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INDIVIDUALS: A MIXED METHODS APPROACH

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DEPARTMENT OF ANTHROPOLOGY

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## DEDICATION

To all of those who have the courage to love well, to love many, and to love differently.

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## ABSTRACT

This study uses mixed (quantitative, qualitative, and ethnographic) methods and a multiple-theoretical framework, especially sexual configurations theory, to examine the health of cross-sectional samples of persons who engage in alternative sexualities, especially consensual non-monogamy (CNM), and compares their health, happiness, educational attainment, sexual frequency, sexual health knowledge, marital happiness, experiences of discrimination and other adversities, and other variables with cross-sectional samples from the general US population. For those who are so oriented, CNM within current human populations unite local sociocultural values and contexts with human sexual plasticity evolved from ancient times, and these behaviors are associated with holistic health, which is fostered within intentional communities that provide supportive spaces where persons who engage in alternative sexualities may thrive, experience conditions for optimal health, happiness, relationship satisfaction, sexual health, protection, and resilience in the midst of oppressive and deleterious forces exerted by some individuals and institutions in majority society and their attempts to flatten and erase human sexual diversities. The findings presented herein indicate that those who are actively CNM are more educated, have more frequent sexual interaction, with more partners, and are as happy and healthy (and in most cases happier and healthier), happy in their marriages (and frequently happier), and are more attentive to their sexual health than are individuals from the general US population. These findings hold generally true across the lifecourse, across genders and marital status, and among various behavioral sexual orientations.

KEY WORDS: Consensual Non-Monogamy, Polyamory, Sexual Configurations  
Theory, General Social Survey, Alternative Sexualities, Evolution of Human Sexuality,  
Behavioral Sexual Orientation, Non-Binary Gender, Feminist Theory of Sexuality.

# **Exploring the Health of Consensually Non-Monogamous Individuals: A Mixed Methods Approach**

## **Chapter 1: Introduction**

The biopsychosocial aspects of human sexualities have evolved to be highly adaptable, as may be observed across cultures and time. In Western industrialized and stratified societies, social, cultural, political, economic, and religious forces of history have acted jointly to moderate the sexual behaviors of individuals towards monogamy, heterosexuality, and gender binaries. Yet, the human plastic potential for non-monogamies, non-heterosexualities, and non-binariad (neither male nor female) genders remains and emerges, even under harsh oppression. Based upon the evidence presented here, I argue that for those who are so oriented, consensual non-monogamous (CNM) behaviors within current human populations unite local sociocultural values and contexts with human sexual plasticity evolved from ancient times, and these behaviors are associated with biopsychosociosexual health (both terms will be defined as used herein in the following paragraph); this holistic health is fostered among CNM-oriented persons, especially as they interact within intentional communities that provide supportive spaces where persons who engage in alternative sexualities may thrive, experience conditions for optimal health, happiness, relationship satisfaction, sexual health, protection, and resilience in the midst of oppressive and deleterious forces exerted by some individuals and institutions in majority society and their attempts to flatten and erase human sexual diversities (Barratt, 2005; Gaudio, 2009).

I use the term biopsychosociosexual health to reference the distinctive biological, psychological, social and cultural, and sexual aspects of health, as well as the

synergistic, syndemic (an idea originating from Singer (2009) describing the cumulative and aggregative positive synergistic relationships between two or more diseases in a population that results in an exacerbation of negative effects of any or all of the diseases), and correlated dynamics arising from their interrelatedness, expanding on conceptualizations by Armelagos and McArdle (Armelagos and McArdle, 1975), Armelagos and Brown (Armelagos et al., 2005), Brown and Barrett (2010), and Singer (2009; Singer et al., 2006). I use the term “health,” in line with the World Health Organization (WHO), as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (1946). However, it is important to be able to examine separately, as well as synergistically, these components of health, so I use the term biopsychosociosexual herein. For example, while biological health may be described as a state of being that is free from organic diseases, nutritionally sound, and having the ability to robustly defend against threats from pathogenic organisms, biopsychological health references salutogenic biological processes and resources that support psychological well-being (such as the ways in which an individual’s gut microbiome composition and diversity sustains and contributes to mental health (Heijtz et al., 2011)) and vice-versa (such as, for example, when an individual actively learns and comprehends information concerning the benefits of healthy eating, motivating them to purchase, prepare, and consume nutritionally beneficial foods). Biosocial health references, among many things, social interactions that promote and maintain biological health and well-being while resisting biological pathogen transmissions and larger epidemiological risks. To elaborate further, I perceive the psychosocial aspects of health as referring to lucid cognitive processing, contextually appropriate emotive responses,



adequate memory, sufficient and growing knowledge, freedom from addictive substances and processes, and the ways in which each and every of these contribute to interpersonal and group well-being—and vice versa. Each and every separate and dialogic aspect of biopsychosociosexual health could be elaborated in detail, but I will leave this to the reader’s creativity and scientific advances for further development (see for example, Smith (2015) concerning a review of research on the gut-brain axis, Barberán et al. (2015) who examine the ways that household microbiome ecology is contributed by and transfers between household inhabitants’ oral, fecal, and vaginal microbiomes, and Schnorr et al. (2016) for a review of the coeval and co-evolutionary history of humans’ and other primates’ microbiomes and their role in digestion, metabolism, brain growth and development, behavior, and overall health, as well as resistance to pathogens and symbionts’ conversion to pathobionts). With these important conceptual terms defined, I return to a discussion of CNM.

Those who participate in CNM have distinct symbols, religious allegiances, language, with completely unique words and phrases (such as compersion, polycule, new relationship energy, polydrama, and others), while common terms (such as fidelity or cheating) shared across the paradigms frequently have very different meanings. As such, this group can be understood as a distinct sub-culture, fitting for anthropological and ethnographic study. The practices, dynamics, and functions of polygyny (a form of plural marriage between one man and two or more women) in pre-industrial societies, which I perceive as a traditional form of CNM (though I recognize that polygynous marriages, just as monogamous ones, may be comprised of unhealthy hierarchal dynamics, reduced agency, coercion, and interpersonal gender-based violence, these

factors are determined not by the marriage structure as much as by the individuals within them and their sociocultural environment), in most pre-industrialized societies that have been described and analyzed in the ethnographic record have little in common with recent Western practices, dynamics, and purposes of CNM, which warrant its own anthropological inquiries. However, very little has been written within the discipline of anthropology about contemporary CNM, other than about polygyny (and more rarely, polyandry), in non-Western societies or about religion-based polygamy in the Western US. Some rare exceptions began with anthropologist Leanna Wolfe's (1998; 1999; 2000; 2002) publication of four semi-auto-ethnographic articles concerning polyamory and non-monogamy at the turn of the twenty-first century. (Wolfe (2008) published a more recent article, "On kittens and the very invented culture of polyamory," in the *Electronic Journal of Human Sexuality* in October of 2008, but this journal is largely outside the purview of anthropology.) Nearly a decade of silence within anthropological discourse ensued, being pierced by Kate Frank's publication of a book chapter, "Deconstructing Monogamy: Boundaries, Identities, and Fluidities across Relationships" (2010) concerning binary conceptualizations of monogamous/non-monogamous sexual and relationship practices, followed soon after by her book, *Plays Well in Groups: A Journey through the World of Group Sex* (2013), which examines another form of CNM. Most recently, Belgian anthropologist Steven Van Wolputte (2016), published an article that has bridged the divides of Western versus non-Western forms of CNM by comparing and integrating cross-cultural practices among Herero and Himba peoples living in Northwest Namibia. However, the topic of CNM has been the focus of substantial scholarship across the beginning of the 21<sup>st</sup> century in other

disciplines, including psychology, sociology, economics, law, and women's and gender studies. The research discussed in the following chapters contributes to the discipline of anthropology's rightful place in contributing to the flourishing discourse concerning this intrinsic aspect of human experience (Davis and Whitten, 1987).

This study examines the biopsychosociosexual health of cross-sectional samples of persons who engage in alternative sexualities, especially CNM, and compares their health, happiness, educational attainment, sexual frequency, marital happiness, experiences of discrimination and other adversities, and other variables with cross-sectional samples from the general US population. I examine eleven main hypotheses, which are delineated in Chapter 2. Additionally, I have explored some of these same topics through ethnography or participant observation. Vignettes of this qualitative research are included along with the quantitative analyses presented to add more intimate and personal information from the lives and experiences of participants in CNM and other forms of alternative sexualities. In some cases, the vignettes write against the quantitative findings, providing a counterargument; in others, they provide nuance and explanation for some of the curious quantitative findings.

## **Chapter Overview**

In this first chapter, I introduce the general subject being studied and the layout of the study contained herein. In Chapter 2, I provide a brief review of the research literature relevant to this study (more topic-specific literature is reviewed within the appropriate chapters), discuss the modern origins, types, and cultural contexts of consensual non-monogamies in the US, and provide a discussion of the theoretical

orientation for this study. Additionally, I state eleven hypotheses made based upon the applicable theoretical orientations that are being tested, results of which are discussed in Chapters 5 through 8. In Chapter 3, the methods of the research conducted, data collected, the ways in which they were analyzed are described, and provide a reflective discussion of my place within this research. Chapter 4 describes the participants' demographics and other important information for those who have participated in the surveys and ethnographic studies analyzed herein. Chapters 5 through 8 discuss findings from data analyses of the samples who identify with some form of CNM and compares them with samples from the general US population. Specifically, Chapter 5 discusses the findings of analyses based upon the variables of sexual frequency, number of sexual partners, self-reported happiness, self-reported health, and marital happiness. Chapter 6 looks at all of the above variables analyzed among a subsample of the full sample population, those fifty-five years and older, where several significant differences from the full sample may be observed. Chapter 7 discusses findings from the analyses of HIV testing, sexual health knowledge, and sexual health practices of those who practice some form of CNM. Chapter 8 examines experiences of adversities, including prejudice, discrimination, and violence by those who are consensually non-monogamous and compares them with rates of these experiences in the general US population as well as between different forms of CNM. Chapter 9 provides a brief overview, summary, and integration of the findings from Chapters 5 through 8. Chapter 10 gives a brief conclusion, including recommendations for: policy-makers; interventions suggested based upon the findings of the data analyses; and suggestions for future research.

## **Chapter 2: The Origins of Non-Monogamy in Humans**

Humans, while apt to form pair-bonds (Fisher, 2008), have engaged in both monogamy and non-monogamy throughout our history, and both relationship/mating systems continue to be ubiquitous (Barash and Lipton, 2001; Low, 1988), even within mononormative societies, as suggested by research across many fields, such as biological anthropology, evolutionary biology, genomics, archaeology, ethnohistory, and ethnography. Biological anthropologist and evolutionary biologist Alan Dixson (2001; 2009; 2012; 2004) has studied extensively the evolution of mammals', especially humans' and other primates', sexual behaviors, reproductive anatomy, physiology, and processes, and mating systems over more than four decades. He, along with other researchers who will be discussed below, have examined multiple lines of evidence regarding the evolution of human's and other primate's mating systems, including body-size sexual dimorphism, sperm competition theory (including testicle-to-body-mass ratios [TBMR]), penile and genital morphology, sperm morphology, copulatory patterns (including female copulatory vocalizations), hip-to-waist ratios in females, menstruation and estrus, and many other important phenomena.

Dixson (2009; 2012) concludes that humans' last common ancestor shared with bonobos and chimpanzees likely had a multi-male, multi-female mating system, while more recent human ancestors were likely polygynous. Yet, when I (and others) examine the extensive evidence presented by Dixson and others, many of the factors, such as penile size-to-body mass ratio and morphology, body-size sexual dimorphism, routine face-to-face copulation (de Waal and Lanting, 1997), and female copulatory

vocalizations (Estes, 1991), align more closely with the multi-male, multi-female mating and social-bonding system of the bonobos (see Table II-1).

*Table II-1: Sexual and Reproductive Correlates between Humans and Other Primates*

<b>Mating System*</b>	<b>MMMF</b>	<b>MMMF</b>	<b>SMMF/MMMF</b>	<b>SMMF</b>
<b>Correlates of Primates with Humans</b>	<b>Bonobo</b>	<b>Chimpanzee</b>	<b>Orangutan</b>	<b>Gorilla</b>
♂ TBMR			x	
♂ Penis-to-BM (cm/kg)	x	x		
♂ External Testicles	x	x		
♀ Continual Sexual Receptivity	x			
♂♀ Routine Face-to-Face Copulations	x			
♀ Frontal vaginal orientation	x			
♀ Female Copulatory Vocalizations	x	x	x	
♂♀ Same-sex sexuality	x			
♂♀ Oral genital stimulation	x	x	x	
♂♀ Intergroup sex for alliance negotiation	x			
♀ Alloparenting	x			
♂ Paternal Care of Young	x			
♂♀ Facial labia coloration	x			
♂♂ Sharing of food	x	x		
♂♀ Emotional tolerance	x			
♂♀ Enhanced cooperation	x			

\*MMMF=Multi-male/Multi-female; SMMF=Single-Male-Multi-female. (Sources: (de Waal, 2006; de Waal and Lanting, 1997; Dixson, 2009; 2012; Estes, 1991; Hamilton and Arrowood, 1978; Harcourt et al., 1981; Hrdy, 2009; Pochron and Wright, 2002; Pound, 2002; Woods, 2010) )

Evidence gleaned from genomics (specifically analyses of neutral polymorphisms on *X* chromosomes [female-only recombinations] versus autosomes [recombinations in both sexes]) indicates that there has been both monogamy and non-monogamy among modern humans since our emergence (Hammer et al., 2008). More recent research (Brown et al., 2009; 2013; Labuda et al., 2010) examining current and historical mating success supports the view that humans have used variable mating strategies, with significant non-monogamous matings coexisting with pair-bond matings, some being sexually monogamous and others not. Primatologist and evolutionary anthropologist Bernard Chapais (2013), who has sought to bridge between

evolutionary anthropology and sociocultural anthropology, argues based upon evolutionary models of human social interaction that human mating strategies have been and are highly flexible, best described as a composite mating system. Adimora et al. (2002) found among US women in the 1990s that overall prevalence of concurrent partnerships was 12%, with a higher rate of 19% among never-married women and a lower rate of 4% among currently married women. Kermyt Anderson (2006) found that nonpaternity rates worldwide vary from 0.8% to 11.8% among those with high paternity confidence to as much as 55.6% among those who have low paternity confidence. Ryan Ellsworth (2014) found that about 37% of his sample of almost 170,000 sibling dyads from eighty non-industrial societies did not share the same father or mother and that societies closer to the equator, having higher pathogen prevalence, and where males contributed less to subsistence increased the likelihood of non-monogamous reproduction outcomes. Another study by Robert Wenk et al. (1992) found that heteropaternal superfecundation (different males' sperm fertilizes two or more ova released during ovulation by a single female) occurs 2.4% of the time among dizygotic twins (non-identical twins), which indicates heterosexual partner concurrency within a small chronological window (about twenty-four hours), and is suggestive of potentially significantly higher rates of partner concurrency within larger chronological windows.

In another line of evidence, some prehistoric art found in southern Africa, Asia, and Europe dating to as many as 30,000 years ago features scenes of non-monogamous interaction and group sex (Garlake, 1995; Gimbutas, 1989). Whatever humans' recent ancestors' mating strategies were or who the baby's daddy is, extensive and compelling

evidence argues *against* monogamy as the only strategy of human mating and *for* some form of non-monogamy as common in both distant and recent human history.

Human sexualities have been altered more recently on an evolutionary chronological scale, at least in their expression, by the cultural and social contexts in which humans have lived. As societies have become more complex and stratified, unequal valuations and distributions of resources impact individuals differentially, depending upon their environmental context at specific times in life. It is important to understand the ways that individuals' experiences in childhood, adolescence, and adulthood affect their lives and the decisions they make regarding sexuality and relationships. These multiple experiences and structural couplings (the history of recurring dialectic interactions between organism and environment that continually shapes and reshapes both the individuals' environment as the environment reshapes the individual (Foley, 1997:10-11; Maturana and Varela, 1987:75,170)) affect an individuals' understanding and beliefs about sexuality, socialization, child rearing, and morality. The lifecourse approach (Bengston and Allen, 1993; Elder et al., 2003) explicitly frames the social aspects of these factors. It helps to explain how we develop into who we are from childhood and how the cultural context of where and when we were born and grew up impacts us today as sexual beings. A lifecourse model within a mixed-mating systems might predict that CNM would be more prevalent among adolescents and young adults, decline during childbearing and child-raising years, reemerge at midlife, and decline again among aging populations. However, this is speculative and I cannot test this with the available data. Before discussing the analyses



and their results, it is important to examine the ways that humans have emerged as sexually-flexible, sexually-diverse, and sexually-interactive.

Even though sociocultural factors influence human sexuality significantly, Konner (2015) argues that there are biological, genetic, and endocrinal aspects of human sexual development in utero that remain generally constant across cultures that affect human sexuality and gendered differences in human behavior patterns. I concur. Humans are biologically driven to seek out sexual opportunities, derive pleasure from them, and have been fascinated with the human form for a very long time (Garlake, 1995; Gimbutas, 1989). In addition to its role in bringing pleasure and facilitating physical and emotional intimacy between individuals, human sexuality likely drove the development of emotional and cognitive growth in early hominins. In bonobos (one of humans' closest living primate relatives), sexual interaction additionally functions as a means to defer, resolve, prevent, or reconcile conflicts (Clay and de Waal, 2015; de Waal, 1995) and to maintain egalitarian and positive interpersonal relationships and memories (Bartels and Zeki, 2004; Guastella et al., 2008; Palagi, 2006; Uvnäs-Moberg, 1998). In humans, especially within romantic and mating relationships, sexuality functions similarly, especially due to the neuroendocrinal responses of sexual stimulation (Carter, 1998). Sexual interaction functions to create, maintain, and solidify social relationships (the neuropeptide, oxytocin, facilitates bonding during breastfeeding of infants, romantic kissing, sexual stimulation, and orgasm) (Carter, 1998; Crocker and Crocker, 1994; Dixson, 2012; Hrdy, 2009; Woods, 2010; Zeki, 2007). It also facilitates cooperative breeding, a reproductive strategy believed to contribute to greater reproductive success involving alloparents, those who provide additional support, care,

and provisions for young group members, but are not the biological parents (Crittenden, 2009; Hrdy, 2009; Meehan, 2005; Meehan et al., 2014). (Non-parents in modern non-monogamous relationships can and do function as alloparents, providing additional support, resources, attention, expertise, and adult supervision and care for children.) Sexual interaction continues to evoke strong neuroendocrinal responses, involving dopamine, vasopressin, and oxytocin, which enhance social bonds at the same time promising future rewards for continued socio-erotic exchanges (Feldman, 2012; Fellous and Suri, 2003; Lee et al., 2009). However, when sexual and emotionally-cohering interaction wanes and these neuroendocrinal responses occur with less frequency, relationships, and perhaps relationship networks, become unhappier and fragile (Heiman et al., 2011).

As ancient societies have emerged and their histories have been recorded, various forms of consensual non-monogamies have been revealed among the ruling elite, nobility, among non-elites in stratified societies, and among most egalitarian ones (Ellsworth, 2014). Ethnographic and ethnohistorical accounts from early contact with diverse cultures around the globe reveal significant diversity in sexual and gendered behaviors, roles, functions, beliefs, values, and relationship configurations, which include several forms of non-monogamy for both men and women, even though they may traditionally be labeled as polygynous, monogamous, or polyandrous (Amory, 1998; Bloch, 1933 [1811]; Diamond, 1984; Ellis, 1910 [1896]; Gevisser and Cameron, 1994; Herdt, 1987; Kroeber, 1983 [1902]; Lessa, 1966; Lewinsohn, 1959 [1958]; Malinowski and Ellis, 1929; Marsh, 2011; Mead, 1928; 1950 [1935]; Morgan and Wieringa, 2005; Murray and Roscoe, 1998; Pryde, 1972; Sahlins, 1985; Schapera, 1941;

Shostak, 1983; Suggs, 1966; Tesson, 1921 and 1911). Worldwide, in the middle of the second decade of the 21<sup>st</sup> century, only 17% of human societies mandate monogamy, while over 80% have coexistent monogamy and polygyny (Chapais, 2013). Even in the US, where monogamy is the social norm, estimates suggest 25-50% of men and 15-70% of women (Gangestad and Thornhill, 1997; Hite, 1987; Laumann, 1994; Wiederman, 1997) pursue non-monogamous sexual relationships at some point during their lifetime. While many perceive, and some research suggests (Buss, 2003), that men are overwhelmingly more promiscuous, and women are more coy and selective, Alexander and Fisher (2003) found among single young adults college students ages 18-25 that the dramatic contrasts between males' and females' self-reports of sexuality was due to social desirability bias, rather than actual differences in behaviors; this may be true with self-reports of infidelity, extra-marital sexuality, and non-monogamy. Similarly, Whisman and Snyder (2007) found that women were significantly more likely to self-report extra-marital sexuality when using a computer assisted self-interview versus being interviewed by a person. Newman and colleagues (2002) found that respondents, regardless of gender, were more likely to report behaviors that are laden with social stigma using computer-based and –assisted (for those with reduced literacy or visual impairment) surveys as compared to face-to-face interviews, factors which are especially relevant to the online computer-based CNM/RNE 2012 and the face-to-face GSS US survey data used for analyses herein. Additional limitations of the data sources will be discussed in the next chapter.

The sociocultural contexts into which we are born and live our lives may limit the wide array of human sexual potentiality, including the potential for non-monogamy.

Human social structures changed from small foraging and hunting/fishing subsistence groups, within which non-monogamy among all genders was likely commonplace, beginning more than 10,000 years ago with the emergence of sedentary intensive agriculture. Human fertility rates and population density increased dramatically with the emergence of sedentary agriculture at least 10,000 years ago in and around the Fertile Crescent and this transition was also the beginning of significant domestication of, and routine contact with, animals leading to zoonotic events, which are transference of diseases or infections from animals to humans (Armelagos et al., 2005; Hrdy, 1999). These zoonotic events coupled with increasing population density likely provided increased risks for sexually-transmitted infections (STIs). Increasing competition for resources and fertile land due to increasing population density is theorized to have contributed to social stratification and the proliferation of patriarchal polygynous relationships within gerontocratic societies in order to expand their in-house labor force as well as to insure the reproductive success of elite males' posterity (Zeitzen, 2008). However, this sequestration of fertile females by older elite males would have resulted in growing numbers of unpartnered young adult males and social and sexual volatility. Recently published scholarship argues that humans may have experienced evolutionary pressures towards monogamous relationships due to threats from STIs in these areas where human population density increased, while those who practiced non-monogamy or multiple partner concurrency became subjected to increasingly punitive social and epidemiological pressures to conform to the emerging relationship norm of monogamy (Bauch and McElreath, 2016). Previous research found as pathogen prevalence increases, polygyny increases, especially non-sororal and exogamous polygyny (Low,

1990). Nonetheless, in societies that practice polygyny, the majority of reproductive relationships are monogamous (Zeitzen, 2008), even if serially monogamous.

Bauch and McElreath's incorporation of altruistic punishment (relevant to the social imposition of monogamy) from various research presupposes increasing human population density with large groups of non-relatives, where the benefits of increasing cooperation outweigh the substantial costs of punishing non-cooperation (Boyd et al., 2003; de Weerd and Verbrugge, 2011; Fehr and Gächter, 2002), which is supported by mathematical modeling and empirical research. However, it also presupposes that (some forms of) non-monogamy brings harm to society, precisely the argument made by Henrich et al.(2012), regarding types of non-monogamy within highly unequal societies that allow certain men to act selfishly by extracting large proportions of available resources from the productivity of others, including by monopolizing the reproductive services of numerous women leaving large numbers of men without mates. While speculative, it is also possible that altruistic punishments and social pressures towards monogamy with limited polygyny was a double-edged sword, reducing STI risks by eliminating exposure to STI pathogens, but also increasing vulnerability to STI pathogens by reducing vaginal and seminal microbiome diversity made possible by non-monogamous sexualities. Current practices of consensual non-monogamy (CNM) function differently from traditional patriarchal polygyny as they are explicitly feminist-friendly, if not feminist-oriented. CNM communities resist male domination and control of female sexualities, while utilizing relatively recently-available contraceptive and prophylactic technologies, possessing sexual health risk-reductive knowledge, and placing premiums on cooperative interaction and resource-sharing.

## The Modern Origins of Consensual Non-Monogamy

As has been discussed in depth by Frank and DeLamater (2010), monogamy, non-consensual non-monogamy (such as infidelity or cheating), and CNM are transient and porous boundaries conceptually and practically in current discourse and behavior. While for one individual in a monogamous relationship, monogamy is breached merely by lusting after or fantasizing about another person, for another monogamous individual (perhaps even the partner of the one just mentioned), breaching monogamy may require not only being sexually interactive with another, but also emotionally invested in that other. For those who are CNM, infidelity is more likely to be rooted in dishonesty or deception than in sexual interaction with others per se. While national surveys in the US indicate that 20-25% of US Americans have engaged in extramarital sex (Greeley, 1991; Laumann, 1994), not all of these have been considered by either partner as marital infidelity or cheating, as some of these cases represent some form of CNM (Frank and DeLamater, 2010). Estimates of CNM vary, but it is likely around 5% of the US population that actively practice CNM (Conley et al., 2011) and more than 21% of US single adults had engaged in CNM during some point in their lives (Hauptert et al., 2016).

Many in the CNM community trace the origins of the term “polyamory” (from Greek *poly*, meaning “many,” and Latin *amor*, meaning “love”) to its appearance in Morning Glory Zell-Ravenheart’s “[A Bouquet of Lovers](#)” (1990), in which she defined polyamory as “the practice, state or ability of having multiple lovers at the same time.” While Zell-Ravenheart laid out a clear roadmap for engaging in ethical and open hierarchical relationships (primary, secondary, tertiary partners) with clearly established

rules, both she and her husband, Oberon Zell-Ravenheart, credited much of the concept to the science fiction novelist Robert Heinlein, with his introduction of free love in the novel, *Stranger in a Strange Land* (1961; M., 2010b) and of a type of plural marriage in his novel, *The Moon is a Harsh Mistress* (1966). Noted author Robert H. Rimmer described participating in ethical and open relationships with another couple in the late 1940s and beyond (Francoeur et al., 1999, pp. 143-150), and it was these experiences that gave inspiration for his best-selling novel, *The Harrad Experiment* (1966). This novel (along with much of Rimmer's writing) was a critique of monogamy as it described the psychosexual growth experienced by three male and three female college students (at Harrad College) who had been randomly assigned to share rooms in a dormitory. This novel was held as a manifesto for free love during the 1960s sexual revolution (Martin, 2001). Outside of the US, French journalist and author, Henri-Pierre Roché, wrote a semi-autobiographical novel, *Jules et Jim* (Roché, 1953), in 1952 that was later adapted into a film by the same name, *Jules et Jim* (Truffaut, 1962), that provided an example of consensual non-monogamy. For a more comprehensive discussion of the etymological and conceptual origins of the word "polyamory" and ethical non-monogamy and how the latter likely precedes the founding of the US, see Alan M.'s discussion in [Polyamory in the News!](#) (2010a) and Elizabeth Sheff's, "[Ethical Non-monogamy, Marriage, and Modernism: Critical and Historical Sources](#)" (Sheff, n.d.) and "[Three Waves of Non-monogamy: A Select History of Polyamory in the United States](#)" (2012).

Credit for some of the conceptual frameworks for ethical and non-hierarchical non-monogamy, especially the feminist origins of it, is due to feminist theorist Simone

de Beauvoir, and her husband, Jean Paul Sartre (2011 [1949]). However, the early proto-feminist Mary Wollstonecraft, deserves credit for the earliest modern origins of ethical, non-hierarchical non-monogamy from her example of living with a married couple and taking multiple, concurrent lovers in the late 18<sup>th</sup> century (2008 [1792]).

Woven through the history of modern CNM is a feminist thread that asserts women's equality to men, their right to own their own bodies, including their sexuality, and to be free to share their productive, reproductive, and erotic capacities with whomever they choose, whenever they choose. I do not perceive these feminist theoretical perspectives to be dissonant from the evolutionary and biological theoretical aspects of human sexual behaviors. Rather, I understand that these behaviors as being consistent with those within pre-industrial, especially pre-agricultural, non-stratified societies (for example, see Beckerman and Valentine, 2002; Picq and Brenot, 2012; Schapera, 1941; Shostak, 1983). I perceive similar to arguments made by Barad (1998) (who draws from physicist Niels Bohr's epistemological arguments of the inseparable entanglements of quantum (sub-atomic) realities with observable (macro) phenomena), that post-modern feminist thought and its focus on individual meanings (similar to ethnographic data collected from detailed descriptions of individual behaviors) comprise in the aggregate, generalizable knowledge about group and population norms, which can be viewed through statistical analyses. Yet, these group and population norms cannot be disentangled from individual and idiosyncratic behaviors and meanings. While current practices of CNM are varied and individualistic, modern CNM has drawn upon the feminist ideal that such rights are inalienable to all *humans*, regardless of gender, race, social class, educational status, religion, ethnicity, or national origin. I



understand this feminist theoretical orientation to be in line with Konner's (2015) argument of humans' evolutionary trajectory through socioculturally-guided biological adaptations, where women (and perhaps those who are non-binary gendered) will obtain full equality and self-determination for their lives, bodies, and sexualities. Indeed, my CNM sample is ideally suited to examine women's perspectives as they comprise a modality of the sample. Additionally, this sample comprises a large number of non-binary gendered as well as non-heterosexual persons, allowing for significant exploration of human sexual diversities.

