

THE DEVELOPMENT AND VALIDATION OF THE
ATTITUDES TOWARDS RELATIONSHIP
ORIENTATION SCALE

By

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Abstract: Consensual non-monogamy is an umbrella term used to describe a relationship orientation that is not monogamous (Conley, Moors, Matsick & Ziegler, 2013). A relatively large portion, 4-5%, of the population engages in this type of relationship (Moors et al., 2015; Rubin et al., 2014). The current literature highlights the significant bias, judgement, and prejudice experienced by this marginalized population, both from society in general (Conley, et al., 2013; Moors, et al., 2017; Perel, 2006; Sheff, 2005) and by mental health professional (Graham, 2014; Finn et al., 2012; Hymer & Rubin, 1982; Knapp, 1975; Roman et al., 1978). Stigma experienced due to a marginalized identity can have negative consequences on a person's mental and physical well-being (Elliott, et al., 2013; Jackson & Mohr, 2016; Lick et al., 2013; Meidlinger & Hope, 2014). Possessing and working toward multicultural awareness and humility is a significant aspect of the counseling psychology field (Hook et al., 2013; Sue et al., 1992; Sue & Sue, 2008). The purpose of this study was to develop the Attitudes Towards Relationship Orientation Scale (ATROS). Factor analysis methods were utilized in a two-step process consisting of principle components analysis and exploratory factor analysis to determine the underlying factors of this scale. Additionally, reliability and validity analyses were conducted. Through data analysis the ATROS was found to be a reliable and empirically valid scale that measures people's attitudes towards varying relationship orientations. The ATROS can be utilized in further exploration of people's attitudes and how it impacts people who identify as non-monogamous. It can help inform research, training, and practice within the field of counseling psychology.

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CHAPTER I

INTRODUCTION

A key aspect of the human experience is the development of romantic relationships (Doyle & Molix, 2014). Unless otherwise stated, the assumption, both in research and theory, is that romantic relationships are by definition always dyadic in nature (Barr & Simons, 2013; Doyle & Molix, 2014; Johnson & Bradbury, 2015; Solomon, 2009; Sue & Sue, 2008). Conley, Matsick, Moors, and Zeigler (2017) discussed monogamy being assumed in the study of relationships, which highlights potential implicit bias against those not adhering to this prescribed social norm. This can lead to the exclusion of participants from research studies based on false assumptions.

For example, in their study of relationships and health, Barr and Simons (2013) elected to remove 23 respondents because the respondents indicated that while they were dating one person consistently, their relationship structure still allowed them to engage intimately with other people. The justification for the removal was that the researchers were only interested in what they considered to be committed relationships. The assumption was that if a person is free to see other people, then there is a lack of commitment. Similarly, Papp and Witt (2010) excluded potential participants who did not identify that they were exclusively dating their partners. They noted their study focused on the interaction of individual coping and dyadic coping as it relates to relationship

functioning. However, these constructs could conceivably be applied to relationships that were not exclusively dyadic.

One of the critiques of romantic relationship research has been the tendency to focus on negative aspects of relationships rather than also seeking to explore what constitutes a healthy relationship (Karney, 2010; Young, 2004). However, some research has done just that. Brunell et al. (2010) found that higher dispositional authenticity is linked with healthier and happier relationships for both men and women. Young and Kleist (2010) studied the relationship process for people who were in self-identified healthy relationships. The findings suggested that it is the perceptions, expectations and interactions of each partner in the relationship that is responsible for developing feelings of security within the relationship. The implication in these studies is not that these relationships are happier and healthier due to the relationship structure, but rather due to the internal characteristics of the individuals in the relationship.

This type of bias-grounded assumption is seen in the majority of family and marriage counseling theories as well. To date there are no psychological theories that address relational adjustment and development outside of a dyadic configuration (Conley, et.al, 2017). Most refer to any relationship that is not dyadic as triangulated where the goal is to de-triangulate. The assumption is that triangles are unhealthy and should be avoided (Bowen, 1978). Some theories such as Emotion-Focused Couples Therapy (Greenberg & Goldman, 2008) assume bias in the name of their theory, the word couple meaning two. They do not explicitly state that this type of therapy is only for dyads, but the assumption throughout the text is such. There is no mention of different relationship

configurations. In fact, the only reference made to the possibility of more than one person in a relationship is when they discuss infidelity.

Although most research and theories appear to assume relationships to be dyadic, and the only valid relationship orientation, that is not reality. The reality is that people structure relationships in various ways. It has been estimated that approximately 4-5% of the population engages in consensual non-monogamy (Moors, Conley, Edelstein & Chopik, 2015; Rubin, Moors, Matsick, Zeigler & Conley, 2014). Hauptert, Gesselman, Moors, Fisher, and Garcia (2016) found that more than one in five participants in their national study indicated they had engaged in a consensually non-monogamous relationship at some point in their lifetime. Research and theory in counseling psychology inform practice, this, in turn, informs training. When theory and research fail to address this valid relationship orientation the needs of an entire population go unmet. Even worse, it invites stigma and bias to permeate the field of counseling psychology and negatively impact people who dare to structure their relationships outside of the prescribed monogamous norm.

Operational Definitions

The terms monogamous and non-monogamous are used throughout this study. Several definitions and of understandings of these words exist. For the purpose of this study, monogamous [relationships] will be defined as a relationship orientation/structure in which two people practice emotional and sexual exclusivity with one another (Sheff, 2014). Nonmonogamous [relationships] will be defined as a relationship orientation/structure in which people have the freedom to engage in emotional and/or sexual relationships with more than one person at a time (Moors & Schechinger, 2014).

Summary

The current literature on consensual non-monogamy gives evidence for its prevalence, gives evidence for the myth, stigma and pathology surrounding it, and offers evidence that illustrates that consensual non-monogamy is a valid relationship orientation and an alternative to monogamy when structuring relationships (Conley, Moors, Matsick, & Zeigler, 2013; Moors et al., 2015; Rubin & Adams, 1986; Rubin et al., 2014; Robinson, 2013; Sheff, 2005). The field of counseling psychology emphasizes multicultural competency as a cornerstone of the profession (American Psychological Association, 2010; Sue & Sue, 2003), yet research and theory have overlooked non-monogamy as a valid relationship orientation. The development of a measurement tool could help future researchers explore the attitudes toward non-monogamy held by people in the counseling profession, both those who are training future mental health professionals and those who are already practicing in the field. This can transform current training practices and aid in the development of greater multicultural competence for clinicians. It can also transform current competencies that guide the practice of counseling psychology. By addressing training and competencies, the field of counseling psychology can better address the unique experiences and needs of people who engage in nonmonogamous relationships.

Purpose of Current Study

The purpose of this study was to develop a reliable and empirically valid scale that measures people's attitudes towards varying relationship orientations. As such, hypothesis testing is not warranted since this is a scale development. Specifically, the Attitudes Towards Relationship Orientation Scale (ATROS) was designed to measure

negative bias towards non-monogamous relationship orientations. Numerous studies have attempted to measure and gauge people's attitudes towards non-monogamous relationship orientations (Conley et al., 2013; Knapp, 1975; Moors, Matsick, Ziegler, Rubin, & Conley, 2013). Other studies exploring consensual non-monogamy have utilized scales that were not specifically developed for measuring attitudes towards non-monogamous relationships in their research (Hymer, & Rubin, 1982; Roman, Charles, & Karasu, 1978). These studies have added to the scant literature on non-monogamous relationships. It is important that as research in this area continues to gain momentum researchers have an empirically validated way to measure people's attitudes towards consensual non-monogamy relationships.

CHAPTER II

REVIEW OF LITERATURE

Relationship Orientation Review

This author defines relationship orientation as the way in which people construct and engage in intimate relationships. This is related to how relationships can vary from monogamous to any form of extra-dyadic relationships (non-monogamous). In order to better understand this definition and its implications, it is important to know the difference between monogamous and non-monogamous relationships.

Monogamy

Monogamy has been defined as relationships wherein the intimate partners agree to romantic exclusivity (Weitzman, 2006). This type of relationship has also been described as being dyadic in nature. As the term suggests, dyadic relationships consist of an exclusive dyad of two people. Culture and geographical location can serve to shape our understanding of the construct of monogamy (Sheff, 2014). Sheff (2014) described monogamy in the United States in the terms of sexual intimacy, meaning two people only having sex with each other and no one else. Weitzman (2006) defined one of the main tenets of monogamy as being exclusivity with romantic and sexual partners.

It has been argued that what the general population considers to be monogamy is actually serial monogamy. This has been defined as a pattern of sexual exclusivity with

one person, followed by the end of the relationship which is then followed by the beginning of another sexually exclusive relationship with another person (Sheff, 2014). Classic monogamy is less of a pattern and more of a single defining moment in which two people enter a relationship without prior sexual contact with anyone else and continue that sexual exclusivity with one another for the remainder of their lives (Sheff, 2014).

Despite the expectation of monogamous relationships as sexually and romantically exclusive with one partner, these relationships only remain monogamous if both partners hold to those boundaries and expectations. Obtaining accurate statistics in regard to how many people engage in infidelity is quite difficult, given the secretive and sensitive nature of the topic. Another aspect that hampers obtaining more accurate estimates of infidelity is that most studies have focused on heterosexual married couples. With those two caveats in mind, estimates of infidelity have ranged from 13% - 25% (Atkins, Baucom, & Jacobson, 2001; Blow, & Hartnett, 2005) and rates as high as 60% (Buss & Shakleford, 1997).

People who have agreements and expectations of monogamy in their relationships and then experience infidelity by a partner are by definition, no longer in monogamous relationships. This moves the relationship orientation from monogamous to non-consensual non-monogamy. The other potential option of relationship orientation is consensual non-monogamy or extra-dyadic relationship orientations.

Consensual Non-monogamy

Consensual non-monogamy is an umbrella term used to describe a relationship orientation that is not monogamous. Conley et al.(2013) define consensual non-

monogamy as “any relationship arrangement in which the partners agree to have extradyadic sexual or romantic relationships” (p. 2). Other researchers have similar definitions but incorporate the notion that all partners involved ethically agree on the terms of the relationships (Moors & Schechinger, 2014). Polyamory, open relationships, swinging, polygamy, and relationship anarchy are all non-monogamous relationship orientations (Sheff, 2014). Using terms such as “extradyadic” and “ethical” to describe various relationship orientations can be problematic. Our proposed definition of consensual non-monogamy is a relationship orientation in which all partners involved have the option of engaging in multiple relationships in various (e.g., sexually, romantically, emotionally, etc.) ways simultaneously using whatever boundaries and rules all partners agree on.

Polyamory. Polyamory has been defined numerous ways within the literature. For example, it has been defined as a way of navigating relationships in which each person in the relationship has the option of pursuing other romantic relationships at the same time, and most importantly, each partner in the relationship has given consent to this relationship agreement (Weitzman, 2006). Haritaworn, Lin, and Klesse (2006) add that this type of relationship orientation is valid and worthwhile, and the relationships are usually long-term.

Polyamory differs in definition from other extradyadic relationship orientations in that it emphasizes that relationships seek to be long-term and committal (Sheff, 2005). Some scholars define polyamorous relationships as being non-hierarchical (Chapman, 2010), while others define it in terms of primary and secondary partners with the majority of time and energy being spent with the primary partner (Weitzman, 1999). The main

themes of scholarly definitions of polyamorous relationships are that all partners involved have the freedom and choice to seek out romantic and sexual relationships with more than one partner at the same time and that all partners involved are aware of all other relationships (Mitchell, Bartholomew, & Cobb, 2014; Moors et al., 2015; Sheff, 2014; Williams & Prior, 2015). Easton and Hardy (2009) note that there are varying ways to define polyamory. They point out that some use the term as more of an umbrella term that encompasses any relationship orientation that is extradyadic and others use the term to indicate relationships characterized by committed love relationships in which emotional connections are present and the relationship is not solely based on sexual activity and engagement.

Another relationship orientation that is associated with polyamory is polyfidelity. Polyfidelity is similar to polyamory in that it is characterized by the existence of multiple loving relationships, but this relationship structure is considered closed and requires an aspect of fidelity to all partners involved in the relationship (Sheff, 2014). The defining caveat of polyfidelity is the exclusivity to the identified partners in the group, while polyamory allows for more flexibility, in that all partners have the freedom to seek out extradyadic relationships with whomever and that fidelity to any partner(s) is not required (Chapman, 2010; Easton & Hardy, 2009). It is an agreed upon boundary that the partners involved in the relationship do not date anyone outside (Weitzman, 2006). In this type of relationship orientation the potential for infidelity comes into play.

Polygynandry, also known as group marriage, is another relationship orientation that is closely related to polyamory. Sartorius (2004) defines group marriage as a relationship structure in which three or more partners are committed emotionally,

mentally, and sexually to all partners in the relationship. There is a strong relational commitment between all partners involved (that may or may not include sex) where they spend significant amounts of time and energy together and everyone has equal priority within the relationship (Weitzman, 1999).

Sheff (2014) describes polyaffective as another relationship orientation. This describes the non-sexual, but intimate, relationship between two people who are sexually and intimately involved with the same person. An example would be two heterosexual men involved in a sexual and intimate relationship with the same woman. These men would have a brother-like relationship with one another (Sheff, 2014).

Open Relationships. Another relationship orientation is an open relationship. There are varied definitions of this term in the literature. McCoy, Stinson, Ross, and Hjelmstad (2015) define an open relationship as a relationship structure in which the two partners involved in a relationship can seek out additional relationships with other people, but those people do not usually interact with the other partner. Other scholars define open relationships as one in which a primary relationship is identified and that each partner may establish a secondary relationship with different partners; the main focus and commitment is to the partner in the identified primary relationship (Weitzman, 2006). Easton and Hardy (2009) define open relationship in a way that can be applied to other relationship orientations. They assert that an open relationship is “a relationship in which the people involved have some degree of freedom to fuck and/or love people outside the relationship. Hence, an eight-person group marriage may still either be ‘open’ or ‘closed.’” (p. 274). This highlights the potential overlap in defining various relationship orientations. Sheff (2014) also discusses how the term open relationship can be used to

describe all types of consensually non-monogamous relationships. Open relationships tend to have specific rules, expectations and boundaries in place (Sheff, 2014). It is important to highlight this aspect of open relationships. Arguably, this is one of the main ways that this relationship orientation differs from that of relationship anarchy.

