minorities are more likely to have engaged in CNM than heterosexual people (Hauptert, Gesselman, et al., 2017). The majority of the sample identified as White/European American (85%), followed by 4% who identified as multi-racial/ethnic, and the remaining identified (at 1%) as African American, Asian/Pacific Islander, or Latino/a. Participants' age ranged from 18-77 years ($M = 36.53$, $SD = 11.00$).

The majority of participants (80%) identified P1 as their primary partner (identified as "main partner") and P2 as a non-primary partner (75%). On average, participants were in a relationship with P1 for 9.20 years ($SD = 8.37$) and P2 for 3.27 years ($SD = 4.30$). Most of the women respondents reported on two partners who were men; 82% indicated that their P1 identified as a man and 76% indicated that their P2 identified as a man. Fifty-eight percent of women reported that their P1 identified as straight, followed by 32% bisexual (the remaining were identified as either lesbian/gay or queer). Similarly, 50% of women reported that their P2

identified as straight and 43% identified as bisexual (the remaining were identified as either lesbian/gay or queer). The majority of men respondents reported on two female partners (93% for P1 and 91% for P2). Most men reported that their P1 identified as bisexual (62%) followed by straight (34%). Similarly, 66% of men respondents reported that their P2 identified as bisexual and 29% identified as straight (the remaining identified as either lesbian/gay or queer).

Procedure and Measures

Upon providing informed consent, participants were asked to complete a survey that included measures of relationship and sexual satisfaction, satisfaction with sexual and emotional agreements, and commitment for each of their current romantic partners (up to eight). To personalize the survey experience, participants were asked to provide the initials for each partner and the items were tailored to include that partner's initials (e.g., "When considering your relationship with [P1's initials]..."). This research was approved by the university ethics committees of the first two authors prior to being conducted.

Internalized CNM negativity. As outlined in the preliminary results section below, internalized CNM negativity was assessed with an adapted for CNM 7-item (short version) of a popular measure of internalized homonegativity, The Reactions to Homosexuality Scale (Ross & Rosser, 1996; Smolenski, Diamond, Ross, & Rosser, 2010). Three factors of internalized CNM negativity were assessed: personal discomfort, social discomfort, and public identification. Items included in the personal discomfort with a CNM identity subscale (3 items; $\alpha = .60$) were: "Even if I could change my relationship orientation, I wouldn't," "I feel comfortable having a consensual non-monogamy lifestyle," and "Consensual non-monogamy is as natural as monogamy" (all items reverse scored). Items included in the social discomfort with similarly identified people engaged in CNM subscale (2 items; $\alpha = .70$) were: "I feel comfortable in

consensual non-monogamy-friendly communities/locations” (reverse scored) and “Social situations with consensual non-monogamous individuals make me feel uncomfortable.” The third subscale, public identification as part of a CNM relationship (2 items; $\alpha = .74$) included the following items: “I feel comfortable discussing consensual non-monogamy in a public situation” and “I feel comfortable being seen in public with consensually non-monogamous individuals” (both items reversed scored). Participants rated their level of agreement with each statement using a 7-point Likert scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores reflect greater levels of internalized CNM negativity. See preliminary analyses in the Results Section for further information on measure adaptation process.

Relationship satisfaction. Relationship satisfaction was assessed with the Couples Satisfaction Index Short form (CSI; Funk & Rogge, 2007). The 16-item CSI assesses global evaluations of romantic relationships and higher scores reflect greater levels of satisfaction with a given partner. Sample items include: “In general, how often do you think that things between you and [partner’s initials] are going well?” and “I have a warm and comfortable relationship with [partner’s initials].” For both partners, these items demonstrated high internal consistency ($\alpha_{P1} = .95$; $\alpha_{P2} = .96$).

Satisfaction with relationship agreements. To assess satisfaction with current relationship agreements regarding sex and emotional relations with each partner, we created two items (Moors et al., 2019). Participants rated their level of satisfaction with each statement using a 7-point Likert scale, ranging from 1 (*not at all satisfied*) to 7 (*extremely satisfied*). The items were: “How satisfied are you with the type of sexual agreement you and [partner’s initials] have?” and “How satisfied are you with the type of romantic/emotional agreement you and [partner’s initials] have?” For both partners, the two items were moderately correlated ($r_{p1} = .59$

and $r_{p2} = .57$), so we combined both items to assess satisfaction with relationship agreements.