Feminists have also been on the forefront of contesting sex-phobias (Lorde, 1984a; 1984b; Rich, 1986), heteronormativity (Rich, 1980), racism (Crenshaw, 1993; Crenshaw, 1989), gender dichotomies (Butler, 1990; 1993; 2004), classism, inequality, and violence and injustice not only for women, but for all genders (Butler, 2011; Sharp et al., 2005; Sharp et al., 2012), topics of concern for many in the CNM and polyamory communities. CNM provides women with opportunities to enter and enjoy relationships stripped of the vestiges of historical patriarchy-controlled monogamy, affording autonomy, agency, resource and obligation sharing, supportive community and fictive kinship support as the default setting, while simultaneously validating freedom from gendered role limits (Ziegler et al., 2014). Even as feminists have been asserting the right of women to be sexual beings and to embrace this aspect of their lives without shame, for which CNM and polyamory provide an ethical framework, male entitlement and privilege often lurks in the background. Some poly women have been viewed as merely an easy fuck by so called, "activist men" (Kreutzer, 2004). Kreutzer quotes Dworkin (1983),

The pornographic conception of female power is fundamental to the anti-feminism of sexual-liberation movements, in which unlimited sexual use of women by men is defined as freedom for both: she wants it; he responds; voila! the revolution. (2004, epigraph)

As a result, the CNM community and individuals within it have long sought to educate all genders of the potential and actual dangers of sexual exploitation. Polyamory's focus on consent of all individuals involved is one of the safeguards that has proven useful for preventing access for men looking merely for a quick fuck.

CNM and polyamory also have provided a safe and accepting haven for bisexuals, who are often erased from discussions within the common two-dimensional sexuality framework that recognizes only hetero- and homo-sexualities (Wilde, 2014). Unlike the experiences that bisexual persons routinely face within monosexist, biphobic, and mononormative dominant society where they experience discrimination, adversity, and traumas from heterosexuals as well as gays and lesbians (Roberts et al., 2015) (and resulting mental health disparities (Bostwick et al., 2010; Flanders et al., 2015) ), communities of polyamorous and other CNM persons welcome bisexuals. The results of data analyzed below suggests that bisexuals and bicurious individuals thrive in the contexts of CNM relationships.

#### *Monogamy and Non-monogamy as Distinct and Separate Relationship Paradigms*

Legal scholar Anne Tweedy (2011) has argued that from a legal framework, polyamory exhibits characteristics of an orientation, rather than mere choice. Research on testosterone levels among monogamous versus non-monogamous individuals may suggest that CNM is a relationship model that is less personal choice and more biologically hardwired (van Anders et al., 2007; van Anders and Watson, 2006), though the causal direction of these relationships are not clear and social environments can

influence endocrinal responses. Other theorists argue for non-monogamy and polyamory as political acts of subverting and challenging existing institutional power structures. For example, Woltersdorff (2011) argues that CNM is one of four subcultures that he describes as neo-sexualities that are precarious, having an ambivalent relationship to neo-liberalism by simultaneously incorporating deregulation of sexual constraints, while critiquing the dehumanizing aspects of capitalist free-market economies. Shannon and Willis (2010) use theoretical non-monogamy and polyamory as a way of seeing and queering sexual and romantic relationships as well as political affections to invigorate discourse, make human social relationships more holistic, and the possibilities and questions around political movements more nuanced in order to eliminate all forms of “structured and institutional dominance, coercion, and control” (2010, p. 433). From a similar conceptual framework, Portwood-Stacer (2010) links the political and the personal with alternative sexualities and non-monogamy sometimes flowing out of anarchist theories that subvert social control and coercion. Describing the ways that society and individuals control others’ sexuality through compulsory monogamy and coerce them into conformity of social monogamous norms, Mint (2006a; 2006b; 2010; 2013) argues that one of the tools of control is derived from the social legitimacy granted to jealousy as a common and critically unexamined “strategy of personal power within relationships” (2010:1). In an earlier article, Mint (2004) argued that even those in polyamory, swinging, and other forms of non-monogamy can engage in controlling behaviors, especially towards those who hold multiple identities or engage concurrently in multiple forms of CNM. Robinson (2011) argues that both polyamory and monogamy are strategic identities, being fluid and malleable depending

on the circumstances. A critical review of the different conceptions for classifying polyamory (identity, sexual orientation, and intimate practice) is articulated by Klesse (2014), who argues that sexual orientation, despite its utility in legal contests as familiar to larger society in relation to other known groups (gays, lesbians, etc.), is reductionist and problematic.

Concurring with Klesse, van Anders (2015) argues for a new theoretical model for understanding alternative sexualities, sexual configuration theory (SCT), that allows for theorizing beyond sex, sexual orientation, gender, identities, and differences between love and lust, all of which may be at stake in both polyamorous and CNM relationships. I use SCT as the primary theory to situate and frame this study. SCT is especially useful for an anthropological examination of human sexualities and relationships, as it recognizes cross-cultural variations at the society level as well as having sufficient flexibility to accommodate and predict specific individual needs and outcomes.

A paradigm has been described as an accepted model or pattern (or theory) that provides a functional coherence to the ways in which phenomena and the world around us may be understood to operate or exist (Kuhn, 1962 [1996]). Persons from within differing paradigms use different vocabulary or use the same vocabulary with differing meanings and conceptual frameworks to talk past each other, never making contact as each approaches the same issues with differing realities, knowledge, theories, predictions, and expectations while at the same time dismissing the validity or potential to explain the reality of the other's. Differing paradigms of monogamy and CNM are

referenced by Butler (2004) as deconstructing and reconstructing perceptions of kinship, community, love, loss, and family. She writes,

The relations of kinship cross the boundaries between community and family and sometimes redefine the meaning of friendship as well. When these modes of intimate association produce sustaining webs of relationships, they constitute a “breakdown” of traditional kinship that displaces the presumption that biological and sexual relations structure kinship centrally... Sexuality becomes open to a number of social articulations that do not always imply binding relations or conjugal ties. That not all of our relations last or are meant to, however, does not mean that we are immune to grief. On the contrary, sexuality outside the field of monogamy may well open us to a different sense of community, intensifying the question of where one finds enduring ties, and so become the condition for an attunement to losses that exceed a discreetly private realm.

Nevertheless, those who live outside the conjugal frame or maintain modes of social organization for sexuality that are neither monogamous nor quasi-marital are more and more considered unreal, and their loves and losses less than ‘true’ love and ‘true’ losses. The derealization of this domain of human intimacy and sociality works by denying reality and truth to the relations at issue. (2004:26-27)

Writing about the Bakgalagari in Botswana, but about plural marriages more generally, Solway (1990) stated that, “polygyny creates enduring multiplex relations, a situation not replicated to the same degree with other forms of multiple unions such as serial monogamy” (1990:42). Many forms of CNM likewise form enduring, multiplex relations though they are not bound by kinship or affines, but represent either a reversal of social trends towards monogamy (Comaroff and Roberts, 1977) or a dynamic adaptation of an historically stable means of forming supportive communities. Some CNM persons relate as an interconnected “family” or as a “tribe” whose bases of relating are not derived from biology or marriage, but from enduring sociosexual networks of individuals committed to work together in love and life for the good of all. These CNM families or tribes may be in addition to or as a substitute for

consanguineous (related by descent) or affinal (related by marriage) family relationships, especially when consanguineous or affinal family members shame, stigmatize, or reject CNM individuals.

The importance of positive social relationships on human health is difficult to underestimate, with social isolation or poor quality social relationships having equal or greater pathogenic effects as alcohol abuse, obesity, or smoking tobacco (Holt-Lunstad et al., 2010) and contributing to a cascade of neuroendocrinal changes resulting in deleterious health outcomes (Cole et al., 2015). When these fictive kinship groups function well, they provide a supportive community that enables robust resilience in the face of adversity, including from discrimination and prejudice from the sex-phobias, homo- and bi-phobias, monosexism, and mononormativity of majority society. When they fail, the hurts are very real, the losses are deep, the resulting alienation may be acute, and the outside domain of mononormative relationship structures and the persons within them provide little if any consolation, often quite the opposite. The evidence from the data analyses discussed below provide support for such a framework for understanding non-monogamy in general, including polyamory, swinging, open relationships/marriages, relationship anarchy, and others as alternative ways of being, knowing, relating, and sustaining within communities of biopsychosociosexual resilience. Additionally, the findings suggest that CNM is likely based upon human sexual plasticity, exercised within an orientation-like or paradigmatic biological framework, and sometimes strategic framework, that has been modified by sociocultural contexts, but never predetermined by them.

*Types of Non-exclusive Relationships*

The respondents to the survey analyzed in Chapters 5 through 9 identify as being in or open to being in some form of CNM relationship. While ‘polyamorous’ is frequently used as an umbrella term to reference these individuals, they are likely to define themselves with another term, including being: polyamorous (or poly), non-monogamous, a relationship anarchist, in a designer relationship, a swinger, in an open relationship or marriage, monogamish, and several other terms that are highly specific. Generally, those who identify as polyamorous agree to being in, open to, or oriented towards multiple, concurrent sexual and/or romantic relationships with the full knowledge and consent of all partners. Evidence suggests that each of the options for CNM is similarly healthy for the individuals’ psychological well-being and relationship quality (Rubel and Bogaert, 2014).

Popular media, including popular reality television shows, such as Showtime’s *Polyamory: Married and Dating* and TLC’s *Sister Wives*, and USA Network’s fictional drama, *Satisfaction*, have brought the topic of non-monogamy, including polyamory, CNM, and open marriages/relationships increasingly into the public view. The fictional drama, *Satisfaction*, recounts the process of marital infidelity becoming an open marriage; *Sister Wives*, a reality show, features a form of modern-day religious-based polygamy (polygyny, technically), while *Polyamory: Married and Dating* is a reality show chronicling a popular polyamory-advocate and author, Kamala Devi, and her husband, her lovers, and the lovers of her lovers, known as *metamours*.

In spite of the growing awareness of and interest in polyamory and other forms of CNM in US popular culture (Haupt et al., 2016), it is difficult to determine the prevalence of these relationships in the general population. In their analyses of data

from the 2002 National Survey of Family Growth (in-person interviews of a nationally representative multistage area probability sample of 12,571 respondents), Aral and Leichliter (2010) found that 17.6% of women and 23.0% of men, ages 15-44, were in some form of non-monogamous relationship, with 7% of women and 10.5% of men practicing mutual non-monogamy, where both partners had knowledge of the other's relationships. Using two recent US Census-based quota samples, Hauptert and colleagues (2016) found that just over 20% (21.9% of one sample of 3,905 single US adults and 21.2% of another sample of 4,813 single US adults) of US single adults had engaged in some form of CNM during their lifetime. Research conducted by Conley and colleagues (2011; 2012a; 2013b) estimated that approximately 5% of the total US population may participate in CNM, or non-exclusive<sup>1</sup>, relationships. However, support is not widespread for CNM. From a more recent statistically representative sample of 15,738 adults, aged 18-60, in the US, conducted in February 2014, the *Relationships in America* (Gordon et al., 2014) survey found that about 55% of US Americans voiced disagreement to the question, "Is it OK for three or more consenting adults to live together in a sexual/romantic way?" (2014, p. 51). Seventeen percent agreed that such arrangements are OK, and about 28% were neutral or undecided (2014, p. 51). Men were more likely to agree with the statement than were women, younger adults,

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<sup>1</sup>This term is preferred over "non-monogamous" by many in the community who may also identify as polyamorous, relationship anarchist, in an open marriage, in a closed but multi-partner marriage or polytroth, in a designer relationship, friends with benefits, swingers, and others, including those who identify simply as non-monogamous. Many people who identify as polyamorous (and other relationship styles) are also married to only one person, and are therefore by strict definition, monogamous, yet not sexually, romantically, or intimately exclusive. There are also those, monogamously married and not, who identify with this community who remain sexually exclusive (or celibate or otherwise non-sexual), but engage in emotionally-intimate relationships with more than one person. However, since the literature concerning non-exclusive sexual relationships has emerged using the term consensual non-monogamy (CNM), I use CNM herein.

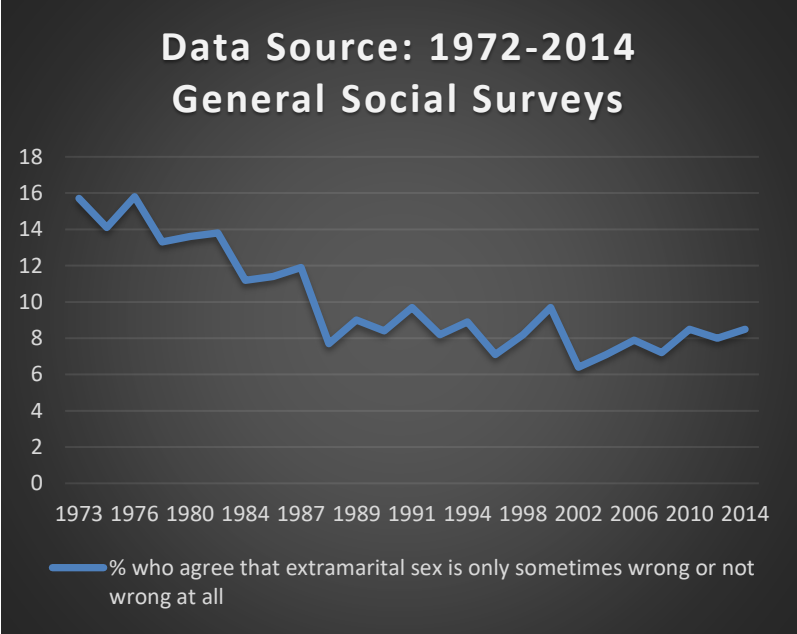


especially those aged 18-34, were more likely to agree than older adults, and fundamentalist and evangelical Christians, traditional Catholics, Latter Day Saints, Muslims, and Hindus, especially those who attended religious services more frequently, were much less likely to voice approval for cohabiting, CNM relationships (2014, pp. 51, 57).

These results are similar to a [YouGov poll](#) conducted at the end of July 2015, where about 25% of 997 Americans sampled believed that polyamory, “the practice of engaging in multiple sexual relationships with the consent of all people involved” was morally acceptable (Moore, 2015). Those who believed that polyamory was morally acceptable varied by gender (36% of males, 16% of females), age (29% of 18-29 year olds, 38% of 30-44 year olds, 24% of 45-64 year olds, 6% of those 65 or older), race/ethnicity (Whites 30%, Blacks 13%, Hispanics 14%), political affiliation (Republicans 17%, Democrats 26%, Independents 29%), family income (25% of those earning under \$80K, 31% of those earning \$80K or more), region of the country (Northeast 29%, Midwest 28%, South 21%, West 27%), and by importance of religion (Very important 9%, Somewhat important 18%, Not too important 43%, Not at all important 58%) (Moore, 2015). It is interesting to note that women are more likely than men to disapprove of polyamory on moral grounds, even though women are more likely to benefit from the egalitarian relationship dynamics, increased access to social support, and reduced social isolation. This may be due to concerns about a reduction in child support paid by non-resident fathers when women bear children by multiple fathers (Craigie, 2015). Of course, persons who transition to CNM may experience new forms of social isolation, if their social support network was comprised of family, friends, and

church members who learn of and oppose this way of relating, especially if they reside in small communities or rural areas.

The percentages of US Americans who agree that CNM is okay is about twice



that of US Americans who believe that extramarital sex is either not always wrong or not wrong at all based upon analysis of the 2014 General Social Survey (GSS). This percentage has declined since the beginning of the GSS in

Figure II-1: Percent who agreed with the statements, “extramarital sex is only sometimes wrong” or “extramarital sex is not wrong at all.” All charts by author; data source NORC’s GSS (Smith, et al. 2015)

1972 (1973 was the first year that this question was asked), with drops coinciding with several sociopolitical and epidemiological factors, such as the influence of the politically-conservative Moral Majority, emerging awareness of the HIV/AIDS pandemic, the aftermath of the attacks on the World Trade Center Towers in New York City on September 11, 2001, and the 2008 Global Financial Crisis (see Figure II-1). It appears that some people, at least among the media and politicians, become more socially and morally conservative during moral panics associated with fears or the realization of threats to safety, health, and economic security in the US (Durington, 2007; Herdt, 2009; Herek, 2009; Smith, 2007), in the UK (Critcher, 2008; Trueman, 2015) and Europe (Hummelsheim et al., 2011), and in non-Western societies, such as

Thailand (Fordham, 2001) and southern Africa (Stadler, 2003; van Wolputte, 2016). Moral panics are especially apt to target women's (Groneman, 2000) and children's sexualities, sexual minorities, and those who engage in alternative sexualities (Lancaster, 2011), and these panics frequently result in calls for and actions by bourgeois capitalist sociopolitical institutions to regulate and discipline sexualities before they run amok and destabilize economic productivity (Foucault, 1978; Lancaster, 2011). Just as disapproval of CNM is strongest among conservative and fundamentalist religious groups, disapproval for extramarital sex is highest among these groups as well (Gordon et al., 2014). Many CNM persons grew up within these religious groups, which add additional layers of loss and alienation, or requirements to remain closeted.

The first published research examining the associations of having multiple concurrent sexual and romantic partners in an open and consensual manner on health and happiness was conducted by Fleckenstein and Cox (2015) using a sub-sample (adults aged 55 and over) from the larger data set analyzed and described in upcoming chapters (which includes all respondents aged 16-99). They found that older adults who participated in consensually non-exclusive relationships had more frequent sex, with more partners, were happier, healthier, and more attentive to their sexual health, as measured by ever having an HIV test, than senior adults in the general population. In Chapter 6, I provide an update to this research.

#### *Just How much Sex is Enough Sex and How many Partners are Optimal?*

According to the World Health Organization's working definition, sexual health is:

a state of physical, emotional, mental, and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction, or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (2010 [2006]).

In a metaanalysis of research concerning sexual health since 1990, Anderson (2013) found that “sexual health, physical health, mental health, and overall well-being are all positively associated with sexual satisfaction, sexual self-esteem, and sexual pleasure” (p. 210). Blanchflower and Oswald (2004) found that in the US American general population, based upon data analyses from a sample of 16,000 respondents to the 1988-2002 GSS, the optimal number of partners predicting happiness is *one*. In the US, monogamy is the social norm, the most common relationship practice, and the relationship style most likely to equate with personal happiness. These findings were duplicated in China as well (Cheng and Smyth, 2015). Waite and Gallagher (2000) found that married persons had more frequent and better sex, were happier, and had less mortality risks than unmarried persons. Umberson et al. (2006) concur with Waite and Gallagher, as long as their marriages were not of poor quality; poor quality marriages are associated with damaging effects that worsen over time. In fact, poor quality marriages hasten normal, age-related health decline, which in turn exacerbates marital strain, becoming a vicious cycle, especially with advancing age (Umberson et al., 2006). Additionally, marital strain is cumulative over the lifecourse, affecting men and women equally (Umberson et al., 2006), but manifesting differently by gender (Liu and Waite, 2014) and having increasingly adverse effects on marital satisfaction among older couples, both men and women (Henry et al., 2007).

In research among 112 college students (70 female and 42 male) aged 16-23 years, Charnetski and Brennan (2004) found that the optimal frequency of sexual interaction among couples for higher salivary immunoglobulin A (IgA, the first-line defense against infections from pathogens primarily expressed in mucosa, which is a marker for overall immune system health) was once or twice per week. With couples who had sex more frequently, or less frequently, than once or twice per week, IgA levels were reduced (2004). IgA levels had no statistically significant relationship with relationship duration or with sexual satisfaction in the relationship (2004). The effects of sexual frequency in CNM relationship contexts on IgA levels is not known. Lorenz et al. (2015) contributed greater nuance to the role of IgA and sexual frequency in healthy women finding that IgA levels declined during ovulation among sexually active women, which likely increases chances of fertilization, but increased among healthy women reporting no or low sexual frequency. Among healthy women who were sexually active, Immunoglobulin G (IgG), the primary antibody expressed within the bloodstream was higher during ovulation (which may improve chances of successful implantation of the embryo) than among abstinent healthy women (2015). As can be seen below, CNM persons in the samples being analyzed (who have multiple concurrent partners and more frequent sex) in this chapter are generally healthier than are persons in the general US population, though the direction of causality cannot be determined.

For men, sexual frequency, or specifically ejaculation frequency, is important for prostate health. Leitzmann and colleagues (2004) found among a sample of 29,342 US men aged 46-81 years that men who ejaculate 21 or more times per month (about 5 times per week) were significantly less likely (33%) to develop prostate cancer than

men who ejaculated once or twice per week (Leitzmann et al., 2004). In an update to this study after 20 years by Rider and colleagues (2015), the original findings from Leitzmann et al. were confirmed. There is a discrepancy between optimal number of ejaculations for men and optimal number of sexual interactions for couples per week (1-2 times) for immune health (Meston and Buss, 2009). Perhaps CNM provides a way other than by masturbating for men to fill this gap.

Among older adults, married persons do not necessarily have more frequent sex, nor are they necessarily more sexually satisfied than are cohabiting partners (Fisher, 2010). Brown and Kawamura (2010) found that among older adults, cohabiting partners had very similar levels of emotional satisfaction, time spent together, psychological openness, pleasure, inter-partner demands, and criticism as married couples, while married couples were more likely to report being very happy in their relationship than cohabiting couples. King and Scott (2005) found that older cohabiting relationships were more satisfying, of better quality, and more stable than were cohabiting relationships among younger adults, in part because younger adults in cohabiting relationships see them as a stepping-stone towards marriage, where older adults may perceive a cohabiting relationship as the goal or best option, especially where there is a desire of non-exclusivity. Making the transition from cohabitation to marriage improves relationship quality among recently-cohabiting individuals, but does not appear to affect relationship quality among long-term cohabiting couples (Brown, 2004). In a re-examination of Waite and Gallagher's *The Case for Marriage* (2000), Musick and Bumpass (2012) found that, all else being equal, cohabiting partners are happier, have better self-esteem, have similar amounts of depressive symptoms, similar time spent

with friends, and similar frequency of parental contact and similar relationship quality with parents as those of married couples; only health demonstrated significant benefits derived from marriage.

In their survey of 3,821 Chinese individuals aged 20-60 who were married, Cheng and Smyth (2015) found that having sex once per week with only one's spouse correlates with optimal happiness. They also found that engaging in extra-dyadic sex, as well as having unwanted sex, predicted a decline in happiness for both partners regardless of who was having extra-dyadic sexual relations (Cheng and Smyth, 2015). These findings were also true among US Americans in the general population, but not true for those who engage in ethical and responsible non-exclusive relationships, as discussed in the coming pages.

Havlicek et al. (2011) found that past extra-dyadic behavior in previous relationships did not predict extra-dyadic pairings in the present relationship for couples in Czechoslovakia. Men whose fathers engaged in extra-pair couplings (EPCs, mating with partners outside of a sociosexually-committed dyad) were more likely to engage in EPCs themselves, while women who engage in EPCs were more likely to be dissatisfied in their current relationship (Havlicek et al., 2011). It is unknown how many of the reported EPCs by respondents in these studies were conducted openly and ethically and how many were done non-consensually and/or secretively (whether remaining a secret or not) as forms of infidelity, clandestine affairs, or cheating. I do not classify all CNM as EPCs, though some CNM relationships may be. For example, where CNM occurs with a primary couple at the core of CNM relationships, these additional partners could be classified as EPCs. However, many CNM configurations, such as triads, quads, and

others that began with a primary dyad, no longer view the dyad as salient to the current relationship structure. Further, some forms of CNM, such as solo-polyamory and relationship anarchy do not begin with a primary dyad as the basis for CNM. As will soon be discussed, the difference is crucial as it relates to individual as well as marital happiness, self-reported health, and sexual health risks. It is not known if parental EPCs are predictive of children engaging in CNM as they enter into adolescence and adulthood.

### **Theoretical Orientation**

When my research about non-monogamy began, I used a combination of Bowenian differentiation theory, Schnarch's sexual-relationship integration theory, and grounded theory, the latter allowing my findings to lead to new questions, approaches, and ways of conceptualizing. After beginning formal anthropological training, I utilized Darwinian evolution and sexual selection theories to further explore and understand my research. However, these theoretical perspectives do not readily permit examination of non-monogamies comprehensively, holistically, and integratively—to account for the distinct biological, psychological, sociocultural, and sexual aspects of human sexual behaviors and then to be able to reintegrate them—as I believe is critical to advance our understanding of the evolutionary origins and contemporary experiences of human sexuality. I discovered in late 2015 a theoretical orientation that permitted both a holistic perspective on human sexualities, while incorporating theoretical perspectives with which I began to explore non-monogamies. Thus, for the analyses in the following chapters, I use one primary theory, van Ander's (2015) sexual configurations theory



(SCT), to examine the biopsychosociosexual health and well-being and how sexualities affect these among CNM persons and communities, and an additional theoretical framework, Tornstam's (2005) gerotranscendence, to explore CNM sexualities among aging adults. Van Anders' (2015) SCT is a useful predictive framework for examining CNM, accounting for the complexities and diversities of sexualities that have evolved over time within humans. SCT advances theoretical ground within the discipline of anthropology by its ability to encompass the breadth of human sexualities across cultures, while also permitting detailed scrutiny of individual behavior within local contexts. Additionally, SCT incorporates knowledge and critical thought from feminist theoretical work.

SCT posits that sexualities are: (1) multifaceted rather than unitary; (2) socially-situated, culturally variable, and mediated, with the possibility of embracing diversity rather than othering; (3) dynamic and fluid within individuals over time and across contexts (even though their sexual configuration may remain the same); (4) recognized as consisting of multiple complexities with varieties of sexualities intersecting (Collins, 1995; Crenshaw, 1989); (5) variable by number of partners desired ideally as well as number of partners in reality with the strength of importance of partner number described as allosexuality; (6) comprised of both eroticism, nurturance, dyadic desire, and a continuum of sociosexuality, which measures the relative attachment or commitment in sexual encounters; (7) countenance individual relationships that may include power exchange and kink as dimensions of the sexual, erotic, and nurture; and (8) comprehensively, integrates these seven elements to comprise an individual's sexual configuration landscape (van Anders, 2015).

I understand these specific elements of SCT to be essential for optimal biopsychosociosexual well-being for all persons. Van Ander's SCT conceptual framework and metatheory is useful for examining the diversities of human sexualities engaged in by those who are CNM, permitting flexibility to include lifecourse theoretical models for understanding the ways that CNM individuals and communities interrelate within their sociocultural milieu and across the lifespan, from infancy to the twilight years. I also conceptualize SCT as able to incorporate Bowenian differentiation theory (Bowen, 1978; Kerr and Bowen, 1988) that predicts the importance of individuals' ability to maintain a solid sense of self while in close relationship with others in order to maintain psychologically thriving intimate relationships over time, and its derivative, Schnarch's sexual crucible theory (1991; 2002), which posits that sexuality is a core component of the self within which differentiation is either accomplished, enabling deepening intimacy, or avoided, leading to emotional gridlock within long-term committed relationships.

During later middle age through the twilight years of human life, older adults may critically reflect on their lived experiences and beliefs, a process that can produce significant changes in their beliefs and behaviors across many dimensions of life, including their sexual relationships, beliefs, and behaviors. Tornstam (2005) calls this process gerotranscendence. I use gerotranscendence to examine shifts in sexual beliefs and behaviors not only among aging adults, but also as a window into the process that many younger adults within CNM communities have undergone during their transition from a monogamous relationship configuration to one aligned with CNM.

SCT nests within Darwin's theory of evolution by natural selection (1859; 1858) and sexual selection (1871), which posit that living organisms change over time, especially over very long periods of time, as a result of emergent physical and behavioral traits derived from the result of genetic coding shifts that can be inherited by an organism's young and that confer an advantage for reproduction and mate selection, especially during periods of ecological stress. Modern human sexualities have emerged as a result of specific selection pressures over the course of hundreds of thousands, even millions, of years, as we diverged from other proto-human species arising from our last common ancestor shared with our closest living cousins (and fellow primates) (Duda and Zrzavý, 2013; Prufer et al., 2012), which will be discussed in the next chapter.

By understanding the ways that CNM persons and communities engage in gender-equitable, multiple-partner concurrency while safeguarding their sexual health, relationships, and general well-being, sexual and relationship health may be improved for those within the general population, as well as within marginalized and underserved communities, who are at risk for sexually transmitted infections (STIs), resulting in substantial reductions in sexual health consequences and financial costs associated with treatment. This may require a critical examination of the historical and cultural origins of religious and cultural beliefs about sexuality in the US, including resistance to accurate and comprehensive sex education for children and adolescents, homophobia and heteronormativity (Rich, 1980), and mononormativity (Mint, 2014). The US has the highest rates of STIs (Satterwhite et al., 2013) and among the highest rates of teen pregnancy (Boonstra, 2002) in the industrialized world. By reconsidering the importance of sex education and the role of sexuality in relationships and society in

light of our evolutionary and historical past, many of these maladies can be reduced in prevalence and incidence. As will be evidenced in Chapters 4, 5, and 6, those who engage in CNM support the view that physical, mental, and sexual health can be improved through clear communication about sexuality, care for one's own and others' sexual health, and greater acceptance of sexual diversities. In both the quantitative analyses discussed in Chapters 5 through 9 and the qualitative and ethnographic inquiries interwoven throughout, consensual sexual and romantic non-exclusivity as a relationship style is best understood as a distinctly different paradigm from that of the mononormative sociocultural sexual and romantic contexts of monogamy and monoamory.