Relationship anarchy is another relationship orientation that is considered non-monogamous. This relational orientation comes up less frequently than others in the literature, and in fact, was only found once in this literature review. Sheff (2014) notes one of the most prominent themes in this type of relationship orientation is the resistance to putting demands, expectations, and boundaries on the partners involved in the relationship. Another key philosophy in this type of relationship orientation is that the people involved do not place certain relationships above other relationships. Therefore, intimate relationships are no more important than friendships and are not subjected to a hierarchy of importance (Sheff, 2014).

Swinging. One of the more widely known, and often the one most associated with non-monogamy, relationship orientations is swinging. Williams and Prior (2015) define swinging as a relationship orientation that identifies the existence of a primary relationship and allows for sexual contact with other people. Swinging emphasizes having sexual relationships with people besides a primary partner within specific circumstances, but does not include forming more intimate or emotional connections with anyone outside of the primary relationship (Chapman, 2010; Weitzman, 2006).

Polygamy. Along with swinging, polygamy is also one of the more widely known relationship orientations. Polygamy is technically a consensual non-monogamy, it is, however, the most different from all the other relationship orientations. This relationship

orientation is characterized as a type of marriage consisting of three or more partners (Sheff, 2014). The most common form of multiple partner marriage is polygyny, a marriage of one husband and multiple wives, in which the wives are sexually exclusive with the husband and the husband engages in sex separately with each wife in the relationship (Sheff, 2014). This type of relationship orientation has been seen in mainstream media through reality television series *Sister Wives* and the HBO fiction series *Big Love*. Both shows depict one man with multiple wives. Williams and Prior (2015) note that polygamy can also consist of one woman with multiple husbands. However, this formation of this particular relationship orientation is seen with far less frequency.

Other Terms. Another term to be familiar with when discussing consensual non-monogamy is compersion. Chapman (2010) defines compersion as “based on belief of abundance, in which there is no need to compete for the supposedly scarce commodity of love. It holds that love breeds more love, and that when I see someone I love experiencing joy from the love of someone else, this brings me joy as well.” (p. 11). In a sense, compersion is the emotional opposite of jealousy (Sartorius, 2004).

Monogamish is also a term used to describe a type of relationship orientation. This relationship orientation functions as monogamous mostly, but allows for partners to engage in sexual contact with people who are not their partners under very specific conditions (Sheff, 2014). The boundaries and expectations can vary widely from one relationship to another.

Non-monogamous Relationship Orientation Research

A review of the literature on consensual non-monogamy shows the limited research that exists. Haritaworn et al. (2006) note that the majority of the literature written on polyamory is in the form of self-help books and generally intended for people who are already familiar with consensual non-monogamy. The research themes found in the literature focus on the prevalence of consensual non-monogamy, the stigma consensually non-monogamous people face, comparison of monogamous and non-monogamous relationships, comparison of the people engaged in monogamous and non-monogamous relationships, and the personal experience of consensually non-monogamous people.

Prevalence. Obtaining accurate estimates of the prevalence of consensual non-monogamy has been difficult. McCoy et al. (2015) note that accurate estimates of the prevalence of polyamory are unclear due to limited empirical research and the type of population (e.g., people who identify as gay, lesbian, and bisexual) that is being examined. Moors et al. (2015) used unpublished data in a study that indicated approximately 4-5% of the population engages in consensual non-monogamy. This is a similar percentage found in a study by Rubin et al. (2014). Haupt, Gesselman, Moors, Fisher, and Garcia (2016) found that more than one in five participants in their national study indicated they had engaged in a consensually non-monogamous relationship at some point in their lifetime. Rubin et al. (2014) found that men and women were equally likely to engage in consensual non-monogamy, White people and people of color were equally likely to engage in consensual non-monogamy, and that heterosexually identified

people and sexual minorities were equally likely to engage in consensual non-monogamous relationships.

However, a more recent study analyzing a national sample found that men were more likely to engage in consensual non-monogamy than women and that sexual minorities were more likely than heterosexual identified people to engage in consensual non-monogamy (Haupt et al., 2016). They also found that age, education level, income status, religion, region, political affiliation, and race are not related to previous engagement in consensually non-monogamous relationships. Seguin et al. (2016) also found some support for sexual orientation differences in relationship orientations. They found that a higher percentage of heterosexual identified participants also identified as monogamous, a higher percentage of homosexual identified participants also reported engaging in open relationships, and that a higher percentage of bisexual identified participants reported engaging in polyamorous relationships.

Stigma. Research has shown and highlighted how people who engage in consensually non-monogamous relationships face stigma from the general public. Conley et al.(2013) conducted a study that not only highlighted that the general public view monogamy as superior to consensual non-monogamy, but that there is also a halo effect surrounding monogamous relationships as well. Specifically, monogamous relationships were rated more favorably on arbitrary traits as well as specific relationship characteristics. Moors et al. (2017) found that people associate monogamy with higher quality relationships, more desired personality characteristics, greater intelligence, and a better quality of life compared to consensual non-monogamy. Additionally, regardless of the person's sexual orientation and/or gender identity, people view individuals engaged in

consensual non-monogamy more negatively than they view people who do not (Moors et al., 2013). Perel (2006) points out that non-monogamy, even if consensual, is viewed as suspect and that therapists often view it as a fear of commitment or a fear of intimacy.

One qualitative study examined stigma from the perspective of women who were engaged in consensual non-monogamy. Sheff (2005) found that women from her study discussed facing stigma in a general sense, but more importantly they experienced no support from their monogamous friends and family. More broadly, mainstream culture views anything that is not classified as monogamy as if it were cheating (Mint, 2004).

There is limited research on the stigma and attitudes mental health clinicians hold toward consensual non-monogamy. The research that has been conducted shows a clear pattern of stigma and negative attitudes toward non-monogamy held by therapists (Hymer & Rubin, 1982). Most of the research on non-monogamy was conducted over 30 years ago. One of the first studies conducted on therapists' attitudes toward consensual non-monogamy found that over one third of the family therapists in the study believed that people engaged in sexually open marriages and swinging are neurotic and have personality disorders (Knapp, 1975). Knapp also found that one fifth of those therapists thought that people engaged in sexually open marriages or swinging were likely to have anti-social personality traits (1975). Roman et al. (1978) also conducted research on psychotherapists' attitudes toward non-monogamy. 23% of their participants reported group sex was unacceptable and 13% reported extramarital sex was unacceptable. They used an alternative lifestyles measure that showed 11% of the participants believed group marriage was not okay and 35% said it was "possibly okay." 16% of the participants

thought swinging was unacceptable and 36% said it was possibly okay (Roman et al., 1978).

Research has also shown that people who have engaged in non-monogamous relationships and sought therapy experienced bias and little to no support from their therapists (Graham, 2014; Hymer & Rubin, 1982). Even when therapists self-report being open and accepting of non-monogamous relationship orientations, they still hold problematic views and understandings that seep into their work (Finn, Tunariu, & Lee, 2012). Finn et al.(2012) conducted a qualitative study with psychotherapists who reported using affirmative therapy with non-monogamous clients. Although all the therapists professed their commitment to being open to working with this population, they made several statements indicating they still held some biases toward this population.

Monogamous vs. Non-monogamous. There is a perception that people who are in monogamous relationships are more satisfied with their relationships than people who engage in consensually non-monogamous relationships (Cohen, 2016). Research is starting to debunk the myth that monogamous relationships are different, or better, than non-monogamous relationships. Relationships can be secure regardless of the relationship orientation (Moors & Schechinger, 2014). One study found no differences between male same-sex relationships with non-monogamous agreements and male same-sex relationships with monogamous agreements regarding relationship health, including self-reported relationship satisfaction, hostile conflict, feelings of constraint in the relationship, confidence in the relationship, and relationship instability(Whitton, Weitbrecht & Kuryluk, 2015). Both participant samples reported confidence in their relationships and overall relationship satisfaction, as well as low levels of negative

relationship experiences (e.g., destructive conflict, felt constraint, relationship instability, and individual depressive symptoms). Conley et al. (2017) found no major differences between monogamous identified people and consensually non-monogamous people on ratings of satisfaction, commitment, and passion in their relationships. Additionally, they found that consensually non-monogamous identified people reported less jealousy and greater trust in their partners as compared to people in monogamous relationships.

Other research has challenged the belief that consensually non-monogamous relationships are not as long-term and stable as their monogamous counterparts. Rubin and Adams (1986) conducted a follow-up study from their 1982 study comparing monogamous and non-monogamous couples. They found that 68% of the sexually open couples were still together and 82% of the sexually exclusive couples were still together. Participant happiness was found to be stable from the first study to the follow-up study.

In addition to myths surrounding non-monogamous relationships, there are also myths surrounding the people who engage in non-monogamous relationships. One such myth is that people who engage in consensual non-monogamy are at greater risk for negative sexual health experiences and are viewed as more sexually risky (Hutzler, Giuliano, Herselman, & Johnson, 2015). Contrary to this assumption, studies have shown that people involved in consensually non-monogamous relationships are more likely to engage in safe sex practices and engage in open communication about past and current sexual partners (Conley, Moors, Ziegler, & Karathanasis, 2012; Lehmiller, 2015). Moreover, operating under the belief that monogamy minimizes sexual risk can actually be detrimental to a person's sexual health (Moors, Matsick, & Schechinger, 2017). Other scholars found that people who engage in consensually non-monogamous relationships

report higher sexual satisfaction than people in monogamous relationships, helping to dispel the myth that monogamous relationships result in greater sexual satisfaction (Conley, Piemonte, Guskova, & Rubin, 2018).

Conley et al. (2012) found that sexually unfaithful people were less likely than people engaged in negotiated non-monogamous relationships to use condoms and other forms of safe sex such as using gloves for genital touching and sterilizing sex toys. They also found that sexually unfaithful individuals were significantly less likely than individuals engaged in negotiated non-monogamous relationships to have discussed their sexual history, including their history of Sexually Transmitted Infection testing.

Lehmiller (2015) came to similar conclusions regarding safe sex practices of people engaged in consensual non-monogamies versus people engaged in monogamous relationships. Approximately one-quarter of the monogamous partners in the participant sample reported engaging in sex outside of their primary relationship and most of them indicated that their primary partner did not know about their infidelity. The non-monogamous participants in Lehmiller's (2015) sample did report more lifetime sexual partners than their monogamous counterparts, however safe sex practices were more present with the non-monogamous identified people. These studies help to debunk the myth that people engaged in non-monogamous relationships are at greater risk for negative sexual health experiences.

Mogilski, Memering, Welling, and Shackelford (2015) conducted a study examining mate retention strategies in monogamous and consensually non-monogamous people. Compared to their monogamous counterparts, consensually non-monogamous participants reported greater satisfaction with the communication and openness they

experienced in their relationships. They suggested that the openness and communication in consensually non-monogamous relationships may be a form of mate retention that is unique to these types of relationships. They also conclude that monogamous partners and consensually non-monogamous primary partners are treated similarly in the respective relationships.

Research has focused on various experiences of people who identify as non-monogamous. Some qualitative studies have explored identity development, authentic ways of living, and construction of consensual non-monogamous relationships (McLean, 2014; Robinson, 2013; Sheff, 2005). The question of how one comes to identify as non-monogamous or be involved in this type of relationship orientation has been examined. Barker (2005) suggests that people come to this identity one of two ways. Some people have always felt different in how they view relationship dynamics, meaning that they never identified with a dyadic relationship structure. Others, Barker (2005) said, have struggled with fidelity and then realized they could construct a relationship where they could be honest and open about multiple relationships at the same time. McLean (2004) conducted a qualitative study with consensually non-monogamous identified people and found that the most notable and prevalent ground rules established in these types of relationship orientations is that of honesty and communication with the partners involved in the relationship. Other research has highlighted how engaging in consensually non-monogamous relationship orientations allows some people to be more authentic.

Moors (2015) found individuals lower in avoidance attachment style were more likely to be in a consensually non-monogamous relationship than in a monogamous relationship. They also found that men reported higher levels of avoidance but more

positive attitudes toward consensual non-monogamy and greater willingness to engage in consensual non-monogamy than women did. This finding suggests that gender role socialization and stereotyping might impact how people view various relationship orientations.

Another assumption that may be made about people who engage in consensual non-monogamous relationship orientations is that they do so in order to get numerous needs met. In a study focused on need fulfillment, Mitchell et al. (2014) found that participants rated their need fulfillment in all their relationships as high, meaning that people who engage in consensual non-monogamy are not doing so in order to have specific needs met in one relationship because the need was not being met in another relationship. Based on these results, they suggested that the relationships in non-monogamous configurations operate somewhat independently of each other and do not appear to have a strong positive or negative effect on each dyadic relationship.

As stated previously, people who engage in consensual non-monogamy are stigmatized, both in general society and professional society (Hymer & Rubin, 1982; Knapp, 1975; Moors, et al., 2013; Perel, 2006; Roman, et al., 1978; Sheff, 2005). People make assumptions about people who identify as consensually non-monogamous. It is important to understand how this stigma impacts them and the consequences of that stigma.

Effects of stigma on sexual minorities

As stated previously, research focused on people who identify as non-monogamous in their relationship orientation is gaining momentum. However, there are still significant gaps in this area. Although studies have illustrated how stigmatizing the

general population is toward consensual non-monogamy, there has yet to be an in-depth study on how that stigma impacts the people who engage in consensual non-monogamy. There has been a significant amount of research exploring the impact of stigma on sexual minorities. In these cases sexual minorities generally include people who do not identify as straight and/or people who identify as transgender or gender nonconforming. The Human Rights Campaign (Glossary of Terms, n.d.) define transgender as an umbrella term for an individual whose gender identity and/or expression is different from society's expectations based on that individual's sex assigned at birth and gender nonconforming as a broad term representing people who do not adhere to traditional expectations of gender or who gender expression does not conform to any specific category of gender.

This author asserts that relationships that are consensually non-monogamous should be considered a relationship minority. This would be similar to how lesbian, gay, bisexual, and queer people are considered sexual minorities and how transgender and gender nonconforming people are considered gender minorities. As such, understanding how stigma impacts sexual and gender minority populations can help inform us on how stigma is likely to impact people who identify as consensually non-monogamous. It is important to consider that for a person whose identities encompass several of these aspects, the experience of stigma is likely to be much greater. Examining the concept of intersectionality is important (Moradi & Grzanka, 2017; Rosenthal, 2016), for the purpose of this paper stigma related to sexual minorities will be reviewed as a single construct.