Commitment. To assess relationship commitment and partner's perceived relationship commitment, we used one item from Fletcher and colleagues' measure of commitment (Fletcher, Simpson, & Thomas, 2000) and developed another to assess partner's perceived commitment. The items were: "How committed are you to this relationship?" and "In your opinion, how committed is your partner to this relationship?" Participants rated their commitment using a 7-point Likert scale ranging from 1 (*not very committed*) to 7 (*very committed*). For both partners, the two items were strongly correlated ($r_{p1} = .69$ and $r_{p2} = .73$), so we combined both items to assess commitment.

Sexual satisfaction. Sexual satisfaction was measured with the 20-item New Scale of Sexual Satisfaction (NSSS; Štulhofer, Buško, & Brouillard, 2010). Participants were asked to rate their satisfaction with various aspects of their sex life during the last six months, including the quality and frequency of their orgasms, the pleasure they provide to their partner, and their partner's sexual creativity. The NSSS *ego-focused* subscale (10-items) assesses self-sexual satisfaction and the *partner- and sexual activity-centered* subscale (10-items) assesses the sexual satisfaction derived from one's partner's sexual behaviors and diversity/frequency of sexual activities. Ego-focused subscale sample items include: "The quality of my orgasms" and "My emotional opening up in sex." Partner- and sexual activity-center subscale sample items include: "My partner's ability to orgasm" and "My partner's sexual creativity." For all items, participants responded with their level of satisfaction, using a 5-point scale, ranging from 1 (*not at all satisfied*) to 5 (*extremely satisfied*). Higher scores indicate greater sexual satisfaction. For both partners, the ego-focused subscale ($\alpha_{p1} = .93$; $\alpha_{p2} = .93$) and the partner- and sexual activity-centered subscale ($\alpha_{p1} = .92$; $\alpha_{p2} = .89$) had high internal consistency. Given the strong correlation

between the two subscales ($r_{p1} = .76$ and $r_{p2} = .72$), we combined the subscales into one index of sexual satisfaction for each partner.

Results

Measure of Internalized CNM Negativity: Adaptation and Exploratory Factor Analysis

To adapt a measure of internalized homonegativity, we first reviewed extant measures of internalized heterosexism, homophobia, and homonegativity (e.g., Mayfield, 2001; Ross & Rosser, 1996; Szymanski & Chung, 2001). The first two authors and two research assistants reviewed several measures and identified commonalities between facets of internalized homonegativity and research that documented the experiences of people engaged in CNM (e.g., concerns about public disclosure, stigma; Aguilar, 2013; Blasband & Peplau, 1985; Sheff, 2011). For our investigation, the items developed by Smolenski and colleagues (2010; newer version of Ross & Rosser, 1996) were modified to apply to people engaged in CNM. Specifically, this 7-item measure assesses three dimensions of self-stigma that were similar to themes expressed by people engaged in CNM: *personal discomfort* (beliefs about CNM), *social discomfort* (discomfort around other similarly identified individuals), and *public identification* (discomfort making this identity/relationship known); see Method section for item wording. Language referring to sexual orientation (i.e., homosexual, gay men) was replaced to refer to relationship orientation/structure (i.e., monogamous, consensually non-monogamous).

The modifications were initially made by the first two authors. Once the authors reached agreement, the modified scale was reviewed by six experts (two professors and four doctoral candidates) in the field of romantic relationship and sexuality science as well as three individuals engaged in the CNM community (following recommendations for expert feedback; Shelton & Delgado-Romero, 2013). The community members ranged in duration of engagement in CNM

(from 7 months to 8 years) as well as differed in their current type relationship (two engaged in polyamory and one in an open relationship).

To examine the factor structure of the new measure of internalized CNM negativity (a case where a theory of measurement does not exist related to the new psychological construct), we conducted an exploratory factor analysis. We followed best practices for conducting and interpreting exploratory factor analysis results outlined by Sakaluk and Short (2017). The current sample size of 339 was adequate (> 200 -250 participants; Fabrigar & Wegener, 2011); the Kaiser-Meyer-Olkin measure verified the sampling adequacy ($KMO = .73$). A maximum likelihood factor analysis was conducted on the 7 items with oblique rotation (direct oblimin). An initial analysis was run to obtain eigenvalues for each factor in the data. Two factors had eigenvalues over Kaiser's criterion of 1 and in combination explained 53.57% of the variance. The scree plot showed inflexions that would justify retaining 3 factors (the third factor had an eigenvalue of .94); moreover, the variance explained increased to 67.89% for a 3 factor solution. As such, we retained a 3 factor solution; see Table 1. The items that cluster on the same factor suggests the same pattern as Smolenski and colleagues' (2010) measure of internalized homonegativity: public identification, personal discomfort, and social discomfort. As noted in the table, one item from the personal discomfort factor had a loading under .30 (at .28).