Alternative sexual minorities, which include non-hetero, non-monogamous counter-normative sexual relationships, are subjected to increased scrutiny, stigma, prejudice, and discrimination (Barker and Langdrige, 2010b; Bauer, 2010; Sheff, 2010). Other relationship statuses that are more commonplace, such as simply being single, divorced, or never married have also faced greater scrutiny, stigma, and prejudice in the US, though the severity of these has lessened over time for most persons in the US. Sexual minorities experience higher rates of mental disorders than are found in the general population (Hatzenbuehler, 2009; Herek, 2009; Meyer, 2003), with bisexuals especially affected adversely (Gorman et al., 2015). However, as hypothesized below, I predict that these sexual minorities will fare significantly better in terms of happiness, health, and marital happiness than their counterparts in the general US population, in spite of the higher rates of adversities that they have faced.

## **Hypotheses**

SCT would predict that these multi-partner connections within supportive, didactic, intentional communities comprised of rigorously communicative, disclosing, and loving relationships would provide resilience in the midst of prejudice and discrimination from the larger society and salutogenic (health-promoting) effects for individuals who live and love in supportive social groups of more than two sexually-interactive adults. Hence, this study examined eleven primary hypotheses. Compared with the US general population sample, the non-exclusive samples (both the full sample and the older adult sub-sample, regardless of gender, marital status, or sexual orientation) will (in comparison to the general US population and/or exclusively monogamous individuals): (1) have more sexual partners; (2) have more frequent sexual interaction; (3) be at least as happy; (4) be at least as healthy; (5) demonstrate greater attention to their sexual health; (6) differ in the optimal number of partners or optimal sexual frequency as it relates to being happier, (7) healthier, and (8) happier with their marriage; (9) face higher rates of discrimination, but that (10) the non-exclusive persons' socially supportive network of relationships, as well as their more frequent relationship cohering behaviors, namely sexual interaction, will moderate the impact of negative experiences, such as discrimination, prejudice, and social stigma for engaging in sexual and relationship practices that run counter to prevailing sociosexual norms (Goffman, 1963; Hatzenbuehler, 2009; Herek, 2009). Finally, it is hypothesized (11) that in comparison with the US general population, the non-exclusive sample will value individual autonomy and freedom within their relationships more highly.

## Chapter 3: Methods

### **The Consensually Non-Monogamous/Relationally Non-Exclusive Survey and General Social Surveys (GSS)**

#### *Terminology and Methods*

The term relationally non-exclusive (RNE) has been proposed by my colleague Jim Fleckenstein (Fleckenstein and Cox, 2015) as a preferred term among many in the CNM community rather than non-monogamous, since monogamy generally refers to marital relationship style and status, rather than sexual or romantic exclusivity and, the term derives from defining against the equally ambiguous, but socially-normative referent, monogamous. For example, some (maritally) monogamous couples may have an open relationship where social and sexual and/or romantic exclusivity is not expected, while many unmarried persons are oriented towards sociosexual and/or romantic exclusivity as they engage in intimate relationships, whether these lead to marriage or up the “[relationship escalator](#)” (Aggie-Sez, 2012) or not (more on this term later). RNE, like the synonymous term, consensual non-monogamy (CNM), which is also the most common term used in published academic literature, includes those who identify as polyamorous, swingers, in open relationships or marriages, in “designer relationships” (as coined by Kenneth R. Haslam, MD<sup>2</sup>), relationship anarchists, other styles of non-exclusive relationships, including those who identify as ethically and/or openly non-monogamous, as well as those who practice solo polyamory or some other form of non-exclusive relationships that do not have marriage as a goal (which is the

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<sup>2</sup> Dr. Haslam’s collection of early written materials concerning polyamory and ethical non-monogamy form the lion’s share of the [Kenneth R. Haslam Collection on Polyamory](#) held at [The Kinsey Institute’s Library and Special Collections](#).

top of the relationship escalator that many solo-poly persons do not desire to ride or even step on). However, as the extant literature uses CNM to refer to these groups and in order to remain consistent with this use, I will use CNM to reference those who are consensually non-monogamous as well as those who are relationally non-exclusive. CNM/RNE is used within the tables and generally refers to the 2012 survey data set.

#### *CNM/RNE 2012 Participants and Recruitment*

This study examines the attitudes, beliefs, circumstances, and experiences of individuals who self-identify as engaging in some form of consensual non-monogamy (which will be referred to as sexually or relationally non-exclusive or consensually non-monogamous (CNM or CNM/RNE) herein). The primary data set used for analyses in the following chapters is derived from a survey conducted from February and March 2012. More than four thousand ( $n=4,062$ ) responses to 36 questions were collected via this Internet-based survey. In order to compare the results of the CNM/RNE 2012 sample with those of the general US adult population, the survey questions mirrored those asked in the National Opinion Research Center's nationally-representative, biennial General Social Survey (GSS) (Smith et al., 2015). The GSS is a full-probability survey conducted in person with a representative sample of participants living in the United States. In order to compare similar sample sizes with the general population and for the surveys to be close chronologically, the analyses discussed in this work are taken from the GSS 2010, 2012, and 2014 surveys.

As previously mentioned, Newman et al. (2002) found that computer-based interviews were more reliable in accessing sensitive information from survey respondents than face-to-face interviews, while Whisman and Snyder (2007) found

similar findings, especially concerning women's responses to questions regarding their sexual behaviors. Thus, the survey method of this hidden population and with some of the sensitive questions asked is appropriate. However, this method may lead to differences in the way that respondents answer questions via the internet with an electronic device as compared to respondents to the General Social Surveys that are conducted in-person.

Participants in this study were recruited through various e-mail lists maintained by the [Loving More](#) non-profit organization and endorsed by the [National Coalition for Sexual Freedom](#) (NCSF). Requests were sent to list moderators of various local and regional listservs of communities of “individuals who engage in consensual, nonexclusive intimate relationships, or who are philosophically open to doing so, regardless of their current relationship configuration” (Fleckenstein and Bergstrand, 2012). In order to access this hidden population, and to maximize exposure and possible participation, information about the survey and a request to the survey link were sent to “gatekeepers” of several communication lists serving those who provide counseling to, conduct research among, advocate on behalf of, or those who may practice some form of consensual non-monogamy or relationship non-exclusivity. These included: the American Association of Sexuality Educators, Counselors, and Therapists’ (AASECT) AltSex list (154 members); the PolyResearchers list (485 members); the National Coalition for Sexual Freedom’s (NCSF) coalition partners list (representatives of the membership organizations that comprise NCSF) (50 members); and the Institute for Advanced Study of Human Sexuality’s (IASHS) students and alumni list (139 members). In turn, these gatekeepers used their own networks and channels of



communication to raise awareness of the survey among possible study subjects. This resulted in nearly 2000 additional responses, far more than the gatekeepers themselves, though a fraction of a percent of them would likely meet the criteria for inclusion. Nonetheless, it is possible that professionals involved in sex education, counseling, therapy, and/or research are over-represented in the CNM/RNE<sup>3</sup> 2012 sample compared to the samples from the general population (GSS). Potential respondents to the survey were provided an online link to the survey, conducted via SurveyMonkey. Survey responses were limited to one participant per IP address to prevent multiple responses to the survey by one respondent. An unfortunate side effect of this was that some respondents in polyamorous or non-monogamous households were prevented from responding.

While the GSS surveys are comprised of statistically-randomized samples of the general population, the CNM/RNE 2012 survey population is comprised of self-selected participants creating an inherent and unavoidable bias in the sample, as participants remain, in spite of burgeoning media coverage, part of a largely hidden segment of the general population. These individuals often conduct their relationships outside of the view of the general public as well as from the scrutiny of employers, state agents, children, parents, and other business and social colleagues in order to avoid social stigma, hostile scrutiny from child protective services and other state authorities, and risks of socioeconomic harm due to employer discrimination and job loss (Barker and Langdrige, 2010b). Some of these who are most closeted were likely unaware of this

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<sup>3</sup> Throughout this article, “CNM/RNE population,” “CNM/RNE respondents,” or “CNM/RNE sample” refers to the Loving More 2012 data. When the survey data from 2000 are used, it will be noted as LM 2000. Results described in this article do not aggregate the LM 2000 and the CNM/RNE 2012 data.

survey or unwilling to participate. Nevertheless, self-selection biases can affect the usefulness of surveys for analyses based upon the motivations of those who choose to participate, in ways that are difficult to ascertain (Ziliak and McCloskey, 2008). Properties of the quantitative data sets used for analyses and described herein were reviewed by the University of Oklahoma Institutional Review Board (OUIRB) and exempted from review of human subjects research, as the survey and derived data collected no identifiable information. The qualitative data contained herein have been de-identified and intentionally obscured by means of fictive names and composite sketches of participants in order to assure confidentiality and anonymity. All ethnographic informants verbally consented and agreed to participate in this research, which has been reviewed and exempted by the OUIRB. More details about this sample, how they were recruited, demographics, and other relevant details are discussed later in this chapter.

Data on the CNM/RNE 2012 respondents' self-reported sex, educational attainment, age, experiences with general discrimination as well as discrimination for being non-monogamous, marital status, marital happiness, health, happiness, number and sex of sexual partners, sexual frequency in the last 12 months, and responses to three questions regarding their perception of marriage vis-à-vis its quality, seriousness, and individual autonomy were obtained. Specific details about these factors are described relevant to the chapters that follow. At the time of the CNM/RNE 2012 survey (February-March 2012), only seven states in the US and the District of Columbia recognized same-sex marriages. For the CNM/RNE 2012 sample, I derived the income variable by proxy by converting data from zip code median household income, which

were converted to constant dollars for the year 2000, which is used by the GSS. The analyses and comparisons of the data herein consisted of independent t-tests of the means, Mann-Whitney U tests, Chi-square tests, multivariable ordinal logistic regressions, and binary logistic regressions. Average (mean) statistics were derived from independent t-tests for several variables, such as partner number, sexual frequency, happiness, health, and marital happiness, but since the rating scales were not continuous or were ordinal, the appropriate non-parametric Mann-Whitney U tests were conducted to compare differences and Z statistics were derived from the Mann-Whitney U tests. I conducted all tests included within this dissertation using IBM SPSS 23 Statistics for Windows software.

The CNM/RNE 2012 data were derived from 4062 responses to the CNM/RNE 2012 survey, as well as the answers of 6556 respondents to the 2010, 2012, and 2014 General Social Surveys. The analyses and tables described and featured below used two-tailed tests of significance with an alpha ( $\alpha$ ) of .05. I have conducted all statistical tests described and discussed herein. Likewise, unless otherwise noted, I created all tables, figures, charts, and graphs contained herein, using Microsoft Excel 2016, IBM SPSS 23, and/or ESRI's ArcGIS Online or ArcMap 10.4.1 software. I conducted multivariable ordinal logit regression analyses of the CNM/RNE 2012 and for the GSS samples for dependent variables of health and happiness with independent variables of frequency of sex, gender, marriage (and happiness in marriage with happiness as the dependent), age, number of partners, income, and either happiness or health (when happiness was the dependent variable, health was an independent variable and vice versa). I conducted multivariable ordinal logit regression analyses for the independent

variable of marital happiness, comparing the CNM/RNE 2012 population with the GSS population and a subsample of both populations who had more than one partner in the previous year. Happiness in marriage was regressed against gender, age, sex frequency, number of sex partners, presence of minors in the home, income, general happiness, and general health. In order to examine the factors that would increase or decrease the odds of ever having an HIV test, binary logistic regressions with multiple variables were completed separately for both samples and for a subsample of these populations who indicated that they had more than one sex partner in the past 12 months. In both sample populations and for the subsample of them, ever having an HIV test was regressed against gender, age, sex frequency, number of partners, education, marital status, income, and self-reported health.

### **The 2000 Loving More Magazine Survey**

#### *Methods, Participants and Recruitment, and Terminology*

In the winter and spring of 2000, Ryam Nearing, then long-time owner and editor of *Loving More Magazine*, commissioned a survey of 52 questions that resulted in 1012 responses from those “who [are] aware of polyamory, [are] exploring polyamory, or who identifies as poly” (Nearing, 2000). The survey, hereinafter referred to as LM 2000, was mailed out to friends of *Loving More Magazine*. Self-selecting volunteers filled them out and mailed them back in. As of this writing, the original paper survey instruments have not been located and are presumed lost. The response rate to this survey is unknown.

Nearing recognized at the time that term “polyamory” had plural meanings, but was “generally used to describe all forms of multi-partner relating” (2000, p.2). For the purpose of the survey, she defined polyamory as “the state of loving, or being open to the possibility of loving, more than one person romantically at the time” (2000, p.2). Included in the opening paragraph of the survey, participants were assured of confidentiality and anonymity.

The initial results of the survey were published in *Loving More Magazine* in the summer and fall of 2002 in two articles “Who Are We?” (Weber, 2002) and “Poly Parenting” (Pallotta-Chiarolli, 2002), but were never formally published in peer-reviewed venues. However, the LM 2000 survey has very useful information about sexual health practices and knowledge, as well as invaluable information about experiences of discrimination, prejudice, and violence for those who are CNM. Hence, I have included some of the analyses from this survey sample as it is especially relevant to this study. Due to its dated nature and due to some challenges with coding in the data set, the results discussed in this work will be limited to relevant survey questions.

### **Measures for the LM 2000 Survey**

The 52 questions asked were divided into six categories: relationships; sexual health; health access; and polyamory-related experiences with outness, discrimination/violence, and policy. The measures used in the following analyses are derived from respondents’ answers to the following questions within the six categories. Concerning relationships, respondents were asked to answer either “yes” or “no” to the following: “would you say you... a) have ever been in a polyamorous relationship?” b)

are currently in a polyamorous relationship? c) are open to be in a polyamorous relationship?” It is important to note that not having ever been in a polyamorous relationship is not to say that they are not interested in being polyamorous or had never been in another form of consensual non-monogamy, such as swinging, open marriages/relationships, or other forms of CNM that do not necessarily include loving more than one person. In most (specifics will be provided with the analyses) of the analyses of the LM 2000, I used the relationship category that allows comparison between those who have ever been polyamorous versus those who have never been polyamorous. Thus, the analyses of these data compares those who are open to loving more than one person concurrently with those who practice another form of consensual non-monogamy that does not involve loving more than one person concurrently—primarily swinging and open relationships marriages.

Respondents were asked to provide some demographic information about themselves and about the individuals with whom they were in relationship, including their sex/gender (male, female, or transgender), race/ethnicity (White Non-Hispanic, Black Non-Hispanic, Black Hispanic, White Hispanic, Hispanic (Unspecified), Alaska Native/Native American, Asian/Pacific Islander, or to specify any Other, which includes multi-racial or mixed ethnicities), highest completed educational level (less than high school, high school or GED, some college, technical school, or post-high school education, college graduate, post graduate), marital status (married, multiply married, living as married, separated, widowed, divorced, never married/single), sexual orientation (heterosexual/straight, gay or lesbian, bisexual, other), and other information not discussed here.

Concerning sexual health, respondents were asked numerous questions concerning their general and specific knowledge about sexually transmitted infections (STIs); (the survey used STDs for sexually transmitted diseases): four true/false questions to assess the accuracy of their subjective knowledge about STIs; about whether or not specific STIs were curable, meaning “that [the infection] can be completely cured, not just that the symptoms can be controlled”; about their perceived risks for general STIs, HIV, and Hepatitis B; questions to assess the respondents’ comfort level with talking to their partners or potential partners about STIs; about whether or not the respondent had been tested for HIV (ever, and in the past 12 months) and other STIs, their motivations for being tested, and whether or not they had ever disclosed the results to their partner; about whether or not the respondent had talked about STI risks with their partner before having sex; about the respondents’ number of sexual partners in the previous year; about fluid-bonding; and about safer sex practices with non-fluid-bonded sex partners. The specific questions that will be analyzed are described in more detail in chapter five.

As with the CNM/RNE 2012 and GSS 2010-2014 data analyses, I conducted the analyses and comparisons of the data from the LM 2000 survey. These consisted of independent t-tests of the means, Mann-Whitney U tests, Chi-square tests, multivariable ordinal logistic regressions, and binary logistic regressions. Average (mean) statistics were derived from independent t-tests for several variables, such as partner number, sexual frequency, happiness, health, and marital happiness, but since the rating scales were not continuous or were ordinals, the appropriate non-parametric Mann-Whitney U tests were conducted to compare differences and Z statistics were derived from the

Mann-Whitney U tests. Again, all tests were conducted using IBM SPSS 23 Statistics for Windows software. All tables, figures, charts, and graphs were created by the author unless otherwise noted, using Microsoft Excel 2016, IBM SPSS 23, or ESRI's ArcGIS Online or ArcGIS ArcMap version 10.4.1.

### **Ethnographic Methods**

The ethnographic data in this study are derived from both full immersion and limited participant observation, semi-structured open-ended interviews, informal conversations, and group discussions about non-monogamy with over 130 individuals from 2004 through 2016. Ethnography and participant observation are important methodological tools for anthropology and anthropologists to obtain qualitative and, occasionally, quantitative data for analyses, including for sensitive research topics, such as sexuality and human sexual behavior. For example, Malinowski used ethnographic methods to examine patterns of trade (1922) and sexuality (Malinowski and Ellis, 1929) of the Trobriand Islanders nearly a century ago. Likewise, Margaret Mead studied adolescent sexuality (1928) and the psychology of sexuality (Mead, 1950 [1935]) of Samoans shortly thereafter and used her findings to critique the sex phobias in contemporary US society that seemed to create unnecessary anxiety in American adolescents. Long-time unofficial historian of consensual non-monogamy, Kenneth R. Haslam MD, includes a tagline in his email correspondence, "listen carefully to what people do." One of the strengths of anthropology and participant observation is that it provides a window into what people actually do, as opposed to what they say they do, in their everyday lives and practices.



This speaks to the importance of integrity and radical honesty (a core ethos of consensual non-monogamy), but it is fitting for the anthropology of sexuality and consensual non-monogamy as well—as a means to study both what people say, what people *say* they do, and what people *actually* do. Of course, these matters are not black and white, since observer biases, framing, culture, language (Whorf, 1956), and inherent human limitations may alter any observer’s ability to see, hear, and understand what is happening or being said. Brief vignettes from these data are presented here to provide a more personal touch to the findings from data analyses. I have taken small vignettes from more extensive conversations with informants, grouped them thematically, and use their voices both in harmony and in dissonance with the statistical findings.

#### *Ethnographic Research Questions*

When I first set out to systematically explore non-monogamous relationships, I was interested in a few basic questions. How do those practicing non-monogamy protect the sexual health of all partners, especially in the context of highly prevalent and dangerous STIs, such as HIV? Do cultural differences alter the way in which CNM relationships function? Do differences in CNM relationship styles confer greater risks for STIs? Is it easier for individuals in non-monogamous relationships to present their authentic self to each of their partners versus individuals who are part of a monogamous couple? Do all individuals in non-monogamous relationships have more frequent sex than those in monogamous relationships? Does sexual frequency differ between those who have multiple partners in non-monogamous relationships, compared with those who have only one partner within a non-monogamous relationship (in other words, their

partner has multiple partners, but they are in effect, monogamous)? Do co-partners of non-monogamous individuals benefit from non-monogamy, such as gaining more social support, resources, help with routine workloads, etc.? As the project unfolded, I found that participants in southern Africa and in the US were eager to converse with someone who had evidence-based information about sexual health and who would not stigmatize or shame them. Further, I found that they often had many other aspects of sexuality or life in general that they wanted to talk about in addition to, or in place of, my research questions. The intersection of religion and sexuality was one of the early and enduring themes of interest to participants in non-monogamy. I wrote about this in my master's thesis, *Christian Fundamentalism and Fundamentalism: Finding Meaning in Conflicted Worlds*.

#### *Recruitment of Ethnographic Participants*

During my early research (prior to the fall of 2007), I recruited non-monogamous participants by posting on various adult-oriented dating, polyamory, swinging, and other websites<sup>4</sup>, sending e-mails, responding to participant's newspaper advertisements, phone calls, as well as personal contacts. The online dating site venues were not effective in leading to face-to-face interviews. I had better responses from listservs, online forums, direct and personalized emails, and phone calls or texts to individuals referred to me by my gatekeepers or whom I had met in local polyamory or swinging groups, and the resultant snowball sampling as other persons referred still

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<sup>4</sup> From 2003 to 2007, the main websites used for recruiting in the US were: AdultFriendFinder.com, OKCupid.com, AshleyMadison.com, TheEroticReview.com, Polyamory.com, DelphiForums.com, and ASPD.net.

others. The response rate to phone calls and/or texts is estimated to be 75 percent, with approximately half of these respondents leading to an interview.

In about half of the cases, I used a combination of both full immersion and limited participant observation in order to gain access to the participants. These interviews were written up from field notes and partially from reconstructed memory, with this element being reviewed by the informants where possible.<sup>5</sup> I did not take notes during any of the interviews; it was distracting and interrupted the natural flow of conversations. Rather, I jotted down things that were significant to me afterwards, usually within two to three days' time. In writing up the narratives of the participants, I sought to neither minimize nor maximize their salacious responses. According to Rubenstein, Radcliffe-Brown once gave advice to an aspiring ethnographer, "Get a large notebook and start in the middle because you never know which way things will develop" (Wolcott, 2005:162). This is how my field notes were recorded, as initial discussions frequently seemed to be pregnant with yet-articulated, but contextually-significant histories. Thus, I manually-recorded salient details leaving several blank pages before and after to allow for additional reflection and writing as more information emerged from the interviews.

Unfortunately, in 2007, in order to protect the confidentiality of my informants from 2004 to early 2007, I had to destroy all but one of these notebooks. I immediately began to reconstruct from memory the original notes from these notebooks into a password-protected computer. Ultimately, the original data is secondary for the interviews before the spring of 2007. A fraction of the notes taken during my interviews

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<sup>5</sup> As of 2016, I remain in contact with about 5% of those I interviewed between 2003 and 2007 and about 20% of those since 2009.

between 2003 and 2007 still remain. I continued to search for individuals who were interviewed up until 2011 in order to give them an opportunity to review my side of their stories. However, to date, this has not been a fruitful search.

From the fall of 2007 through 2009, I interacted primarily with co-researchers in polyamory and non-monogamy through the PolyResearchers listserv, learning about the developing field of research, some of the history of research in non-monogamy, and contributing to the discourse concerning topics about which I had some knowledge. I also interacted with local community leaders and members of polyamorous or swinging social communities as I provided sexual health information and talked about the ways that local individuals navigated intimacies, sexual health, dating, family life, scheduling conflicts, new relationship energy, social stigma and discrimination, and threats of job loss or harassment by family, neighbors, or state agents of control.

Due to my experience with individuals who seek to shame or expose participants in alternative sexualities, I began using field notes differently after 2007 to protect participants assisting me in my quest for knowledge about them and their communities. First, I minimized details recorded on paper, especially information that could be used to identify specific persons. Second, I focused less on one-time conversations and more on common themes that emerged among several individuals. Third, I used them to record my own thoughts as a debriefing strategy and as reminders of events and exceptional or challenging narratives. Fourth, I have sought to record information as quickly as possible into digital form and protect these data using complex passwords in order to prevent unauthorized access.

### *Qualitative Data Analysis*

From 2007 to 2009, I began writing up the interviews from these notes to convey the individuals' narratives of their personal experiences and thoughts about alternative sexuality.<sup>6</sup> This process evoked additional memories from the interviews that were recorded as well. Where possible, I revisited participants to have them review what I had written and made any requested revisions, which were nearly always related to obscuring details that might lead to a loss of individual or group anonymity. Up until about 2009, I continued to have limited contact with 13 of the individuals interviewed between 2003 and 2007.

In the process of formalizing the research for publication, I encoded paragraphs by themes, such as religious and personal history, first and other sexual experiences, the individuals' search for intimacy, psychological processes leading to their transition from monogamy to CNM, pivotal relationship experiences, experiences of adversity as CNM persons, the ways that spiritual or religious experiences shape their lives, and others. The interview data included below is the result of purposive sampling among those practicing CNM.

### *Chronology*

From 2003 to 2007, I held face-to-face conversations or interviews with about 55 individuals, totaling more than 200 hours. I also held phone conversations and other electronic correspondence with these same individuals. I had in-depth discussions with an additional 10 anonymous persons totaling approximately 20 hours via the internet in discussion forums and listservs. From 2007 to 2016, I participated in informal conversations, discussions, and conducted interviews and group discussions face-to-

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<sup>6</sup> Microsoft Word® 2003, 2007, 2010, and 2016 versions have been used as the word processing software for this project.

face, by telephone, and via email and text with nearly 80 individuals that I have met personally through one or more of three support groups facilitating CNM community-building. These consist of over 300 additional hours of interviews. Since this data was informal in nature, it was not included in the IRB approval. I have been an advisor to the founder of one of these community support groups since its inception, though my direct, in-person involvement has been limited due to distance and time constraints.

### *Formal Anthropological Training*

In the fall of 2007, I enrolled in an anthropology program and began to formalize my research. Though I could not have articulated it when I began the conversations, my focus on religion and sexuality among the earliest interview participants was the result of an unwitting application of grounded theory. Grounded theory simply stated, is when information gleaned from interviews provide new insights for future investigation. More complexly, grounded theory requires the researcher to divorce prejudices based upon theoretical perspectives until all the data is gathered allowing the data and individual informants to speak freely (O'Reilly, 2005:200-201). Due to my lack of formal training in my early research, many questions that could (and perhaps should) have been asked were not. However, the qualitative data obtained was rich and informative, with only a fraction of it appearing within the following chapters. Unfortunately, space does not permit further elaboration of these data.

### *Protection of Human Research Subjects*

The names of the informants will remain anonymous and pseudonyms are used in all cases. Many of the women interviewed from 2003 to 2007 did not share their “real names” with me, and all used pseudonyms with me. Specific identifying details have been altered, generalized, or synthesized in order to protect the identity of the

informants. Similar experiences of participants are woven together in order to protect their anonymity. None of the anonymous, online conversations I held are included here. In 2011, I obtained approval from the OUIRB to formalize this research. I also obtained additional approval from the OUIRB in 2013 for analysis of the 2012 Loving More surveys.

Every individual or couple I interviewed was acutely aware of the potential risks that their participation in alternative sexualities posed. Participating in an interview where their anonymity was assured added insignificant risk. However, there was a broad range of participants' comfort level with the process of talking about their sexuality knowing that their words might be published. One couple, after an initial meeting, declined to meet a second time and later asked that none of their data be included in my research out of fear that somehow someone might recognize their story, and they consequently lose respect, jobs, and other community positions. I have adhered to their request. At the other end of the spectrum, several participants in my research were willing to be named (though they left that decision to me) and live openly as CNM before their families, work colleagues, and in public settings, both virtual and physical. Nevertheless, I have used pseudonyms for them as well.

### *Compensation*

I also interviewed about 30 commercial sex workers (CSWs) between 2003 and 2007. All of them were compensated in some way. This ranged from buying them lunch or dinner, to paying their full hourly rate, but in exchange for two hours' time. I had a few that were interested in being interviewed but insisted on being compensated at their normal hourly rates. I was not willing to pay that much (\$200-400); as I told them, I don't have any questions worth that much money. After my initial interview,

some of the CSWs were eager to continue in a dialogue without compensation. My impression is that some require compensation for the risk they take in meeting a new individual who knows their occupation as much as for the actual sexual interaction. After they feel safe, the compensation is no longer necessary. Others continued to expect substantial payments for their time. With these, my experience was that the interview was rigid, time-conscious, and unproductive. By early 2006, I declined to compensate, other than buying a meal, for second interviews or beyond. The most fruitful discussions took place with those who were most interested in contributing to knowledge about their work, their roles in educating their clients, and in eliciting greater understanding from the public. I did not provide any compensation to participants in my research after 2007 (other than a cup of coffee or tea), in part because I ceased interviewing CSWs, focusing rather on those within CNM communities of which I was a part. Demographic characteristics of the ethnographic research participants are included in Chapter 4.

### **Positioning the Researcher**

I have been talking to people about sex and sexuality over much of my adult life (often to the annoyance of family and friends). My first interview about non-monogamy occurred in 1982 at the request of an older man who was seeking discreet sexual health information after he had learned that I took a college-level class in human sexuality. In that class, I had learned the importance of suspending judgment, misconceptions, and prejudices when learning about sexuality as a science and as a practice in the lives of others. This was important as I listened to this older man talk about the women in cities across the US that he had been sexually involved with, in addition to his wife of several



decades, who did not like, but begrudgingly accepted, his extra-marital activities. Years later in 2002, after having wound down my general construction business, my immediate family (wife and seven children) and I moved to Botswana with SIM (originally an acronym for Soudan Interior Mission), Inc., a non-denominational mission organization, where, while learning local language (Setswana) and culture, I was to work with a national church denomination (the Africa Evangelical Church (AEC)<sup>7</sup>) in ways to prevent HIV transmission and to enhance compassionate care for those with HIV/AIDS. Non-monogamy, perhaps much of it non-consensual, or in the more technical wording of scientific literature, multiple sexual partner concurrency, has been attributed to the spread of HIV/AIDS and other STIs (Chirwa, 1997; Eaton et al., 2011; Helleringer and Kohler, 2007; Lurie et al., 1997).

