

# Therapy With a Consensually Nonmonogamous Couple

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While a significant minority of people practice some form of consensual nonmonogamy (CNM) in their relationships, there is very little published research on how to work competently and effectively with those who identify as polyamorous or who have open relationships. It is easy to let one's cultural assumptions override one's work in practice. However, cultural competence is an ethical cornerstone of psychotherapeutic work, as is using evidence-based treatment in the services we provide to our clients. This case presents the work of a clinician using both evidence-based practice and practice-based evidence in helping a nonmonogamous couple repair a breach in their relationship. We present a composite case representing a common presenting issue in the first author's psychotherapy practice, which is oriented toward those engaging in or identifying with alternative sexual practices. Resources for learning more about working with poly, open, and other consensually nonmonogamous relationship partners are provided. © 2017 Wiley Periodicals, Inc. *J. Clin. Psychol.* 00:1–11, 2017.

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## Introduction

This case makes use of two evidence-based approaches to working with couples: the work of John Gottman, and emotionally focused therapy (EFT) as taught by Sue Johnson. Other practitioners may use different models for working with couples, but the integration of Gottman's work and Sue Johnson's EFT have had great value in the practice of the senior author of this article.

Gottman's research focused on patterns of behavior and sequences of interaction that predict marital satisfaction in newlywed couples (see <https://www.gottman.com/>). Beginning in the 1970s, he and his colleagues developed observational coding systems based upon videotaping couples having routine interactions. His observations were able to predict with over 90% accuracy whether couples would divorce or stay together. He developed the concept of *The Four Horsemen of the Apocalypse* (Criticism, Defensiveness, Contempt, and Stonewalling), assessing couples via an oral history, interview, and measurement of participants' physiological distress during conflict. In the 1990s, John Gottman's work was expanded by his partnership with Julie Gottman in developing the model of the *Sound Relationship House*, which included both a theory of various levels of relatively strong or weaker relationship systems within a relationship and interventions aimed at helping to strengthen each level.

While the work of the Gottmans has focused upon monogamous pairings, the senior author (KK) has found their work to be clinically useful in assessing the strengths and frailties of consensually nonmonogamous (CNM) partners seeking counseling, helping to strengthen the levels of these relationships. It has also been KK's observation that a number of successful nonmonogamous partners have presented for counseling who would qualify as Gottman's "Relationship Masters," in that they are gentle, kind, affectionate, have a sense of humor, and are able to become good friends. They are playful and continue courtship across their lifespan. They also seem able to build trust and commitment by cherishing their partner and communicating that they are interested in understanding hurts and healing them: They know how to repair "regrettable incidents."

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Sue Johnson has done extensive research at her International Centre for Excellence in Emotionally Focused Therapy ([ICEEFT]; see <http://www.iceeft.com/>). Her work is a structured approach to couples therapy that uses adult attachment and bonding theory to understand what is happening between relationship partners and to guide therapists. The research shows that 70%–75% of couples receiving this treatment move from distress to recovery and 90% show significant improvements (Johnson et al., 1999). The major contraindication for EFT is ongoing abuse in a relationship. The goals of EFT are to (a) expand and reorganize key emotional responses, what Johnson calls “the music of the attachment dance”; (b) create shifts in partners’ interactional positions and initiate new cycles of interaction; and (c) foster the creation of a secure bond between partners. Over the last 30 years, outcome studies have shown that couples receiving EFT show significant progress after therapy, and that this approach can be used effectively with different kinds of clients and couples; however, Johnson’s model of EFT has not been explored in working with CNM couples (Johnson et al., 1999).

The clinical work based on each of these models has been focused primarily upon monogamous pairings. There is an inherent assumption in both models that a secure bond cannot be established within the context of consensual nonmonogamy (CNM). However, this assumption has not matched the evidence of secure attachment in many of the nonmonogamous partners who have sought care from KK or in both of our personal observations of long-term partnerships outside of our practices. This is important because a clinician’s attitude about the viability of nonmonogamy will certainly influence his or her approach to working with nontraditional couples.