Herek (2010) defines stigma as "the culturally shared knowledge that society regards the members of a particular group or category negatively and accords them inferior status in their social interactions with the nonstigmatized" (p. 693). Other terms

related to stigma are stigma consciousness, sexual stigma, and internalized sexual stigma. Pinel (1999) defined stigma consciousness as the conscious awareness of stereotypical characteristics of a stigmatized identity and the expectation of negative evaluation or rejection of the person based on that stigmatized identity. In other words, people who belong to a stigmatized group are likely to expect rejection or negative appraisals from people who do not belong to the stigmatized group once the stigmatized identity is disclosed or revealed. Sexual stigma is the negative perception of any relationship or identity, individual or community, that is not heterosexual in nature (Herek, 2007). Herek, Cogan, and Gillis (2015) defined internalized sexual stigma as a process of adapting one's self-concept, or identity, to fit with the stigmatized beliefs of society regarding sexual relationships that are not heterosexual.

There is also the issue of concealable versus visible stigmatized identities. For example, a person who identifies as a sexual minority would have to disclose their stigmatized identity. However, other stigmatized identities, such as race, ethnicity, and gender, are significantly more difficult to conceal. Pachankis (2007) refers to stigma salience as the ease in which stigma related thoughts occur in particular situations, and that the salience individuals experience will impact their experience of the situation. Pachankis (2007) points out that both concealable and visible stigmatized people experience stigma salience, although those with concealable stigmas experience stressors that are unique to them and not shared with those individuals whose stigmatized identities are visible.

Pachankis (2007) developed a cognitive-affective-behavioral model to help explain the negative impacts of concealing a stigma. This model highlights the internal processes that can occur within individuals of a stigmatized group and how that, in turn,

can impact their interpersonal functioning. This model posits that people are likely to experience difficulty in situations where their stigma is made salient, there is a chance that their stigma may be discovered, and the cost of discovery could have a negative impact and consequences for the person.

In regard to stigma salience, Pachankis stated that in situations where individuals believe themselves to be the only person who identifies within a specific stigmatized group, more negative psychological consequences are likely to occur (Pachankis, 2007). For example, if a person who currently identifies as polyamorous is at a social gathering attended by friends who are all in monogamous relationships, the person is very likely to experience stigma salience, especially if the conversation turned to significant others. This would greatly increase the threat of discovery for that individual (Pachankis, 2007). The threat of discovery increases when questions are asked that are related to a person's stigmatized status and then one must choose to answer truthfully, thereby disclosing their stigmatized status, or continue to conceal their stigmatized status (Pachankis, 2007). This threat of discovery can often lead to preoccupation of being discovered, avoidance, and suspiciousness, all of which can create negative affective states of mind (Pachankis, 2007).

Pachankis (2007) listed anxiety, depression, hostility, demoralization, guilt, and shame as possible affective responses to managing a concealable stigma. He also noted that the experience of shame and fear of rejection can lead to increased suffering. The potential affective consequences of managing a concealable stigmatized status could certainly impact a person's overall psychological well-being. Rumination on perceived

consequences of having a stigmatized status disclosed or discovered can also generate significant distress for people with a concealable stigma (Pachankis, 2007).

How do these cognitive and affective implications impact behavior? Pachankis (2007) indicated that people who have concealable stigmatized identities are likely to experience an increase in self-monitoring behavior, be concerned with impression management, increase social avoidance patterns, and experience social isolation. It is clear after examining the cognitive, affective, and behavioral implications of managing a concealable stigma that there is potential for people who have a stigmatized status to experience significant negative psychological consequences. The type of relationship (e.g., short-term vs. long-term) may also dictate whether or not concealing a stigmatized identity has negative consequences for the relationship itself (Goffman, 1963). Goffman (1963) theorized when a person is managing a concealable stigma, short-term interactions may occur without incident. It is the longer term relationships that may suffer when a person managing a concealable stigma interacts in ways to avoid discovery or disclosure of their stigmatized status.

One of the big questions for people managing a stigmatized status is whether they should disclose their identity or conceal it. Newheiser and Barreto (2014) conducted a study exploring the consequences of hiding a stigmatized identity during social interactions. They found that participants in their study who merely *anticipated* hiding their contextually stigmatized identity also experienced a lack of belonging. External observers who watched these participants' interactions within the social setting also rated the participants' interactions as less positive and interpreted the participants' behavior interactions as meaning the participant had a less than positive view of themselves.

In addition to examining contextually stigmatized identities, Newheiser and Barreto (2014) also explored culturally stigmatized identities. The results were consistent across all studies, indicating that in situations when an individual conceals a stigmatized identity, either contextually stigmatized or culturally, the individual is likely to experience lowered feelings of belongingness. They attribute this to the individuals' inability to be authentic in these interactions. Newheiser and Barreto (2014) point out that hiding the stigmatized identity may reduce anxiety in the moment, but the consequences of inauthenticity may outweigh the reduced anxiety in the long term. More importantly, they suggest that the results indicate "that hiding a socially stigmatized identity is a problematic identity management strategy in that it is expected to provide, but does not deliver, the social acceptance much sought by individuals living with stigmatized identities." (p. 68). In other words, seeking social acceptance through identity concealment is not always effective, and this in turn can potentially lead to more social and psychological consequences for people with stigmatized identities.

Jackson and Mohr (2016) explored the difference between stigma concealment and stigma nondisclosure in hopes of determining if there are different psychological consequences when people utilize one process or the other. They applied Meidlinger and Hope's (2014) definitions of disclosure and concealment for the purpose of their study, disclosure meaning how and in what ways a person has revealed their stigmatized identity or status and concealment meaning how and in what ways a person tries to prevent their stigmatized identity or status from being known. They found that the greater the effort made to conceal one's identity, the more likely one is to have poorer psychological health and endorse negative identity variables. This study illustrates that

the act of concealing one's stigmatized identity may negatively impact their psychological health.

Alessi (2014) noted that overall when people identify as a sexual minority it can lead to higher amounts of stress which in turn increases the risk for negative psychological consequences. Lick, Durso, and Johnson (2013) stated that minority stress from stigma often leads to maladaptive cognitive appraisals, specifically hypervigilance to interpersonal threats and rejection sensitivity, which both can lead to negative health consequences for the person experiencing them. Stigma may also lead to heightened experiences of psychopathology through various internal processes (Hatzenbuehler, 2009). Research has shown that increased rates of mood and anxiety disorders experienced by sexual minorities may be attributed to rumination, low social support, and negative self-schemas (Hatzenbuehler, 2009). Social isolation can also be a result of stigma experienced by sexual minorities, which, in turn, can lead to more negative emotional experiences (Hatzenbuehler, 2009). Schwartz, Stratton, and Hart (2016) also stated that strategies such as social isolation, avoidant coping, and emotional suppression may be effective in the short-term, but have the potential to lead to greater psychological distress in the long-term.

Lewis, Derlega, Griffin, and Krowinski (2003) explored gay-related stress and life-related stress as it relates to depression symptoms. They found that the stress related to each of those constructs are independent of each other. Participants in their study who reported more stigma consciousness and more gay-related stress also reported more depressive symptoms. In other words, participants who expect to be judged using negative stigmatized stereotypes experienced more depressive symptoms. Figueroa and

Zoccola (2015) found that increased stigma consciousness was associated with increased depression and anxiety symptoms as well as increased experience of negative physical symptoms (e.g., headaches, back aches). They go on to assert that in their study of stigma consciousness they found that self-reported poorer health was directly associated with the awareness of sexual minority stereotypes and the expectation of being rejected because of them.

Liao, Kashubeck-West, Deitz, and Weng (2015) studied the link between perceived discrimination and psychological distress in sexual minorities. They found a positive association between anger rumination and psychological distress. They theorized that increased psychological distress is likely when an individual ruminates about previous unfair treatment in response to current perceived discrimination and rejection. They also found support for the idea that perceived discrimination and expectations of rejection is associated with less self-compassion, and that less self-compassion predicted more psychological distress. They concluded that perceived discrimination impacts sexual minorities two-fold, through the discrimination itself and then through the expectation of rejection, which acts as a precursor to increased anger rumination and a decrease in self-compassion, which then may led to increased psychological distress.

Ngamake, Walch, and Raveepatarakul (2016) also conducted a study that highlighted that perceived discrimination is positively associated with psychological distress. This association was still significant even after controlling for income, education, and race. They examined how some coping strategies themselves also elicit negative psychological consequences. They found that sexual minority persons who utilized addictive substances to cope with experiences of discrimination were more likely

to report psychological distress. They also found that participants who reported higher levels of internalization were more likely to report greater levels of depression and anxiety regardless of their level of perceived discrimination. They suggested that these findings can be best explained by the concept of internalized homonegativity.

Herek and McLemore (2013) state that the process of internalizing sexual stigma starts when sexual minorities direct negative feelings from society and other people toward themselves based on their same-sex attractions. They also pointed out that sexual stigma is pervasive and that most people internalize it to some extent. Herek et al.(2015) reported that increased psychological distress and decreased positive affect were associated with reduced self-esteem as a result of increased levels of self-stigma. They found that sexual orientation beliefs (e.g., the costs and benefits of identifying as a sexual minority), affect related to community membership, and behaviors related to either the concealment or disclosure of sexual orientation, are all associated with self-stigma. Lehavot and Simoni (2011) examined the role of internalized homophobia and mental health in sexual minority women. They found that internalized homophobia was associated with less activation of interpersonal and intrapersonal resources resulting in an increase of mental health issues and substance use.

Johnson and Yarhouse (2013) examined the role of shame, internalized homonegativity, and sexual minority status. They noted that there is currently no empirical evidence linking the stigma associated with identifying as a sexual minority and shame, but that shame appears to be a central concern for most sexual minorities. At the very least, shame as a result of stigma, both external and internal, should be considered and understood better.

One model developed to help explain how stigma negatively impacts sexual minorities is the minority stress model. Meyer (2003) identified four experiences that result in significant stress. The first is experiences of prejudice and discrimination. The second is the experience of stigmatization, including both being aware and experiencing stigmatization and the hypervigilance associated with expecting it. The third is the experience of internalized homonegativity. The final is the experience of continually deciding whether or not to conceal or disclose their sexual orientation. This model was developed with Lesbian, Gay, and Bisexual identified people in mind, it can be applied to consensually non-monogamous people as well. It can be hypothesized that consensually non-monogamous people experience discrimination, fear rejection from family, friends, and co-workers, and have to battle with concealing their identity. Consensually non-monogamous people may not have to confront internalized homonegativity, but they certainly have to confront and deal with mononormativity, both external and internal. Barker and Landridge (2010) define mononormativity as “dominant assumptions of the normalcy and naturalness of monogamy, analogous to such assumptions around heterosexuality inherent in the term heteronormativity” (p. 752).

Experiences of stigma can also be applied to relationships. Doyle and Molix (2014) examined how stigma impacts relationships. They found an association between decreased positive self-image and decreased romantic relationship quality when an individual of a stigmatized group experienced more instances of prejudice and discrimination. Couples in the Rostosky, Riggle, Gray, and Hatton (2007) study relayed that they experienced stress related to the negative stereotypes that people and society at large place on same sex couples. The couples in the study discussed having to weigh the

costs and benefits of coming out and disclosing their relationship in all areas of their life, e.g., family, friends, work, etc. It is not a big step to see how this could also play out in the same way for couples who are consensually non-monogamous.

Experiences of stigma can also occur in the workplace for sexual minorities. Velez, Moradi and Brewster (2013) applied the core components of the minority stress model to a study examining the association between stigma and job satisfaction. They found greater psychological distress and lower job satisfaction was correlated with experiences of high discrimination, expectations of stigma, internalized heterosexism, identity counterfeiting, identity avoidance, and low identity integration.

Strutz, Herring, and Halpern (2015) asserted that the minority stress model is focused on mental health, but that it could be applied to physical health as well. Sexual minorities experience substantially worse physical and mental health compared to their heterosexual counterparts (Elliott et al., 2014; Lick et al., 2013). In their study of health disparities among sexual minorities, Strutz et al. found that sexual minority women were at greater risk for health disparities than their male counterparts (2015). They also found that sexual minority women had lower odds of receiving routine physical examinations. It can be hypothesized that this potentially has a negative impact on sexual minority women's sexual health. Sexual minority women who also identify as consensually non-monogamous may experience even greater disparities.

Lick et al. (2013) also pointed out that mental and physical health are interconnected and increased symptoms in one area can lead to increased symptoms in the other area. There is clear evidence that shows how stigma can impact both the mental

and physical health of sexual minorities. The consequences of experiencing stigma are likely to be overwhelming for sexual minorities.

As stated previously, the above literature is focused on sexual minorities defined by sexual orientation, not sexual minorities defined by relationship orientation. The evidence is clear that the effects of stigma on sexual minorities is great and ranges from psychological consequences to physical consequences. Currently, there is no research examining how stigma affects people who identify as consensually non-monogamous. What the research does show is that consensually non-monogamous identified people experience stigma. Despite the lack of empirical evidence it is not inconceivable to assume that the effects of stigma experienced by consensually non-monogamous people is similar to the effects of stigma on other sexual minorities. This is significant and highly important to the field of counseling psychology. Specifically, this relates to the goal and expectation of multicultural competency in clinical work with clients.

Multicultural Competency

Striving for multicultural competence is expected in the field of counseling psychology (APA, 2010; Sue & Sue, 2003). Sue, Arredondo, and McDavis (1992) developed cultural competence guidelines for counselors. They describe three dimensions of a culturally competent counselor. First, they assert that counselors must have an awareness of themselves in order to understand how that will impact their work with clients. Second, they assert that counselors must understand and have respect for culturally diverse clients without negative judgments toward clients. The third dimension of a culturally competent counselor addresses the skills and interventions utilized in therapeutic process, meaning interventions utilized should be appropriate and sensitive to

the clients' culture and needs. Outside of the guidelines themselves, one of the most important pieces of becoming a culturally competent counselor is that this is an active process with no endpoint and that counselors must continually strive to increase their competency (Sue & Sue, 2008).

The field of counseling psychology has not always embodied this striving for multicultural competency. Historically, the field has "...done great harm to culturally diverse groups by invalidating their life experiences, by defining their cultural values or differences as deviant and pathological, by denying them culturally appropriate care, and by imposing the values of the dominant culture upon them." (Sue & Sue, 2003, p. 8). Herek (2007) discusses how homosexuality was once classified as a mental disorder and that the assumption of the psychology field was that sexual minorities could be cured and made to be heterosexual. It has only been recently that major entities in the field have officially made statements against the use of conversion therapy with sexual minority clients (American Psychiatric Association, 2002; Association for Lesbian, Gay, Bisexual, Transgender Issues in Counseling, 2012; National Association of Social Workers, 2000; Substance Abuse and Mental Health Services Association, 2015). Prior to any shifting of views held collectively by the field of psychology, Hooker's (1957) groundbreaking research gave empirically validated evidence that suggested that sexual minorities, specifically gay men, were no more pathological than their heterosexual counterparts. At the very least, this highlights how the field of psychology must rely on empirical evidence when it comes to labeling behavior and relational patterns as inherently pathological. While the historical view of sexual minorities in the field of psychology has

been problematic, the field has shown it is capable of learning from and correcting questionable stances while advocating for greater social change (Herek, 2010).