#### *Cross-cultural Experience with Consensual Non-Monogamy*

Learning the language, culture, and traditions of the Batswana and other Bantu groups was deeply intertwined with my long-term interest in and newly-started formal study of sociocultural anthropology, human sexuality, and sexual health. I ordered a copy of *Married Life in an African Tribe* (Schapera, 1941), by the renowned British social anthropologist Isaac Schapera, which was based upon his work among the Bakgatla in and around Mochudi, Botswana. Schapera's ethnographic work provided both a guide for learning, discovery, and questions to be answered as well as a confirmation of something that I had witnessed in person that contradicted information that I had been told by veteran missionaries—that the reason why no one in the

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<sup>7</sup> The AEC arose out of the Africa Evangelical Fellowship, which traces its roots to the Cape Town General Mission founded in 1889 by Dutch Reformed pastor and prolific devotional author, Andrew Murray.

Churches was talking about HIV, was because discourse about sexuality was taboo. Based upon his work in the late 1920s and 1930s around Mochudi, the Bakgatla (and likely few of the indigenous African cultural groups prior to missionary contact) had no such taboos about sexual discourse. Rather, they were more than happy, even hungry, to talk about sexuality. They still are and so are people in every cultural group that I have encountered in my own work. What I believe was happening was that the peoples of southern Africa were showing deference to the white missionaries' own taboos about sexuality and sexual discourse or, among people who had grown up under the influence of missionary teaching, the missionaries were looking into a reflection of their own teaching. The accuracy of this reflection also illustrated acute vulnerabilities to the spread of HIV—silence, shame, and stigma perpetuating ignorance and fear in the face of danger.

For several months during 2003, I had the opportunity to travel every other Saturday morning from Gaborone to Ramotswa to collect the grandparents, aunts, and other family members of a young pastor affiliated with the denomination with which I was working to his future wife's family back in Gaborone by sunrise. They were making this journey as part of the lengthy process of traditional marriage involving interfamily negotiations and dialogue, processes that have been described by numerous anthropologists (Comaroff, 1980; 1981; Comaroff and Roberts, 1977; Schapera, 1941; Solway, 1990), and which included negotiating the *bogadi* (bridewealth) to be paid. The journey was about 40 kilometers each way, so I needed to leave Gaborone by 4 am on those Saturdays. Usually, I stayed with the family and returned them to Ramotswa in the evening before returning to Gaborone after dark. While we traveled to and from the

destinations, I had lots of time to listen. I used it for language (and cultural) learning. As my ability to “hear” Setswana improved (when one cannot understand someone, either because of volume issues or not knowing the language, the Setswana response is *ga ke utlwe*, meaning literally, I can’t hear you), and as the family became more accustomed to me, I engaged in more frequent conversations.

The patriarch of the young man’s family was Rreetsho (a pseudonym—I use pseudonyms throughout this dissertation to maintain anonymity and confidentiality of the participants), an elder Motswana with two wives, one close to his age and one significantly younger. This was my first opportunity to witness extended interaction among a family who were openly consensually non-monogamous. In this traditional form of plural marriage (specifically, polygyny), I saw three people who worked together, respected each other, were friends, and who forced me to reconsider the western narrative (and even some African feminist theologians (Nasimiyu-Wasike, 1992)) of polygyny as only and always a form of patriarchal oppression. I witnessed mutual respect and companionship between the cowives and a balance of power shared among all in day to day events and in crises, something that has also been recognized and discussed within anthropology (Abu-Lughod, 1993; Madhavan, 2002; Meekers and Franklin, 1995; Solway, 1990) and other feminist-informed academic disciplines (Wing, 2001). Each of them had the freedom to voice their opinion (which they often did) and likewise, they respected the autonomy of the others in the marriage to disagree or not.

One Saturday morning as I arrived, they were (unusually) not ready to leave. When I arrived at their yard, they invited me in. Moments later, Rreetsho came out of his house and sat down by a fire to stir a pot of *mabele* (sorghum porridge). He was not

happy, but when he saw me, he smiled. The first wife, Mmeetsho, instructed me to go and pick up the other family members first and then return to pick up the elders. After running the route through the village, I returned to collect them and off we went. That evening, I returned with the elders only and one of their daughters. The others were returning later by another means. On the way back to Ramotswa, Rreetsho asked a question, which I did not understand.

*Ga ke utlwe, Nkgosi*, I replied. His daughter informed me (in English) that he wanted to ask me a question. Would that be ok? *EeRre* (yes sir) I replied. Rreetsho wanted my opinion about him taking a third and much younger wife. I asked him about what his current wives thought about his plan. They answered for him. They were not pleased, but agreed if it was what he wanted to do, they would accept it. I asked them if he was good to them. They agreed that he was. I asked if he could afford to support three wives. They also agreed that he could. I asked if he would be able to satisfy the sexual needs of three women. He agreed that he could. His wives laughed. That, he could not do! The remainder of the trip was filled with laughter and banter about sexuality. They were shocked, but pleasantly so, that this *Sekgoa* (white Englishman, not very respectful) dared to ask such a direct question.

Polygyny (and other forms of consensual non-monogamy) functions within societies to meet the needs of individuals within them as well as the society as a whole. In traditional societies where male to female ratios differ from 1:1, non-monogamous marriage systems allow for every individual to be in a socially-validated relationship providing protection, social recognition, companionship, and reproduction, even though the majority of individuals will be in monogamous relationships. The latter is crucial

when becoming a parent is essential to achieving full adulthood, such as is common among Bantu peoples. The closed sexual networks found in polygamous relationship systems do not confer additional sexual health risks any more than are found in monogamous relationships. From a sociological and public health standpoint, monogamy increases the risks for STI spread at the population level because there are always unattached individuals who may take risks in order to gain sexual access to an already partnered mate (Landsburg, 2007)

During my dissertation research, I worked among two local communities of consensually non-monogamous (CNM) persons and an online community of persons who identified as CNM and kinky. There are differences among local CNM communities based upon geographic location, as well as by organizational style, membership composition, leadership structures, and relevant environmental factors. For example, it is my perception that many, if not most, local CNM communities in southern Africa where HIV and other STI rates are high, give significant attention to sexual health practices, uniformity of sexual health protection practices, and local and regional community support and outreach via online discourse towards promoting best practices within the local and regional communities. It is my perception that CNM communities within the US are more independent, with priority given to local communities and individual members rather than to national or regional organizations. Local communities may differ substantially by age range as well as by concepts of acceptable CNM. Some cater to those who are polyamorous only, while others accept membership of those who are swingers, relationship anarchists, or are simply in open relationships or marriages. I do not have specific data, but most, if not all, urban areas in

the US, Canada, Europe, and southern Africa have more than one CNM community groups that accommodate different individuals based upon their shared values as it relates to CNM and other aspects of alternative sexualities. The local communities that I have participated in have more in common than difference. They are demographically similar, with age ranges from around 25-65 years old, mixed ethnic/racial composition, educational levels ranging from high school diplomas to graduate degrees, blue- and white-collar occupation holders, and both groups include heterosexuals, bisexuals, pansexuals, demisexuals, gays, lesbians, females, males, and non-binary gendered persons.

There was a consensus across all of the groups for a need to improve sexual health and sexual health information delivery across the lifecourse. Among the CNM groups, there was a desire for accurate and nuanced sexual health information, especially risk-aware information that is stripped of fear-mongering and black or white recommendations, such as for abstinence or 100% condom use among all unmarried persons for any sex act, that are generally given through public health messaging and printed or electronic media. For example, the CDC currently recommends and states:

Abstinence from vaginal, anal, and oral intercourse is the only 100% effective way to prevent HIV, other STDs, and pregnancy. The correct and consistent use of male latex condoms can reduce the risk of STD transmission, including HIV infection. However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STD or pregnancy (CDC, 2015).

While considering the significant and seemingly intractable resistance to condom use while working in southern Africa, even within a high HIV/AIDS prevalence and mortality context, I thought about ways to reduce the risks of HIV infection among HIV serodiscordant individuals who would not be using condoms.

When I proposed other strategies, such as male circumcision (which significantly reduces risks for HIV and other STI transmission (Boily et al., 2009; Dickson et al., 2008; Fergusson et al., 2007)), lower-risk sexual interaction (such as oral sex (Cohen et al., 2000; Rothenberg et al., 1998) or resurrecting traditional forms of sexual interactions, such as thigh sex (Walker et al., 2004)), as well as techniques to reduce the probability of HIV transmission, such as extended foreplay, I encountered incredulity and opposition from some health workers and missionary peers alike. Over the years, I have come to conclude that such proposals were (considered) not only unproven and potentially risky, but more importantly, they were viewed as antihegemonic by the dominant structures and institutions of public health, government, and Christian religion, all of which have long-standing commitments to the ABCs of sexual health: abstinence, marital fidelity, and (if one cannot do those, then) condom use.

Uys gave voice to the prevailing apathy, futile political debates, sex-phobia, cultural othering of indigenous peoples and their sexualities, and capitalist greed of western pharmaceutical corporations—all of which replaced action and compassion as HIV/AIDS decimated the continent. If indigenous peoples will not heed the advice of the white western demigods of public health and faith, then they will just be allowed to die. However, it seemed unethical to me to watch the cemeteries fill with youth and young adults across the continent and not be willing to think outside of the intuitively and obviously common-sense approach of ABC.

#### *My Personal Experience with Consensual Non-Monogamy*

I have not identified as polyamorous, except when it was the easiest means of describing my own relationship inclination/strategy/perspective/paradigm to others. I

align with elements of relationship anarchy, which prioritizes individual autonomy, egalitarianism, and accepts the dynamic and fluid nature of relationships over time, but more recently I have identified with designer relationships. Designer relationships reference the myriad ways that relationships can be constructed and reconstructed, custom-tailored to fit the individuals within the relationship, and which recognizes the best relationship configuration is the one that works best for all involved at any given time period, in spite of what bystanders might think. I have been involved in consensual non-monogamy for more than a decade, with a significant interest in researching the ways that those who practice CNM do so, the meanings behind why they do, and the benefits and risks for being and practicing CNM. I am not a polyevangelist, or one who believes that CNM is a panacea for all 21<sup>st</sup> century relationship challenges. Neither do I believe that all persons would be happy being or becoming CNM. The evidence discussed herein suggests that some people experience their optimal life being monogamous and others experience their optimal life being consensually non-monogamous, in whatever flavor that works for them and for the people with whom they are in relationship.

I was in a long-term monogamous marriage when I first accepted, as a result of two concurrent series of events, that non-monogamy could be an ethical and healthy relationship style. I had embarked upon a second mid-life career as a non-denominational missionary working in southern Africa, after leaving the business of construction and home building. While in Africa, I had found on an online discussion forum of those who were affected by obstacles that prevented one partner from participating in sexual activities with the other partner, such as chronic illnesses, pain,



fatigue, or involuntary long-term geographic separation. Some couples had discussed, and acted upon, the possibility of permitting one partner to interact sexually with others when the other partner was no longer able to do so, or when their ability became too limited to allow adequate frequency. In the discussions that I read, these individuals and couples came from a heart of grace and love for their partners, wanting to remain in committed relationship, but also wanting their partner to experience the joys and pleasures of sexual intimacy. At first, these thoughts were deeply painful and emotionally-laden to me and to my wife at the time. Yet, I felt that this is what love is about...always seeking your partner's best.

The second series of events derived from my customary exegetical and hermeneutical studies of the Bible, especially during a topical study of sexuality, along with a graduate-level sociocultural anthropology course that I was completing on the field as a requirement for the organization under which I was working in Botswana, [SIM](#). In one of the texts for this course, theologian and anthropologist Charles H. Kraft (1996) argues that western critics of polygyny have routinely compared the ideals of monogamy with the failures of polygyny, an inherently ego- and ethno-centric fallacy. Rarely have comparisons been made with the benefits and the costs of either system within the specific cultural contexts from which they exist and how these compare across cultures and societies. The research presented here does not examine the advantages and disadvantages of polygyny, versus polyandry, versus monogamy in either traditional or post-industrial societies, but it does examine the biopsychosociosexual health benefits and risks among recent samples from the general

population, who in the very large majority are monogamously oriented, with survey samples from those who are consensually non-monogamous.

The process of reading and learning about, as well as the process of, becoming a professional, feminist-informed anthropologist has allowed many opportunities to deconstruct my socialization experiences and beliefs regarding gender and gender roles, sexuality, relationships, politics, and religion. It is my hope that this research contributes to our understanding of the potentials and possibilities of human sexual relationships enjoyed between equals, regardless of gender, orientations, religious background, race/ethnicity, social or economic status that confine us in the world in which we live and love.

## **Chapter 4:**

### **Demographics and Descriptions of Research Participants**

As mentioned previously, the GSS samples used for comparative analyses in this research are from the combined data of the 2010, 2012, and 2014 surveys, which are from nationally-representative, face-to-face surveys conducted biennially in the United States. The CNM/RNE 2012 sample, completed in 2012, is from an online non-probability sample of self-selecting volunteers who report that they engage in consensual, nonexclusive intimate relationships, or are open to this as a possibility. No compensation was provided for their time and no incentives were offered before or upon completion of the survey. Due to the self-selection bias of the CNM/RNE 2012 sample, the findings have limited generalizability. It is not possible to determine what kinds of persons are missing in non-probability samples that would have been represented in a full probability sample. For example, and relevant to this study, persons who had previously been involved in some form of consensual non-monogamy, but ceased being involved due to a bad experience or who found it to be incompatible or undesirable are much more likely not to have been contacted, recruited, been aware of, or willing to participate in this survey. The effect of these kinds of persons being absent from the survey would effectively skew the results in more favorable ways within the CNM sample. Additionally, because the CNM surveys were conducted online from respondents who were recruited online, those who have access to the internet and email services would comprise the large majority of respondents. This has the effect of unintentionally excluding persons who practice consensual non-monogamy (and whose answers to the questions asked by the surveys were equally important), but who do not

have routine access to the Internet or digital communication. Since most of these persons have limited resources, or who lived in rural areas without access to the Internet, their absence has the effect of skewing the results towards those with greater resources, educational level, and urban/suburban residency. Nonetheless, due to reasons already discussed, these survey samples were the best available at the time, due to the hidden nature of this potentially vulnerable population. All data analyses herein utilize 2-tailed tests. In the results and discussion sections below, a normal and customary (alpha ( $\alpha$ ) = 0.05) is used to report findings. However, the full results are described in the tables, regardless of their statistical significance.

### **Results-CNM/RNE 2012**

Of the 4,062 respondents, 3536 (87.1%) answered the question about their country of residence while 526 (12.9%) refused to answer. Of those who answered, 2985 (84.4%) were living within the United States. More than 500 ( $n=551$ , 13.6%) of those who identified their country of residence lived outside of the United States. Of these, 42.6% lived in Canada ( $n=235$ ), 26.5% ( $n=146$ ) in Australia or New Zealand, 12.3% ( $n=68$ ) in England, Scotland, or Ireland, 3.4% ( $n=19$ ) in Germany, 7.1% ( $n=39$ ) in other European countries, 2.7% ( $n=15$ ) in one of three Scandinavian countries (Finland, Norway, or Sweden), 1.8% ( $n=10$ ) in countries within Central or South America, 2.0% ( $n=11$ ) in countries across the Middle East and Africa, and 1.1% ( $n=6$ ) lived in a country in East Asia. CNM/RNE international residents reported nearly identical levels of educational attainment ( $n=551$ ,  $\mu=2.70$ ,  $SD=1.111$ ) compared to

CNM/RNE US residents ( $n=2984$ ,  $\mu=2.71$ ,  $SD=1.066$ ; *Mann-Whitney*  $Z=-0.023$ ,  $p=.982$ ).

**Table IV-1 Sociodemographic Characteristics of the CNM/RNE and GSS samples**

Respondents	CNM/RNE 2012:		GSS 2010-14:	
	%	<i>n</i>	%	<i>n Sig.</i>
All	100.00	4062	100.00	6556
US Resident	73.49	2985		N/A
International Resident	13.56	551		N/A
Unknown Resident	12.95	526		N/A
All <sub>M-P</sub> <sup>g</sup>	65.80	2674	11.50	757
All <sub>S-P</sub> <sup>g</sup>	22.30	905	77.10	5056
Females	49.50	2011	55.50	3638
BSO <sup>b</sup> Straight	48.10	947	96.40	2279
BSO Bisexual	46.30	912	1.20	28
BSO Lesbian	5.60	111	2.40	56
Males	35.40	1439	44.50	2918
BSO Straight	77.50	1082	95.80	2023
BSO Bisexual	18.80	262	0.90	20
BSO Gay	3.80	53	3.20	68
Non-binary gender	5.80	612		
Age, mean ( <i>SD</i> )	40.28	12.33	48.75	17.75 ***

Significant at  $p \leq .10^{\ddagger}$ ,  $p \leq .05^*$ ,  $p \leq .01^{**}$ ,  $p \leq .001^{***}$

<sup>a</sup> 0=no degree, 1= high school diploma or GED, 2=junior college or associate's degree, 3=bachelor's degree, and 4=Graduate degree

<sup>b</sup>BSO=behavioral sexual orientation---reflects the gender of the respondents' sex partners during the previous 12 months

With the exception of HIV test percentages, there were no significant differences in the measures being examined in this chapter by country of origin. Hence, data from all participants in the CNM/RNE 2012 survey are used for analyses below in order to retain a large enough sample for comparison and statistical analyses, especially at fine-level details of differing marital status and sexual orientation. However, I have split out information about the international sample where appropriate in the tables that follow.

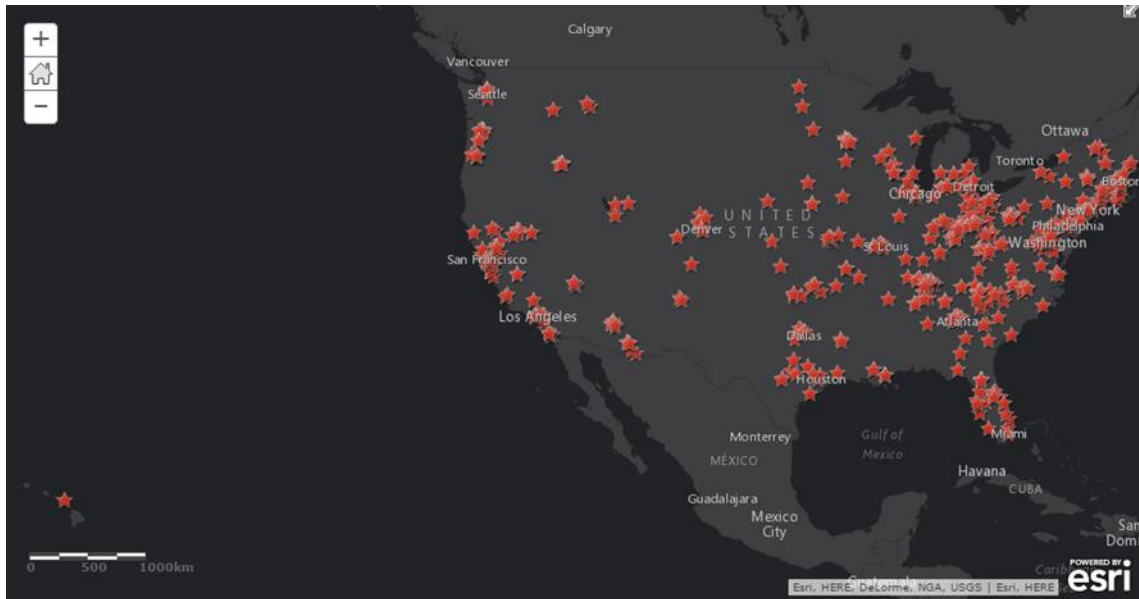


Figure IV-1: Geographic Distribution of CNM/RNE 2012 Respondents, Residing in USA.

### Age and Sex/Gender

Participants in the CNM/RNE 2012 sample had an average (mean,  $\mu_{\text{age}}$ ) age of 40.28 ( $n=3557$ ,  $SD=12.33$ , range=16-92), which was significantly younger ( $t=27.51$ ,  $df=9517.80$ ,  $p=.000$ ) than the GSS sample that had an average age of 48.57 ( $n=6556$ ,  $SD=17.75$ , range=18-99). The modal respondents in the CNM/RNE 2012 survey identified as female (49.5%,  $n=2011$ ), with 35.4% ( $n=1439$ ) identified as male, and 15.1% ( $n=612$ ) did not choose either of the gender binary categories. Of these 612, one hundred seventy-two (4.2% of the total CNM/RNE 2012 population) identified as non-binary gendered (gender queer, gender fluid, transsexual, Two-spirit, questioning, or other). In the GSS sample, 55.5% ( $n=3638$ ) of the respondents identified as female and 44.5% ( $n=2918$ ) identified as male; there was not an option in the GSS survey to identify as other than male or female.

### Marital Status

Of the 3780 respondents (93.1% of the total survey respondents) in the CNM/RNE 2012 sample that answered questions about marital status, 43.2% ( $n=1633$ )

**Table IV-2 Sociodemographic Characteristics of the CNM/RNE and GSS samples**

Respondents	CNM/RNE 2012:		GSS 2010-14:		Sig.
	%	<i>n</i>	%	<i>n</i>	
Married	43.20	1633	45.00	2949	
Opposite sex	97.50	1592	99.30	2927	
Same sex	2.50	41	0.70	22	
Married <sub>M-P</sub>	71.30	1165	2.20	66	
Married <sub>S-P</sub>	25.20	411	87.80	2570	
Divorced	18.30	690	16.30	1069	
Widowed	1.60	60	8.40	553	
Separated	4.70	177	3.30	214	
Never married	32.30	1220	27.00	1766	
Minors in Home, mean <i>n</i>	0.36	4062	0.45	8579	***
Education, mean ( <i>SD</i> ) <sup>a</sup>	2.71	1.07	1.62	1.24	***
Males, mean ( <i>SD</i> ) <sup>a</sup>	2.70	1.09	1.61	1.24	***
Females, mean ( <i>SD</i> ) <sup>a</sup>	2.74	1.05	1.59	1.22	***
Non-binary, mean ( <i>SD</i> ) <sup>a</sup>	2.37	1.19	N/A		
Education <sub>M-P</sub> , mean ( <i>SD</i> )	2.73	1.06	1.47	1.10	***
Education <sub>S-P</sub> , mean ( <i>SD</i> )	2.65	1.12	1.7	1.25	***
Income, mean \$ ( <i>SD</i> )	47,075.00	17630.93	41,882.00	40890.45	***
Income, mean <sub>M-P</sub> \$ ( <i>SD</i> )	47,372.00	17697.08	31,366.62	35438.83	***
Income, mean <sub>S-P</sub> \$ ( <i>SD</i> )	46,129.07	17437.94	44,468.81	41540.37	‡

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

<sup>a</sup> 0=no degree, 1= high school diploma or GED, 2=junior college or associate's degree, 3=bachelor's degree, and 4=Graduate degree

<sup>‡</sup>M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

of the respondents were currently married, 18.3% ( $n=690$ ) were divorced, and 38.5% ( $n=1457$ ) were unmarried, either widowed (1.6%,  $n=60$ ), separated (4.7%,  $n=177$ ), or never married (32.3%,  $n=1220$ ). Of those that answered the marital status question in the GSS Survey ( $n=6551$ , 99.9%), married respondents comprised 45.0% ( $n=2949$ ), 16.3% ( $n=1069$ ) were divorced, and 38.7% ( $n=2533$ ) were widowed (8.4%,  $n=553$ ), separated (3.3%,  $n=214$ ), or had never married (27.0%,  $n=1766$ ).

CNM/RNE 2012 respondents had completed significantly (*Mann-Whitney*  $Z=41.654, p=.000$ ) more education ( $n=3575, M_{education}=2.71, SD=1.07, \text{range}=0-4$ ), than the GSS respondents ( $n=6556, M_{education}=1.62, SD=1.24, \text{range}=0-4$ ), where 0=less than high school diploma, 1= high school diploma or GED, 2=junior college or associate’s degree, 3=bachelor’s degree, and 4=graduate degree. More education positively correlates with more education in the CNM/RNE 2012 sample, while it has an inverse relationship among the general population (See Figure IV-2).

According to the US Bureau of Labor Statistics, income is positively correlated with educational attainment, while unemployment rates are inversely correlated with

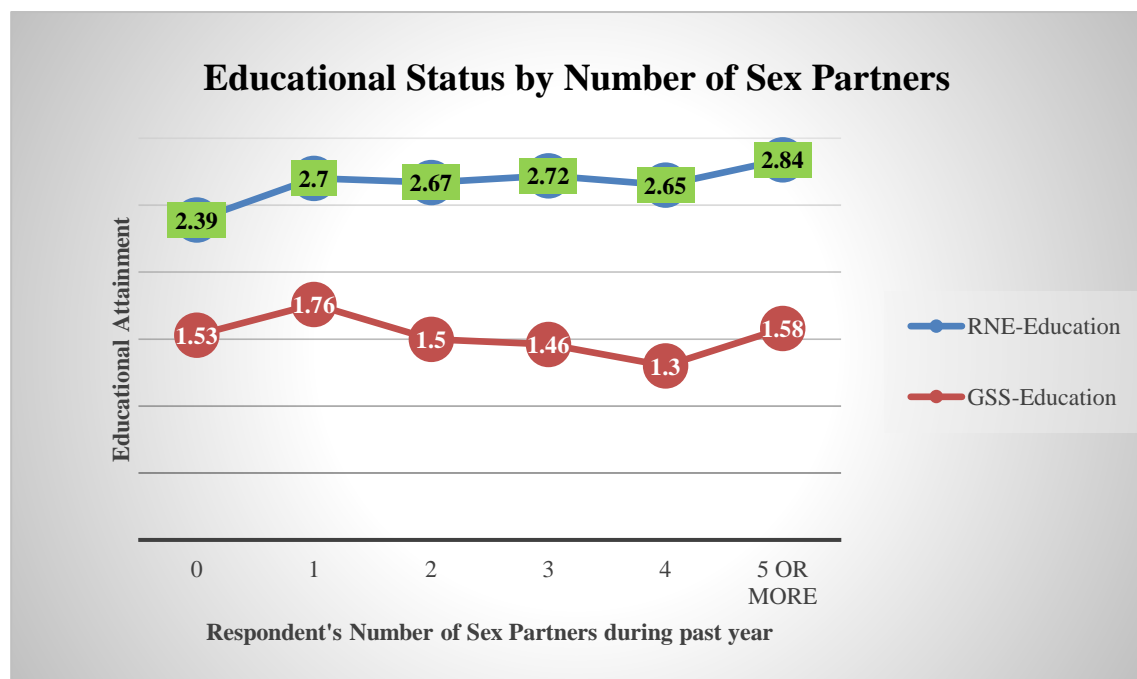


Figure IV-2: Comparison of average educational attainment among CNM/RNE 2012 and GSS samples by number of partners. Green points indicate statistically significantly higher educational attainment between samples. 0=Less than high school, 1=high school diploma, 2=associate’s degree or vo-tech, 3=bachelor’s degree, 4= graduate degree.

educational attainment (BLS.gov, 2016).

### Income



As expected with higher average educational attainment in the CNM/RNE 2012 sample, the CNM/RNE 2012 participants' estimated average annual household income in constant dollars ( $n=2899$ ,  $M_{income} = \$47,074.82$ ,  $SD=17630.932$ ) was significantly higher ( $t=8.297$ ,  $p=.000$ ) than the GSS participants' reported annual income ( $n=5877$ ,  $M_{income} = \$41,881.80$ ,  $SD=40890.450$ ). However, among those with bachelor's degrees,

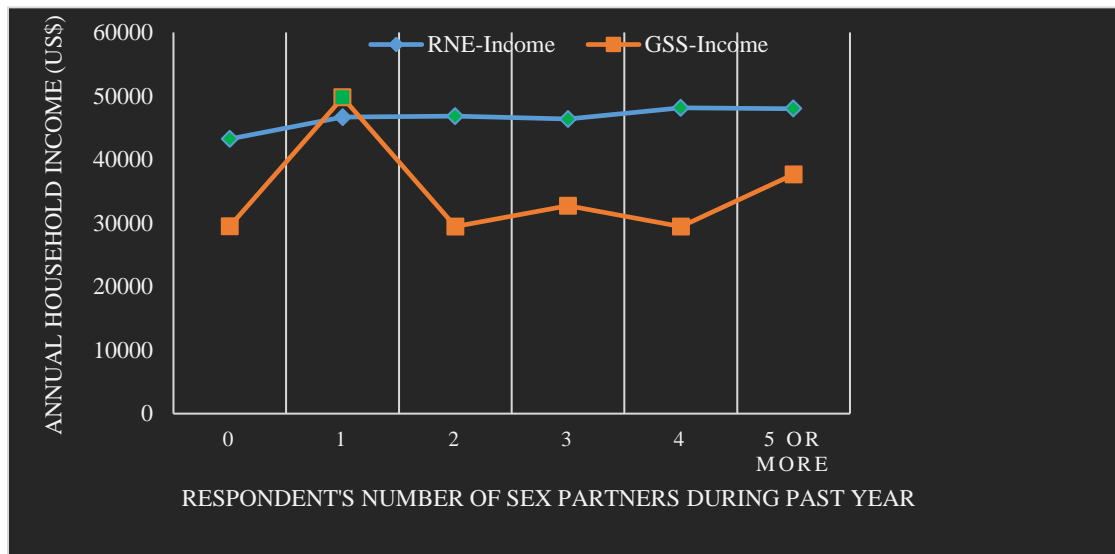


Figure IV-3: Comparison of annual median household income in US dollars between CNM/RNE 2012 and GSS samples by respondent's number of sex partners. Green points indicate statistically significantly more income between samples.

the CNM/RNE 2012 sample's mean income ( $n=1011$ ,  $M_{income} = \$48,458.96$ ,  $SD=17743.736$ ) was significantly less ( $t=-12.844$ ,  $df=1207.322$ ,  $p=.000$ ) than the GSS sample's mean ( $n=978$ ,  $M_{income} = \$70,416.61$ ,  $SD=50534.552$ ). For those with master's, doctorates, or other professional degrees, the CNM/RNE 2012 sample's mean income ( $n=771$ ,  $M_{income} = \$49,000.17$ ,  $SD=19,473.870$ ) was significantly less than the corresponding GSS sample's mean ( $n=561$ ,  $M_{income} = \$86,203.85$ ,  $SD=52,016.215$ ;  $t=16.138$ ,  $df=674.942$ ,  $p=.000$ ). Similar to the differences between the CNM/RNE 2012

and GSS samples as it relates to educational attainment, income has a slight positive relationship with number of partners in the CNM/RNE 2012 sample, while this is generally reversed among the general population (See figure IV-3).