Internalized CNM Negativity and Relationship Quality

Correlations among the four relational functioning variables for both partners and the three internalized CNM negativity subscales can be found in Table 2. To examine the extent to which the three facets of internalized CNM negativity—personal discomfort (beliefs about CNM), social discomfort (discomfort around other similarly identified individuals), and public identification (discomfort making this identity known)—affect quality within a given

relationship, we conducted a series of parallel regression analyses, with the four measures of relationship functioning serving as dependent variables (tested separately). In one analysis, outcomes for P1 are considered; in the second analysis, outcomes for P2 are considered. Given the number of analyses, we set the alpha at $p < .006$ (Bonferroni correction for eight regression analyses). Each regression model had two steps. On the first step, relationship length with the partner that matched the outcome was entered; on the second step, the three internalized CNM negativity subscales were entered as predictors.

Is Internalized CNM Negativity Associated with Poorer Relational Functioning?

Consistent with our hypotheses, personal discomfort with CNM was negatively associated with three of the four measures of relational functioning with partner 1 (see Table 2) and two of four measures of relational functioning with partner 2 (see Table 3). Specifically, to the extent that people engaged in CNM expressed negative attitudes toward CNM and discomfort with CNM (personal discomfort) they reported lower levels of relationship satisfaction and satisfaction with romantic and sexual relationship agreements with both of their partners, and lower commitment for partner 1 (but not partner 2). Inconsistent with our hypotheses, people's reports of personal discomfort with CNM were not significantly associated with their sexual satisfaction for either of their partners. Also inconsistent with our hypotheses, the other two dimensions of internalized CNM negativity, social discomfort and public identification, were not related to any of the four measures of relational functioning with either partner (see Tables 3 and 4). That is, the degree to which people felt discomfort being around similarly identified people or publicly discussing CNM was unrelated to relational quality and functioning in either concurrent intimate relationship. This suggests that while personal discomfort with CNM may detriment people in CNM relationships and their relationship quality and functioning, other aspects of internalized

CNM negativity might be less influential.

We also wanted to rule out the possibility that the effects were influenced by a person's gender or sexual orientation. To test this, in exploratory analyses we examined participant gender and sexual orientation (lesbian/gay, bisexual/pansexual, and heterosexual) as possible control variables. However, there was not a consistent pattern of significance for gender and sexual orientation across the measures of relational functioning (in nearly all cases, neither demographic factor was related to the outcomes). Additionally, the pattern of results was robust and emerged when controlling for participant gender and sexual orientation.

Discussion

In the present study, we introduced the psychological construct of internalized CNM negativity and examined how this form of self-stigma is linked with relationship and sexual satisfaction, satisfaction with relationship agreements, and commitment among people currently in a CNM with at least two concurrent partners. Specifically, we expanded past research on people engaged in polyamorous, swinging, and open relationships in a novel way by documenting that broader societal stigma and anti-CNM rhetoric can be internalized and is in some instances linked with poorer relationship functioning, especially for people's longer-term relationship partner. Drawing on an internalized homonegativity and a minority stress framework (e.g., Doyle & Molix, 2015; Meyer, 2003; Schechinger et al., 2018), we predicted that higher levels of personal discomfort, social discomfort, and concerns about public identification would be linked with lower relationship quality in both concurrent relationships among people engaged in CNM. In general, we found mixed support for our hypotheses. Consistent with our hypotheses, personal discomfort with CNM was associated with lower satisfaction with romantic and sexual relationship agreements, global relationship satisfaction, and commitment (but not

sexual satisfaction) in both concurrent relationships. Inconsistent with our predictions, the other two dimensions of internalized CNM negativity, social discomfort and public identification, were not related to relationship quality with either partner.