We have found that these approaches can be combined to get a clear idea of strengths and weaknesses in the overall relationship, as well as understanding how attachment styles may contribute to difficulties in conflict resolution or healing from attachment injuries. More importantly, we believe that these approaches work well with CNM relationships.

When working clinically with those engaged in CNM, it is important to be aware of other aspects of working with sexual minorities, including how familiar partners are with the poly community and whether they are “out” and have support from others. Clinicians must also be aware of the impact of sexual minority stress. This stress can also be amplified for those who have dual or multiple sexual minority status, such as the couple presented in this paper, neither of whom identifies as heterosexual. Clinicians must be sensitive to their own reactions regarding descriptions of sexual contact with same sex partners. They also need to be aware of other possible intersecting cultural factors, including race, religion, and disability. For this particular couple, religion did not appear to be a significant factor, but it should be inquired about by culturally sensitive clinicians.

## Case Illustration

### *Presenting Problem*

Please note that this is a composite case based upon KK’s experience with dozens of couples seeking treatment with similar presenting themes. It should be noted, however, that this clinician has also worked with at least as many CNM individuals and relationship partners who presented for relationship support for issues that had nothing to do with polyamory or open relationships. This particular issue was selected because it echoes a type of setback that can occur in the course of a CNM relationship.

Sarah and Mark initially came to therapy in hopes of healing a relationship injury in their marriage and revisit the rules and agreements that they had put into place for their consensual open relationship. Their relationship of 12 years had been going well until Sarah became more attached to a romantic partner than she and Mark had anticipated. They also were dealing with the repercussion that parts of their agreement were broken when Sarah became more invested in this relationship. Were the rules they thought they had agreed upon still the right rules for their relationship? And could they restore the trust and repair the injury enough that they would both feel safe and comfortable renegotiating the rules? Repair would clearly need to come first.

*Client Description*

Sarah is a yoga teacher and an artist. She paints and teaches part-time at a local art school. She is 36 years old and identifies as “heteroflexible” (meaning that she is occasionally open to same-sex partners, but the term bisexual doesn’t feel accurate to her) and biracial (Caucasian and Mexican). Growing up, Sarah lived with both her parents, who are still married. She says her parents have always had a vibrant flirtatious and romantic relationship, which is still apparent to those around them. She has an older and a younger sister and is close with both of them. She notes that her *tía*, Maria, her mother’s sister, also lived with them. Sarah says she always considered Maria to be a third parent.

Mark is a programmer who works for a large tech company. He is 32. He identifies as bisexual, Jewish, and Caucasian. Mark has no siblings, but he says his parents brought him up on a commune. “They were hippies,” and there were always lots of other kids and adults that he thought of as extended family. Mark reports strong ties to both his parents, who encouraged his computer skills and taught him how to express his feelings: “They supported me in developing a less macho view of masculinity.” He reports that growing up in a communal living situation allowed him to connect with adults who taught him to play music and how to cook. Another significant role model was Sam, who taught Mark how to code, which eventually became Mark’s career.

Mark still keeps in touch with and visits many of these people. His parents no longer live on a commune. They remain happily married. Mark found out when he was about 16 that his parents were polyamorous. He says the news did not surprise him, but he notes that they did not make their sexual arrangements his business at any point. He found out in response to a question he asked his father when he thought another woman living at the commune was flirting with him.

As noted earlier, Sarah and Mark are married. They have no children and no plans to have any. They met at a friend’s party 12 years ago and became friends over the course of a year and a half. Both describe a strong mutual attraction from the start, but when they initially met, Sarah had just ended a relationship and Mark was not ready for something “serious.” After having known one another for over a year, they started dating and discovered an intense chemistry. They “got serious” during their first year together. After 4 months, they agreed to use the term boyfriend and girlfriend. Both refer to the connection as “magical.” They agreed that this was a relationship that could turn into a lifetime partnership.