Current research has shown that therapist openness and acceptance of clients' identities is important. Fowers and Davidov (2006) suggested that therapists should possess an openness in order to strive for multicultural competency. They asserted that openness is a necessary component of cultural competence and it should inform training and practice. Cultural humility has been defined as engaging in a pattern of interpersonal connection that is focused on others rather than the self in a way that shows respect for another's cultural background and experiences (Hook, Davis, Owen, Worthington & Utsey, 2013). Hook et al. (2013) found that cultural humility in therapists can lead to more positive outcomes in the therapy process. Cultural humility and therapist openness are not explicitly stated, both part of the second dimension of the culturally competent guidelines developed by Sue et al. (1992).

In addition to multicultural competency guidelines, people in the counseling field are also governed by codes of ethics. In the ethical and cultural competency guidelines, there exists only one specific mention of different relationship orientations. In 2012 the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) established competencies for working with lesbian, gay, bisexual, queer, questioning, intersex and ally individuals. One of the guidelines makes specific mention of polyamorous families and that relationship structures may vary. The fact that relationship orientation is mentioned in these competencies is a step in the right direction. However, it is important to remember that people who engage in non-monogamous

relationships are not only sexual minorities, but also heterosexual-identified people (Rubin et al., 2014).

Ratts, Singh, Nassar-McMillan, Butler, and McCullough (2016) were tasked with updating the cultural competencies set forth by Sue et al. (1992). The Multicultural and Social Justice Counseling Competencies (MSJCC) were released in 2016. Additions to the competencies included the work of Pope (1995) in establishing that sexual minorities should be included in the definitions and discussions of multicultural competency. Two other additions to the competencies include that of intersectionality of identities and social justice advocacy. Even when all the aspects were taken into consideration and then added to the cultural competencies, relationship orientation was not mentioned. This does not mean that the established ethical and cultural competency guidelines are not applicable to relationship orientation. Even without guidelines specific to working with consensually non-monogamous identified people, arguments can certainly be made for applying the current ethical guidelines and codes that govern the field of counseling psychology.

One of the American Counseling Association's (2014) current ethical guidelines addresses counselors imposing their own values on clients. A.4.b. is concerned with personal values, and more specifically the personal values of counselors and how those are managed in work with clients. This guideline explicitly states that counselors are to avoid imposing their own values, attitudes, beliefs, and behaviors on their clients. It goes on to highlight that counselors should seek training and education in areas where there may be a risk of their values conflicting with their clients' values. Like sexual orientation, relationship orientation also represents a specific culture that has its own values, attitudes,

beliefs, and behaviors. If therapists are guided by the American Counseling Association Code of Ethics (2014) and they hold negative, stereotypical, and discriminatory attitudes and beliefs toward consensual non-monogamy they are setting themselves up for ethical violations.

The American Psychological Association's (2010) ethical code governs psychologists in their research and work with clients. The most notable guideline in regard to relationship orientation is Principle E, which is concerned with respect for clients' rights and dignity. As with the ACA's (2014) ethical code, there is no specific mention of relationship orientation. However, Principle E does explicitly state that psychologists should be aware of and respect clients' culture.

Consensual non-monogamy is a valid and practiced way of constructing relationships (Barker & Landrige, 2010; Cohen, 2016; Moors & Schechinger, 2014). A relatively large portion, 4-5%, of the population engages in consensual non-monogamy (Moors et al., 2015; Rubin et al., 2014). A review of the current literature has shown that there is significant bias, judgement, and prejudice experienced by this marginalized population, both from society in general (Conley, et al., 2013; Moors, et al., 2017; Perel, 2006; Sheff, 2005) and by mental health professionals (Finn et al., 2012; Graham, 2014; Hymer & Rubin, 1982; Knapp, 1975; Roman et al., 1978). Stigma experienced due to a marginalized identity can have negative consequences on a person's mental and physical well-being (Elliott, et al., 2013; Jackson & Mohr, 2016; Lick et al., 2013; Meidlinger & Hope, 2014). Possessing and working toward multicultural awareness and humility is a significant aspect of the counseling psychology field (Hook et al., 2013; Sue et al., 1992; Sue & Sue, 2008). Having access to an empirically validated scale that measures people's

attitudes toward consensual non-monogamy would help inform research, training, and practice within the field of counseling psychology.

CHAPTER III

METHODOLOGY

The purpose of this study was to develop a reliable and empirically valid scale that measures people's attitudes towards varying relationship orientations. This study was conducted in three phases. Phase One consisted of a pilot-test of the initial item pool for scale development. Pilot testing the generated item pool helped determine that the items made sense and were easy to read. This step helped decrease any confusion participants might have regarding the items in the pool. Phase Two consisted of a principle component analysis on the item pool that was adapted from the pilot-test and feedback from a panel of experts. This phase determined the underlying structure of the Attitudes Toward Relationship Orientation Scale and established content validity of the scale. Phase Three consisted of conducting exploratory factor analysis on the item pool that was adapted from Phase Two. This phase further assessed the dimensionality of the ATROS and established further validity of the scale. Approval for this study was granted through Oklahoma State University's Institutional Review Board prior to any participant recruitment and data collection.

Phase One

The purpose of Phase One was to pilot-test the initial item pool for the scale to determine the readability of items and whether or not the items were clear. Adjustments

were made to the initial item pool based on the feedback from the participants in the pilot-test.

Initial Item Pool (Appendix A). Through an extensive literature review, I identified common themes related to consensual non-monogamous relationships. Sexual health experiences, relationship commitment, trust and honesty, jealousy, infidelity, and mononormativity were all common themes found throughout the literature (Barker & Landridge, 2010; Conley, et al., 2012; Conley, Moors, Matsick & Ziegler, 2013; Lehmiller, 2015; Moors, et al., 2013; Moors & Schechinger, 2014; Perel, 2006; Sheff, 2005; Rubin & Adams, 1986; Whitton et al.). Items for the initial item pool were developed based on those themes found in the literature review. As I reviewed the literature I constructed an annotated bibliography. This included a description of the information found for each source including main points and all findings. Next a thorough review of the bibliography helped identify themes that appeared to be consistent across most of the sources. Additionally, personal knowledge and experience with people in the consensually non-monogamous community also helped me write the items. A faculty expert rater reviewed the items and themes I developed. After reviewing the initial items along with the identified themes, I began the process of obtaining participant feedback through the pilot test. This process of item development in this study has roots in deductive scale development theory (Hinkin, 1995). Deductive scale development requires a thorough understanding of a phenomenon and an extensive review of the literature that yields a theoretical definition of the construct being assessed and this, in turn, guides the development of items for the scale (Hinkin, 1995).

Other scale development studies have also utilized prior research to generate items for the initial item pool (Boudreaux, Dahlen, Madson, & Bullock-Yowell, 2014; Kang, & Johnson, 2011; McDonagh, Stewart, Morrison, & Morrison, 2016; Tobin, 2011). The initial item pool size in the pilot-test was 60 items. As suggested by DeVellis (2003), item redundancy was attempted in order to help fully portray the constructs in the scale.

Initial Item Pool Format. The response format is a Likert-type scale format. Each item was a declarative statement that respondents indicated how much or how little they agreed with the statement by selecting either strongly agree, agree, mildly agree, mildly disagree, disagree, or strongly disagree. Lower scores on this measure indicate a more negative bias against people with non-monogamous relationship orientations.

Demographic Questionnaire (Appendix B). Participants completed a demographic questionnaire. The demographic questionnaire consisted of eight questions. The demographic questions were used to help determine the diversity of the participant sample.

Participants. Convenience sampling was utilized for participant recruitment. Participants in the pilot test of items were recruited through personal contact with the researcher. The researcher went to the Colvin Wellness Center, the library and the Student Union at Oklahoma State University. The researcher approached people in the above mentioned places and asked them if they were undergraduate students enrolled at Oklahoma State University. If they were, this researcher then asked if they would be willing to participant in a pilot-test of the current study.

There were a total of 10 participants who participated in the pilot test of the proposed scale. This participant pool was comprised of five females and five males, all of whom identified as straight or heterosexual. Six participants indicated they were single and four indicated they were currently partnered or dating. One person did not provide their relationship orientation while the nine other participants indicated they all identified as monogamous. Eight of the participants indicated they identified as White, one identified as Black or African American, and one identified as Hispanic. Three participants were Sophomores, three were Juniors, and four were Seniors. The mean age of these participants was 22.

Procedure. Phase One was completed in a face-to-face to setting with each participant individually. The researcher discussed the purpose of the study with participants and explained to them that the researcher wanted feedback on the readability of items and understanding of what the statements mean. Participants completed informed consents prior to beginning the pilot-test. Participants first completed a demographic questionnaire and then the initial item pool. Participants were given a paper form of the initial item pool and were asked to complete the item pool as if they were taking the survey. Participants were encouraged to make notes about any aspect of the initial item pool that was confusing or unclear to them. After completion of the item pool, one-on-one interviews were conducted with each participant in order to elicit feedback on the scale instructions and items.. Participants were asked if there were any words or statements that were confusing. Participants were asked if the instructions listed on the initial item pool were clear and concise. The researcher wrote down the feedback from the participants.

Participant Feedback. The most consistent feedback given from the participants was in regard to the scale instructions. Eight out of the 10 participants reported that it was difficult to determine if they should respond to the statements in the proposed scale based on their own relationships or relationships in general. Two participants stated they went back to the instructions for clarification and still found it difficult to decide on how to respond to the statements. Almost all of the participants reported that they responded to some questions in regard to their own personal relationships and they responded to some statements about relationships in general. Based on this feedback the instructions were augmented for clarity. Instructions on the proposed Attitude towards Relationship Orientations Scale initially read “For each of the following statements, please circle the response which best reflects your reaction to that statement.” As a result of the feedback the instructions were changed to “For each of the following statements, please circle the response which best reflects your reaction to that statement regarding relationships in general. Reactions should reflect your opinions regarding relationships outside of your own.”

Some changes were made to existing items for clarification. For example, item #4 and #6 reference number of sexual partners and sexually transmitted infections. “At a time” was added to the end of each of those items to clarify that the statement was referring to a person having multiple sexual partners at a time not over a life time.

I made small word changes to items eight, nine, 10 and 14. For example, item eight initially read “It should still be considered cheating if someone’s partner had a sexual relationship with another person, even if the partner was aware of it.” One participant mentioned that a person’s partner may be aware of multiple relationships but

still not approve of them. Items nine, 10, and 14 were of similar nature. In all these statements “was aware” was changed to “approved.”

Additionally, based on feedback from participants, some new items were added. One item added stated “If a person’s partner is emotionally involved with another person it is not possible for that person to feel joy or happiness about their partner’s involvement with the other person.” Items that addressed a person’s ability to feel joy and happiness with another person’s romantic and sexual involvement with a different person had already been developed. .

Items #55 and #56 regarded need fulfillment in relationships. Initially, both statements were general in regard to relationship needs. Item #55 read “One person should be able to fulfill all the needs of their partner” and item #56 read “It is not acceptable for a person to have their needs met by more than one person at a time.” A faculty expert suggested that there are different needs that a relationship may fulfill (e.g., sexual, emotional, romantic). It was decided to expand items #55 and #56 to see how more specific need fulfillment items would perform in the data analysis. The word “sexual” was added in front of the word “needs.” Additionally, four more items were developed by adding the word “emotional” and the word “romantic” in front of the word “needs.”

Participants also provided feedback about the response options. One participant stated he wished there was a neutral response because “that makes it easier to answer.” He reported that in other surveys he has taken it was easy to just answer neutral for all the questions. He stated that this scale forced him to think about how he was answering. A neutral option was not included in the Likert-type scale in order to ensure that those who

take the scale respond to the items in a way that shows agreement or disagreement with the statements. Therefore, this participant feedback was noted but a neutral option was not added.

Adjusted Item Pool (Appendix C). The adjusted item pool for the Attitude towards Relationship Orientation Scale was 65 after the changes from the pilot-test. The most notable change to the proposed scale consisted of clarification of the instructions. The response format remained as a Likert-type scale format with each item a declarative statement that respondents indicate how much or how little they agree with the statement by selecting either strongly agree, agree, mildly agree, mildly disagree, disagree, or strongly disagree. Additionally, items were reordered so that similar items were not ordered next to each other.

Phase Two

The purpose of Phase Two was to conduct a Principle Components Analysis on the adjusted item pool from Phase One and to have a panel of experts provide feedback on the adjusted scale. Adjustments were made to the item pool based on the data analysis and feedback from the experts. Additionally, Cronbach's Alpha was run on the adjusted item pool to evaluate the adjusted scale's reliability.

Participants. Participants were recruited in one of two methods. First, the study was made available on the Oklahoma State University's College of Education, Health and Aviation's SONA website. Students enrolled in courses in the College of Education, Health and Education had access to this study through the website. Incentives for participants completing the study via SONA consisted of them earning course credit. Participants earned 0.50 credits for the completion of this study.

One of the limitations of utilizing the College of Education, Health and Aviation's SONA system was the gender make-up of the participants. More female-identified participants completed the study through SONA than male-identified participants. Face-to-face recruitment was utilized to obtain a participant sample that represented both female- and male-identified participants more equally.

Some participants were recruited by this investigator through face-to-face interactions at the Student Union on the Oklahoma State University campus in Stillwater, Oklahoma. This investigator approached tables with people and ask them if they were undergraduate students going to school at Oklahoma State University. When people identified themselves as undergraduate students, this investigator told them about the study and asked them if they would be willing to participate. Participants who completed the study in the face-to-face setting were entered into a drawing for a chance to win one \$20.00 Amazon Gift-card as an incentive.