#### *Demographics by Number of Sex Partners*

Of the 4062 CNM/RNE 2012 respondents, 2674 (65.8%) indicated having more than one sex partner in the past year, while 757 of the 6556 (11.5%) GSS respondents indicated the same. Similar to the full samples, the multiple-partnered (M-P) CNM/RNE 2012<sub>M-P</sub> respondents were significantly more educated ( $n=2649$ ,  $M_{education}=2.73$ ,  $SD=1.055$ ) and had more annual household income ( $n=2156$ ,  $M_{income}=\$47,372$ ,  $SD=17697.079$ ) than their GSS<sub>M-P</sub> counterparts ( $n=757$ ,  $M_{education}=1.47$ ,  $SD=1.098$ ,  $t=28.078$ ,  $p=.000$ ;  $n=708$ ,  $M_{income}=\$31,366.62$ ,  $SD=35438.834$   $t=11.554$ ,  $p=.000$ ). Of the CNM/RNE 2012<sub>M-P</sub> subsample, 1032 (38.6%) identified as male, 1533 (57.3%) as female, and 109 (4.1%) as non-binary gender. Among the GSS<sub>M-P</sub> subsample, 439 (58.0%) identified as male and 318 (42%) identified as female. As in the full samples, CNM/RNE 2012<sub>M-P</sub> males and females had significantly more income than their GSS<sub>M-P</sub> counterparts and the differences in the means were similarly significant at the  $p=.000$  level.

Interestingly, there was no statistically significant difference ( $t=0.831$ ,  $p=.406$ ) in the incomes of males ( $n=832$ ,  $M_{income}=\$47,709.38$ ,  $SD=17367.555$ ) and females ( $n=1265$ ,  $M_{income}=\$47,059.14$ ,  $SD=17802.917$ ) among the CNM/RNE 2012<sub>M-P</sub> sample, but there was between males ( $n=408$ ,  $M_{income}=\$35,631.07$ ,  $SD=37460.627$ ) and females ( $n=300$ ,  $M_{income}=\$25,556.97$ ,  $SD=31637.372$ ) in the GSS<sub>M-P</sub> sample ( $t=3.87$ ,  $p=.000$ ). There were no statistically significant differences in educational attainment between

males and females within either the CNM/RNE sample or the GSS sample. This may be due to greater gender pay inequity within the occupations chosen by (and available to) respondents to the GSS samples versus occupations chosen by (and available to) the respondents to the CNM/RNE sample. It also may be an artifact of the biased sampling among the CNM/RNE 2012 population (such as opposite sex members of the same household taking the survey), rather than any generalizable difference.

## **Diversities**

### *Sexual Orientation*

The CNM/RNE 2012 survey did not ask a question about sexual orientation directly. However, the CNM/RNE 2012 survey did ask about the sex of the respondents' sexual partners in the past year. The GSS has asked about sexual orientation since the 2008 survey and has asked about the sex of respondents' sexual partners as well. For these analyses, I use behavioral sexual orientation (BSO), which simply identifies BSO bisexuals as those who have had sex with both males and females during the past year, BSO gays are men who have only had sex with other men during the past year, BSO lesbians are women who only had sex with other women during the past year, and BSO heterosexuals are those who have only had sex with those of opposite gender during the past year.

In examining the differences and similarities between selected sexual orientation (SO) and BSO among GSS respondents, it was found that the two track similarly, but not perfectly. For example, only 24 of 84 (28.6%) females who identified as bisexual actually had sex with both males and females during the past year (perhaps due to being

within a committed monogamous relationship); 3 of 32 (9.4%) of females who identify as lesbian had sex with males during the past year; and 22 of 2223 (1.0%) females who identified as heterosexual had sex with only other females or with both males and females. These dissonances also appear among males in the GSS sample, as only 15 out of 33 (45.4%) bisexual males actually had sex with both males and females in the past year; 20 out of 2021 (1.0%) of males who identify as heterosexual had sex with males during the past year; and 1 out of 45 (2.2%) males who identified as gay had sex with only females in the past year.

Of the 1970 females in the CNM/RNE 2012 sample who reported on their sexual partners in the past year, 48.1% ( $n=947$ ) are classified as BSO straight, 46.3% ( $n=912$ ) as BSO bisexual, 5.6% ( $n=111$ ) as BSO lesbian. Of the 2363 females in the GSS who reported information about their sexual partners in the previous year, 96.4% ( $n=2279$ ) were classified in these analyses as BSO straight, 1.2% ( $n=28$ ) as BSO bisexual, and 2.4% ( $n=56$ ) as BSO lesbian. Among the CNM/RNE 2012 males, 77.5% ( $n=1082$ ) of the 1397 who indicated the sex of their sexual partners in the previous 12 months were BSO straight, 18.8% ( $n=262$ ) were BSO bisexual, and 3.8% ( $n=53$ ) were BSO gay. In the GSS, 95.8% ( $n=2023$ ) of the total 2111 males were BSO straight, 0.9% ( $n=20$ ) were BSO bisexual, and 3.2% ( $n=68$ ) were BSO gay.

### *Race and Ethnicity*

Unfortunately, respondents to the CNM/RNE 2012 survey were not asked about their race/ethnicity, so the racial/ethnic composition of the survey respondents is not known. In an earlier survey of 2218 individuals conducted in 2007 by Wosick-Correa (2007), 855 of whom identified as non-monogamous or polyamorous, 3.9% ( $n=33$ )

identified as African American or Black, 7.4% ( $n=63$ ) as Hispanic, 5.8% ( $n=50$ ) as Asian American or Pacific Islander, 76.3% ( $n=652$ ) as white, 0.7% ( $n=6$ ) as Native/American Indian, 3.3% ( $n=28$ ) as multi-racial, and 2.7% ( $n=23$ ) as other. In their meta-analytic review of studies examining polyamorous and kinky individuals, Sheff and Hammers (2011) found that persons of color represented between 2% and 16% of large sample surveys of CNM and/or kinky communities. Sheff and Hammers also indicate that persons of color are frequently ignored in literature examining CNM and BDSM. Part of the reason for this is that persons of color already face enough social stigma and disadvantage without having the label “pervert” applied to them, making persecution, discrimination, and violence all the more likely (2011).

In Rubin et al.’s (2014) more recent survey of 2,395 individuals, the racial/ethnic diversity was 8% African American, 9% Latino/a, 3% Asian/Pacific Islander, 76% white, and 4% multi-racial. In both surveys, persons of color represented about one-fourth of the sample. In contrast to Sheff and Hammers’ (2011) findings, Rubin et al. (2014) found that persons of color were equally as likely to be in some form of consensually non-monogamous relationship as were whites, but research conducted in the past among CNM communities has been limited by recruitment strategies that fail to reach persons of color (Rubin et al., 2014). It is reasonable to assume that the racial and ethnic make-up of the CNM/RNE 2012 sample analyzed here would be similar to Rubin and colleagues in composition, but because this was not asked of respondents, it is not possible to know, nor is it possible to assess, whether or not persons of color’s happiness, health, marital happiness, sexual health, and experiences of discrimination

are consistent with the CNM/RNE 2012 sample as a whole or if there are important differences. Future research *ought* to include this demographic variable.

## Results-LM 2000

*Demographics: Age, Sex/Gender, Sexual Orientation, Education, Income, and Marital Status*

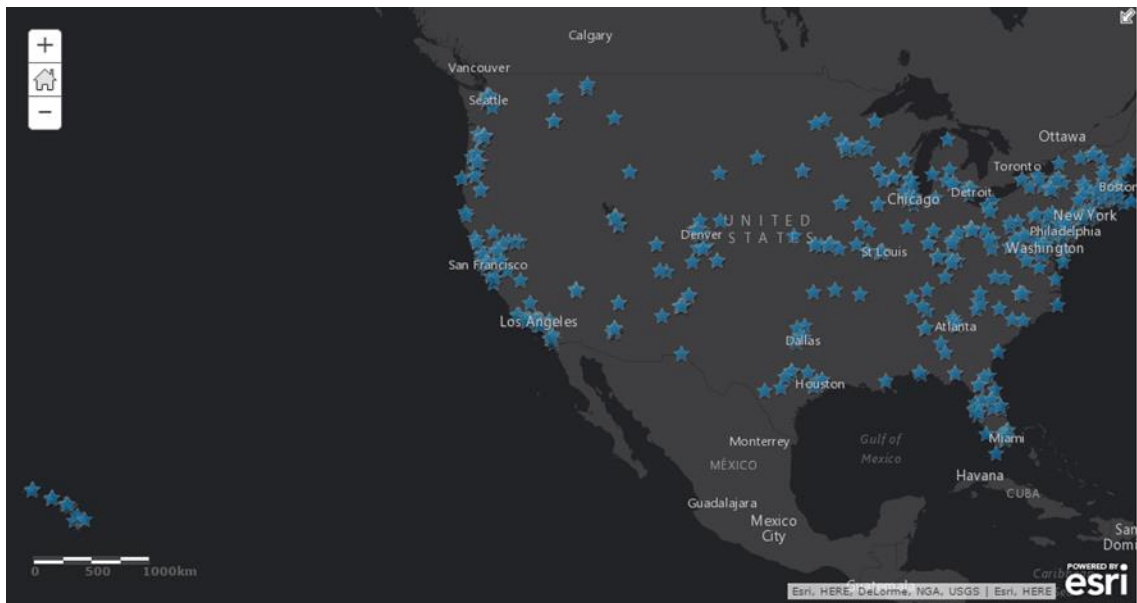


Figure IV-4. Geographic Distribution of LM 2000 Survey Respondents, Residing in USA.

The LM 2000 data are comprised of 1012 respondents' answers to 52 different questions. The average age of the LM 2000 sample was 41.67 ( $SD=11.22$ ) ranging from 18 through 85 years old. Of the 670 (66.3% of the total) respondents who answered the question concerning gender/sex, 354 (35.0%) identified as female, 308 (30.5%) identified as male, and 8 (0.8%) identified as transgender. Just over one-third ( $n=342$ , 33.7%) did not answer the question about gender. For the 657 (64.9%) who answered the question about sexual orientation, a little over one-third of the sample ( $n=339$ ,

33.6%) identified as being bisexual, 293 (29.0%) identified as heterosexual/straight, and 25 (2.5%) identified as gay or lesbian. Just over thirty-five percent ( $n=355$ , 35.1%) did

**Table IV-3. Sociodemographic Characteristics of the LM 2000 Sample**

Respondents	Ever poly		Never poly		Sig.	All <sup>1</sup>	
	<i>n</i>	%	<i>n</i>	%		<i>n</i>	%
All	852	84.4	119	11.8		1012	100.0
Straight	243	28.5	42	35.3		293	29.0
Bisexual	303	35.6	21	17.6 *		339	33.6
Gay/Lesbian	21	2.5	2	1.7		25	2.5
Females	315	37.0	24	20.2		354	35.0
Straight	88	27.9	9	37.5		99	28.0
Bisexual	199	63.2	13	54.2		223	63.0
Lesbian	16	5.1	1	4.2		18	5.1
Males	256	30.0	40	33.6		308	30.5
Straight	152	59.4	31	77.5		189	61.4
Bisexual	93	36.3	8	20.0		105	34.1
Gay	5	2.0	1	2.5		7	2.3
Transgender	8	0.9	0	0.0		8	0.8
Age, mean ( <i>SD</i> ) range 18-85	39.55	11.21	39.55	10.386		41.67	11.22
Married	340	39.9	38	31.9 *		393	38.9
Multiple	26	3.1	N/A			26	2.6
Divorced	164	19.2	35	29.4		202	20.0
Widowed	12	1.4	3	2.5		17	1.7
Never married	158	18.5	33	27.7 *		200	19.8
Degree, mean ( <i>SD</i> ) <sup>a</sup>	3.06	0.93	2.90	0.99 ‡		3.05	0.93
Income, HH \$, mean ( <i>SD</i> )	83,274.83	54075.57	63,161.76	48,810.01 ***		80,664.24	54,043.83

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

<sup>a</sup> 0=no degree, 1= high school diploma or GED, 2=junior college or associate's degree/Vo-Tech, 3=bachelor's degree, and 4= post-graduate degree.

<sup>1</sup>The number totals may not add up due to respondents who did not answer the question about ever being in a polyamorous relationship.

not respond to the question about sexual orientation. The average respondent to the LM 2000 survey had a bachelor's degree and their average household income was \$80,664.24 ( $SD=54,043.83$ ). Almost 40% ( $n=393$ , 38.9%) of the respondents were married, with 26 (6.6%) of these being in plural committed relationships, 20.0% ( $n=202$ ) were divorced, 17 (1.7%) were widowed, and 200 (19.8%) had never been married. See Table IV-3.

There was no significant difference in age between those who had ever been in a polyamorous relationship and those who had not. Those who had been in a poly

relationship had significantly more household income ( $n=755$ ,  $M_{Income}=\$83,274.83$ ,  $SD=\$54,075.57$ ) than those who had not ever been in a poly relationship ( $n=102$ ,  $M_{Income}=\$63,161.76$ ,  $SD=\$48,810.01$ ,  $t=4.031$ ,  $df=855$ ,  $p=.000$ ). The sample who had ever been in a poly relationship trended towards being more educated ( $n=849$ ,  $M_{Degree}=3.06$ ,  $SD=0.923$ ) than those who had never been in a poly relationship ( $n=118$ ,  $M_{Degree}=2.90$ ,  $SD=0.990$ , *Mann-Whitney Z*=1.665,  $p=.096$ ), but the statistical significance did not surpass the  $\alpha=0.05$  cutoff. Bisexuals were more likely to have ever been in a poly relationship than not ( $X^2=23.007$ ,  $df=10$ ,  $p=.011$ ; *Likelihood ratio*=24.049,  $df=10$ ,  $p=.007$ ). The trends for those ever having been in a poly relationship to be married and to not have been divorced or never married was significant ( $X^2=25.017$ ,  $df=14$ ,  $p=.034$ , *Likelihood ratio*=28.475,  $df=14$ ,  $p=.012$ ).

*Race/Ethnicity, Religion, and Political Affiliation*

There were no statistically significant differences in political or religious affiliations or in race/ethnicity between those who had ever been in a poly relationship

**Table IV-4 Political Party Affiliations of the LM 2000 Sample**

<b>Respondents</b>	<b>Ever poly</b>		<b>Never poly</b>		$X^2$	$df$	$p$
	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>			
Republican	6.2	53	10.9	13	31.441	26	0.212
Democrat	34.9	297	29.4	35			
Independent	28.9	246	27.7	33			
Libertarian	8.2	70	7.6	9			
Green Party & Affiliates	10.1	86	8.4	10			
Other	11.7	100	16.0	19			

<sup>1</sup>The number totals may not add up due to respondents who did not answer the question about ever being in a polyamorous relationship.

and those who had not been in this sample (Tables IV-4-6). However, there was a clear trend among both groups, discovered originally by Weber (2002), for those who had



been raised in protestant Christianity or Roman Catholicism to have exited these religious affiliations as they became adults. The exodus appears to be towards

**Table IV-5 Race/Ethnicity Identities of the LM 2000 Sample**

Respondents	Ever poly		Never poly		$X^2$	df	p
	%	n	%	n			
White Non-Hispanic	63.4	540	50.4	60			
Black Non-Hispanic	0.9	8	1.7	2			
Black Hispanic	0.1	1	0.8	1			
White Hispanic	1.2	10	0.8	1			
American Indian/Alaska Native	0.4	3	0.0	0			
Asian/Pacific Islander	0.7	6	0.8	1			
Other	0.8	8	0.0	0			
No answer	32.4	276	30.8	12			
					20.005	16	0.220

<sup>1</sup>The number totals may not add up due to respondents who did not answer the question about ever being in a polyamorous relationship.

Eastern religions, such as Buddhism, Islam, Zen, Taoism, Hinduism, and other eastern religions, as well as paganism, wiccanism, mysticism, Unitarian Universalism, agnosticism, atheism, or to leave religion altogether. These other religious traditions are

**Table IV-6 Religious Affiliation of the LM 2000 Sample**

Respondents	Ever poly		Never poly				All <sup>1</sup>					
	Current		Raised In		Current		Raised in					
	%	n	%	n	%	n	%	n				
Protestant	8.0	68	45.7	389	10.1	12	47.9	57	8.1	82	45.6	461
Roman Catholic	2.6	22	22.4	191	5.0	6	24.4	29	3.0	30	22.4	227
Jewish	5.8	49	9.6	82	0.8	1	1.7	2	5.3	54	8.7	88
Pagan/NeoPagan/Wiccan/Mysticism/Occult	29.6	252	0.5	4	18.5	22	0.0	0	28.4	287	0.4	4
Native American/Shamanism	1.5	13	0.1	1	2.5	3	0.0	0	1.6	16	0.1	1
Eastern Religions	8.6	73	0.1	1	7.6	9	1.7	2	9.3	94	0.3	3
Unitarian Universalist	8.0	68	0.9	8	6.7	8	0.0	0	7.9	80	0.8	8
Other religions	4.3	37	3.2	27	17.6	21	3.4	4	4.9	50	3.6	36
None/Atheist/Agnostic/NA	31.5	270	17.5	149	31.1	37	21.0	25	31.5	319	18.2	184

<sup>1</sup>The number totals may not add up due to respondents who did not answer the question about ever being in a polyamorous relationship.

more accommodating of consensual non-monogamy and may be a reflection of the influence of modern polyamory activists and advocates, including Oberlin and Morning Glory Zell-Ravenheart and their Church of All Worlds, as well as Deborah Anapol's

erotic spirituality, ecosexuality, and “Pelvic-Heart Integration” practice of holistic body-mind-spiritualism (Anapol, 2015a; 2015b).

## Results-Ethnographic Participants

Of the 131 participants that I interviewed or who participated in a group discussion, 42 (31.6%) were male, 90 (67.7%) were female, and 1 (0.8%) was non-binary gendered. The average age was 38.04 years ( $SD=14.90$ ), ranging from 18-75 years old (see Table IV-6). The females were less likely to have been married and more

**Table IV-7. Sociodemographic Characteristics of the Ethnographic Participants**

Respondents	CNM		Monogamous			All			
	%	<i>n</i> range	%	<i>n</i> range	<i>sig.</i>	%	<i>n</i> range		
All	64.7	86	35.3	47		100.0	133		
Straight	45.8	38	91.5	43		62.3	81		
Bisexual	53.0	44	8.5	4		36.9	48		
Gay/Lesbian	1.2	1	0.0	0		0.8	1		
Females	72.9	62	58.3	28		67.7	90		
Straight	33.3	20	88.9	24		50.6	44		
Bisexual	65.0	39	11.1	3		48.3	42		
Lesbian	1.7	1	0.0	0		1.1	1		
Males	25.9	22	41.7	20		31.6	42		
Straight	81.8	18	95.0	19		88.1	37		
Bisexual	18.2	4	5.0	1		11.9	5		
Gay	0.0	0	0.0	0		0.0	0		
Non-binary gender	0.8	1	0.0	0		0.8	1		
Age, mean ( <i>SD</i> ) range	40.29	15.02	19-75	33.93	13.94	18-62 **	38.04	14.90	18-75
Married	66.2	51	53.7	22		61.9	73		
Opposite sex	100.0	51	100.0	22		100.0	73		
Same sex	0.0	0	0.0	0		0.0	0		
Divorced	7.8	6	4.9	2		6.8	8		
Widowed	7.8	6	2.4	1		5.9	7		
Never married	18.2	14	39.0	16		25.4	30		
Degree, mean ( <i>SD</i> ) <sup>a</sup>	2.18	1.13	1.61	1.12	*	2.01	1.15		

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

<sup>a</sup> 0=no degree, 1= high school diploma or GED, 2=junior college or associate’s degree, 3=bachelor’s degree, and 4=graduate degree.

likely to have been bisexual than were the males among this sample. There were no other differences by gender across any of the other measures. Almost two-thirds (64.9%,  $n=85$ ) of those I have interviewed have been or are currently consensually non-

monogamous. More than half (52.6%,  $n=41$ ) identified as bisexual, 1 (1.3%) identified as gay/lesbian, and 35 (46.2%) identified as straight/heterosexual. Four (5.1%) participants were from Western Europe, 9 (11.4%) were from southern Africa, 4 (5.1%) were from the Eastern US, 3 (3.8%) were from the Western US, and 59 (74.7%) were from the Southwestern and Midwestern US. Ten (12.7%) identified as Black/African/African American, 4 (5.1%) as American Indian, 5 (6.3%) as European, 3 (3.8%) as Latino/a, and 58 (73.4%) as European American. The educational level of the ethnographic sample ranged from not completing high school to having a graduate degree and averaged a little more than having completed an associate's degree or Vo-Tech training ( $n=110$ ,  $M_{Degree}=2.01$ ,  $SD=1.153$ ). The ethnographic participants who had ever engaged in some form of CNM had completed more education ( $n=77$ ,  $M_{Degree}=2.18$ ,  $SD=1.132$ ) than those who identified as monogamous ( $n=33$ ,  $M_{Degree}=1.61$ ,  $SD=1.116$ , *Mann-Whitney*  $Z=4.028$ ,  $p=.000$ ).

## **Chapter 5:**

### **Number of Sexual Partners, Frequency of Sex, Happiness, Health, and Marital Happiness: CNM/RNE 2012 versus GSS 201-2014 Survey Samples**

It will not be surprising if those who identify as non-exclusive or consensually non-monogamous (CNM) in their relationships were to have significantly more sex partners than the general US population. Nor would it be unexpected that they would have significantly more frequent sexual interaction overall and have more sexual partners. It will be interesting to observe if sexual frequency and number of partners are associated with individuals in this community's overall happiness, health, and marital happiness, especially at the extremes. It will be similarly of interest to observe the effects when the consensually non-monogamous/relationally non-exclusive (CNM/RNE) sample have infrequent sex or do not have an available sex partner in the past year: will they be, on average, significantly less happy, less healthy, and unhappier with their marriages than were persons in the general population in similar positions of lack? At the other extreme, when CNM/RNE respondents have more frequent sexual interaction with more sexual partners, will they experience higher levels of happiness, health, and marital happiness as has been hypothesized? The findings below present different pictures of the importance of sexuality and the relationships in which sexuality is experienced among the CNM/RNE sample than is typical of respondents from the general US population. However, from the data available for analyses herein, it is not possible to determine whether these are simply correlations or if there are causal relationships.

With increasing public awareness of the option of non-exclusive relationships, it is important to understand how the health and well-being of individuals participating in

consensually non-exclusive relationships compare to adults in the general US population. The purpose of this chapter is to investigate, compare, and contrast the intersecting relationships of gender, age, behavioral sexual orientation, sexual frequency, marital happiness, number of partners, general psychological well-being, general physical health, and attentiveness to sexual health among respondents who engage in consensually non-exclusive relationships as compared to the US general population.

Below, I present comparisons and contrasts between the CNM/RNE 2012 and the GSS 2010-2014 survey samples regarding variables of sexual frequency, number of sex partners in the previous year, general happiness, self-reported health, and marital happiness. I begin with a review of the relevant literature, including literature that integrates these different variables and the ways they form synergistic and dialectic interactions. Then, the results of comparisons and regressions are provided, both separately and in conjunction. Additionally, I break down findings by marital status and by monogamous or non-monogamous behaviors. In the discussion, I attempt to integrate sexual frequency and partner number and present how these factors effect happiness, health, and marital happiness differentially between the CNM/RNE and the GSS samples.

*Consensual Non-Monogamy, Sexual Frequency, Number of Partners, Happiness, Health, and Marital Happiness*

Based upon the qualitative and quantitative analyses from this research among those who are consensually non-monogamous (CNM), sexualities have significant correlations with their overall biopsychosociosexual health and well-being, and these

remain significant in the face of adversities, which is predicted by the theoretical perspectives used here as well as by evidence from sexuality and relationship research.

*Sexual Frequency, Relationship Quality, and Biopsychosociosexual Health*

Barratt (2005) has argued that for sexual interaction and experiences to be healthy for all involved, they must be safe, sane, and consensual. He defines sexual activities as “safe” as those “conducted without undue risks for physical or psychological harm” (2005:60), “sane” as those “conducted in a manner that honors and protects not only the physical wellbeing but also the psychological or emotional wellbeing and integrity of all participants” (2005:60), and “consensual” as specifying “clearly that healthy sexual activity can only occur between partners who have an equal ability to offer their consent” (2005:61), which he argues excludes incest, adult interference with children’s expressions of sensuality or sexuality, as well as power differentials that would preclude interaction with those who are disempowered or powerless and therefore unable to give consent free from coercion, intimidation, or threats. Human sexualities that are safe, sane, and consensual, including feelings of desire, pleasure, arousal, activity, interaction, and their soothing effects appear to be salutogenic (health-promoting), cathartic, integrating, cohering, and life-enriching across the lifecourse, enhancing the physical, psychological, and the social dimensions of life (Whipple et al., 2007). Whether practiced alone or with others, sexualities also appear to promote resilience in the face of traumas and adversities. For those who practice alternative sexualities, among whom this research has been conducted, adversities, traumas, prejudice, and discrimination are highly prevalent, which often leads to pathogenic biopsychosociosexual health outcomes in the general population

(Doyle and Molix, 2015; Gorman et al., 2015; Mink et al., 2014). However, the sex that they experience appears to moderate the negative effects of the adversities they experience.

Recent meta-analysis of research in human sexuality has found a positive relationship between physical health, mental health, sexual health, and overall well-being with sexual satisfaction, sexual self-esteem, and sexual pleasure (Anderson, 2013). Evidence suggests that frequent sexual activity promotes neurogenesis and counteracts the damaging effects of chronic stress in the especially stress-susceptible hippocampus (Joëls, 2008; Kim et al., 2013; Leuner et al., 2010), a region of the brain that remains plastic across the lifecourse (Leuner and Gould, 2009). In the hippocampus, information is processed into short- and long-term, especially spatial (Dudchenko, 2010; O'Keefe and Nadel, 1978), episodic, biographical, and recognition memory (Cohen and Eichenbaum, 1993; Johnson et al., 2008; Squire, 1984; Squire and Schacter, 2002). The hippocampus is crucial in the detection of novel items, including vocabulary, places, and general visual objects (Johnson et al., 2008; van Elzakker et al., 2008). The hippocampal complex along with the amygdala is central and interactive in the processing and mediation of emotions (Eichenbaum et al., 2007; Phelps, 2004).

Frequent sexual activity, defined as twice per week or more, reduces the risks in middle-aged men for fatal coronary heart disease by a factor of 1.69 compared with men who have sexual intercourse less than once per month (Ebrahim et al., 2002). There appears to be a similar effect among women, though the causes and effects are not completely clear (Drory et al., 2002). Petridou et al. (2000) found that men who have frequent orgasms (around twice per week or more) have less risk for male breast cancer.

Women who sometimes or often had sex during menstruation and women who experienced orgasms during menstruation have a decreased risk for endometriosis than women who never or rarely have sex or orgasms during menstruation (Meaddough et al., 2002). Similarly, women who had more frequent exposure to healthy semen (semen free from “azoospermy or spermatozoides with anomalies in morphology, density, and/or mobility” (Lê et al., 1989:1229)) were less likely to have breast cancer than women who had rare or infrequent exposure to healthy semen, whether due to no sexual partner, use of condoms or withdrawal methods of contraception, or having a partner with abnormal semen (Lê et al., 1989). Further, women who were exposed to semen from multiple male partners were at less risk for breast cancer than were women who had exposure to only one male’s semen (Rossing et al., 1996). While this exposure would increase risks for STIs in open sexual networks, it would not among those engaging in CNM with trusted (and trust-worthy), STI-free sexual male partners, such as exist in polyfidelitous CNM groups and others interacting within closed sexual networks where fluid-bonding exists with trusted partners. These findings may provide additional glimpses into the evolution of human sexualities when humans lived within small groups comprised of sexually-interactive multi-male, multi-female individuals. Of course, this aspect has limited utility in CNM relationships where semen exposure is non-existent, such as among lesbians, bisexuals with only other female partners, or combinations of non-semen producing transgendered or non-binary-gendered persons with other females.