Mark had not previously had a significant relationship, but he had always been in open relationships. He told Sarah that he wanted a poly relationship. Despite having many poly friends, Sarah identified as monogamous when she met Mark. In San Francisco, it is not uncommon for monogamous people to have friends or colleagues in the poly community. This had been the case for Sarah. She had a previous long-term relationship of 4 years, which had been monogamous. She was reluctant and worried at first with Mark’s request and his identity, unsure whether she could feel secure in an open relationship. After discussing this for a few months, they agreed to be monogamous their first year together to see if Sarah felt safer and more trusting. Mark agreed to also give serious thought to whether he could be happy being monogamous, although he was doubtful that this was what he wanted long term. This also meant that he agreed to temporarily stop dating a few people he was casually dating, with whom he had become more distant while he was in the honeymoon stage of his relationship with Sarah.

After their first monogamous year, Mark and Sarah agreed to date other people together, as a couple, meeting couples and some women and men. Sarah had come to feel the strength and security of her relationship with Mark and felt open to exploring the possible excitement of opening up. The dates they pursued were sexual dates that sometimes were threesomes or foursomes. This “swinging” lifestyle, to Sarah’s surprise, felt safe, comfortable, and exciting. She notes that she found it a “huge growth opportunity” to “expand our sexual energy” and that instead of feeling jealous, she had her first experiences of “compersion” (feeling pleasure watching Mark appreciate and be appreciated by other partners). They both report that their experiences with others also enhanced their sex life when they were alone together: They learned new ideas and techniques from some of the people they had explored intimacy with together. They liked

that this allowed them to share and experience Mark's bisexuality and Sarah's heteroflexibility in a comfortable and safe way.

A year later, after 2 years together, they began living together. Sarah says she felt even more secure after they moved in together. She recounts that shortly after this, she told Mark she was comfortable exploring the kind of open relationship that he had originally wanted. He was pleased by her demonstrated trust and glad that she felt safe. She appreciated that he had given her time to explore the idea at a pace that worked for her. They opened up the relationship further, with each permitted to have other dates, so long as they knew about and talked about the dates before and after. One of their other agreements was that they wanted to be sure to meet one another's other lovers. They agree that this went well and most of the dates were with other poly people in their social circle who respected their relationship and cared about them both. A year later, they became engaged and married on the fourth anniversary of their first meeting. Their open relationship continued to thrive and dates and lovers remained people with whom they had intimate and social contact a few times a month. They had explicit rules about what they considered to be safer sexual activities and what activities would require protection against certain sexually transmitted diseases (STDs) and unwanted pregnancy.

Six months prior, Sarah met Joseph, a 46-year-old painter, within her art community. Joseph was in a stable open marriage of 19 years with his wife, Gina. Sarah and Joseph went on some dates, and he met Mark and they liked one another and got along fine. The two couples got together twice for friendly dinners. Sarah explained that after several months, she found herself developing a stronger attachment to Joseph than she expected. She started seeing him more frequently than previous lovers she had dated, wanting to see him a couple of times a week. She felt nervous asking Mark for this. Mark agreed to the increase in frequency but noted that it started to bring up some anxiety and feelings of loneliness for him.

Sarah admitted that, in the previous month, she broke an agreement she had with Mark about intimate activities that were allowed outside of the relationship. She had both unprotected oral and vaginal sex with Joseph, activities that were not outside the bounds of his own agreement with his wife. Unfortunately, at the time, Sarah did not let Joseph know that what they were doing was against the rules she had set up with Mark. For the first time since she and Mark had opened up their relationship, Sarah had a secret from him, and she began to feel guilt and discomfort. A few days after the incident, Sarah told Mark what happened and he was upset. Prior to this disclosure, Mark thought he was being "overly jealous and paranoid." Sarah's revelation validated Mark's anxiety that was expressed through his jealousy. Mark was upset and confused by Sarah's "crossing the line." Shortly after, they began discussing coming to therapy.