This phase included 163 participants ranging in age from 18 to 47 ($M=20.95$, $SD=4.349$). Based on the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Barlett's test of Sphericity this was an appropriate number of participants to proceed with factor analysis (Beavers, et al., 2013). Eight participants elected not to report their age. Forty one percent (41.7%) of participants identified as male ($N=68$), 57.7% of participants identified as female ($N=94$), and .6% identified as trans male ($N=1$). The grand majority of the participants identified as heterosexual (86.5%, $N=141$). Participants identified as predominantly Non-Hispanic (93.3%, $N=152$). Participants also identified as Hispanic (5.5%, $N=9$) and 1.2% ($N=2$) elected not to disclose their ethnicity. When asked to identify race, participants were given options to check as well as an option for "other"

in which they could write in how they identified (see Appendix B). Participant identified race was White (69.9%, N=114), Black (9.8%, N=16), American Indian (8.6%, N=14), Native Hawaiian (1.2%, N=2), Arabian (1.2%, N=2), American Indian/White (.6%, N=1), N/A (.6%, N=1), Other (.6%, N=1), Asian (3.7%, N=6), Multi-racial (2.5%, N=4), and Asian/Black (.6%, N=1), and .6% (N=1) elected not to disclose. Participants also identified their class standing, Freshman (23.9%, N=39), Sophomore (24.5%, N=40), Junior (23.9%, N=39), Senior (26.4%, N=43), and unanswered (1.2%, N=2).

When asked to identify sexual orientation, participants were asked to write in how they identified (see Appendix B). Participants identified as gay (6.7%, N=11), lesbian (.6%, N=1), bisexual (2.5%, N=4), pansexual (1.2%, N=2), queer femme (.6%, N=1), and queer/ace (.6%, N=1). Two participants (1.2%) chose not to disclose their sexual orientation. 54.6% (N=89) participants identified as single, 39.9% (N=65) identified as dating/partnered, 4.3% (N=7) identified as married, .6% (N=1) identified as divorced, and .6% (N=1) identified as separated. When asked to identify relationship orientation, participants were given options to check as well as an option for “other” in which they could write in how they identified (see Appendix B). A majority of the participants identified as monogamous (90.8%, N=148). Participants also identified as non-monogamous (1.2%, N=2), open relationship (3.7%, N=6), polyamorous (.6%, N=1), normal (.6%, N=1), and 2.5% (N=4) elected not to disclose their relationship orientation.

Procedure. Qualtrics was utilized for the data collection of the online study. The College of Education, Health and Aviation’s SONA system supplied potential participants with an anonymous link generated by Qualtrics to link the participant to the online study. The SONA system is a research participation and management tool that

connects students to studies they can complete in exchange for class credit. After reading a brief description about the study, potential participants could then choose to click on the link provided in order to complete the study.

Participants who completed the study online were asked to read an informed consent for this study. Participants checked whether or not they understood the informed consent and agreed to participate in the study. Participants had the option to click on “NEXT”, indicating they understood and agreed to complete the study or they could click on “I do not wish to participate”, indicating they chose not to participate. Participants who clicked on the “I do not wish to participate” option were redirected to the end of the survey thanking them for their time. No responses were recorded for those who chose this option.

Participants who clicked on “NEXT” were then redirected to complete the demographic questionnaire. Participants were then asked to complete the Phase two version of the Attitudes toward Relationship Orientations Scale. When participants had completed the study, their responses were recorded in Qualtrics and they were given course credit through the College of Education, Health and Aviation’s SONA system.

Participants who completed the study face-to-face were given a brief description of the study prior to completing the informed consent. If participants agreed to complete the study, they were given pen-and-paper versions of the informed consent, the demographic questionnaire, and Phase Two Attitudes toward Relationship Orientations Scale. Once all forms were complete, participants placed the informed consent in a manila enveloped labeled “informed consents” and then placed their demographic questionnaire and the scale into a manila envelope labeled “demo questionnaire and

scale.” This allowed for greater confidentiality for participants so that their signed informed consent could not be linked to their completed demographic questionnaire and scale. Participants were also asked to write down their preferred email address to enter into a drawing for a \$20.00 Amazon gift-card for their participation in the study. These were placed in a separate manila envelope marked “email addresses.” Once all the data were gathered for Phase Two, one email address was randomly selected and the winner of the drawing was sent a link to claim their \$20.00 Amazon gift-card.

Measures. *Adjusted Item Pool (Appendix C).* Participants completed the Phase Two Attitudes towards Relationship Orientations Scale (ATROS). Participants read each statement and checked one of the following: strongly agree, agree, mildly agree, mildly disagree, disagree, and strongly disagree. The response format was a Likert-type scale format. Lower scores on this measure indicate a more negative bias against people with non-monogamous relationship orientations. The Phase Two Attitude towards Relationship Orientation Scale consisted of 65 statements.

Demographic Questionnaire (Appendix B). Participants completed a demographic questionnaire. I did not make any changes to the initial demographic questionnaire used in Phase One.

Analysis. *Initial Factorability.* Quantitative analyses were conducted using SPSS. Factorability was examined to determine if further analysis was warranted. Item correlation was analyzed first. Then, the Kaiser-Meyer-Okin measure of sampling adequacy was conducted in order to assess if the sample was adequate for further analysis (Beavers, Lounsbury, Richards, Huck, Skolits, & Esquivel, 2013).

Principle Component Analysis. Principle Component Analysis was conducted to analyze the underlying factors of the ATROS scale. Eigenvalues were examined and it was determined that a six-factor solution was the best fit moving forward. Additionally, factor loadings were examined to aid in the reduction of items using a promax with Kaiser normalization rotation. Oblique rotation was utilized as some degree of correlation between items was expected. Several iterations were conducted during this analysis.

Validity. Content validity was established through use of a panel of three experts, described in detail below. An interrater reliability analysis using the Kappa statistic was performed to determine consistency among raters (Landis & Koch, 1977).

Reliability. Cronbach's alpha was examined to assess reliability. In order to establish content validity a panel of experts was also utilized.

Results. *Initial Factorability.* Initially the factorability of the 65 items in the ATROS scale was examined. Numerous criteria for further factorability of the proposed scale was utilized. It was observed that all 65 items correlated at least .3 with at least one other item, indicating reasonable factorability. The Kaiser-Meyer-Okin measure of sampling adequacy was .948, which is considered marvelous (Beavers et al., 2013). Additionally, Bartlett's test of sphericity was significant ($X^2(990) = 7318.234, p < .000$). The communalities were all above .3, further confirming that each item shared some common variance with other items. Given these overall indicators continued factorability with all 65 items of the ATROS scale was deemed reasonable.

Principle Component Analysis. Principle components analysis was utilized to identify the factors underlying the ATROS scale. Eigenvalues were examined. In accordance with the Kaiser Criterion, factors that had eigenvalues equal to or greater than

one were retained (Beavers et al., 2013). Initial eigenvalues indicated that the first factor explained 54.717% of the total variance. The second, third, fourth, fifth, and sixth factors combined explained another 17.675% of the total variance. Solutions for one, two, three, four, five, and six factors were each examined using a promax with Kaiser normalization rotation of the factor loading matrix. The six factor solution, which explained 72.392% of the total variance, was preferred because it has theoretical support in the literature and difficulty of interpretation of factor loadings in the other solutions examined.

Additionally, because further factor analysis would be conducted on the items of the ATROS, it was determined that retaining a higher number of factors would be beneficial.

The next step in analysis involved examining factor loadings and reducing items. A total of eight iterations were completed in this step. Starting with the initial principle components analysis, items that loaded on more than one factor at .599 or higher and items that loaded on only one factor at .499 or lower were removed. A total of 21 items were eliminated from the scale due to the factor loading scores.

In the first iteration, items that cross-loaded or loaded at .499 or lower on a single component were removed. A total of five items were removed. In the second iteration no items were cross-loaded. Items that loaded on a factor at .599 or lower were removed. A total of three items were eliminated from the scale due to the factor loading scores.

In the second iteration there were no items that cross-loaded. Items that loaded at .499 or lower on a single component were removed. A total of three items were eliminated from the scale due to the factor loading scores.

In the third iteration item #3 was removed despite having a loading of .600 or higher on all iterations. After examining the items that #3 consistently loaded with, it was

determined that it did not seem to fit with the other items that were loading on that factor. Item #3 read “One person should be able to fulfill all the emotional needs of their partner.” The other three items that consistently loaded on the same factor were items #19, #52, and #61. All three of these items had the word commitment in them. #19 read “It is not possible for a person to be committed to more than one person at a time in a romantic relationship”, #52 read “It is not possible for a person to be committed to more than one person at a time in an emotional relationship” and #61 read “It is not possible for a person to be committed to more than one person at a time in a sexual relationship.” Additionally, item #13 only loaded at .594, item #20 only loaded at .590, and item #51 only loaded at .565. All three items met the .600 or higher criterion in the last iteration. It was decided to keep these three items to see how they would load after removal of more items.

In the fourth iteration, items that loaded on more than one factor at .499 or higher and items that loaded on only one factor at .599 or lower were removed. A total of three items were eliminated from the scale due to the factor loading scores.

In the fifth, sixth, and seventh iterations there were no cross-loaded items. Items were removed if they loaded on a single factor at .599 or lower. A total of five items were eliminated from the scale due to the factor loading scores.

For the final iteration, a principle component analysis of the remaining 27 items was conducted using a promax with Kaiser normalization rotation, with six factors explaining 79.10% of the total variance. All items in this analysis had primary loadings over .600. No items were cross-loaded. The factor loading matrix for the final solution is presented in Table 1. The six factors were labeled mononormativity, social judgment,

trust, jealousy, sexual health, and commitment. Further validity was established with an expert panel.

Validity. After reducing the items on the Attitudes toward Relationship Orientation Scale with principle component analysis, a panel of three experts was utilized in order to establish content validity. Each panel expert was provided with an operational definition of each of the six factors and an excel spreadsheet with each item listed. Sexual Health was operationally defined as “physical health as it relates to sexually transmitted infections and risk of contraction or exposure to them given the number of partners a person may have.” Commitment was operationally defined as “the state or quality of being dedicated to a relationship given the number of people that person is involved with.” Trust was operationally defined as “the ability to be relied on as honest and truthful; unfaithful.” Jealousy was operationally defined as “the state of feeling or showing envy regarding another person’s relationship with someone else.”

Mononormativity was operationally defined as “dominant assumptions of the normalcy and naturalness of monogamy, analogous to such assumptions around heterosexuality inherent in the term heteronormativity; traditional dyadic relationships are the best way to have relationships.” Social Judgment was operationally defined as “characteristics and assumptions people make about other people given the number of people that person is in relationship with.”

The panel of experts were asked to read the construct definitions. Then the expert panel read each item and indicated what construct each of the items was intended to measure. Once completed, each member of the expert panel sent their results to the researcher for analysis.

Reliability. Cronbach's alpha for all 27 items was .966. The interrater reliability for the panel of experts was found to be Kappa = 0.567 ($p > .001$). This is considered moderate agreement between raters (Landis & Koch, 1977).

Adjusted Item Pool (Appendix D). The adjusted item pool for the Attitude towards Relationship Orientation Scale was 27 items after the changes from Phase Two. The response format remained as a Likert-type scale format with each item a declarative statement that respondents will indicate how much or how little they agree with the statement by selecting either strongly agree, agree, mildly agree, mildly disagree, disagree, or strongly disagree.

Phase Three

The purpose of Phase Three was to assess the dimensionality of the Attitudes towards Relationships Orientation Scale using exploratory factor analysis (EFA) and to establish the reliability and validity of the scale.

Participants. Participants for Phase Three were recruited in one of two methods. First, Phase Three was put on the Oklahoma State University's College of Education, Health and Aviation's SONA website. Students seeking degrees through the College of Education, Health and Aviation had access to this study through the website. Incentives for participants completing the study via SONA consisted of them earning course credit. Participants earned 1.00 credits for the completion of this study. Phase Three was also put on the Oklahoma State University's Psychology SONA website. Students enrolled in undergraduate level psychology courses had access to this study through the website. Incentives for participants completing the study through the Psychology SONA system consisted of them earning course credit. Participants earned 1.00 SONA credit for the

completion of this study. Additionally, participants were recruited utilizing Oklahoma State University's mass email server. Incentives for participants was to be included into a drawing for one of three \$20 Amazon gift cards.

A standard for sample size when conducting EFA is 10 participants for every one item in the scale (Beavers et al., 2013). There were a total of 467 respondents for this study. 128 participants were removed for failure to meet the validation checks embedded within each measure. In order to create a gender balance similar to Phase Two, 48 female participants were removed. To avoid selection bias, the first 173 female participants who met the validation checks were selected to be included in the final participant pool.

There were 291 participants ranging in age from 18 to 52 ($M=22.01$, $SD=5.41$). 40.5% of participants identified as male ($N=118$) and 59.5% of participants identified as female ($N=173$). A majority of the participants identified as heterosexual (85.9%, $N=250$). Participants identified as predominantly Non-Hispanic (91.8%, $N=267$). Participants also identified as Hispanic (6.9%, $N=20$) and 1.4% ($N=4$) elected not to disclose their ethnicity. Participant identified race as White (73.5%, $N=214$), Black (8.2%, $N=24$), American Indian (6.9%, $N=20$), Native Hawaiian (.7%, $N=2$), Arabian (.3%, $N=1$), Other (.7%, $N=2$), Asian (2.7%, $N=8$), Multi-racial (5.2%, $N=15$), Middle Eastern (.3%, $N=1$), Biracial (.3%, $N=1$), Hispanic (.3%, $N=1$) and .7% ($N=2$) elected not to disclose. Participants also identified their class standing, Freshman (18.9%, $N=55$), Sophomore (22.0%, $N=64$), Junior (24.4%, $N=71$), and Senior (34.7%, $N=101$).

When asked to identify sexual orientation, participants were given options to check as well as an option for "other" in which they could write in how they identified (see Appendix B). Participants identified as gay (1.7%, $N=3$), lesbian (1.4%, $N=4$),

bisexual (5.5%, N=16), pansexual (1.0%, N=3), queer (.3%, N=1), demisexual (.3%, N=1), curious (.7%, N=2), questioning (.3%, N=1), and unsure (.3%, N=1). Nine participants did not seem to understand the question as they identified their sexual orientation as “male” or female.” 46.7% (N=136) participants identified as single, 43.0% (N=125) identified as dating/partnered, 9.3% (N=27) identified as married, .3% (N=1) identified as divorced, and .7% (N=2) chose not to identify their relationship status. A majority of the participants identified as monogamous (92.8%, N=270). Participants also identified as non-monogamous (2.1%, N=6), open relationship (3.4%, N=10), polyamorous (.7%, N=2), other (.3%, N=1), and .7% (N=2) elected not to disclose their relationship orientation.

Procedure. Qualtrics was utilized for the data collection of the online study. The College of Education, Health and Aviation, and the Psychology Department’s SONA system, as well as the email invitations set through OSU’s mass email server, supplied potential participants with an anonymous link generated by Qualtrics to link the participant to the online study. After reading a brief description about the study, potential participants could then chose to click on the link provided in order to complete the study.