Specifically, we found higher levels of discomfort with one's own engagement in CNM and endorsement that CNM is inferior to monogamy (personal discomfort) was negatively related to relationship satisfaction, satisfaction with relationship agreements, and commitment with partner 1. A similar pattern of results emerged for partner 2, such that higher personal discomfort was associated with lower levels of relationship satisfaction and satisfaction with relationship agreements. Inconsistent with our predictions, personal discomfort with CNM was not related to sexual satisfaction in either relationship. In the context of LGBTQ people, links between internalized homonegativity and sexual satisfaction appear to be particularly pronounced among gay and bisexual men (Frost & Meyer, 2009; Meyer, 1995). Perhaps, in the present study, people engaged in CNM with diverse sexual orientations may not experience internalized CNM negativity and sexual satisfaction in the same way. Another possible explanation for why sexual satisfaction was not linked with personal discomfort is due to how people perceive sexual satisfaction relative to commitment and global relationship satisfaction. A well-documented finding in the sexual science literature is that sexual frequency and satisfaction declines over the course of a (presumed monogamous) relationship (Brewis & Meyer, 2005; Clement, 2002). However, a growing body of research on the sexual experiences of people engaged in CNM paint a different picture: on average, people engaged in CNM report higher sexual satisfaction than people engaged in monogamy (Conley et al., 2017; Conley, Piemonte, Gusakova, & Rubin, 2018). Moreover, this heightened sexual satisfaction and reports of sexual frequency are pronounced in people's secondary (or non-primary) relationships (Balzarini,

Dharma, Kohut, Campbell, et al., 2019; Conley et al., 2017). Thus, perhaps, the novelty of sex with more than one partner and accompanying sexual satisfaction may be interpreted differently (relative to more cognitive appraisals such as commitment) by people engaged in CNM and may be not be affect by self-stigma.

Inconsistent with our predictions, the other two dimensions of internalized CNM negativity, social discomfort and public identification, were not related to any of the measures of relational functioning with either partner. We recognize some reasons that could explain this pattern of non-significant results. In the context of social discomfort, which was related to discomfort around other similar identified individuals and CNM-friendly communities and locations, it is feasible that many people engaged in CNM do not have access to these networks or locations. While networking groups and CNM-friendly events exist (e.g., Poly Cocktails, CNM-related groups on Meetup.com), many people engaged in CNM may be geographically distant from these events, as these typically occur in larger cities. In addition, it is also likely that some people engaged in CNM have not heard of such events or do not have an interest in attending social events. As such, social discomfort may not be associated with relationship outcomes, in part, because participants may not have been in a social situation with other people engaged in CNM or may not be a part of a CNM-friendly community. Future research should consider other ways in which social discomfort related to CNM may manifest. Additionally, we encourage further qualitative and psychometric development on the self-stigmatizing processes among people engaged in CNM relationships.

In regard to public identification, which is partially related to being seen in public spaces with other people engaged in CNM relationships, visibility may not be apparent as many people can conceal their engagement in CNM relationships, perhaps in an attempt to manage stigma

(authors redacted for blind review, revise and resubmit). That is, people in CNM relationships may not be perceived as being engaged in polyamory, swinging, or an open relationship in public spaces. Arguably, there is variability in concerns related to public identification based on the type of CNM relationship that a person is involved in. For instance, it is plausible that people engaged in multi-person relationships (e.g., triads) may hold different public identification concerns than people engaged in different types of CNM relationships that have more of a focus on the sexual relationship and less on emotional connections and commitments (e.g., swinging). As such, it could be cognitively taxing for people in triad/quads who do not want to be visibly in a relationship to navigate public spaces. In some cases, people in a CNM relationship may be able to pass as part of monogamous relationship or blended family in public situations. In fact, individuals in CNM relationships have referenced how they anticipate people in public often perceive them to be a blended family or siblings (Sheff, 2015). Thus, it is possible that for some individuals engaged in CNM, public identification may not loom as a threat or may be easily hidden, which, in turn, does not impact relationship quality.

Another point to consider is that stigma regarding CNM may also not be as severe in some respects. For instance, to our knowledge, people have not been murdered or institutionalized on the basis of being CNM as they have been and are for being LGBQ. Relationship quality may not be as impacted because the majority of our sample may not have publically disclosed their CNM relationship, and they may not be as distressed about being closeted as LGBQ-identified individuals. At the same time, we recognize the many parallels related to disclosure, public identification, and stigma concerns documented between people engaged in CNM and LGBQ individuals and thus these results were unexpected. Given the unanticipated results, we believe these are psychological constructs and minority stress processes

that future researchers could explore to understand when and under what conditions social discomfort and public identification impact relationship quality among people in CNM relationships.