Risks for preeclampsia and pregnancy-induced hypertensive disorders decrease with increased exposure to semen from the father of the fetus (Dekker, 2002; Dekker et



al., 1998; Robertson et al., 2003). In fact, primigravid women with less than four months' cohabitation with the fetus's father who also used barrier methods for contraception had significantly greater likelihood of preeclampsia (by a factor of 17.1) compared to first-time pregnant women with more than a year's cohabitation and exposure to the father's semen (Einarsson et al., 2003). However, short duration exposure to the fetal father's semen yielded greater risks for preeclampsia than does longer-term exposure (Sadat et al., 2012). The benefits of exposure to the fetal father's semen can be derived through oral ingestion as well (Koelman et al., 2000), which may also be protective against pemphigoid gestationis, a rare autoimmune disorder affecting the skin (through blistering) of pregnant women (Namazi, 2007). In addition to the biologically salutogenic benefits of frequent sexual interaction, Gallup et al. (2002) found that frequent exposure to semen had psychologically beneficial effects on college women. In their study, women who had frequent and consistent exposure to semen were less likely to be depressed or suicidal than women who had infrequent or rare exposure to semen whether due to consistent condom use or limited partner availability (2002). Frequent sexual activity is important to human health and has multiple other psychologically and socially salutogenic effects.

#### *Psychosocial Health and Sexuality*

Sexual activity is strongly and positively associated with personal happiness, health outcomes, quality of life, relationship intimacy, relationship quality, and relationship satisfaction, cardiovascular health, both physical and mental well-being, and self-esteem, as well as reduced rates of depressive symptoms (Bradford and Meston, 2007; Choi et al., 2011; DeLamater and Koepsel, 2015; Karraker and

DeLamater, 2013; Karraker et al., 2011; Lindau and Gavrilova, 2010; Lindau et al., 2007; McNulty and Fisher, 2008; Whipple et al., 2007; Yucel and Gassanov, 2010).

The relationship of sexual satisfaction with personal well-being appears to be consistent across cultures (Neto and Pinto, 2015). Blanchflower and Oswald (2004) found a robust predictive relationship between sexual frequency and happiness, but were not able to determine causal direction. To explore Blanchflower and Oswald's lingering question with an experimental study, Loewenstein et al. (2015) randomly assigned 58 couples to a control group and 70 couples to a treatment group assigned to double their normal sexual frequency. They found that adding more (and unwanted) sexual frequency does not produce more happiness (Loewenstein et al., 2015). Instead, happiness results from having enough sex *that is desired*, as well as desire concordance within the dyad (Cheng and Smyth, 2015; Loewenstein et al., 2015; Willoughby et al., 2014), and the exchange of affection after sexual interaction (Muisse et al., 2014). Cheng and Smyth (2015) found that, not only the frequency, but the *quality* of sex contributed to happiness among married couples. Yeh et al. (2006) found that sexual satisfaction (of which having enough sex is a part) increases marital quality, which in turn leads to more stable marriages. In a sense, sexual frequency (and its importance to mutual satisfaction in relationships) is foundational to the quality and stability of relationships over time. If relationship quality declines, which is linked to sexual dissatisfaction early on in relationships, then relationship stability begins to diminish (Yeh et al., 2006). Dawes (1979) found that a simple formula was significantly predictive of marital happiness, sexual frequency minus argument frequency. The aphorism, "make love, not war" is

good relationship advice. To tweak it a bit to obtain scientific validity within this context, perhaps it could read, ‘to protect the home-front, make more love than war.’

Curiously, Birnie-Porter and Hunt (2015) found that sexual satisfaction was significantly predicted by intimacy and attachment *avoidance*, regardless of whether the relationship was among persons who were married, engaged, dating exclusively, dating casually, or were friends with benefits. This is consistent with predictions made within Bowenian differentiation theory (Bowen, 1978; Kerr and Bowen, 1988) and Schnarch’s sexual crucible theory (Schnarch, 1991). The most sexually and psychology fulfilling relationships are comprised of autonomous, self-sufficient individuals who are free to be themselves, to express their deepest desires, and have the courage to maintain these in the presence of another, whether in the context of monogamy or consensual non-monogamy.

## **Measures**

### *Sexual Partners*

The GSS and CNM/RNE survey respondents were asked, “How many sex partners have you had in the last 12 months?” Available responses were coded as, “no partner”=0, “1 partner”=1, “2 partners”=2, “3 partners”=3, “4 partners”=4, “5-10 partners”=7, “11-20 partners”=13.5, “21-100 partners”=27, and “more than 100 partners”=101. I used conservative averages of the ranges for the 5-10 (7), 11-20 (13.5)<sup>8</sup>, and 21-100 (27) to gain an approximate mean for partner numbers. While this

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<sup>8</sup> For example, in the LM 2000 data set, actual partner numbers were provided for up to 99 partners in the past year. Those who had 99 or more partners in the past year were coded as 99. The average (mean) of the range for 11-20 partners in that data set was 14.75. The mean of the range for 21-100, *excluding* 99 was 27.89.

estimate is likely much more conservative for the CNM/RNE sample than the GSS sample, it provides an estimate of the number of partners that would otherwise not be available; if there is an error in the estimation, it will indicate a smaller number of partners, rather than larger. As mentioned previously, while independent t-tests were used to determine the means and standard deviations, the comparisons for difference used the appropriate Mann-Whitney U test and Z statistic for all of the ordinal response choices or scales.

### *Sexual Frequency*

To the question about respondents' sexual frequency, "About how often did you have sex during the last 12 months?", available responses were coded as, 0="not at all," 1="once or twice," 2="once per month," 3="2-3 times per month," 4="weekly, 5="2-3 times per week," 6="4 or more times per week." Respondents were left to determine what "have sex" means for themselves in both surveys.

### *Happiness*

In order to assess general happiness, respondents in both surveys were asked, "Taken all together, how would you say things are these days? Would you say that you are very happy=3, pretty happy=2, or not too happy=1?" Responses were coded as indicated. Self-reported happiness is an accurate and reliable measure of a broad and stable array of psychological well-being (Karraker et al., 2011; Valiant, 1993). Valiant (1993) found that measures of happiness index individuals' stable psychological well-being and that happiness is not typically linked to negative contemporary events or the individual's responses to them, as depressive mood tends to be. Oswald (1997) found that happiness, or rather, unhappiness, is a good predictor of suicide attempts or

(paradoxically) successes, as SRH measures long-term disappointments and stressors with significant accuracy. Karraker et al. (2011) found that self-reported happiness robustly “captures a broader array of psychological well-being dimensions than merely happiness per se” (p. 506).

### *Health*

To assess general health, participants were asked, “Would you say your own health, in general, is excellent=4, good=3, fair=2, or poor=1?” Responses were coded as indicated. Idler and Benyamini (1997) found that self-reported health (SRH) assessments were reliable means to predict mortality. Revisiting their earlier findings, Benyamini (2011) suggested four reasons for this: 1, SRH is inclusive of all of the internal cues of health issues even at preclinical stages; 2, SRH is a dynamic evaluation that includes the continuous self-monitoring data stored in the respondent’s memory, rather than a mere point in time superficial assessment; 3, SRH influences the respondent’s behaviors, including strategies to prevent illness and injuries; and 4, SRH includes assessments of individuals’ resources for health maintenance and improvement, whether meager or abundant.

### *Marital Happiness*

In order to assess married respondents’ happiness with their marriages, they were asked, “Taking all things together, how would you describe your marriage—very happy, pretty happy, or not too happy?” Responses were coded as follows: Not too happy=1; Pretty happy=2; and Very happy=3. This is the same rating scale used to assess general happiness.

### *Views about Marriage*

Participants in the CNM/RNE 2012 survey and in the GSS 1988, 1994, 1996, and 2002 surveys were asked to respond to statements concerning their views about marriage in relationship to individual freedom, its seriousness with easily obtained divorce, and whether a bad marriage was better than none at all. Specifically, the statements were: “It is better to have a bad marriage than no marriage at all” (asked of the CNM/RNE 2012 and the GSS 1988, 1994, and 2002 participants); “Personal freedom is more important than the companionship of marriage” (asked of the CNM/RNE 2012 and the GSS 1988 and 1996 participants); and “Couples don’t take marriage seriously enough when divorce is easily obtainable” (asked of the CNM/RNE 2012 and the GSS 1988 participants). The answer options used a five-point Likert scale: 1= “strongly disagree,” 2= “disagree,” 3= “neither agree or disagree,” 4= “agree,” 5= “strongly agree.” The chronological gap between these surveys further limits the usefulness of the comparisons; however, nothing else from the survey instruments are as helpful in exploring differences between the samples concerning their views about marriage, including levels of differentiation within emotionally-committed relationships, which I use the binary statement with personal freedom juxtaposed with companionship of marriage as a proxy measure.

## **Results**

### *Number of Sexual Partners*

The sexually or relationally non-exclusive (CNM/RNE) sample reported statistically significantly more sexual partners in the past twelve months than the GSS sample (see Tables V-1 & 2). This held true whether individuals reported having more

than one sex partner, or multi-partnered (M-P), in the previous year, or only one or no sex partners (S-P) in the previous year. CNM/RNE<sub>S-P</sub> respondents were more likely to have at least one partner (84.2%,  $n=905$ ) than were their counterparts in the GSS population (GSS<sub>S-P</sub>, 72.9%,  $n=5056$ ;  $X^2$  Likelihood ratio=56.105,  $p=.000$ ).

**Table V-1** Number of Sex Partners (previous year)

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	mean	SD	n	mean	SD	n	Z	p
All	3.98	5.685	3579	1.12	2.363	5813	60.750	0.000
All <sub>M-P</sub>	5.04	6.225	2674	3.72	5.813	757	11.893	0.000
All <sub>S-P</sub>	0.84	0.365	905	0.73	0.444	5056	7.335	0.000
US Resident	3.94	5.400	2958					
International Resident	4.27	7.220	544				-0.586	0.558
Males	3.85	4.843	1427	1.30	1.918	2599	34.917	0.000
BSO <sup>b</sup> Straight	3.21	3.183	1076	1.53	1.739	2005	27.992	0.000
BSO Bisexual	6.41	5.604	256	4.65	5.566	20	1.982	0.048
BSO Gay	7.48	14.623	53	2.95	4.798	65	3.405	0.001
Females	4.10	6.326	1994	0.97	2.659	3214	49.684	0.000
BSO Straight	2.59	2.609	942	1.27	2.246	2250	30.586	0.000
BSO Bisexual	6.03	8.539	904	2.64	1.471	28	5.059	0.000
BSO Lesbian	2.72	3.225	107	1.39	0.966	56	4.286	0.000
Non-binary gender	3.61	3.851	158					

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

Shaded area compares US CNM with International CNM Respondents

CNM/RNE women averaged just over four sexual partners over the previous year versus less than one sexual partner among GSS women, a statistically significant difference. BSO straight females had significantly more partners than did females in the GSS samples. Likewise, BSO lesbian and bisexual females in the CNM/RNE sample had more partners than did their counterparts in the GSS samples (see Table V-1). CNM/RNE men averaged 3.85 sexual partners over the previous year versus 1.30 sexual partners among GSS men, which was statistically significant. Behaviorally-sexually oriented (BSO) straight males in the CNM/RNE sample had significantly more

sexual partners than did BSO straight men in the GSS sample. The difference between number of partners that BSO bisexual males reported between the CNM/RNE and GSS samples were significant, with the CNM/RNE sample reporting more partners in the previous year. The number of reported sexual partners for BSO gay men in the CNM/RNE sample was statistically significantly more than was reported by their GSS counterparts (See Table V-1).

**Table V-2**                      **Number of Sex Partners (previous year) by Marital Status**

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
Married	3.51	4.357	1576	1.01	2.026	2636	21.434	0.000
Married <sub>M-P</sub>	4.41	4.750	1165	4.33	10.811	86	3.826	0.000
Married <sub>S-P</sub>	0.96	0.199	411	0.92	0.273	2570	2.871	0.004
Unmarried	4.35	6.520	2003	1.21	2.607	3174	40.741	0.000
Divorced	4.50	7.155	657	1.02	1.768	935	25.112	0.000
Widowed	3.18	2.810	57	0.29	0.738	435	12.518	0.000
Separated	4.49	4.526	40	1.56	2.709	189	10.493	0.000
Never Married	4.30	6.521	1118	1.53	3.192	1615	25.640	0.000

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

Both married and unmarried individuals in the CNM/RNE sample reported having more sexual partners than did corresponding groups in the general population (Table V-2). Married CNM/RNE respondents averaged 3.51 sexual partners versus 1.01 among the GSS sample, also statistically significant. For married respondents who had more than one partner in the previous year, the CNM/RNE respondents had statistically significantly more partners in the previous year than did their counterparts in the GSS sample. The CNM/RNE married sample who reported having only one or no partners in the previous year (CNM/RNE<sub>S-P</sub>) were more likely to have at least one partner (95.9%,  $n=411$ ) than were their counterparts in the GSS population (GSS<sub>S-P</sub>, 91.9%,  $n=2570$ ;  $X^2$  Likelihood ratio=9.329,  $p=.002$ ).



Unmarried CNM/RNE respondents indicated having significantly more (4.35) sexual partners on average versus the GSS sample (1.21). Table V-2 describes the specific breakdown of the CNM/RNE unmarried sample, with divorced, widowed, separated, and never married persons reporting significantly more sexual partners than these same groups in the general population.

### *Sexual Frequency*

In response to the question, “About how often did you have sex [as defined by the respondent] during the last 12 months?”, the CNM/RNE sample reported significantly more sexual frequency than the GSS group (Table V-3 & 4). The non-exclusive (CNM/RNE) population had a mean sexual frequency of almost weekly, which is significantly higher than that of the GSS population, who averaged a little less than two to three times per month. Multiple-partnered CNM/RNE respondents had more frequent sex, at more than once per week on average, than did multiple-partnered GSS respondents, who averaged 3-4 times per month as did single-partnered or unpartnered respondents, with the CNM/RNE sample averaging two or three times per month and the GSS sample averaging around once or twice per month.

GSS women averaged once or twice per month, significantly less than CNM/RNE women who averaged having sex once per week. GSS men reported having sex two to three times per month, which is significantly less than CNM/RNE men, who averaged almost weekly. BSO straight males in the CNM/RNE sample had significantly more frequent sex as compared with BSO straight males in the GSS samples. There were no significant differences in sexual frequency among BSO bisexuals between the two population samples (though the CNM/RNE sample trended towards having more

frequent sex), nor were there significant differences between the CNM/RNE and GSS BSO lesbians' and gay men's sexual frequency.

**Table V-3** Frequency of Sex<sup>c</sup> (previous year)

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	3.98	1.450	3508	2.79	1.942	5813	29.548	0.000
All <sub>M-P</sub>	4.19	1.292	2670	3.61	1.608	746	9.163	0.000
All <sub>S-P</sub>	3.29	1.708	805	2.65	1.960	4404	9.004	0.000
US Resident	3.99	1.440	2902					
International Resident	3.96	1.500	535				-0.238	0.812
Males	3.96	1.499	1397	2.99	1.871	2348	16.074	0.000
BSO <sup>b</sup> Straight	3.92	1.509	1082	3.44	1.584	1928	8.188	0.000
BSO Bisexual	4.27	1.324	262	3.70	1.455	20	1.888	0.059
BSO Gay	3.19	1.744	53	3.37	1.557	65	-0.546	0.585
Females	4.01	1.423	1970	2.63	1.985	2823	25.102	0.000
BSO Straight	3.84	1.451	947	3.34	1.615	2113	7.424	0.000
BSO Bisexual	4.26	1.316	912	3.50	1.552	28	3.856	0.000
BSO Lesbian	3.40	1.620	111	3.62	1.717	52	-1.067	0.286
Non-binary gender	3.79	1.314	141					

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>c</sup> Sex Frequency Scale: 0=Not at all, 1=Once or Twice, 2=Once per month, 3=2-3 times per month, 4=Weekly, 5=2-3 times per week, 6=4+ times per week

Shaded area compares US CNM with International CNM Respondents

Interestingly, the trend for both gay males and lesbians in these samples is reverse that of the other subgroups; if the sample sizes were larger (and the trend remained unchanged) the GSS sample of behaviorally gay males and lesbian women respondents would have significantly more frequent sex than the CNM/RNE respondents. BSO straight females in the CNM/RNE group had significantly more frequent sex than did females in the GSS samples, as did BSO bisexual females in the CNM/RNE group, who broke into the more than once per week category, versus the GSS groups. (See Table V-3).

Both married and unmarried individuals in the CNM/RNE sample reported having more frequent sex than did corresponding groups in the general population

(Table V-4). Married CNM/RNE respondents indicated having sex slightly more than weekly versus about two or three times per month among the GSS sample. This difference was significant.

**Table V-4** Frequency of Sex<sup>c</sup> (previous year) by Marital Status

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
Married	4.06	1.419	1576	3.14	1.652	2398	17.258	0.000
Married <sub>M-P</sub>	4.29	1.264	1163	3.67	1.681	64	3.119	0.002
Married <sub>S-P</sub>	3.37	1.606	401	3.12	1.650	2325	2.162	0.031
Unmarried	3.92	1.472	1932	2.49	2.116	2770	24.801	0.000
Divorced	4.12	1.480	638	2.36	2.095	823	16.952	0.000
Widowed	3.71	1.668	53	0.76	1.502	333	11.341	0.000
Separated	4.00	1.505	160	2.72	2.168	166	6.759	0.000
Never Married	3.80	1.440	1081	2.93	2.030	1448	10.887	0.000

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

<sup>c</sup> Sex Frequency Scale: 0=Not at all, 1=Once or Twice, 2=Once per month, 3=2-3 times per month, 4=Weekly, 5=2-3 times per week, 6=4+ times per week

Multiple-partnered married persons in the CNM/RNE sample had significantly more frequent sex, averaging more than once per week, than multiple-partnered persons in the GSS sample. Likewise, among married respondents who reported having only one, or no, sex partner during the previous year, respondents to the CNM/RNE survey reported having more frequent sex (about 3 times per month) than their counterparts in the GSS surveys, who averaged around twice per month.

Table V-4 describes the specific breakdown of the unmarried sample, with divorced CNM/RNE persons reported having significantly more frequent sex than divorced individuals in the general population. Widowed individuals in the CNM/RNE sample had significantly more frequent sex than widowed persons in the GSS samples. Separated individuals in the CNM/RNE sample had significantly more frequent sex

than separated persons in the GSS samples. Never married CNM/RNE persons had significantly more sex than the never marrieds in the general population.

Hypothesis Two, which predicted that the CNM/RNE sample would have more sexual frequency as compared to the GSS sample, was also partially supported by these findings. As noted in Tables V-3 & 4, the non-exclusive population had a mean sexual frequency of almost weekly for men and at least weekly for women, significantly higher than that of the GSS population, which averaged about twice per month for women and two and three times per month for men. Across all subgroups examined, with the exception of behavioral gays and lesbians, the CNM/RNE had significantly more frequent sexual interaction than did their counterparts in the general population sample.

*Self-reported Happiness (CNM/RNE 2012 compared with the GSS 2010-2014 Surveys)*

Consistent with most previous research on the positive effects of increased sexual frequency, the CNM/RNE sample also reported being significantly happier than the GSS sample. This held true among those who were multiple-partnered, especially those who were married and multiple-partnered, as well as for women, married women, unmarried women, BSO bisexual, and BSO lesbian women.

CNM/RNE men were significantly happier than were men in the GSS samples, as were unmarried CNM/RNE men, and BSO straight men in the CNM/RNE sample. However, married men in the CNM/RNE sample did not differ significantly in levels of reported happiness than married men in the general population, nor did BSO bisexual and BSO gay males differ significantly in happiness versus their counterparts in the GSS samples (see Table V-5 for details).

**Table V-5****Happiness<sup>d</sup>**

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	2.28	0.617	3732	2.15	0.643	6533	10.101	0.000
All <sub>M-P</sub>	2.34	0.605	2674	1.99	0.598	755	15.432	0.000
All <sub>S-P</sub>	2.13	0.624	905	2.18	0.639	5041	-2.201	0.028
US Resident	2.29	0.610	2985					
International Resident	2.28	0.645	551				-0.008	0.994
Males	2.25	0.627	1439	2.13	0.646	2909	5.954	0.000
BSO <sup>b</sup> Straight	2.26	0.620	1082	2.16	0.631	2019	4.051	0.000
BSO Bisexual	2.29	0.637	262	2.16	0.602	19	1.019	0.308
BSO Gay	2.26	0.655	53	2.15	0.580	68	1.305	0.192
Females	2.32	0.600	2011	2.17	0.641	3624	9.069	0.000
BSO Straight	2.27	0.594	947	2.24	0.623	2271	1.628	0.104
BSO Bisexual	2.40	0.593	912	1.96	0.637	28	4.373	0.000
BSO Lesbian	2.35	0.566	111	2.11	0.562	56	2.149	0.032
Non-Binary gender	2.11	0.647	282					

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>d</sup> Happiness rating scale: very happy=3, pretty happy=2, or not too happy=1

M-P=Multiple-partnered; S-P=Single-partnered or not partnered

Shaded area compares US CNM with International CNM Respondents

Married respondents who only had one or fewer sex partners during the previous year among the CNM/RNE sample were significantly less happy than their counterparts in the GSS population (Table V-6). The same trend held true for males, but not females, who were single-partnered or unpartnered among the CNM/RNE sample versus those in the GSS sample. There was no significant difference in happiness of married females who were either single-partnered (monogamous) or did not have a sexual partner during the past year between the samples.

All other subgroups of CNM/RNE unmarrieds reported being significantly happier than similar unmarrieds in the general population; however, the comparison of means between widowed persons' reported happiness in the CNM/RNE sample and widowed persons in the GSS samples demonstrated significance, but to a lesser degree (see Table V-6 for details).

**Table V-6 Happiness<sup>d</sup> by Marital Status**

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	mean	SD	n	mean	SD	n	Z	p
Married	2.38	0.594	1612	2.32	0.618	2937	2.738	0.006
Males	2.34	0.598	726	2.30	0.626	1386	1.399	0.162
Females	2.42	0.581	810	2.34	0.609	1551	2.654	0.008
Married <sub>M-P</sub>	2.43	0.586	1165	2.09	0.579	65	4.575	0.000
Males	2.40	0.588	495	2.10	0.614	50	3.295	0.001
Females	2.45	0.580	634	2.06	0.482	35	3.998	0.000
Married <sub>S-P</sub>	2.24	0.592	411	2.33	0.614	2562	-2.625	0.009
Males	2.21	0.603	226	2.30	0.621	1601	-2.147	0.032
Females	2.30	0.573	171	2.36	0.606	1782	-1.394	0.163
Unmarried	2.20	0.623	2120	2.01	0.630	3591	12.053	0.000
Males	2.16	0.643	713	1.97	0.624	1521	6.597	0.000
Females	2.25	0.604	1201	2.04	0.633	2070	10.583	0.000
Divorced	2.26	0.614	685	2.00	0.639	1067	8.737	0.000
Widowed	2.25	0.659	59	2.04	0.631	549	2.682	0.007
Separated	2.11	0.660	175	1.83	0.648	212	4.22	0.000
Never Married	2.18	0.619	1201	2.03	0.618	1763	7.32	0.000

<sup>d</sup> Happiness rating scale: very happy=3, pretty happy=2, or not too happy=1  
M-P=Multiple-partnered; S-P=Single-partnered or not partnered

*Predictors of Happiness-All Respondents*

**Table V-7. Ordinal Logistic Regression Coefficients: Happiness: All Respondents**

Predictors	CNM/RNE 2012:			GSS 2010-14:				
	Estimate	SE	Wald	Sig.	Estimate	SE	Wald	Sig.
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	.375 (8,2648) 492.883***			.197 (8,3900) 362.850***				
<b>Threshold-Happiness</b>								
Very happy	9.857	1.810	29.657 ***		7.748	0.621	155.492 ***	
Pretty happy	5.545	1.787	9.633 **		4.778	0.602	62.998 ***	
Not too happy	0				0			
<b>Location</b>								
Female	0.294	0.124	5.589 *		0.095	0.091	1.080	
Age	0.014	0.006	5.909 *		0.015	0.003	20.774 ***	
Sex frequency	0.239	0.046	26.531 ***		0.202	0.030	45.869 ***	
Number of partners	0.009	0.017	0.267		-0.180	0.050	12.982 ***	
Minors in home	0.011	0.124	0.007		0.083	0.097	0.739	
Happiness in marriage	1.892	0.121	242.559 ***		0.805	0.085	89.848 ***	
Income (log <sub>10</sub> )	0.041	0.374	0.012		0.396	0.112	12.532 ***	
Health	0.721	0.094	58.950 ***		0.615	0.059	107.967 ***	

Significant at  $p \leq .10$ †,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

As can be seen in Table V-7, for the CNM/RNE sample, having more frequent sexual interaction (where “sex frequency” was self-defined by the respondents in both

surveys), happiness in marriage, and reporting better health all significantly and positively predicted greater happiness, in a graded, positive manner. Being older was significant as a predictor for greater happiness at an 0.05  $\alpha$  level, as was being female for the CNM/RNE sample in this model that explained 37.5% of the variation. For the GSS samples, being older, having more frequent sex, with fewer partners, being happier in marriage, having more income, and reporting better personal health were significant predictors of more happiness in this model, accounting for 19.6% of the variance. The presence or absence of minors in the home had no bearing on happiness for either sample.

*Predictors of Happiness-Multiple-partnered Respondents*

**Table V-8. Ordinal Logistic Regression Coefficients:  
Happiness: Multi-partnered Respondents**

	CNM/RNE 2012:			GSS 2010-14:				
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	.355 (6,1984) 345.209***			.156 (6,298) 18.735**				
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Happiness</b>								
Very happy	9.777	2.082	22.049	***	9.740	2.406	16.386	***
Pretty happy	5.557	2.055	7.315	**	6.181	2.302	7.208	**
Not very happy	0				0			
<b>Location</b>								
Female	0.287	0.144	3.968	*	-0.061	0.357	0.029	
Age	0.013	0.007	3.725	‡	0.003	0.014	0.055	
Sex frequency	0.235	0.057	16.892	***	0.270	0.114	5.563	*
Happiness in marriage	1.873	0.138	183.082	***	0.579	0.311	3.463	‡
Income (log <sub>10</sub> )	0.061	0.432	0.020		0.812	0.387	4.402	*
Health	0.738	0.109	46.057	***	0.562	0.242	5.390	*

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

As described in Table V-8, for those CNM/RNE individuals who indicated they had more than one sex partner in the previous year, being happier in marriage, and having more frequent sexual interaction were the most significant predictors of general happiness in this model, which explained 35.5% of the variation. Being older and being

female were significant as predictors for happiness among the CNM/RNE multiple-partnered respondents. Among their multiple-partnered GSS counterparts, income was the only significant predictor of general happiness, though frequency of sexual interaction and happiness in marriage approached significance in this model that explained 15.6% of the variance.

*Predictors of Happiness-Single- or Un-partnered Respondents*

**Table V-9. Ordinal Logistic Regression Coefficients:  
Happiness: Single- & Unpartnered Respondents**

	CNM/RNE 2012:			GSS 2010-14:				
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	.407 (5,667) 138.742***			.187 (5,3569) 314.564***				
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Happiness</b>								
Very happy	9.064	3.610	6.303 *		7.114	0.610	136.133 ***	
Pretty happy	4.465	3.571	1.564		4.178	0.590	50.070 ***	
Not too happy	0				0			
<b>Location</b>								
Age	0.011	0.010	1.367		0.013	0.003	14.331 ***	
Sex frequency	0.195	0.083	5.484 *		0.180	0.030	35.726 ***	
Happiness in marriage	2.036	0.250	66.198 ***		0.830	0.089	87.763 ***	
Income (log <sub>10</sub> )	0.105	0.754	0.019		0.302	0.116	6.741 **	
Health	0.719	0.185	15.145 ***		0.612	0.061	100.024 ***	

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

Table V-9 demonstrates that for those CNM/RNE respondents who indicated having only one partner or no partners during the past year, being happier in marriage, being healthier, and frequency of sexual interaction were significant predictors of general happiness, which explained 40.7% of the variance in general happiness among the CNM/RNE<sub>S-P</sub> sample. Among their GSS<sub>S-P</sub> counterparts, being happier in marriage, healthier, having more frequent sex, being older, and having more income were all significant predictors of general happiness in this model, which accounts for 18.7% of the variance.