Participants who completed the study online were asked to read an informed consent for this study. At the end of the consent form it asked participants to check whether or not they understood the informed consent and agreed to participate in the study. Participants had the option to click on “NEXT”, indicating they understood and agreed to complete the study or they could click on “I do not wish to participate”, indicating they chose not to participate. Participants who clicked on the “I do not wish to

participate” option were redirected to the end of the survey thanking them for their time. No responses were recorded for those who choose this option.

Participants who clicked on “NEXT” were then redirected to complete the demographic questionnaire. After they completed that, participants were then asked to complete the Phase Three Attitudes toward Relationship Orientations Scale, the Sexual Attitudes Scale (Hudson, Murphy & Nurius, 1983), the Romantic Relationship Traits Measurement (Conley et al., 2013), and the Consensual Non-monogamy Scale (Cohen & Wilson, 2016). When participants had completed the study their responses were recorded in Qualtrics. Participants who completed the study through the College of Education, Health and Aviation, and the Psychology Department’s SONA were given course credit.

Participants who completed the study following the link sent through email were given the opportunity to enter their email address if they wished to be entered into the drawing for one of three \$20 Amazon gift cards. The emails were kept separate and confidential from the data collected for each participant. Three emails were randomly drawn and each winner was sent a link to claim their \$20.00 Amazon gift-card.

Measures. *Demographic Questionnaire (Appendix B).* Participants completed a demographic questionnaire. I did not make any changes to the original demographic questionnaire.

Attitudes towards Relationship Orientations Scale (Appendix D). Participants completed the Phase Three Attitudes towards Relationship Orientations Scale (ATROS). Participants read each statement and indicated their agreeableness by checking one of the following: strongly agree, agree, mildly agree, mildly disagree, disagree, and strongly

disagree. Lower scores on this measure indicate a more negative bias against people with non-monogamous relationship orientations.

Consensual Non-monogamy Attitude Scale (CNAS) (Appendix E). This is an 8-item measure developed by Cohen and Wilson (2016) that was designed to determine how accepting people are of consensually non-monogamous relationships. Participants indicated the level of agreeableness or disagreeableness on a 7-point continuum for each statement in the measure. Items one, three, and four are reversed scored. The total composite score of the CNAS represents how accepting a person is of consensually non-monogamous relationships. The lower the overall score on the CNAS, the less accepting the person is of consensually non-monogamous relationships. Cohen and Wilson (2016) reported Cronbach's alpha for this scale was .914. In this study, Cronbach's alpha was .87.

Romantic Relationship Traits Measurement (Appendix F). This is a 23-item measurement developed by Conley et al. (2013) that was designed to measure the degree of specific relationship traits people attribute to certain kinds of relationships. At the beginning of the measure there are two romantic relationship definitions given. The first romantic relationship definition is the monogamy condition which states "monogamy means that two people agree to have a sexual relationship only with one another" (p. 12). The second romantic relationship definition is the consensual non-monogamy condition which states "consensual non-monogamy means that people agree to have sexual and/or romantic relationships with more than one person, and that the partners involved are aware that multiple relationships are happening" (p. 12). After reading each relationship condition, participants were given a set of 23 relationship traits in which the participant

rated to the extent that they believe the relationship possesses the specified trait. The ratings were completed using a 7-point scale in which higher numbers indicate a greater amount of the given quality. Conley et al. did not report Cronbach's alpha for this measurement. In this study, the Cronbach's alpha for the non-monogamous condition was .941 and the monogamous condition was .94.

Sexual Attitude Scale (SAS) (Appendix G). The SAS is a 25-item summated category partition scale which was designed to measure the extent to which an individual adheres to a liberal or a conservative orientation concerning sexual expression (Hudson et al., 1983). Hudson et al. reported Cronbach's alpha for this scale was .92. In this study, Cronbach's alpha was .92. Participants indicated the level of agreeableness or disagreeableness on a 5-point continuum for each statement in the measure. Total scores for the measure fall between 0-100 range. Higher scores on this measure indicate a more conservative orientation on human sexual expression and lower scores indicate a more liberal orientation on human sexual expression.

Analysis. Exploratory Factor Analysis. Exploratory Factor Analysis (EFA) was used to determine the dimensionality of the items in the ATROS development and the related factor structure. EFA was conducted using Principle Axis Factoring with promax rotation of the factor loading matrix. Oblique rotation was utilized as some degree of correlation between items was expected. Given this particular scale development the researcher assumed the factors underlying this scale were correlated and proceeded with the oblique rotation method accordingly. First, it was determined that EFA was appropriate for the development of the ATROS using the statistical analysis procedures for Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) and Bartlett's Test of

Sphericity (Pallant, 2007). Next, Kaiser's criterion (i.e., retaining factor with an eigenvalue greater than or equal to 1), Catell's scree test, and the amount of variance extracted was examined to help determine which factors to retain. The final step was to analyze the factor solution.

Reliability. As with Phase Two, the internal consistency was analyzed for the ATROS in Phase Three. The internal consistency was measured using Cronbach's (1951) coefficient alpha. Additionally, the internal consistency of each factor in the ATROS was also analyzed.

Validity. Construct and criterion-related validity was established in Phase Three. Concurrent validity was analyzed by examining the correlation between participant scores on the ATROS and their scores on the CNAS. Convergent and discriminant validity was analyzed by examining the correlation between participant scores on the ATROS and participant scores on the two conditions (monogamous and non-monogamous) of the Romantic Relationship Traits Measurement. Predictive criterion-related validity was analyzed by examining the relationship between participant scores on the ATROS and participant scores on the SAS.

Results. *Initial Factorability.* Initially the factorability of the 27 items in the ATROS scale was examined. Numerous criteria for further factorability of the proposed scale was utilized. It was observed that all 27 items correlated at least .3 with at least one other item, indicating reasonable factorability. The Kaiser-Meyer-Okin measure of sampling adequacy was .952, which is considered marvelous (Beavers et al., 2013). Additionally, Bartlett's test of sphericity was significant ($X^2(990) = 7656.676, p < .000$). The communalities were all above .3, further confirming that each item shared some

common variance with other items. Given these overall indicators, continued factorability with all 27 items of the ATROS scale was deemed reasonable.

Exploratory Factor Analysis. Exploratory factor analysis was utilized to identify the factors of the ATROS scale. Eigenvalues were examined. In accordance with the Kaiser Criterion, factors that had eigenvalues equal to or greater than one were retained (Beavers et al., 2013). Initial eigenvalues indicated that the first factor explained 55.152% of the total variance. The second, third, fourth, and fifth factors combined explained another 21.478% of the total variance. Solutions for one, two, three, four, and five factors were each examined using a promax with Kaiser normalization rotation of the factor loading matrix. The five factor solution, which explained 76.630% of the total variance, was preferred because it has theoretical support in the literature and the difficulty of interpretation of the factors in the other solutions.

The next step in analysis involved examining factor loadings and reducing items. A total of four iterations were completed in this step. Starting with the initial exploratory factor analysis and in the first iteration, items that loaded on more than one factor were removed. A total of three items were eliminated from the scale due to cross-loading. In the second iteration, items that loaded on a factor at .599 or lower were removed. A total of two items were removed from the scale based on the above stated criteria.

For the fourth and final iteration, an exploratory factor analysis of the remaining 22 items was conducted using a promax with Kaiser normalization rotation, with five factors explaining 79.283% of the total variance. All items in this analysis had primary loadings over .600 or higher. No items were cross-loaded. The factor loading matrix for

the final solution is presented in Table 2. The five factors were labeled social judgment, mononormativity, trust, commitment, and sexual health.

Reliability. Cronbach's alpha for all 22 items of the ATROS was .960.

Cronbach's alpha was also analyzed for each of the five factors of the ATROS (See Table 3). Cronbach's alpha for the six items in the social judgment factor was .959. Cronbach's alpha for the seven items in the mononormativity factor was .950. Cronbach's alpha for the three items in the trust factor was .932. Cronbach's alpha for the three items in the commitment factor was .827. Cronbach's alpha for the three items in the sexual health factor was .730.

Validity. Pearson Correlations were computed to assess the relationship between the ATROS and several other scales in order to establish the validity of the ATROS. There was a strong, positive correlation between the ATROS and the CNAS, $r=.751$, $n=291$, $p<0.01$. Participants who scored lower on the CNAS were likely to also score lower on the ATROS. Lower composite scores on both scales indicates a less accepting attitude toward consensual non- monogamy. There was a moderate, negative correlation between the ATROS and the SAS, $r=-.683$, $n=291$, $p<0.01$. Participants who scored higher on the SAS, indicating a more conservative orientation on human sexual expression, were likely to score lower on the ATROS, indicating a less accepting attitude toward consensual non-monogamy. There was a weak, negative correlation between the ATROS and the monogamous condition of the Romantic Relationship Traits Measurement, $r=-.345$, $n=291$, $p<0.01$. There was a moderate to strong, positive correlation between the ATROS and the non-monogamous condition of the Romantic Relationship Traits Measurement, $r=.636$, $n=291$, $p<0.01$.

CHAPTER IV

DISCUSSION

The current study sought to provide evidence for the validity and reliability of a newly developed scale designed to measure people's attitudes toward relationship orientations, more specifically, to non-monogamous relationships. The results suggest that the scale is a valid and reliable measurement of people's attitudes toward non-monogamy. Findings indicate that the ATROS scale includes five factors, social judgment, mononormativity, trust, commitment, and sexual health.

The initial item pool for the ATROS consisted of 65 items. In Phase Two a Principle Component Analysis was conducted in order to understand the underlying factors of the scale and to analyze items for possible item reduction. It was found that there were six factors underlying the ATROS in this phase and that these factors accounted for 79.10% of the total variance in the scale. A total of 38 items were removed. Additionally, this phase also established content validity of the ATROS scale through use of a panel of experts.

Phase three, the last phase of the study, further established the structure of the ATROS and the scale's validity and reliability. Utilizing exploratory factory analysis it was found that the ATROS consisted of five factors that accounted for 79.283% of the

total variance of the scale. A total of five items were removed. The final ATROS scale is a 22 item scale (Appendix H). The full scale and the individual factors have high internal consistency reliability as indicated by their Cronbach alpha scores.

Evidence for the validity of the ATROS was also found. Concurrent validity was established by examining the correlation between participant scores on the ATROS and their scores on the CNAS. Both scales are intended to measure people's attitudes toward consensual non-monogamy. The strong, positive correlation indicates that both scales are measuring the same construct, thus establishing concurrent validity.

Convergent and discriminant validity was established by examining the correlation between participant scores on the ATROS and participant scores on the two conditions (monogamous and non-monogamous) of the Romantic Relationship Traits Measurement (RTTM). The non-monogamous condition of the RTTM has participants rate how little or how much they believe non-monogamous relationships are characterized by various positive relationship traits. Participants who rated non-monogamous relationships as having less positive relationship traits were more likely to have less accepting attitudes towards consensual non-monogamy. The moderate to strong, positive correlation between these two measurements provides evidence for convergent validity. The monogamous condition of the RTTM has participants rate how little or how much they believe monogamous relationships are characterized by various positive relationship traits. Beliefs about what traits monogamous relationships have and attitudes toward consensual non-monogamy are not necessarily connected. Acceptance of one form of relationship orientation does not always equate to the disapproval of a

different relationship orientation. The weak, negative correlation between these two measures provides some initial evidence for discriminant validity for the ATROS.

Limitations and Future Research

Possible limitations of this study are related to the samples used. The mean age of participants was 22, the sample was predominantly White, heterosexual, and identified as monogamous in relationship orientation and were all recruited from the same mid-western university. It is possible that the make-up of the sample impacted the results of the scale development. Future research on the ATROS should focus on validating the scale on other populations. Additionally, further analysis would increase the overall validity and reliability of the scale.

Further validation of the ATROS scale could be sought by establishing known-group validity. It could be hypothesized that people who are engaging in non-monogamous relationship structures would have more accepting attitudes toward them. Only a very small portion of the participants in this study identified as having a non-monogamous relationship orientations making this type of validation not viable. Being able to provide evidence for known-group validity would further strengthen the overall validity of the ATROS. Future research should also include conducting Confirmatory Factor Analysis on the ATROS scale to determine the robustness of the factor structure. These additional studies of the psychometric properties of the ATROS will increase the utility of the scale.

CHAPTER V

CONCLUSION

There is an increasing awareness and visibility of consensually non-monogamous relationships. In June 2017 the American Psychological Association's Division 44 published a newsletter specifically addressing consensual non-monogamy and what clinicians should know about those types of relationship orientations (Schechinger, 2017). The development of a psychometrically sound measure of attitudes towards these types of relationships will further aid in the research and study of consensual non-monogamy. This, in turn, can inform the training of future researchers, faculty and clinicians within the field of counseling psychology. It can also help to inform current clinical practice. Currently APA Division 44 has assembled a Consensual Nonmonogamy Task Force for the purposes of generating research, creating resources, and increasing advocacy surrounding consensual non-monogamy. This includes the areas of basic and applied research, education and training, and clinical practice.

To date there have been two other scales developed that focus on assessing attitudes toward consensual non-monogamy. Johnson, Giuliano, Herselman, and Hutzler (2015) developed the Attitudes Toward Polyamory (ATP) scale. There is some similarity in what the ATP and the ATROS are trying to measure, however these scales seek to define attitudes toward different constructs. The ATP focuses solely on assessing

attitudes toward polyamory, whereas the ATROS was developed to assess attitudes toward consensual non-monogamy as a relationship orientation and not specific ways in which an individual may engage in consensual non-monogamy. As stated previously, consensual non-monogamy is an umbrella term that includes various ways that people construct non-monogamous relationships (Conley, et.al, 2013). Utilizing the ATP scale in research could potentially decrease the generalizability of the study results because the scale is only assessing for attitudes toward a subset of non-monogamous relationships.

Additionally, the language utilized in the ATP scale could also impact the results of a study. Four of the seven items include the term polyamory (Johnson et al., 2015). None of the items in the ATROS include specific relationship orientation labels (e.g., polyamory, swingers, open relationship, etc.), nor do the items include the word non-monogamous. This distinction in the scales may make the ATROS more useful in research. Given the stigma and controversy surrounding consensually non-monogamous relationships (Conley, et. al, 2013; Moors, et. al, 2017; Perel, 2006; Sheff, 2005) it could be likely that an individual may feel pressure to endorse a specific attitude toward non-monogamy. Because the ATP specifically mentions a form of non-monogamous relationships (polyamory), one can read the items of the scale and immediately understand that the scale's purpose. Individuals may respond to the items differently than they actually would if the meaning of the scale was not as salient to them. This may make the ATROS more appealing to researchers and may provide a more accurate representation of people's beliefs toward non-monogamy.