Joseph was also upset when he learned that this encounter with Sarah was a breach in her relationship with Mark. As a long-term polyamorous person, he did not like being a part of broken rules. Nothing he had done with Sarah was out of bounds in his relationship with Gina. Joseph understood that because Sarah had had unprotected sex only with her husband, in his and Gina's assessment, her STD risk was extremely low. Also, Joseph had a vasectomy, so pregnancy was not a concern for him and Gina. But to unwittingly participate in violating another couple's agreement was not something he felt good about. He suggested that he and Sarah turn their relationship down a notch so that she and Mark could have a better chance of processing what had happened. Mark, at the time of intake, had two people he was dating—both were in other relationships—and he saw them about twice monthly, respectively.

### *Case Formulation*

In the first session, Sarah and Mark met with the therapist for 75 minutes. Gottman recommends 90-minute intakes and sessions, but this clinician (KK) finds that 90 minutes can sometimes be too long for couples' (or therapists') attention or energy levels, as well as for couples' budgets. They described their relationship narrative, an oral history interview, including how they met, moments of connection, the rupture in their relationship, and how difficult or easy it was to ask for closeness and connection from the other. The couple was also observed briefly discussing an area of conflict. They also answered questions about their relationship and attachment histories

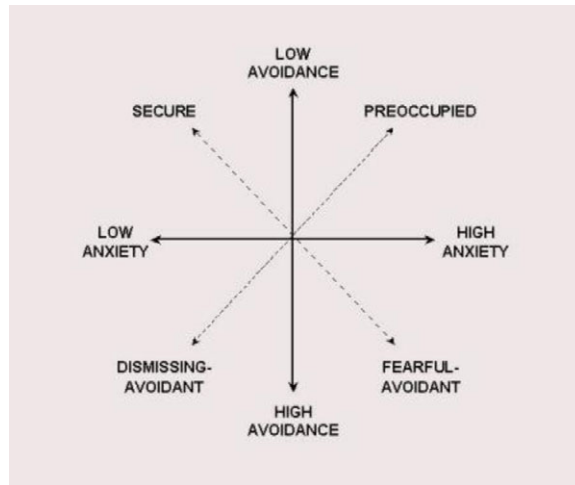


Figure 1. Attachment graph demonstrating the dimensions of avoidance and anxiety, from the Experiences in Close Relationships - Revised measure (ECR-R; Fraley, Brennan, & Waller, 2000): <https://internal.psychology.illinois.edu/~rcfraley/attachment.htm>

and messages they got about love and commitment from their families. This was a combined intake based upon both Gottman's and Johnson's intake models.

At the end of the first session, they agreed to continue with individual intake sessions and both were directed to complete an attachment questionnaire, the online version of the Experiences in Close Relationships-Revised (ECR-R; Fraley, Brennan, & Waller, 2000). Note that there is an additional measure developed by these researchers, also housed on their website, called the Experiences in Close Relationships-Relationship Structures (ECR-RS) questionnaire. This is answered four times in regard to mother, father, partner, and best friend. This assessment tool can be used to get a sense of clients' attachment styles across different relationships and could be used substituting various romantic partners, instead of family of origin for some CNM clients. Mark and Sarah also completed the Gottman Relationship Checkup (The Gottman Institute, 2017), and the Revised Dyadic Adjustment Scale (Busby, Crane, Larson, & Christensen, 1995). These assessment procedures have been immensely helpful to KK in devising a treatment plan specific to the presenting couple.

Both Sarah and Mark scored in the "secure" quadrant (Figure 1) in their attachment questionnaires. Both demonstrated low anxiety and low avoidance, although Mark plotted a point slightly more anxious than Sarah's score. Their low attachment-related anxiety indicated that they worried less about whether others really love them and they did not significantly fear rejection. They also had low attachment-related avoidance, meaning that they were comfortable depending upon and opening up to others. These compatible attachment styles, relative to one another, may be an important factor in successful CNM relationships.