Future Research and Insight for Practitioners

Taken together, the results of the present study provide preliminary support for the notion that prevailing mononormativity (the idealization of monogamy in society) can become applied to the self and can in some cases negatively impact relationship quality among people in CNM relationships. Understanding the processes in which broader societal stigma toward CNM can become internalized and affect well-being provides a new direction for research at the intersection of public health, psychology, and sexuality.

The present study lays the groundwork for the notion that people engaged in CNM can direct negative social attitudes and experiences toward the self, which, in turn, leads to a devaluation of the self and internal conflicts about one's relationship style (c.f. Meyer & Dean, 1998). Results of the present study illustrate that personal discomfort with CNM is linked with lower relationship quality in concurrent relationships, however, other aspects of internalized CNM (social discomfort and public identification) were not related to relationship quality. While there are strengths to drawing on the internalized homonegativity literature, it is possible that stressors and experiences unique to people engaged in CNM may not have been captured by the present measure. For instance, one possible avenue is to explore the impact of stigma from close friends and family or the quality of relationships with partners of partners (commonly referred to as metas). There may also be unique situations related to housing arrangement (e.g., renting with multiple adults) or legal issues (e.g., sharing custody of children) that could be integral to

internalized CNM negativity. Thus, future research should consider expanding upon the present measure and developing a multifaceted measure of internalized CNM negativity.

Given that LGBQ individuals are more likely to engage in CNM than their heterosexual peers (a finding also reflected in the current study; Hauptert, Gesselman, et al., 2017), future research should the extent to which internalized heteronegativity and CNM negatively influence each other. This direction could help illuminate the extent to which these processes of self-stigma overlap or coincides and influence relationship quality (or other well-being outcomes). Future researchers should also consider the extent to which internalized CNM negativity may be linked with mental health outcomes; specifically, the potential mediating role of depression on relationship quality. In one study of relationship quality among LGBQ people, Frost and Meyer (2009) found that depression symptomology mediated the relationship between internalized homonegativity and relationship strain. As such, underlying mental health processes in the context of internalized CNM negativity should be explored. Moreover, the scientific pursuit of understanding CNM amidst a societal bias that idealizes monogamy requires researchers to critically (re)examine theories, beliefs, and measurements of relationships (Conley et al., 2017; Moors, 2019). As such, we recommend that researchers within the fields of sexuality and relationship science consider the ways in which their research may (unintentionally) render people engaged in CNM invisible.

In a similar vein, therapists are encouraged to consider that their clients engaged in CNM may experience internalized CNM negativity. Moreover, therapists should consider that this form of self-stigma may be a result of societal influence and not as the result of a personal deficit or flaw (Russell, 2007). Mental health providers are also encouraged to be mindful of how stigma may impact their perceptions of clients engaged in CNM, as previous research has

documented that therapists engaged in a number of harmful practices with these clients (e.g., lack knowledge about CNM, request that client renounce their relationship; Schechinger et al., 2018). The distress that CNM clients may experience is likely, in part, influenced by social stigma and internalized CNM negativity.

Footnote

1. Over the past two decades, researchers have shifted from use of the term internalized homophobia (originally coined) to internalized homonegativity or internalized heterosexism to reflect the same psychological construct. Internalized homonegativity has also been referred to as internalized homophobia, a concept that has been criticized as being too narrowly focused on fear and avoidance of LBGQ individuals (e.g., Frost & Meyer, 2009; Herek, 1995, 2004).

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Table 1

Summary of Exploratory Factor Analysis Results: Internalized CNM Negativity

Item	Rotated Factor Loadings		
	Public Identification	Personal Discomfort	Social Discomfort
I feel comfortable being seen in public with consensually non-monogamous individuals (reverse)	0.96	-0.11	0.07
I feel comfortable discussing consensual non-monogamy in a public situation (reverse)	0.54	0.20	0.004
I feel comfortable having a consensual non-monogamy lifestyle (reverse)	-0.07	0.92	-0.001
Even if I could change my relationship orientation, I wouldn't (reverse)	0.07	0.48	-0.04
Consensual non-monogamy is as natural as monogamy (reverse)	-0.002	0.28	0.11
I feel comfortable in consensual non-monogamy-friendly communities/locations (reverse)	-0.003	-0.02	0.83
Social situations with consensual non-monogamous individuals make me feel uncomfortable	0.16	0.07	0.50
Eigenvalues	2.65	1.11	0.94
% of variance	37.79	15.78	14.31