*Self-Reported Health (SRH)*



As detailed in Tables V-10 & 11, the CNM/RNE sample reported significantly better health than the GSS sample across most groups and subgroups, with the exception of those reporting as never married, BSO bisexuals, and BSO gays and lesbians. The CNM/RNE sample reported being significantly healthier than the GSS sample. This was

**Table V-10 Self-reported Health<sup>e</sup>**

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	3.07	0.710	3730	2.92	0.854	4294	7.662	0.000
All <sub>M-P</sub>	3.12	0.690	2674	2.95	0.809	496	3.953	0.000
All <sub>S-P</sub>	2.95	0.749	905	2.94	0.842	3342	0.332	0.740
US Resident	3.07	0.699	2985					
International Resident	3.08	0.757	551				-0.556	0.578
Males	3.12	0.700	1439	2.93	0.852	1927	6.054	0.000
BSO <sup>b</sup> Straight	3.13	0.689	1082	3.01	0.785	1355	3.412	0.001
BSO Bisexual	3.11	0.735	262	3.29	0.611	14	-0.809	0.418
BSO Gay	3.06	0.745	53	3.15	0.793	41	-0.635	0.526
Females	3.07	0.703	2011	2.90	0.855	2367	5.966	0.000
BSO Straight	3.06	0.711	947	2.99	0.818	1513	1.299	0.194
BSO Bisexual	3.09	0.686	912	2.80	0.676	15	2.690	0.007
BSO Lesbian	3.11	0.665	111	3.03	0.897	37	0.757	0.449
Non-binary gender	2.87	0.781	280					

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>c</sup> Self-reported Health Scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

Shaded area compares US CNM with International CNM Respondents

true for multiple-partnered respondents, males, females, marrieds, including multiple-partnered marrieds, married females, married males, unmarrieds, BSO straight males, as well as all subgroups of unmarrieds (see Tables V-10 & 11 for details). BSO straight females also had significantly better SRH. Among all individuals, as well as married individuals, who had one or fewer partners in the previous year, there were no significant differences in health between the CNM/RNE sample and the GSS sample.

**Table V-11 Self-reported Health<sup>e</sup> by Marital Status**

Respondents	CNM/RNE 2012:			GSS 2010-14:			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
Married	3.11	0.690	1611	3.01	0.825	1996	3.546	0.000
Males	3.12	0.697	726	3	0.811	952	2.935	0.003
Females	3.12	0.676	810	3.02	0.838	1044	2.455	0.014
Married <sub>M-P</sub>	3.14	0.675	1165	2.8	0.756	50	3.520	0.000
Males	3.16	0.678	495	2.88	0.781	41	2.329	0.020
Females	3.15	0.671	634	2.73	0.724	26	2.863	0.004
Married <sub>S-P</sub>	3.04	0.716	411	3.04	0.812	1755	-0.488	0.626
Males	3.04	0.723	226	3.03	0.787	1119	0.003	0.998
Females	3.05	0.684	171	3.05	0.813	1190	-0.449	0.653
Unmarried	3.04	0.724	2119	2.83	0.870	2294	7.475	0.000
Males	3.12	0.702	713	2.86	0.886	974	5.646	0.000
Females	3.03	0.718	1201	2.82	0.858	1320	6.041	0.000
Divorced	3.07	0.723	685	2.78	0.902	698	6.235	0.000
Widowed	3.03	0.669	59	2.7	0.893	335	2.881	0.004
Separated	3.01	0.715	175	2.64	0.925	142	3.648	0.000
Never Married	3.02	0.728	1200	2.94	0.823	1119	1.729	0.084

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

<sup>e</sup> Self-reported Health Scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent

### *Predictors of Health-All Respondents*

Table V-12 describes the multivariable ordinal regression model for SRH among the CNM/RNE and the GSS samples. With health as the dependent variable, more frequent sexual activity, having more sex partners, more income, and greater general happiness significantly predicted better health in the CNM/RNE sample in this model, which accounts for nearly 14% of the variation. Concerning self-reported health among the GSS sample, being younger, not having children in the home, having more income, and greater general happiness were statistically significant predictors in this model explaining about 14% of the variation, though having more frequent sex approached significance as a predictor for better SRH.

**Table V-12. Ordinal Logistic Regression coefficients for SRH: All Respondents**

	CNM/RNE 2012:				GSS 2010-14:			
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	<i>.127 (6,4038) 158.569***</i>				<i>.166 (6,5829) 323.291***</i>			
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Health</b>								
Excellent	9.166	1.599	32.851	***	7.349	0.543	183.194	***
Good	6.157	1.586	15.074	***	5.060	0.529	91.635	***
Fair	3.752	1.595	5.534	*	3.084	0.525	34.476	***
Poor	0				0			
<b>Location</b>								
Age	0.006	0.005	1.721		-0.016	0.003	26.155	***
Sex frequency	0.170	0.041	16.923	***	0.057	0.028	4.217	*
Minors in home	-0.089	0.112	0.635		-0.197	0.092	4.613	*
Happiness in Marriage	0.077	0.105	0.534		0.221	0.080	7.605	**
Income (log <sub>10</sub> )	1.038	0.336	9.549	**	1.035	0.105	97.181	***
Happiness	0.909	0.110	67.828	***	0.760	0.071	113.739	***

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

*Predictors of Health-Multiple-partnered Respondents*

Among CNM/RNE respondents who had more than one sex partner in the previous year, being happier, more educated, having more frequent sex, more income, and being male predicted better health in this model, accounting for around 18% of the

**Table V-13. Ordinal Logistic Regression coefficients for SRH: Multi-Partnered Respondents**

	CNM/RNE 2012:				GSS 2010-14:			
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	<i>.169 (4,6290) 340.712***</i>				<i>.100 (6,1211) 42.984***</i>			
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Health</b>								
Excellent	8.919	1.279	48.619	***	3.738	0.822	20.703	***
Good	5.801	1.268	20.92	***	1.359	0.803	2.866	‡
Fair	3.541	1.273	7.733	**	-1.045	0.832	1.579	
Poor	0				0			
<b>Location</b>								
Sex frequency	0.123	0.035	12.57	***	-0.013	0.056	0.057	
Income (log <sub>10</sub> )	0.823	0.272	9.177	**	0.178	0.182	0.964	
Happiness	1.057	0.078	182.52	***	0.769	0.156	24.14	***
Education	0.366	0.042	75.274	***	0.249	0.087	8.094	**

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

variance in self-reported health. Having more sex partners approached being a significant predictor of health for multi-partnered respondents among the CNM/RNE sample. Among corresponding GSS respondents, only being happier was a significant predictor of better general health, though being more educated approached being significant. However, this model explained only 10% of the variance. See table V-13.

*Predictors of Health-Single- or Un-partnered Respondents*

Being happier and more educated were the only significant predictors of better self-reported health among the CNM/RNE respondents who indicated having only one or no sexual partners during the previous year in this model that explained 14.8% of the variance in self-reported health. Among similar GSS respondents, being happier, more educated, having more frequent sex, and having more income were all highly significant predictors of better self-reported health in this model that explains almost 17% of the variance. See table V-14.

**Table V-14. Ordinal Logistic Regression coefficients for SRH:  
Single-partnered & Un-partnered Respondents**

	CNM/RNE 2012:				GSS 2010-14:			
	<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup>.148 (6,999) 46.755***</i>				<i>.166 (6,3507) 192.669***</i>			
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Health</b>								
Excellent	8.955	3.238	7.648	**	5.857	0.718	66.521	***
Good	6.000	3.213	3.489	‡	3.698	0.705	27.531	***
Fair	3.448	3.229	1.140		1.664	0.704	5.583	*
Poor								
<b>Location</b>								
Age	0.004	0.009	0.223		-0.012	0.004	9.783	**
Sex frequency	0.088	0.075	1.398		0.080	0.034	5.529	*
Happiness in Marriage	0.164	0.206	0.635		0.186	0.101	3.429	‡
Income (log <sub>10</sub> )	0.851	0.678	1.577		0.633	0.145	19.107	***
Happiness	0.896	0.223	16.108	***	0.638	0.088	52.709	***
Education	0.308	0.105	8.658	**	0.247	0.049	24.914	***

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

## Happiness in Marriage

As can be seen in Table V-15, there was no significant difference in currently married persons' reported happiness with their marriages between the CNM/RNE and GSS samples. Married men in the CNM/RNE sample reported being significantly less happy with their marriages than married men in the general GSS population. In contrast, CNM/RNE women's happiness in marriage approached significance as being happier in their marriages than women in the general population. Interestingly, as widowed persons reflected back on their marriages, GSS widows considered their marriages significantly happier than CNM/RNE widows did.

**Table V-15. Happiness in Marriage<sup>f</sup>**

<i>Respondents</i>	<b>CNM/RNE 2012:</b>			<b>GSS 2010-14:</b>			<b>Mann-Whitney</b>	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	2.57	0.605	1628	2.58	0.556	2481	-0.317	0.752
All <sub>M-P</sub> <sup>a</sup>	2.61	0.585	1165	2.23	0.703	52	3.516	0.000
All <sub>S-P</sub> <sup>a</sup>	2.44	0.644	430	2.59	0.550	2474	4.176	0.000
US Resident	2.57	0.601	1364					
International Resident	2.56	0.622	188				-0.179	0.858
Males	2.54	0.626	726	2.62	0.527	1409	1.991	0.046
Males <sub>M-P</sub>	2.60	0.598	495	2.25	0.631	37	2.357	0.018
Males <sub>S-P</sub>	2.40	0.661	226	2.63	0.517	1023	4.840	0.000
Females	2.60	0.577	810	2.56	0.581	1582	2.028	0.043
Females <sub>M-P</sub>	2.62	0.575	79	2.21	0.721	24	2.618	0.009
Females <sub>S-P</sub>	2.54	0.587	171	2.57	0.577	1140	-0.694	0.488
Non-binary or trans gender	2.42	0.660	96					
Widowers	2.38	0.669	21	2.45	0.617	33	-0.368	0.713
Widows	2.12	0.844	34	2.57	0.572	127	-2.910	0.004

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>f</sup> Happiness in Marriage Scale: 1=Not too happy, 2=Pretty Happy, 3=Very happy

Shaded area compares US CNM with International CNM Respondents

Married men in the CNM/RNE sample who did not have multiple sexual partners during the past year were significantly less happy than were married men in the GSS samples who did not have multiple partners. Multiple-partnered married males in the CNM/RNE sample were significantly happier than multiple-partnered males in the GSS sample. This same trend held true for CNM/RNE women as well. CNM/RNE

women who had actively engaged with multiple sexual partners during the past year were happier in their marriages than were GSS women who had multiple sexual partners while being married. Men in the CNM/RNE sample who did not have multiple partners in the previous year were significantly less happy than their counterparts in the GSS sample, and were significantly less happy than multiple-partnered men in the CNM/RNE sample. There were no statistically significant differences in the self-reported marital happiness of married females who were not multiple partnered in the previous year between the CNM/RNE and the GSS sample or between married females who were multiple-partnered among the CNM/RNE sample.

*Predictors of Happiness in Marriage-All Respondents*

As can be seen in Table V-16, among all married CNM/RNE respondents, four factors were significant predictors of marital happiness: general happiness, sexual frequency, absence of minors in the home, and being younger in this model that

**Table V-16. Ordinal Logistic Regression coefficients for Happiness in Marriage: All Respondents**

<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	<b>CNM/RNE 2012:</b>				<b>GSS 2010-14:</b>			
	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
	.402 (5,2069) 606.834***				.145 (5,2521) 201.140***			
<b>Threshold-Marital Happiness</b>								
Very happy	4.873	0.437	124.415	***	3.096	0.390	62.964	***
Pretty happy	1.871	0.424	19.514	***	0.074	0.394	0.035	
Not very happy	0				0			
<b>Location</b>								
Age	-0.017	0.006	-8.789	**	0.005	0.004	1.094	
Sex frequency	0.311	0.044	49.741	***	0.174	0.038	21.471	***
Minors in home	-0.469	0.122	-14.744	***	0.086	0.114	0.569	
Happiness	2.326	0.128	330.507	***	1.010	0.092	120.656	***
Health	-0.081	0.093	-0.763		0.155	0.068	5.145	*

Significant at p ≤ .10‡, p ≤ .05\*, p ≤ .01\*\*, p ≤ .001\*\*\*

explains about 40% of the variance in marital happiness. In the same model that explains 14.5% of the variance in marital happiness among the general population, only three factors were significant, general happiness, sexual frequency, and being healthier.

*Predictors for Happiness in Marriage-Multiple-partnered Respondents*

It is between the sub-samples of multiple-partnered married respondents that one of the starkest contrasts is seen (Table V-17). In a model that accounts for 34.7% of the variance in marital happiness among the CNM/RNE sample, four factors were highly

**Table V-17. Ordinal Logistic Regression coefficients for Happiness in Marriage: Multi-partnered Respondents**

	CNM/RNE 2012:				GSS 2010-14:			
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	.347 (4,1150) 367.688***				.325 (4,116) 20.193***			
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Marital Happiness</b>								
Very happy	4.449	0.476	87.251	***	7.007	2.013	12.116	***
Pretty happy	1.662	0.463	12.883	***	4.149	1.878	4.882	*
Not too happy	0				0			
<b>Location</b>								
Age	-0.018	0.007	-6.812	**	0.028	0.002	1.351	
Sex frequency	0.235	0.056	17.618	***	0.366	0.204	3.196	‡
Minors in home	-0.386	0.143	-7.281	**	-0.516	0.610	-0.716	
Happiness	2.174	0.140	240.258	***	2.140	0.644	11.047	**

Significant at p ≤ .10‡, p ≤ .05\*, p ≤ .01\*\*, p ≤ .001\*\*\*

significant, general happiness, sexual frequency, being younger, and minors not being present in the home. In contrast, only one factor was highly significant in the GSS sample, general happiness, while sexual frequency trended towards significance, in this model that accounts for almost one-third of the variation in marital happiness.

*Predictors of Happiness in Marriage-Single- or Un-partnered Respondents*

As can be observed in Table V-18, for those in both the CNM/RNE and the GSS samples who indicated being married and having only one or no sexual partners (which would indicate a sexless marriage) during the past year, being happier in general and

having more frequent sexual interaction were highly significant predictors for marital happiness. Being older was significant as a predictor for marital happiness among the GSS sample.

**Table V-18. Ordinal Logistic Regression coefficients for Happiness in Marriage: Single-Partnered & Un-partnered Respondents**

	CNM/RNE 2012:				GSS 2010-14:			
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	.525 (4,634) 226.697***				.124 (4,2200) 239.668***			
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Marital Happiness</b>								
Very happy	6.497	-0.800	65.906	***	2.707	-0.301	80.599	***
Pretty happy	2.808	-0.741	14.369	***	-0.347	-0.309	-1.260	
Not too happy	0				0			
<b>Location</b>								
Age	-0.017	-0.010	-3.009	‡	0.007	-0.004	3.979	*
Sex frequency	0.456	-0.083	30.477	***	0.168	-0.031	29.349	***
Minors present in home	-0.698	-0.245	-8.127	**	0.103	-0.095	1.160	
Happiness	2.796	-0.283	97.466	***	1.000	-0.076	175.194	***

Significant at  $p \leq .10$ ‡,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

For the CNM/RNE sample, having minors present in the home was a significant negative predictor for marital happiness, while being younger trended towards significance as a predictor for marital happiness among the CNM/RNE sample (Table V-18). The CNM/RNE respective model accounted for 52.5% of the variation in marital happiness and the GSS sample model accounted for 12.4%.

### *Views about Marriage*

While married respondents to the CNM/RNE 2012 and the GSS 1988, 1994, and 2002 surveys (these questions were not asked during the GSS 2010-2014 surveys, hence the current comparison presents an anachronism) all generally disagreed with the statement that it is better to have a bad marriage than no marriage at all, the CNM/RNE sample was significantly more likely to express strong disagreement (see Table V-19). This was true by gender and by number of partner status. However, there was no



statistically significant difference between CNM/RNE respondents who were US residents compared to those who were international residents.

**Table V-19. Better to Have a Bad Marriage than No marriage at All<sup>g</sup>**

<i>Respondents</i>	<b>CNM/RNE 2012:</b>		<b>GSS 1988, 1994 &amp; 2002:</b>			<b>Mann-Whitney</b>		
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	1.35	0.635	1613	1.67	0.823	2010	14.168	0.000
All <sub>M-P</sub> <sup>a</sup>	1.32	0.611	1165	1.69	0.796	49	4.316	0.000
All <sub>S-P</sub> <sup>a</sup>	1.43	0.700	411	1.67	0.818	1899	6.237	0.000
US Resident	1.35	0.638	1364					
International Resident	1.34	0.616	249				0.028	0.978
Males	1.43	0.704	726	1.76	0.858	588	8.512	0.000
Males <sub>M-P</sub>	1.38	0.669	500	1.88	0.842	41	4.776	0.000
Males <sub>S-P</sub>	1.53	0.767	226	1.76	0.870	850	4.001	0.000
Females	1.27	0.553	810	1.59	0.78	1097	10.996	0.000
Females <sub>M-P</sub>	1.26	0.549	639	1.71	1.117	28	2.743	0.006
Females <sub>S-P</sub>	1.29	0.569	171	1.59	0.765	1049	5.645	0.000
Non-binary or trans gender	1.42	0.656	77					

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>g</sup> Question Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree or Disagree, 4=Agree, 5=Strongly Agree

Shaded area compares US CNM with International CNM Respondents

The CNM/RNE 2012 respondents were more likely to agree with the statement that personal freedom is more important than the companionship of marriage, whereas GSS 1988 and 1996 respondents were more inclined to disagree with that statement (see Table V-20). One exception was with multiple-partnered female respondents, among

**Table V-20. Personal Freedom Is More Important Than the Companionship of Marriage<sup>g</sup>**

<i>Respondents</i>	<b>CNM/RNE 2012:</b>		<b>GSS 1988 &amp; 1996:</b>			<b>Mann-Whitney</b>		
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	3.19	0.913	1613	2.2	0.901	1393	27.649	0.000
All <sub>M-P</sub> <sup>a</sup>	3.21	0.898	1165	2.81	1.311	42	2.891	0.004
All <sub>S-P</sub> <sup>a</sup>	3.11	0.943	411	2.18	0.875	1260	17.099	0.000
US Resident	3.18	0.909	1364					
International Resident	3.23	0.934	249				0.950	0.342
Males	3.11	0.904	726	2.50	0.994	582	12.149	0.000
Males <sub>M-P</sub>	3.14	0.891	500	2.74	1.413	31	2.544	0.011
Males <sub>S-P</sub>	3.04	0.930	226	2.11	0.827	595	12.825	0.000
Females	3.26	0.919	810	2.52	0.959	754	19.309	0.000
Females <sub>M-P</sub>	3.28	0.906	639	3.04	0.999	24	1.349	0.177
Females <sub>S-P</sub>	3.18	0.962	171	2.24	0.912	665	11.069	0.000
Non-binary or trans gender	3.12	0.873	77					

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sex partners in the previous year

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>g</sup> Question Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree or Disagree, 4=Agree, 5=Strongly Agree

Shaded area compares US CNM with International CNM Respondents

whom were no significant differences due to the small number of female multiple-partnered GSS respondents. There were no meaningful differences between the international and the US residential CNM/RNE respondents.

With the exception of multiple-partnered male respondents to the CNM/RNE 2012 and the GSS 1988 surveys, there were significant differences in the average responses to the statement that marriage is not taken seriously enough when divorce is easily available (see Table V-21). CNM/RNE respondents were more likely to disagree with that statement, while GSS respondents were more likely to agree with that statement. As with the other statements, there was no difference in the average responses to this statement between international versus US residential CNM/RNE respondents.

**Table V-21. Marriage is Not Taken Seriously Enough When Divorce Is Easy<sup>g</sup>**

<i>Respondents</i>	<b>CNM/RNE 2012:</b>		<b>GSS 1988:</b>			<b>Mann-Whitney</b>		
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	2.81	1.162	1613	3.67	1.069	738	16.249	0.000
All <sub>M-P</sub> <sup>a</sup>	2.79	1.147	1165	3.43	1.409	23	2.303	0.021
All <sub>S-P</sub> <sup>a</sup>	2.86	1.193	411	3.67	1.053	685	11.034	0.000
US Resident	2.81	1.170	1364					
International Resident	2.79	1.125	249				0.194	0.846
Males	2.83	1.161	726	3.55	1.094	357	9.479	0.000
Males <sub>M-P</sub>	2.84	1.159	500	3.24	1.480	17	1.154	0.249
Males <sub>S-P</sub>	2.81	1.168	226	3.56	1.083	325	7.352	0.000
Females	2.79	1.161	810	3.77	1.036	381	13.320	0.000
Females <sub>M-P</sub>	2.75	1.139	639	3.64	1.362	11	2.113	0.035
Females <sub>S-P</sub>	2.92	1.234	171	3.77	1.018	360	7.743	0.000
Non-binary or trans gender	2.84	1.204	77					

<sup>a</sup> M-P=having multiple partners in last year; S-P=having only one or no sexpartners in the previous year

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>g</sup> Question Scale: 1=Strongly Disagree, 2=Disagree, 3=Neither Agree or Disagree, 4=Agree, 5=Strongly Agree

Shaded area compares US CNM with International CNM Respondents

## Discussion: Number of Partners, Sexual Frequency, Happiness, Health, and Marital Happiness

### Number of Partners

Hypothesis One that predicted the CNM/RNE sample would have more sexual partners than the GSS sample is supported. With the exception of bisexual males (due to small sample size in the GSS sample), behaviorally gay males, and behaviorally lesbian females, the CNM/RNE sample had significantly more sex partners in the previous year than did the general population sample (see Table V-2).

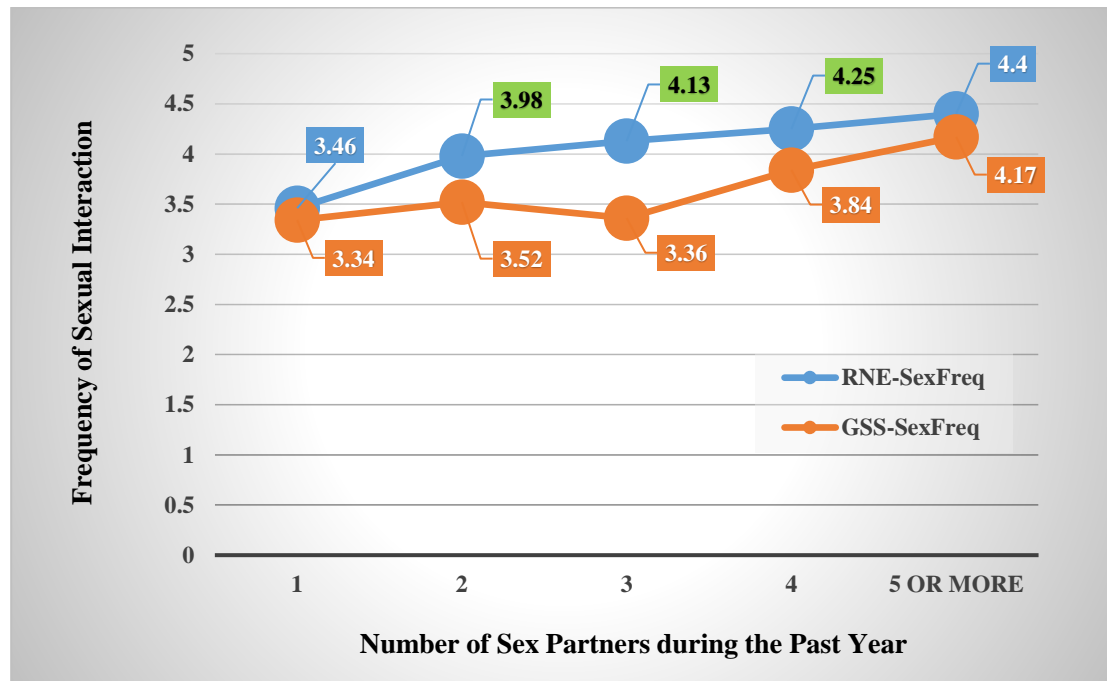


Figure V-1: Comparison of sexual frequency during the past year between CNM/RNE and GSS samples by number of sex partners. Green points indicate statistically significantly more frequent sexual interaction during past year. Scale: 0=none, 1=once or twice, 2=once per month, 3=2-3 times per month, 4=weekly, 5=2-3 times per week, 6=4 or more times per week.

When the samples were broken down by number of partners during the previous year, there were no significant differences in the frequency of sexual interaction between the CNM/RNE and GSS samples where the respondent's number of sex partners in the past year was either none or one (See figure V-1), but when combined for analysis, the CNM/RNE sample had more frequent sex than did their counterparts in the GSS sample (see Table V-2). Both samples had sex about 3 times per month if they

had a sex partner during the past year. Obviously, for those who did not have a sex partner in the past year, sexual frequency was nearly non-existent for both groups.

### *Sexual Frequency*

Hypothesis Two that predicts that the CNM/RNE sample would have more sexual frequency than the general US population is also supported. Only among behaviorally-bisexual and –gay males were there no significant differences, with all other categories analyzed indicating that CNM/RNE respondents have more frequent sexual interaction. Statistically significant differences in sexual frequency emerge when respondent’s number of sex partners in the previous year was more than one and less than five or more. With two sex partners in the previous year, the CNM/RNE sample averaged having sex at about once per week, while the general population averaged having sex at about 2.5 times per month. The greatest difference between the sample populations emerges with three reported partners during the past year. CNM/RNE respondents averaged having sex slightly more than once per week while the general population sample averaged around twice per month. At four partners in the past year, the GSS sample rebounded, averaging sex a little over three times per month, while the CNM/RNE sample still had significantly more frequent sex with more than once per week on average. Finally, at five or more partners in the past year, sexual frequency among the CNM/RNE, which rises steadily with partner number, is no longer statistically significantly more than that of the corresponding GSS respondents, whose sexual frequency rose significantly from three to four partners and rose again from four to five partners.

### *Sexual Frequency and Happiness*

Hypothesis Three that predicts that the CNM/RNE sample would be at least as happy as the general US population sample is supported, with the CNM/RNE sample generally reporting being happier than the GSS samples. Figure V-2 illustrates the relationship between happiness and sexual frequency and how these factors vary between the CNM/RNE and GSS samples. As might be predicted, the CNM/RNE sample was significantly less happy when they are not having sex at least occasionally than are those in the general population who have not had sex in the previous year. The samples are similar in happiness across the frequency of sex ranging from once or twice during the year through weekly. The CNM/RNE sample was significantly happier than the GSS sample when having sex two to three times per week and when having sex four or more times per week.

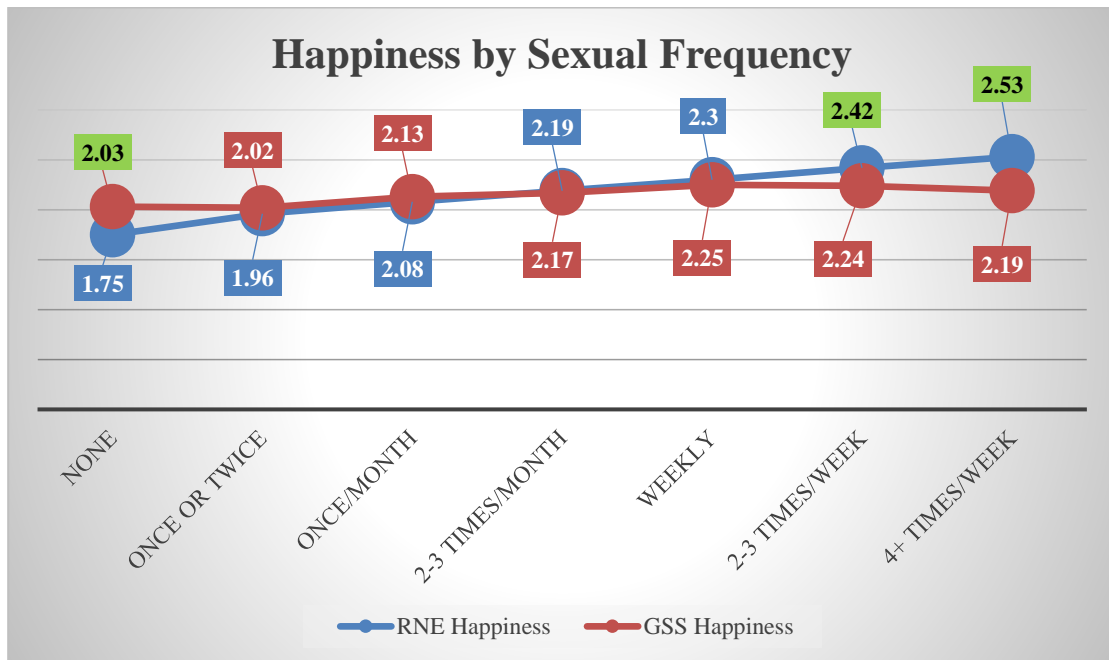


Figure V-2: Happiness by Frequency of Sex compared between the CNM/RNE and the GSS samples. Green filled squares indicate statistically significantly happier using  $\alpha=.05$ . Scale: 1=Not too happy, 2=Pretty happy, 3=Very happy.

### *Sexual Frequency and Health*

Hypothesis Four that predicts that the CNM/RNE sample will be as healthy as respondents to the GSS samples is supported. In general, the CNM/RNE sample reported being healthier than the GSS samples and within no category analyzed was the CNM/RNE sample less healthy than the GSS sample. As can be seen in Figure V-3, there were no statistically significant differences in self-reported health by sexual frequency between the CNM/RNE and GSS samples until frequencies of two times per week or more. At two to three times per week, the CNM/RNE sample reported significantly better health than did the GSS sample. Likewise, at four or more times per week, the CNM/RNE sample reported being statistically significantly healthier than the GSS sample.