After scoring the Gottman questionnaires, it was apparent that Sarah and Mark would be considered by Gottman's standards to be "Relationship Masters" (Gottman, 2014). Their overall Sound Relationship House was strong (Gottman, n.d.). Where they were struggling, according to the Gottman scales, were in Turning Towards Instead of Away and maintaining The Positive Perspective. Sarah was more positive in her ratings on these two scales than Mark, not surprisingly, since he had felt the sting of her betrayal. That said, Mark endorsed only a handful of negative sentiments on these two scales—still quite a positive outlook on the relationship. There was no indication of relationship abuse nor was there coercion. There was a high level of each accepting influence from the other. Their friendship system was strong and they were sweet when they spoke, even about difficult things. They would sit close, hold hands, and turn and look into one another's eyes when they spoke.

Sarah and Mark said they needed help with communication. But to be clear, there was very little evidence of Gottman's Four Horsemen (Criticism, Defensiveness, Contempt, and Stonewalling) in their communication and neither demonstrated high physiological distress or got flooded during intense discussions. Neither one demonstrated signs of stonewalling. (All Gottman concepts can be understood clearly by visiting <http://www.gottmancouplesretreats.com/about/sound-relationship-house-theory.aspx>) What did frustrate them was that despite their usual manner of listening to one another, it seemed as if this conversation was not quite moving forward, even though both believed the other was doing a good job of talking and listening.

This suggested that despite all the good skills they already possessed, the injury was not getting repaired. This was one sign that treatment geared toward repairing the relationship injury was what Mark and Sarah most needed. At the same time, it should be noted that this "injury" did not appear to be as deep as some relationship injuries that make it into our therapy offices. It appeared that Mark and Sarah's history of successful negotiations had built trust and connection over time. They had a deeply loving and caring bond and they had not made compromises that closed doors on them. They were both open to revisiting their agreements and understanding what had gone wrong. This is a theme KK observed in a number of successful CNM relationships.

Mark did not frame the issue as an affair and he lacked the level of despair that some monogamous partners have expressed when a partner has cheated. Both partners appeared to have relatively high levels of optimism and commitment regarding healing their relationship. They were both still warm and affectionate and they reported that their sex life was still active and warm, but had become "a bit less raw and intense" because they both needed more nurturing. It seemed that the wound was somewhat elusive and hard to locate, which may be why it felt hard to feel the conversations have "finished" or repaired it. Mark saw one of the goals as helping them get back on track so that they could all feel good about Sarah resuming her relationship with Joseph. He expressed no desire to stop that relationship—only to find a way to return to a relationship with Sarah in which he could comfortably share her with others and trust that she would stick to their rules and come to him first if she wanted to make changes.

Nevertheless, it was true that an attachment injury had occurred in Mark and Sarah's relationship and they were having difficulty figuring out the type of conversation that would help them heal and resolve this injury. Attachment injury is a term coined by Sue Johnson to describe incidents in which one partner (Mark, in this instance) experiences a violation of trust that damages his or her belief in the security of the relationship. This occurs at a critical moment of need for support. Such injuries or betrayals are often subjective and look different to each person; however, it becomes a defining moment in the relationship. Mark and Sarah did not use this language. They just came in for help in figuring out what was eluding them in regard to their typically strong ability to process and problem solve.

Both partners also mentioned that they wanted to discuss their relationship agreement. When asked to share more about how they created their initial agreement, it appeared that they had engaged in extensive discussions but had never formalized their agreement in writing, nor did they set up time periods to review their agreement or identify events that might warrant a review of their rules. We suggest that this practice of documenting the agreement and defining events that warrant a review of the rules is a good exercise for partners: With the agreement written in clear language, they can each revisit the agreement on their own as well as identify and address small, predefined flags and time frames, before something like Sarah's breach occurs.