Table 2

Correlations among Internalized CNM Negativity and Partner 1 and Partner 2 Relational Functioning Variables

	1	2	3	4	5	6	7	8	9	10	11
1. Personal comfort	--										
2. Social comfort	.27***	--									
3. Public identification	.33***	.42***	--								
4. Relationship satisfaction P1	-.26***	-.11*	-.08	--							
5. Relationship agreement satisfaction P1	-.28***	-.11*	-.07	.68***	--						
6. Commitment P1	-.16***	-0.06	-.04	.60***	.39***	--					
7. Sexual Satisfaction P1	-.17***	-.13*	-.11*	.49***	.49***	.08	--				
8. Relationship satisfaction P2	-.19***	-.04	-.08	.20***	.17**	.07	.10	--			
9. Relationship agreement satisfaction P2	-.16**	-.06	-.08	.13*	.21***	.01	.04	.72***	--		
10. Commitment P2	-.16**	-.05	-.15***	.11*	.04	.08	-.05	.70***	.47***	--	
11. Sexual Satisfaction P2	-.08	-.01	-.04	.10	.12*	.06	.10	.52***	.49***	.30***	--

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

Table 3

Multiple Regression Analyses of Relational Quality for Partner 1 Predicted by Internalized Consensual Non-monogamy Negativity

Predictors	P1 Relationship Satisfaction ^a				P1 Satisfaction with Relationship Agreements ^b				P1 Commitment ^c				P1 Sexual Satisfaction ^d			
	b	SE	β	<i>t</i>	b	SE	β	<i>t</i>	b	SE	β	<i>t</i>	b	SE	β	<i>t</i>
Step 1																
Relationship length P1	-.01	.01	-.03	-.61	.001	.001	-.04	-.73	.002	.001	.25	4.75***	-.003	.001	-.29	-5.27***
Step 2																
Relationship length P1	-.002	.01	-.02	-.31	.001	.001	-.02	-.44	.002	.001	.26	5.02***	-.002	.001	-.27	-4.81***
Personal comfort	-.55	1.18	-.26	-4.62***	-.44	.09	-.28	-5.01***	-.19	.07	-.16	-2.86***	-.17	.08	-.13	-2.25
Social comfort	-.72	.92	-.05	-.78	-.06	.07	-.05	-.91	-.05	.05	-.05	-.90	-.04	.06	-.04	-.67
Public identification	.32	.67	.03	.48	.04	.05	.05	.86	.01	.04	.01	.23	-.01	.04	-.02	-.34

Overall model: ^a $F(4, 334) = 6.50, p < .001$. ^b $F(4, 334) = 7.48, p < .001$. ^c $F(4, 334) = 8.59, p < .001$. ^d $F(4, 307) = 9.03, p < .001$.

Note. Bonferroni correction for tabled analyses *** $p < .006$.

Table 4

Multiple Regression Analyses of Relational Quality for Partner 2 Predicted by Internalized Consensual Non-monogamy Negativity

Predictors	P2 Relationship Satisfaction ^a				P2 Satisfaction with Relationship Agreements ^b				P2 Commitment ^c				P2 Sexual Satisfaction ^d			
	b	SE	β	<i>t</i>	b	SE	β	<i>t</i>	b	SE	β	<i>t</i>	b	SE	β	<i>t</i>
Step 1																
Relationship length P2	.02	.02	.05	.91	.002	.001	.08	1.48	.01	.002	.20	3.62***	-.001	.001	-.09	-1.62
Step 2																
Relationship length P2	.01	.02	.03	.51	.002	.001	.07	1.18	.01	.002	.17	3.21***	-.002	.001	-.10	-1.70
Personal comfort	-.49	1.42	-.16	-2.76***	-.35	.09	-.25	-4.84***	-.28	.12	-.13	-2.25	-.07	.07	-.06	-.95
Social comfort	.59	1.13	.03	.52	.05	.09	.03	.51	.05	.10	.03	.50	.04	.06	.04	.66
Public identification	-.71	.85	-.05	-.84	-.04	.07	-.04	-.57	-.11	.07	-.10	-1.54	-.02	.04	-.03	-.39

Overall model: ^a $F(4, 323) = 2.80, p < .01$. ^b $F(4, 313) = 2.78, p < .01$. ^c $F(4, 323) = 5.93, p < .001$. ^d $F(4, 300) = 1.01, p = .41$.

Note. Bonferroni correction for tabled analyses *** $p < .006$.