Cohen and Wilson (2016) developed the Consensual Non-Monogamy Attitude Scale (CNAS). This scale is more similar to the ATROS in that it was developed to

measure attitudes toward consensual non-monogamy rather than a specific relationship orientation like the ATP scale. However, there are some differences between the CNAS and the ATROS that researchers may want to consider when determining which scale would fit their study the best.

One of the biggest differences between the CNAS and the ATROS was in the development of the initial item pool and how that potentially impacts validity of the scale overall. The CNAS (Cohen & Wilson, 2016) was developed utilizing an initial item pool of only ten items. This is not consistent with item redundancy in order to help fully portray the construct being measured in scale development (DeVellis, 2003). The ATROS had an initial item pool of 65 items prior to beginning the factor analysis. It is possible that the ATROS captures the construct of non-monogamy more thoroughly than the CNAS. For this reason, the ATROS may be more appealing to researchers and may offer more validity to studies exploring attitudes toward consensual non-monogamy.

Another area of concern related to the CNAS is a specific item in the scale. Item two reads “I can see myself entering into a non-monogamous relationship.” (Cohen & Wilson, 2016, p. 8). This is problematic as it is highly plausible that a person may not be able to see themselves entering into a non-monogamous relationship themselves, but still hold little to no bias toward people who are engaged in consensual non-monogamy. None of the items in the ATROS address whether or not a person would engage in a non-monogamous relationship themselves, but rather the items address beliefs held about relationships overall.

The development of the ATROS gives researchers another option to consider when exploring attitudes toward consensual non-monogamy. This scale can be utilized in

further exploration of people's attitudes and how it impacts people who identify as non-monogamous. As prior studies have shown, there is stigma attached to these types of relationships, both in society at large and by mental health professionals (Conley et al, 2013; Hymer & Rubin, 1982; Knapp, 1975; Mint, 2004; Perel, 2006; Roman et al., 1978; Sheff, 2005). The ATROS can aid in highlighting and understanding the bias faced by people who engage in consensual non-monogamy. Specifically, for the field of counseling psychology, this type of research can help inform training and clinical practice.

As training programs strive to train competent clinicians, researchers, and faculty, learning about and understanding varied relationship orientations should be a part of the training curriculum. Anecdotal evidence suggests that most counseling and counseling psychology training programs do not address varied relationship orientations as part of their curriculum. If non-monogamous relationships are addressed in training it is not done so with theory. There are no psychological theories that address non-monogamy as a valid relationship structure (Conley, et.al, 2017). Racial and sexual identity development models are taught, but there are no identity development models that address relationship orientation development. The ATROS could be utilized in current training programs not only to assess students' views on non-monogamy, but faculty's views as well. That information could inform what is being taught in different areas of study such as multicultural and diversity issues as well as family and relationship counseling courses. Hutzler et. al. (2015) found that increased exposure and knowledge of polyamory contributed to more positive views toward that relationship orientation and could decrease stigma and prejudice. So, by mere exposure to the possibility of relationship

orientations that exist outside of the traditional dyad, training programs could increase students' multicultural competency. This has the potential to positively influence therapy practice with people who engage in consensually non-monogamous relationships.

Steps are already being taken to inform clinical practice with people who are engaging in consensually non-monogamous relationships. New articles and studies are starting to be published that address counseling work with clients who engage in non-monogamous relationships. Girard and Brownlee (2015) emphasize the importance of the therapist to understand how they view relationship orientations and structure in order to examine any bias they hold. Therapists should recognize how their beliefs and values may negatively impact clients. This is consistent with data collected in a qualitative study that examined consensually non-monogamous peoples' experience in mental health counseling in which participants explicitly stated that therapists should be aware of their own bias regarding non-monogamy (Stevens & Collins, 2018).

Schechinger, Sakaluk, and Moors (2018) explored harmful and helpful therapy practices of clinicians working with consensually non-monogamous clients. They conclude that therapists can either add to or help clients deal with the stress and stigma they experience. Knowledge of consensually non-monogamous relationship orientations is a good start to moving toward greater multicultural competency. Beyond that, assessing and understanding the attitudes clinicians hold is equally, if not more, important. The ATROS can be utilized to explore clinicians' attitudes toward consensual non-monogamy. Studies specifically exploring clinicians' attitudes are overdue. The most recent quantitative studies were conducted more than 30 years ago (Hymer & Rubin, 1982; Knapp, 1975; Roman et. al, 1978) and did not utilize any empirically validated

scales. Use of the ATROS in such studies will help give researchers a clearer understanding of how clinicians view consensual non-monogamy. The ATROS could be utilized in nationwide studies as well as with smaller clinical practices.

Table 1

Factor loadings based on the principle component analysis with oblique rotation for the 27 items of the adjusted item pool for the Attitudes toward Relationship Orientation Scale (N=163)

	Mononormativity	Stigma	Trust	Jealousy	Sexual Health	Commitment
Sexual relationships should only consist of two people.	.895					
A healthy sexual relationship consists of only two people committed to each other.	.875					
People should only have a sexual relationship with one person at a time.	.842					
Being in a romantic relationship with one person at a time is the best way to have a relationship.	.807					
Romantic relationships should only consist of two people.	.801					
People should only have a romantic relationship with one person at a time.	.693					
Being in a sexual relationship with one person at a time is the best way to have a relationship.	.646					
People that have more than one sexual relationship at a time do not have good values.				.924		
People that have more than one romantic relationship at a time have poor morals.				.896		
People that have more than one romantic relationship at a time do not have good values.				.894		
People that engage in more than one romantic relationship at a time are not very mature.				.855		

Table 1 (continued)

Factor loadings based on the principle component analysis with oblique rotation for the 27 items of the adjusted item pool for the Attitudes toward Relationship Orientation Scale (N=163)

	Mononormativity	Stigma	Trust	Jealousy	Sexual Health	Commitment
People that have more than one sexual relationship at a time have poor morals.			.840			
People that engage in more than one sexual relationship at a time are not very mature.			.825			
It should still be considered cheating if someone's partner had an emotional relationship with another person, even if the partner approved of it.					.980	
It should still be considered cheating if someone's partner had a sexual relationship with another person, even if the partner approved of it.					.832	
It should still be considered cheating if someone's partner had a romantic relationship with another person, even if the partner approved of it.					.826	
A person would be untrustworthy if they had an emotional relationship with more than one person at the same time, even if their partner approved of it.					.804	
There is no trust in relationships when people have emotional connections with more than one partner at a time, even if their partner was aware of it.					.714	
Having more than one sexual relationship at a time promotes jealousy.					.955	
Having more than one romantic relationship at a time promotes jealousy.					.874	
Having more than one emotional relationship at a time promotes jealousy.					.853	

Table 1 (continued)

Factor loadings based on the principle component analysis with oblique rotation for the 27 items of the adjusted item pool for the Attitudes toward Relationship Orientation Scale (N=163)

	Mononormativity	Stigma	Trust	Jealousy	Sexual Health	Commitment
Sexually transmitted infections are more common for people that have more than one sexual partner at a time.					.934	
Having only one sexual partner at a time greatly decreases a person's chance of contracting a sexually transmitted infection.					.792	
People with more than one sexual partner at a time are at greater risk for sexually transmitted infections.					.666	
It is not possible for a person to be committed to more than one person at a time in a romantic relationship.						.801
It is not possible for a person to be committed to more than one person at a time in a sexual relationship.						.800
It is not possible for a person to be committed to more than one person at a time in an emotional relationship.						.717

Table 2

Factor loadings based on the exploratory factor analysis with oblique rotation for the 22 items of the Attitudes toward Relationship Orientation Scale (N=291)

	Stigma	Mononormativity	Trust	Commitment	Sexual Health
People that have more than one sexual relationship at a time have poor morals.	.850				
People that have more than one romantic relationship at a time do not have good values.	.975				
People that engage in more than one romantic relationship at a time are not very mature.	.622				
People that have more than one romantic relationship at a time have poor morals.	.931				
People that engage in more than one sexual relationship at a time are not very mature.	.833				
People that have more than one sexual relationship at a time do not have good values.	.982				
Romantic relationships should only consist of two people.		.669			
People should only have a sexual relationship with one person at a time.		.718			
People should only have a romantic relationship with one person at a time.		.849			
Sexual relationships should only consist of two people.		.768			
Being in a romantic relationship with one person at a time is the best way to have a relationship.		.821			
Being in a sexual relationship with one person at a time is the best way to have a relationship.		.909			
A healthy sexual relationship consists of only two people committed to each other.		.882			

Table 2 (Continued)

Factor loadings based on the exploratory factor analysis with oblique rotation for the 22 items of the Attitudes toward Relationship Orientation Scale (N=291)

	Stigma	Mononormativity	Trust	Commitment	Sexual Health
It should still be considered cheating if someone's partner had a sexual relationship with another person, even if the partner approved of it.			.901		
It should still be considered cheating if someone's partner had a romantic relationship with another person, even if the partner approved of it.			.932		
It should still be considered cheating if someone's partner had an emotional relationship with another person, even if the partner approved of it.			.736		
It is not possible for a person to be committed to more than one person at a time in a romantic relationship.					.640
It is not possible for a person to be committed to more than one person at a time in a sexual relationship.					.821
It is not possible for a person to be committed to more than one person at a time in an emotional relationship.					.768
People with more than one sexual partner at a time are at greater risk for sexually transmitted infections.					.677
Having only one sexual partner at a time greatly decreases a person's chance of contracting a sexually transmitted infection.					.673
Sexually transmitted infections are more common for people that have more than one sexual partner at a time.					.722

Table 3

*Descriptive statistics for the five Attitudes toward Relationship Orientation Factors
(N=291)*

	No. of items	M (SD)	Cronbach's Alpha
Stigma	6	20.53(8.30)	.959
Mononormativity	7	15.29(8.54)	.950
Trust	3	10.59(4.44)	.932
Commitment	3	9.05(15.37)	.827
Sexual Health	3	5.75(2.52)	.730

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APPENDICES

Appendix A

Initial Item Pool

For each of the following statements, please circle the response which best reflects your reaction to that statement.

1) People should only have a romantic relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

2) People should only have a sexual relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

3) People should only romantically love one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

4) People with more than one sexual partner are at greater risk for sexually transmitted infections.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

5) Only people that are promiscuous have more than one sexual partner at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

6) Sexually transmitted infections are more common for people that have more than one sexual partner.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

7) Having only one sexual partner at a time greatly decreases a person's chance of contracting a sexually transmitted infection.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

8) It should still be considering cheating if someone's partner had a sexual relationship with another person, even if the partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

9) It should still be considering cheating if someone's partner had a romantic relationship with another person, even if the partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

10) It should still be considering cheating if someone's partner had an emotional relationship with another person, even if the partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

11) Trust can only be present in a romantic relationship if two people are only having sexual relations with each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

12) Trust can only be present in a romantic relationship if two people are only having an emotional connection to one another.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

13) A person would be untrustworthy if they were in a sexual relationship with more than one person at the same time, even if their partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

14) A person would be untrustworthy if they had an emotional relationship with more than one person at the same time, even if their partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

15) There is no trust in relationships when people have emotional connections with more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

16) There is no trust in relationships when people have sexual relationships with more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

17) A healthy romantic relationship consists of only two people committed to each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

18) A healthy sexual relationship consists of only two people committed to each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

19) It is not possible for a person to be committed to more than one person at a time in a romantic relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

20) It is not possible for a person to be committed to more than one person at a time in a sexual relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

21) People with more than one sexual partner have problems with commitment.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

22) People with more than one romantic partner have problems with commitment.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

23) It is only possible to be fully committed sexually to one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

24) It is only possible to be fully committed romantically to one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

25) Commitment to one person is the only way to achieve emotional security in a romantic relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

26) If a person is in more than one romantic relationship at a time they cannot be considered dependable.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

27) It is not possible for a person to be committed to more than one person at a time in an emotional relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

28) Being in a romantic relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

29) Being in a sexual relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

30) People that have more than one romantic relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

31) People that have more than one sexual relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

32) People that have more than one romantic relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

33) People that have more than one sexual relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

34) Romantic relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

35) Sexual relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

36) Having more than one sexual relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

37) Having more than one romantic relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

38) Having more than one emotional relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

39) The quality of a sexual relationship would be diminished if the people involved had more than one sexual partner.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

40) The quality of a romantic relationship would be diminished if the people involved had more than one romantic partner.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

41) A person cannot be reliable in a romantic relationship if they are romantically involved with more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

42) A person cannot be reliable in a sexual relationship if they are sexually involved with more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

43) People that engage in more than one sexual relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

44) People that engage in more than one romantic relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

45) Someone who is involved in a romantic relationship with more than one person at a time cannot be dependable.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

46) Someone who is involved in a sexual relationship with more than one person at a time cannot be dependable.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

47) People who are romantically involved with more than one person at a time cannot have successful relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

48) People who are sexually involved with more than one person at a time cannot have successful relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

49) People who are romantically involved with more than one person at a time are probably not happy in those relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

50) People who are sexually involved with more than one person at a time are probably not happy in those relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

51) It is not natural for people to be involved in several romantic relationships at the same time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

52) It is not natural for people to be involved in several sexual relationships at the same time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

53) If a person's partner is romantically involved with another person it is not possible for that person to feel joy or happiness about their partner's involvement with the other person.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

54) If a person's partner is sexually involved with another person it is not possible for that person to feel joy or happiness about their partner's involvement with the other person.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

55) One person should be able to fulfill all the needs of their partner.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

56) It is not acceptable for a person to have their needs met by more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

57) It is not beneficial for a person to have more than one romantic relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

58) It is not beneficial for a person to have more than one sexual relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

59) It is unhealthy for a person to have more than one romantic relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

60) It is unhealthy for a person to have more than one sexual relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

Appendix B

Demographic Information Questionnaire

1. Please indicate your gender identity:

2. Please indicate your sexual orientation:

3. Please indicate your relationship status:

- Single
- Dating/Partnered
- Married
- Divorced
- Separated
- Widowed

4. Please indicate your relational orientation:

- Monogamous
- Non-monogamous
- Polyamorous
- Swinger
- Open relationship
- Other, please specify _____

5. Please indicate your ethnicity:

- Hispanic or Latino

Not Hispanic or Latino

6. Please indicate your race:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

Other, please specify _____

7. Please indicate your age:

8. Please indicate your class standing:

Freshman

Sophomore

Junior

Senior

Graduate Student

Appendix C

Attitudes towards Relationship Orientation Scale

Phase Two

For each of the following statements, please indicate the response which best reflects your reaction to that statement regarding relationships in general. Reactions should reflect your opinions regarding relationships outside of your own.