### *Course of Treatment*

Mark and Sarah presented for 20 therapy sessions. At the end of the initial session, they were invited to continue with the rest of the assessment, which included two individual 75-minute sessions and a series of assessment measures (previously described).

In the fourth 75-minute meeting, the therapist's summary of the relationship was reviewed and a treatment plan was proposed. In the fourth session, there were reviews of their Gottman surveys, their Sound Relationship House, and their attachment styles. It was agreed that they

did not need to spend time learning basic communication skills since they were operating fairly highly on this level. However, the meanings and understandings of their words needed closer examination to catch what was missing. This would entail slowing them down a bit and exploring the feelings under the surface. They agreed to this intervention, noting that they wanted to understand what kept them from moving forward.

At this time, they stated that weekly 60-minute sessions would suit them, which remained consistent for the remaining 15 sessions. Again, this is different from the 90-minute sessions suggested by both Sue Johnson and John Gottman, but KK finds that flexibility regarding the “dose” of therapy is useful for couples with different capacities for emotional processing. Couples do not want to leave therapy sessions completely fatigued. Of course, work and life schedules also affect whether a couple can regularly fit a 90-minute therapy session into their day at the times a clinician has available. With this couple, these factors influenced the choice of 60 minutes.

The next 10 sessions were spent building an alliance with both clients so that they felt safe expressing intense emotions. In the first five sessions, the conflict was identified and the focus was honing in on the cycle where conflict was expressed.

In the sixth and seventh session, Mark was the first to access unacknowledged emotions and noted that he felt more anger towards Sarah than he had initially expressed. He shared his fear that Sarah might again act on impulse and “put me second when she is my number one.” He was able to talk more deeply about his “prior faith that I could always count on you to behave according to my image of you,” and that this incident had brought into question “whether my map of you and your thinking process is accurate.” Despite their good communication, this was a deeper layer of the injury than they had discussed before. Mark was also able to identify that Sarah’s behavior brought up a disturbing memory for Mark of a time when one of his cherished mentors at the commune had become physically aggressive with another male. Mark noted that even though this was a one-time incident, it had permanently changed his view of this man: “I worry that I may not be able to think of you the way I did before.”

Sarah, with gentle guidance, was able to stop jumping to reassurance and apologies and instead hear Mark’s pain and need for security. She opened up and spoke more honestly about some of the ways that she had felt judged by Mark before this incident: “I can feel that when I want and need something different from what you do, that part of you leaves me a little bit.” She observed that since she had unprotected sex with Joseph, their interactions had made her aware of his judgment in other aspects of their life together: “I have never said this before, but in some ways I felt judged by you for not being poly when we met. I finally embraced this way of living and loving and came to recognize this new side of me, and now I feel judged all over again for not doing it according to your plan.” They had been focused on content and the broken agreement but they had not really understood the attachment significance of what had happened from a EFT perspective.

Therapy also created space for Sarah to have deeper insight into her breaking of the rules. It was not a conscious acting out for her. She began to identify that she held a deeper fear that she was the one to always put the breaks on their CNM adventures and perhaps this act with Joseph was her way of testing, to see if Mark would still be there. Of course, she wished she simply could have had a direct discussion about this. But prior to treatment, she did not have words to describe these concerns about their dynamic.

Despite the relative calm of their first decade or so together, Mark and Sarah did have unexpressed fears and anxieties about one another that had gotten stirred up by Sarah’s behavior and Mark’s (perhaps not fully expressed) response to it. These revelations in the therapy illustrate the utility of EFT to go deeper than the Gottman approach alone might have allowed. Even though Sarah and Mark had secure attachment styles, they were not immune from insecurities, especially after something out of the ordinary occurred in their partnership. For the first time, they were not working well as coauthors in the development of the plotline. Although they *appeared* to be communicating, they had avoided diving more deeply into more difficult emotions, including anger and fear. It was impossible for them to be emotionally responsive to the other when the other held unexpressed emotions. Sarah’s breach with Joseph had compromised the safety that

she and Mark had taken for granted. In treatment, moments like these were punctuated and they highlighted the message of “I need you and you are important to me. I need to be able to rely upon you.”

After this, they were able to enter into the reframe, in which they could see themselves more clearly as the cycle was occurring and become allies against it. Their failure to more deeply express their needs were framed as their *stuck cycle*. The therapist could then ask each of them—Sarah when she felt judged and Mark when he felt fear of Sarah maybe being less predictable than he had previously seen her—“Can you hear the longing underneath this? Can you hear her/his longing to know s/he is special to you?” They were each encouraged to identify their disowned needs. They were also encouraged to accept these needs and express them.

By the ninth session, Sarah had begun seeing Joseph once a week, encouraged by Mark. They quickly grasped Sue Johnson’s EFT attachment language and were better at diving below the surface when it appeared they were not reaching one another, particularly since it was the same cycle again and again. The therapist helped them track, reflect, and expand on their experience and to interact outside of the established pattern. Sessions 12–15 were spent working on new solutions and consolidating the prior work.

During sessions 16–19 they went over what their new relationship agreement would look like. This included issues of reviewing how “out” they wanted to be to others, including their family members, what terminology they would use to refer to other partners, what they agreed were their rules regarding STD and pregnancy prevention, what might warrant a time to close up the relationship or revisit the rules, and how frequently they wanted to reevaluate their relationship. Sarah still did not want to come out to her parents and felt that what she and Mark did with other partners should be kept more private.

A discrepancy in comfort in disclosure and “coming out” to the broader family and social circles is an issue that afflicts some CNM pairings. Such discrepancies can add pressure to the relationship and create tensions that the therapist needs to understand. It also reflects systemic and cultural oppression and discrimination. Not coming out does not, in itself, indicate a bad relationship. It, however, does convey that CNM people may live in a socially oppressive context in which they may not get the full support that other more traditional couples enjoy. Some clients may argue about this or worry that it spells disaster. Instead, it offers an opportunity to explore cross-cultural issues of intersectionality and a chance to understand the power of these competing systems. To be clear, intersectionality refers to overlapping and intersecting identities and systems of oppression and discrimination. Multiple minority statuses intersect to create a whole that differs from one’s component identities. Sarah and Mark were able to discuss some of the pressure this put on them when they socialized during family visits since it required her friends to keep secrets.

Mark and Sarah had not previously addressed some of these issues, due to their overall sense of being in sync. They found such discussion to be very helpful. In particular, they appreciated the addition of an agreed-upon time period to revisit the rules. It was useful to them to remember that their agreement was not written in stone and there were things to revisit and amend as needed. They explicitly committed to renegotiation over time. They also outlined situations that might indicate a need to put their other relationships on hold. They had never discussed these rules before and found this reassuring. Mark could say, “I was unused to really feeling that level of jealousy I’d felt before when you wanted to see more of Joseph. I also loved that you were happy, but I think I would speak up sooner if those feelings arose again.” Sarah was able to acknowledge that her desires had frightened her too and she felt more inclined to speak up if her feelings for another person scared her again.

They also found value in formalizing this agreement as a written document that they shared electronically, so that they could revisit it together. Sample agreements can be found by multiple sources (Easton, 2009; Taormino, 2008; Veaux & Rickert, 2014). Their last session was a review of the work we had done together, and it included an invitation to be in touch, as needed, or to schedule a follow-up session 6 months out. They decided they would prefer to be in touch as needed.



### *Outcome and Prognosis*

Mark and Sarah came to treatment with the appearance of being a high-functioning couple stuck in a conflict related to a breach in their contract. However, by the time they completed therapy, they had a deeper understanding of their emotional cycle, underlying fears, and a stronger appreciation of their strengths. They were able to heal the wound and get back on the same team. They also had an improved agreement that was a bit more realistic than their original arrangement. Although the Gottmans encourage clients to return in the future for check-ins, Mark and Sarah did not do so. However, they did e-mail 2 years after their treatment had ended to ask for individual therapy referrals and they reported that they had continued to do very well together since their work in therapy.