1) A healthy sexual relationship consists of only two people committed to each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

2) People should only have a sexual relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

3) One person should be able to fulfill all the emotional needs of their partner.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

4) People with more than one sexual partner at a time are at greater risk for sexually transmitted infections.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

5) It is only possible to be fully committed romantically to one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

6) Someone who is involved in a sexual relationship with more than one person at a time cannot be dependable.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

7) Having only one sexual partner at a time greatly decreases a person's chance of contracting a sexually transmitted infection.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

8) It should still be considered cheating if someone's partner had a sexual relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

9) It is not acceptable for a person to have their romantic needs met by more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

10) People that have more than one sexual relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

11) Trust can only be present in a romantic relationship if two people are having sexual relations only with each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

12) People who are sexually involved with more than one person at a time are probably not happy in those relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

13) A person would be untrustworthy if they were in a sexual relationship with more than one person at the same time, even if their partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

14) The quality of a romantic relationship would be diminished if the people involved had more than one romantic partner at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

15) There is no trust in relationships when people have emotional connections with more than one partner at a time, even if their partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

16) People that have more than one sexual relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

17) The only form of a romantic relationship that is healthy is one comprised of two people committed to each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

18) People that engage in more than one romantic relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

19) It is not possible for a person to be committed to more than one person at a time in a romantic relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

20) It is not beneficial for a person to have more than one sexual relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

21) People with more than one sexual partner have problems with commitment.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

22) People who are sexually involved with more than one person at a time cannot have successful relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

23) It is only possible to be fully committed sexually to one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

24) A person would be untrustworthy if they had an emotional relationship with more than one person at the same time, even if their partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

25) Commitment to one person is the only way to achieve emotional security in a romantic relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

26) If a person is in more than one romantic relationship at a time they cannot be considered dependable.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

27) People with more than one romantic partner have problems with commitment.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

28) Being in a romantic relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

29) It is not acceptable for a person to have their sexual needs met by more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

30) People that have more than one romantic relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

31) There is no trust in relationships when people have sexual relationships with more than one partner at a time, even if their partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

32) People that have more than one romantic relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

33) It is not natural for people to be involved in several sexual relationships at the same time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

34) Romantic relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

35) It is unhealthy for a person to have more than one romantic relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

36) Having more than one sexual relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

37) A person cannot be reliable in a sexual relationship if they are sexually involved with more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

38) Having more than one emotional relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

39) The quality of a sexual relationship would be diminished if the people involved had more than one sexual partner at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

40) It should still be considered cheating if someone's partner had a romantic relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

41) A person cannot be reliable in a romantic relationship if they are romantically involved with more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

42) Trust can only be present in a romantic relationship if two people are experiencing an emotional connection only to one another.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

43) People that engage in more than one sexual relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

44) Only people that are promiscuous have more than one sexual partner at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

45) Someone who is involved in a romantic relationship with more than one person at a time cannot be dependable.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

46) If a person's partner is sexually involved with another person it is not possible for that person to feel joy or happiness about their partner's involvement with the other person.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

47) People who are romantically involved with more than one person at a time cannot have successful relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

48) Having more than one romantic relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

49) People who are romantically involved with more than one person at a time are probably not happy in those relationships.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

50) Sexual relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

51) It is not natural for people to be involved in several romantic relationships at the same time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

52) It is not possible for a person to be committed to more than one person at a time in an emotional relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

53) If a person's partner is romantically involved with another person it is not possible for that person to feel joy or happiness about their partner's involvement with the other person.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

54) People should only romantically love one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

55) If a person's partner is emotionally involved with another person it is not possible for that person to feel joy or happiness about their partner's involvement with the other person.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

56) One person should be able to fulfill all the sexual needs of their partner.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

57) Being in a sexual relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

58) One person should be able to fulfill all the romantic needs of their partner.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

59) Sexually transmitted infections are more common for people that have more than one sexual partner at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

60) It is not acceptable for a person to have their emotional needs met by more than one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

61) It is not possible for a person to be committed to more than one person at a time in a sexual relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

62) It is not beneficial for a person to have more than one romantic relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

63) It should still be considered cheating if someone's partner had an emotional relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

64) People should only have a romantic relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

65) It is unhealthy for a person to have more than one sexual relationship at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

Appendix D

Attitudes towards Relationship Orientation Scale

Phase Three

For each of the following statements, please indicate the response which best reflects your reaction to that statement regarding relationships in general. Reactions should reflect your opinions regarding relationships outside of your own.

1) People with more than one sexual partner at a time are at greater risk for sexually transmitted infections.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

2) People that have more than one sexual relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

3) Romantic relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

4) It should still be considered cheating if someone's partner had a sexual relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

5) Having more than one romantic relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

6) It is not possible for a person to be committed to more than one person at a time in a romantic relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

7) People should only have a sexual relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

8) People that have more than one romantic relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

9) People should only have a romantic relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

10) Having only one sexual partner at a time greatly decreases a person's chance of contracting a sexually transmitted infection.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

11) It should still be considered cheating if someone's partner had a romantic relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

12) People that engage in more than one romantic relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

13) A person would be untrustworthy if they had an emotional relationship with more than one person at the same time, even if their partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

14) Sexual relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

15) It is not possible for a person to be committed to more than one person at a time in a sexual relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

16) People that have more than one romantic relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

17) Having more than one emotional relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

18) Sexually transmitted infections are more common for people that have more than one sexual partner at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

19) Being in a romantic relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

20) People that engage in more than one sexual relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

21) It should still be considered cheating if someone's partner had an emotional relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

22) There is no trust in relationships when people have emotional connections with more than one partner at a time, even if their partner was aware of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

23) Being in a sexual relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

24) People that have more than one sexual relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

25) Having more than one sexual relationship at a time promotes jealousy.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

26) It is not possible for a person to be committed to more than one person at a time in an emotional relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

27) A healthy sexual relationship consists of only two people committed to each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

Appendix E

Consensual Non-monogamy Attitude Scale

Please rate to the extent to which you agree with the following statements.

1	2	3	4	5	6	7
Strongly			Neutral			Strongly
Disagree						Agree

1. You must be in a monogamous relationship to be in love.
2. I can see myself entering into a non-monogamous relationship.
3. A monogamous relationship is the most satisfying relationship.
4. Intimate relationships with more than one person are too complicated.
5. It is possible to have several satisfying intimate relationships at the same time.
6. It is possible to date other people while in a loving relationship with your partner.
7. It is possible to have sexual relationships with other people while in a loving relationship with your partner.
8. It is possible for one person in a relationship to be monogamous while the other partner is not monogamous.

Appendix F

Romantic Relationship Traits Measurement

Read the following relationship definition and then rate the relationship to the extent that you agree the relationship possesses the given relationship traits.

1 = Strongly Disagree

2 = Mildly Disagree

3 = Disagree

4 = Neutral

5 = Agree

6 = Mildly Agree

7 = Strongly Agree

“Monogamy means that two people agree to have a sexual relationship only with one another”

Provides stability to those involved in the relationship	1 2 3 4 5 6 7
Provides companionship	1 2 3 4 5 6 7
Is socially acceptable in society	1 2 3 4 5 6 7
Helps to combat loneliness	1 2 3 4 5 6 7
Prevents jealousy	1 2 3 4 5 6 7
Provides closeness	1 2 3 4 5 6 7
Increases physical safety	1 2 3 4 5 6 7
Is romantic	1 2 3 4 5 6 7
Prevents the spread of sexually transmitted disease/infections	1 2 3 4 5 6 7
Fosters intimacy	1 2 3 4 5 6 7

Is comforting	1 2 3 4 5 6 7
Is convenient	1 2 3 4 5 6 7
Is financially beneficial	1 2 3 4 5 6 7
Is morally superior to the other types of relationships	1 2 3 4 5 6 7
Promotes trust	1 2 3 4 5 6 7
Is something one can rely on	1 2 3 4 5 6 7
Prevents communication issues	1 2 3 4 5 6 7
Promotes self-acceptance	1 2 3 4 5 6 7
Prevents possessiveness	1 2 3 4 5 6 7
Promotes respect	1 2 3 4 5 6 7
Prevents boredom	1 2 3 4 5 6 7
Allows independence	1 2 3 4 5 6 7
Promotes honesty	1 2 3 4 5 6 7

“Consensual non-monogamy means that people agree to have sexual and/or romantic relationships with more than one person, and that the partners involved are aware that multiple relationships are happening”

Provides stability to those involved in the relationship	1 2 3 4 5 6 7
Provides companionship	1 2 3 4 5 6 7
Is socially acceptable in society	1 2 3 4 5 6 7
Helps to combat loneliness	1 2 3 4 5 6 7
Prevents jealousy	1 2 3 4 5 6 7

Provides closeness	1 2 3 4 5 6 7
Increases physical safety	1 2 3 4 5 6 7
Is romantic	1 2 3 4 5 6 7
Prevents the spread of sexually transmitted disease/infections	1 2 3 4 5 6 7
Fosters intimacy	1 2 3 4 5 6 7
Is comforting	1 2 3 4 5 6 7
Is convenient	1 2 3 4 5 6 7
Is financially beneficial	1 2 3 4 5 6 7
Is morally superior to the other types of relationships	1 2 3 4 5 6 7
Promotes trust	1 2 3 4 5 6 7
Is something one can rely on	1 2 3 4 5 6 7
Prevents communication issues	1 2 3 4 5 6 7
Promotes self-acceptance	1 2 3 4 5 6 7
Prevents possessiveness	1 2 3 4 5 6 7
Promotes respect	1 2 3 4 5 6 7
Prevents boredom	1 2 3 4 5 6 7
Allows independence	1 2 3 4 5 6 7
Promotes honesty	1 2 3 4 5 6 7

Appendix G

Sexual Attitude Scale

This questionnaire is designed to measure the way you feel about sexual behavior. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

1 Strongly Disagree

2 Disagree

3 Neither Agree or Disagree

4 Agree

5 Strongly Agree

1. I think there is too much sexual freedom given to adults these days _____
2. I think the increased sexual freedom seen in the past several years has done much to undermine the American family _____
3. I think that young people have been given too much information about sex _____
4. Sex education should be restricted to the home _____
5. Older people do not need to have sex _____
6. Sex education should be given only when people are ready for marriage _____
7. Premarital sex may be a sign of a decaying social order _____
8. Extramarital sex is never excusable _____
9. I think there is too much sexual freedom given to teenagers these days _____
10. I think there is not enough sexual restraint among young people _____
11. I think people indulge in sex too much _____

12. I think the only proper way to have sex is through intercourse _____
13. I think sex should be reserved for marriage _____
14. Sex should be only for the young _____
15. Too much social approval has been given to homosexuals _____
16. Sex should be devoted to the business of procreation _____
17. People should not masturbate _____
18. Heavy sexual petting should be discouraged _____
19. People should not discuss their sexual affairs or business with others _____
20. Severely handicapped (physically and mentally) people should not have sex _____
21. There should be no laws prohibiting sexual acts between consenting adults _____
22. What two consenting adults do together sexually is their own business _____
23. There is too much sex on television _____
24. Movies today are too sexually explicit _____
25. Pornography should be totally banned from our bookstores _____

Appendix H

Attitudes towards Relationship Orientation Scale

Final Scale

For each of the following statements, please indicate the response which best reflects your reaction to that statement regarding relationships in general. Reactions should reflect your opinions regarding relationships outside of your own.

1) People with more than one sexual partner at a time are at greater risk for sexually transmitted infections.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

2) People that have more than one sexual relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

3) Romantic relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

4) It should still be considered cheating if someone's partner had a sexual relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

5) It is not possible for a person to be committed to more than one person at a time in a romantic relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

6) People should only have a sexual relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

7) People that have more than one romantic relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

8) People should only have a romantic relationship with one person at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

9) Having only one sexual partner at a time greatly decreases a person's chance of contracting a sexually transmitted infection.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

10) It should still be considered cheating if someone's partner had a romantic relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

11) People that engage in more than one romantic relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

12) Sexual relationships should only consist of two people.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

13) It is not possible for a person to be committed to more than one person at a time in a sexual relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

14) People that have more than one romantic relationship at a time have poor morals.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

15) Sexually transmitted infections are more common for people that have more than one sexual partner at a time.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

16) Being in a romantic relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

17) People that engage in more than one sexual relationship at a time are not very mature.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

18) It should still be considered cheating if someone's partner had an emotional relationship with another person, even if the partner approved of it.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

19) Being in a sexual relationship with one person at a time is the best way to have a relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

20) People that have more than one sexual relationship at a time do not have good values.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

21) It is not possible for a person to be committed to more than one person at a time in an emotional relationship.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

22) A healthy sexual relationship consists of only two people committed to each other.

1-Strongly agree 2-Agree 3-Mildly agree 4-Mildly disagree 5-disagree 6-Strongly disagree

Appendix I

Oklahoma State University Institutional Review Board

Date: Tuesday, May 30, 2017

IRB Application No: ED1761

Proposal Title: The development and validation of the Attitudes towards Relationship Orientations Scale

Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 5/29/2020

Principal Investigator(s):	Tori Arthur	Jennifer Byrd-Craven	Hugh C. Crethar
		116 North Murray	422 Williard
	Stillwater, OK 74078	Stillwater, OK 74078	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the

Board, please contact Dawnett Watkins 219 Scott Hall (phone: 405- 744-5700, dawnett.watkins@okstate.edu).

Sincerely,

Dawnett Watkins, IRB Manager

Institutional Review Board

VITA

Tori Elizabeth Stevens

Candidate for the Degree of

Doctor of Philosophy

Dissertation: THE DEVELOPMENT AND VALIDATION OF THE ATTITUDES
TOWARD RELATIONSHIP ORIENTATION SCALE

Major Field: Counseling Psychology

Biographical:

Education:

Completed the requirements for the Doctor of Philosophy in Counseling Psychology at Oklahoma State University, Stillwater, Oklahoma in July, 2019.

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Completed the requirements for the Bachelor of Arts in Psychology at University of Oklahoma, Norman, Oklahoma in 2007.

Experience:

Doctoral Intern, Texas Tech University, University Counseling Services,
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