It is important to observe that despite Mark and Sarah's initial presentation as Gottman "Relationship Masters" with extremely honed communication, there were deeper fears and dynamics at play that they needed to recognize. The work they did on uncovering the underlying emotions was work they could take with them to become stronger in the future.

### Clinical Practices and Summary

For those unfamiliar with CNM, it may be easy to assume that such a relationship structure invites ruptures. However, the fantasy of monogamy is not and should not be a measure of relationship health. From working with many couples over nearly 20 years, it is clear that injuries and breaches in trust happen in many relationships, regardless of sexual or romantic exclusivity. Some of these breaches may involve another individual and some may simply be about a partner's failure to be there for another at a critical time of need. How deep or shallow that wound is can affect the course and duration of treatment, as well as the history of care and connection and the communication skills of the partners.

This particular case may be viewed as atypical from many monogamous and CNM couples who come to treatment, given how strong the partnership was, even after a breach. It is KK's observation that although many couples present for therapy after having waited "6 years too long," after much damage has occurred, a significant minority of high-functioning couples also seek treatment to head off problems and address smaller conflicts. These cases represent some of the important preventative work that clinicians can do. Such cases should not be dismissed or disregarded because they offer us insight into what makes happy couples stay that way and provide practice-based evidence of functional relationships, a touching example of what effective and gentle communication looks like.

If Mark and Sarah had sought care from a psychologist who was not informed about alternative sexual practices and lifestyles, they may have found someone who assumed that polyamory was the problem and the clinician may have tried to get the pair to become monogamous, which may have been focusing on the wrong issue. By letting the couple decide on the type of the relationship that works for them and focusing on repairing the breach, this work respected their identities and choices.

Both Sarah and Mark reported vibrant and extensive relationships with many family members in their childhoods. Sarah's aunt served as a third parent, and Mark lived with many community members who felt like family. Most of the attachment literature puts great emphasis on the relationships we have with our parents, especially one's mother. However, Mark and Sarah report a history of multiple strong relationships with various attachment figures, including siblings, aunts, and other intentional figures who loved and cared for them when they were younger. The experiences of having multiple secure attachment figures may play a role in helping some individuals experience a higher level of comfort and security with the concept of multiple partners or reduced experiences of jealousy. This is an area for further research.

Some partners who open up their relationships are not yet out to friends or families. This isolation can decrease support at times of crisis. One such example is when a CNM individual is experiencing the loss or breakup of one of their relationships. Some clients report previous psychotherapy in which psychotherapists responded insensitively: "Why are you so upset when you still have your husband/wife?" Those who come out to loved ones *during* a time of crisis

also risk friends and families blaming the issue on nonmonogamy. This can get in the way of their offering much needed care and support.

Mark and Sarah were fortunate in that they already had a supportive poly community who understood breaches of this nature and believed that this was a wound that could be healed. This support is immensely important to people with such arrangements. Their respective partners were also supportive of their marriage and primary partnership and were willing to do what they could to support healing and harmony. Joseph, in particular, was clear that something was wrong and urged Sarah to fix it.

This case happened to be with a husband and wife without children, but those who have kids and choose open relationships have additional stressors and questions that a skilled clinician needs to be able to address or at least provide needed resources.

This couple provides the example that, as in all relationships, people's needs and agreements may change and need to be addressed. Relationships in which people stay the same and want the same things over the span of time are unusual. Relationships do grow and people do change over time. Partners need to learn how to grow together. The strongest relationships appear to be those that can adapt to such changes (or as Gottman would say, can adjust to shifts in life dreams).

Although John Gottman and Sue Johnson's evidence-based treatment approaches were applied to this case, there is no data on using such interventions on those who practice CNM. The point must be made that those who are working with alternative sexualities may have to provide practice-based evidence until more research is done on those who are in open relationships.

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