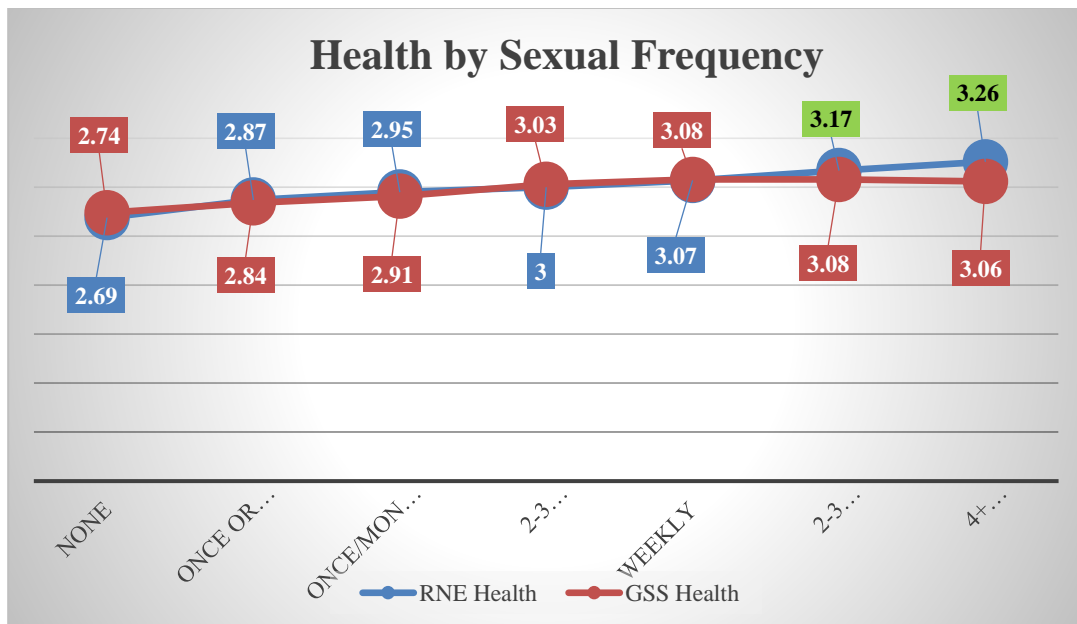


Figure V-3: Health by Frequency of Sex compared between the CNM/RNE and the GSS samples. Green filled squares indicate statistically significantly healthier using  $\alpha = .05$ . Scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.

#### Sexual Frequency and Marital Happiness

In Figure V-4, the relationship between sexual frequency and marital happiness is featured. The GSS sample was, on average, significantly happier in their marriages

than were the CNM/RNE sample when the sexual frequency was less than once per week. Specifically, the GSS sample was happier in sexless marriages (no sex at all during the previous year) than was the CNM/RNE sample on average. Likewise, the GSS sample was happier in their marriages than was the CNM/RNE sample when sex was infrequent (once or twice per year), when sex was only once per month, and when sex was two or three times per month. At frequencies of weekly and more, there was no significant difference in marital happiness between the CNM/RNE and the GSS samples.

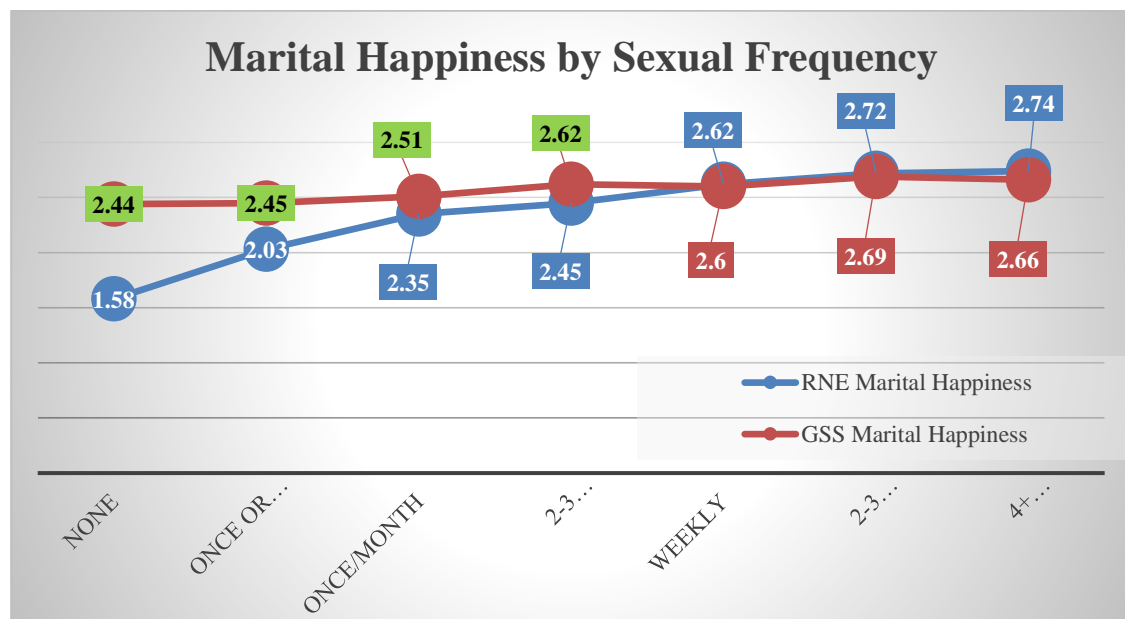


Figure V-4: Marital Happiness by Frequency of Sex compared between the CNM/RNE and the GSS samples. Green filled squares indicate statistically significantly happier in marriage using  $\alpha=.05$ . Scale: 1=Not too happy, 2=Don't know/Not sure, 3=Pretty happy, 4=Very happy.

#### Number of partners and Happiness

Figure V-5 illustrates the relationship between number of sex partners and personal happiness between the CNM/RNE and GSS samples. The CNM/RNE sample was significantly less happy than the GSS sample without a sex partner in the previous year. There was no significant difference between the samples self-reported happiness

among those with one sex partner in the previous year. With two or more sex partners (up to and including twenty) in the previous year, the CNM/RNE sample was significantly happier than the GSS sample with equal partner numbers; the CNM/RNE sample approached being significantly happier with 21 partners or more than the GSS sample. The CNM/RNE sample was significantly happier than the GSS sample at two sex partners in the previous year, at three sex partners, at four sex partners, at five to ten sex, and at eleven to twenty sexual partners in the previous year. The CNM/RNE

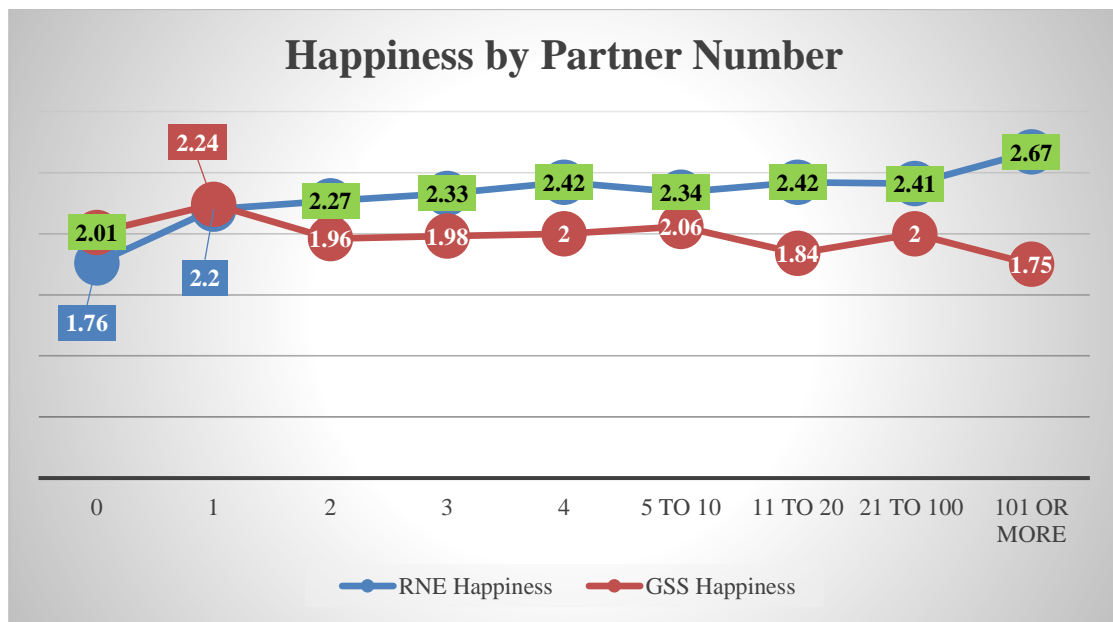


Figure V-5: The effects of partner number on happiness compared between the CNM/RNE and the GSS samples. Green filled squares indicate statistically significantly happier using  $\alpha=.05$ . Scale: 1=Not too happy, 2=Pretty happy, 3=Very happy.

sample was happier on average than the GSS sample at 21-100 sex partners and with 101 or more sex partners in the previous year.

#### *Number of partners and Marital Happiness*

As can be seen in Figure V-6 (and was illustrated in Figure V-4), the CNM/RNE sample was less happy with their marriages when there was no sexual interaction



between marital partners in the previous year and when only one sex partner was available for interaction. With two sexual partners, the CNM/RNE sample was

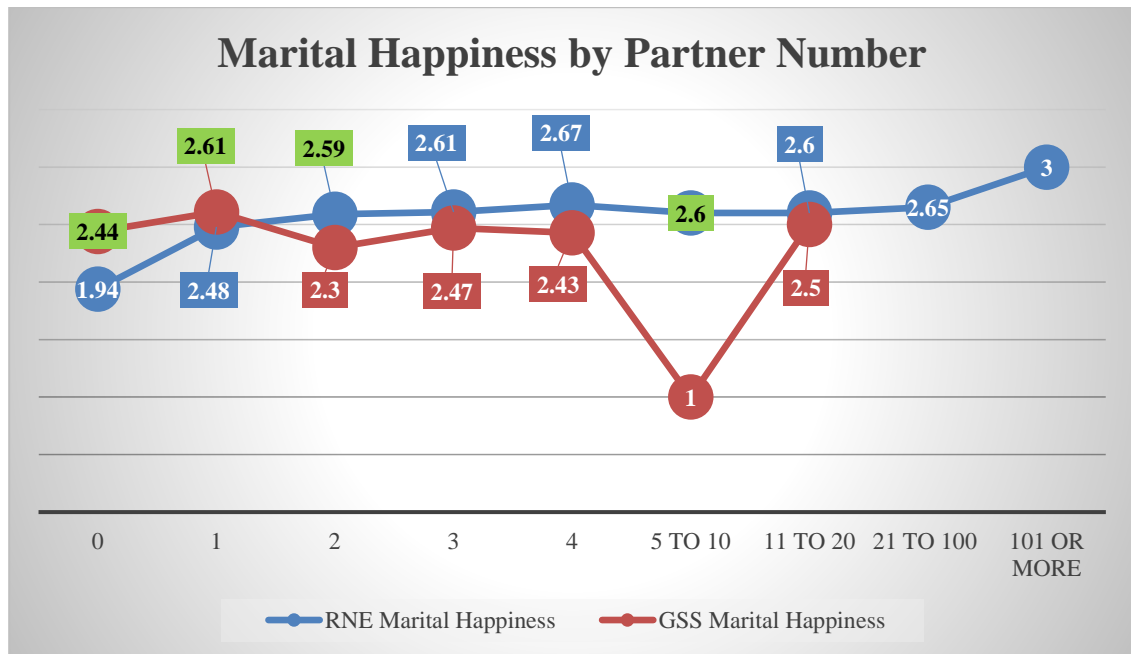


Figure V-6: Marital Happiness by Number of Sex Partners compared between the CNM/RNE and the GSS samples. Green filled squares indicate statistically significantly happier in marriage using  $\alpha=.05$ . Scale: 1=Not too happy, 2=Don't know/Not sure, 3=Pretty happy, 4=Very happy.

significantly happier on average than the GSS sample respondents. The CNM/RNE sample was significantly happier in their marriages with 5-10 partners in the past year; however, there was only one individual reporting this number of partners in the GSS sample and as such, is not reliable. With two or more sexual partners in the past year, the CNM/RNE sample trended towards being happier than the GSS sample with equal number of sex partners in the previous year, but GSS sample sizes were small and failed to obtain statistical significance.

#### *Number of partners and Health*

There was only one statistically significant difference in self-reported health by sexual partner number between the CNM/RNE and the GSS samples (see Figure V-7),

with two sexual partners, the CNM/RNE sample reporting better health than the GSS sample.

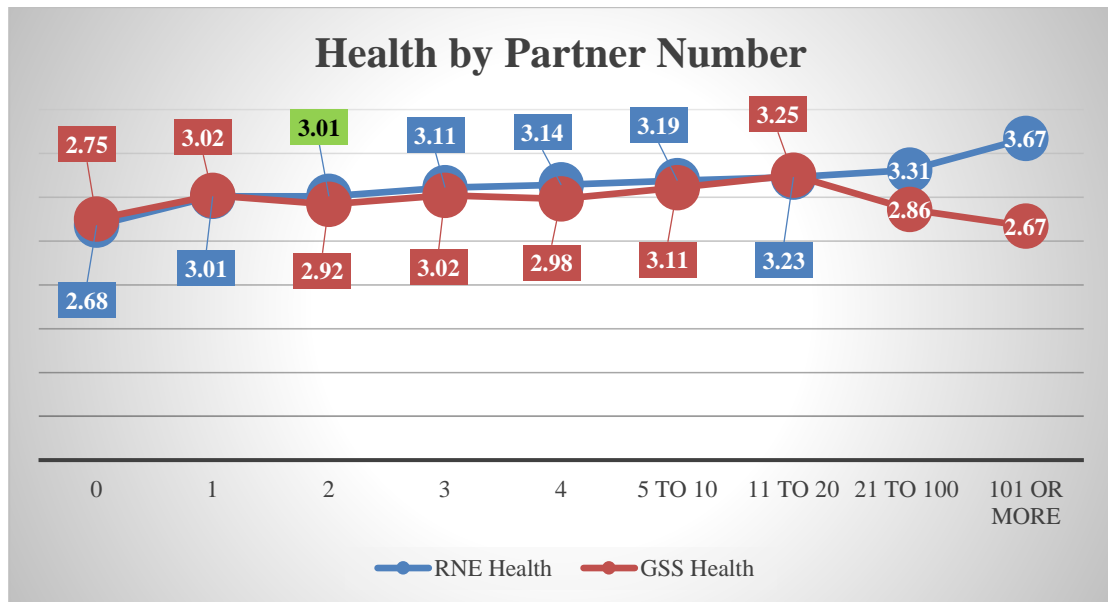


Figure V-7: Health by Number of Sexual Partners compared between the CNM/RNE and the GSS samples. Green filled squares indicate statistically significantly healthier using  $\alpha=.05$ . Scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent.

### Views about Marriage

Consistent with Hypothesis Eleven, the CNM/RNE sample were more likely to agree that personal freedom is more important than the companionship of marriage, while the general US sample was more likely to value the companionship of marriage over personal freedom. While both the CNM/RNE and GSS samples disagreed with the statement that a bad marriage is better than no marriage at all, the CNM/RNE sample were more likely to strongly disagree than were the general US population samples. Similarly, CNM/RNE respondents were more likely to disagree with the statement that couples do not take marriage seriously enough when divorce is easily obtainable than were GSS respondents, who were more likely to agree with that statement. It is possible

that CNM/RNE respondents perceive that marriage is taken seriously, but that abridging personal freedom or autonomy is more serious still.

### **Group Discussion Vignettes**

Evidence from my qualitative findings supports the analyses discussed above, specifically among those who were formerly involved in monogamous relationships and have transitioned to CNM. Generally, those whom I interviewed expressed being happier, healthier, happier with their marriages, and having more sex with more partners. The following qualitative data came from a group discussion with three men and four women in a medium-sized city in the Southwestern US about the ways in which CNM had benefitted, challenged, or troubled individuals and married couples.

#### *Sexual partners*

Those I interviewed understood that there was a general public perception that CNM individuals had multiple concurrent sexual partners. However, some expressed that there was an inaccurate belief that CNM persons had insatiable sexual urges for “conquest,” “racking up notches on their bed-posts,” or competed for having the most partners within a group. However, those I interviewed rejected each of these as myths, completely detached from the reality of CNM, but these myths do construct some of the reality of their interactions with non-CNM persons who hold these myths as facts. One 43-year-old heterosexual male, who goes by Wolf, stated that if a person’s happiness is dependent upon having as many partners as possible, then they are likely headed for trouble. He counsels others interested in CNM to:

Make sure you see that it's not a challenge to have as many partners as possible and the number does not define you...more partners means more to have to please, [which] may affect mental and physical health.

Craig, a fifty-five-year-old heterosexual, bi-curious, male who has been actively CNM for almost twenty years, said,

When I was younger, the thought of having many sex partners sounded pretty awesome and for a while, it was. But, as the years passed, juggling too many partners became a lot of work...the sex went from abundant to burdensome.

I asked how many partners he had at the peak and how frequently he had sex.

At one time, when I was still in my thirties, I had eight or nine partners... about half of these were [two heterosexual couples] that I joined as a third or met with the ladies...the wives...I was having sex just about every day...sometimes two or three times a day. It was great! But fuck...it got tiring. Now, I have four partners and have sex every other day...pretty much...it works good for me...it's more balanced.

### *Happiness*

Even in the face of adversities from society, friends, and family, I found that CNM people expressed being very happy, happier than they have ever been, as a result of their participation in CNM. Renelon, a 49-year-old bisexual female stated:

I am happier than I've ever been, life is more complex and I am pushed to grow and stretch, but this kind of complexity suits my personality quite well. My life and relationships are highly rewarding.

Ella, a 32-year-old heterosexual-at-present, but open to bisexuality and understanding the fluidity of sexual orientation, stated that overall, her happiness has improved since becoming CNM in practice. Nearly all of those I have interviewed mentions being in community as a source of fun, happiness, health, and improved relationships.

### *Health*

Some stated that being in a supportive community, where the importance of self-care, healthy exercise, education, relationship growth, and shared activities, such as hiking, visits to art galleries and museums, and biking is held up as important for all. Ella says that being CNM encourages her to get out more and to be less solitary, both of which she attributes to better health. Renelon responded that, as a result of her participation in CNM and CNM community, she was “healthier, more active, and feel younger than I did ten years ago.” She and others communicated that being CNM and embracing her interest in healthy sexuality and being a good partner within CNM community has resulted in their being proactive concerning their health, by joining fitness clubs, aerobics workouts, going hiking and biking with their partners and/or CNM community members, taking healthy-cooking classes, and other salutogenic activities.

### *Marital Happiness*

Likewise, those I interviewed stressed the importance of being in community as contributors to the vitality and happiness of their marriages. In response to the question about how being CNM had impacted their marital happiness, Renelon responded, “My marriage is stronger, happier and healthier now that my husband and I are able to live openly as [CNM]. We work harder at communication and conflict resolution as well as celebrating each other, and meeting each other's needs or making room for those needs to be met by others.” Similarly, their CNM community was important for when they faced marital relationship challenges. Her advice to others seeking to keep their marriages happy: “Join a community of like-minded people and share, laugh at your journey, and relax. Everyone's relationships are different, by design. Build what works

for you and yours, there is no ‘right way.’” Several others referenced the ways that better communication skills that were acquired as a direct result of becoming CNM have benefited their marriages, as well as other interpersonal relationships, especially as it has taught them to be more open about their feelings. Ella stated,

Communicate! Seriously, I don’t care how awful it sounds in your head, that you’re even thinking about something. If you don’t spit it out, no one, spouse, or otherwise, will be able to help you figure out if it’s something worth giving a go. You cannot just assume your partner will be not supportive if you don’t even begin to speak about it.

Two common terms that were used along with communication were courage and intimacy—in that it takes courage to communicate some things, but this courage to communicate is essential for intimacy to be possible, within their marriages and within all of the CNM relationships. Another common theme shared by the married persons within the group was how most of the struggles that they have faced regarding CNM are exactly the same mundane issues they faced when monogamous, such as fatigue, bills, lay-offs, child-care, adolescents in crisis, busy-ness, misunderstandings, jealousy, automobile breakdowns, laundry, and lack of time and money to enjoy everything that they might like.

## **Summary**

The CNM/RNE sample was in general significantly happier, healthier, had more frequent sex with more partners than their counterparts in the general US population sample. Married persons who had only one sex partner among the general US population sample were happier with their marriages than were their counterparts in the CNM/RNE sample. However, as the CNM/RNE sample were able to live in harmony

with their relationship orientation (by having more than one sex partner), they were happier with their marriages than were their counterparts in the general US population. It is possible that the reasons behind married individuals in the general population having multiple partners is very different from the reasons driving respondents in the non-exclusive sample, which may factor significantly in the reporting of happiness, health, and marital happiness. It was not possible to determine whether those married persons in the GSS sample who had multiple partners did so in consensually non-monogamous ways like their counterparts in the CNM/RNE sample did, or if sexual or emotional dissatisfaction or more broadly, an unhappy marriage, led to a clandestine affair with one or more extra-marital partner. Among the full samples, factors that predicted more general happiness shared some things in common, such as frequency of sexual activity, happiness in marriage, and self-reported health, but there were differences as well based upon income, age, and gender. These differences became more apparent among those who were multiple-partnered.

Like happiness, there were several commonalities between the samples on what predicted better self-reported health, such as sexual frequency, income, and general happiness, but there were also differences. The CNM/RNE sample experienced better health when they had more partners, while the general US sample reported better health when they had no minors in the home and were younger. Again, more apparent differences emerged among those who were multiple-partnered and among those with no or only one partner during the previous year.

Having more frequent sex and being generally happier were significant predictors for both CNM/RNE and GSS samples' marital happiness. Having minors

present in the home and being older predicted less marital happiness among the CNM/RNE sample as compared with the sample from the US general population, whose marital happiness was not affected by the presence of children in the home and trended towards being happier with their marriages with advancing age. Like the other variables of happiness and health, differences emerged when looking at the predictors for marital happiness between those who were multiple-partnered or who had no partner or were single-partnered, with the models based upon available variables more useful for predicting marital happiness among the CNM/RNE sample than the GSS samples.



## **Chapter 6:**

# **The Fountain of Youth?: Happiness, Health, and Sexualities Compared among Older Adults in the General Population and Those Who Are Consensually Non-Monogamous**

### **Introduction**

As discussed in chapter 5, sexual activity and its frequency plays an important role in creating and maintaining relationship and biopsychosociosexual health in individuals, especially as they age. However, sexual frequency has been found to decline with age (Karraker and DeLamater, 2013) and relationship duration (Gordon et al., 2014) in the general population due to multiple factors (DeLamater and Koepsel, 2015), in spite of both women's and men's desires for more sexual frequency (Wiley and Bortz, 1996). Many of the significant findings from the full sample of all ages are also found among the subset of older adults. Yet, there are a few differences that make examining this group worthwhile.

There remains a lingering perception among youth and young adults in the US that sexual desire and capacity slowly evaporates with age or that its retention is just some vestigial remnant with no substantial function (Butler and Lewis, 2002; Butler et al., 1988; Wiley and Bortz, 1996). What is viewed among young adult males as being normal, red-blooded, sexual vitality is viewed as gross, juvenile, or perverse and characteristic of 'dirty old men,' 'old fools,' or 'old goats'. Similarly, young women's expressions of erotic desire are celebrated (at least within certain constrained contexts, such as marriage or in commercial media depictions), middle-aged women's sexuality is

more ambiguous, from the desirable MILF to the dangerously erotic Cougars, while erotic longings and expressed desires in older women may incite accusations of mental illness, depravity (Butler et al., 1988), or witchcraft (Jackson, 1995; Sprenger and Institoris, 1487). From a human evolutionary standpoint, the question of why post-menopausal women and aging men have sexual relations *at all* has not been answered completely. Humans are the only primate (and one of only three mammals) that *survives*, much less has sex, routinely and significantly, past child-bearing age (Hrdy, 2009). Polly Wiessner, in her discussion of *hxaro* exchange among the Ju/hoansi in Botswana, found that grandfathers who were past their virile prime, but were effective social networkers, contributed to the survival rate of grandmothers, who, in turn, contributed to the survival of their grandchildren (Hrdy, 2009:265-270; Wiessner, 2002). One explanation for the continuance of sexual interaction among older, non-reproductive or less-reproductive adults, besides its inherent salutogenic effects, is that sexuality functions as a means to create, maintain, and deepen social connections both within a dyadic pair bond and beyond. The analyses below index this ‘beyond’ domain.

Frequent sexual activity provides a number of salutogenic benefits across the lifecourse that continue into old age. It promotes neurogenesis and structural plasticity, and counteracts the effects of chronic stress in the stress-susceptible hippocampal complex (Joëls, 2008; Kim et al., 2013; Leuner et al., 2010), which is crucial in the formation and retention of many memories, including those about who we are, what our life experiences have been (in the distant and recent past), where we are, and among whom we experience home, as well as our capacity to appreciate the emotional depth of

these experiences, places, and people (Dudchenko, 2010; Johnson et al., 2008; O'Keefe and Nadel, 1978; Phelps, 2004; Squire and Schacter, 2002; van Elzaker et al., 2008).

Besides the beneficial and preventative effects that frequent sexual activity, exercise, and challenging and successful lifelong learning have on cognitive health (Curlik and Shors, 2011), evidence suggests that frequent and persistent sexual activity *restores* age-related decline in neurogenesis and functioning of the hippocampal complex (Glasper and Gould, 2013). While the subject is under-researched and findings are not conclusive (Benbow and Beeston, 2012), the trend of the findings thus far indicate that frequent and persistent sexual activity is protective of general cognitive health in the face of adult dementia (Hartmans et al., 2014) and, in support of the bidirectional causal effects of sexuality and health discussed previously, that cognitive health is important to maintaining frequent sexual activity in later life (Hartmans et al., 2015; Momtaz et al., 2013).

Sexual frequency and persistency contributes to better physical and mental health, relationship quality, happiness, quality of life, and personal well-being, while reducing mortality and negative health outcome risks (DeLamater, 2012; DeLamater and Sill, 2005; DeLamater and Koepsel, 2015; Galinsky and Waite, 2014), among older adults (Bookwala, 2005), especially in three landmark longitudinal studies (Palmore, 1982; Persson, 1981; Smith et al., 1997), while, in other longitudinal studies, poor relationship quality is associated with decline in older adults' health with differences by gender and by magnitude of both cumulative conflict and health decline (Syme et al., 2013; Umberson et al., 2006). For men, better spousal health and more spousal support reduced the risk of sexual dissatisfaction; for women, as spousal health declines, which

reduces spousal sexual wellness, their sexual satisfaction is reduced (Syme et al., 2013). Umberson et al.'s (2006) findings reveal that cumulative adversity from marital strain has a cumulative and accelerating detrimental effect on self-reported health for both men and women and these effects increase with advancing age.

However, sustaining frequent and persistent sexual activity over time is often challenging beyond the health factors that aging brings and the habituation, if not monotony, that relationship duration frequently inheres. In their research with 118 senior adults (55 females and 63 males) at an urban community center, two-thirds of whom had active sexual partners, Wiley and Bortz (1996) found that men and women desire, and maintain, robust sexuality in their later years, even into advanced age, and both men and women expressed desire for more sexual interaction than they were currently experiencing. Nearly 96% ( $n=57$ ) of men aged 55 to 85 in their sample ( $n=60$ ) desired sex at least once per week and almost 89% ( $n=45$ ) of women aged 42-82 ( $n=51$ ) desired the same frequency, while only 45.3% ( $n=27$ ) of the men and 47.1% ( $n=24$ ) of the women in this sample had sex once per week or more (1996:M142-M143). A similar percentage of the general population represented in the US General Social Survey (GSS) (Smith et al., 2013) sample did not attain their preferred level of frequency.

Most significantly, when asked about the importance of various forms of sexual interaction and how their importance had changed in the past decade, men's valuation of goal-oriented sex (such as orgasm and intercourse) became significantly less important, while the importance of expressing love and care significantly increased for men; the men's valuations of these factors shifted towards similarity with women's

valuations, which did not change significantly over time (Wiley and Bortz, 1996). For both men and women, activities that primarily or solely derive from the psychological aspects of sex and intimacy were the most important.

In data analyses from the National Social Life, Health, and Aging Project (NSHAP) Waite et al. (2009) found that among US women, 24.0% of 57-64 year-olds, 34.9% of 65-74 year-olds, and 52.3% of 75-85 year-olds agreed with the statement that sex was “not at all important in life,” while the corresponding male cohorts agreed to that statement in much smaller percentages, 6.2%, 14.1%, and 25.9% respectively (p. i60). Interestingly, between 67.0% and 79.1% of this same sample, depending on age, cohort, and gender, agreed with the statement that “satisfactory sex was essential to maintaining a relationship” (Waite et al., 2009:i60). Laumann et al. (2006) found similar gender discrepancies in the perceived value of sexual interaction across 29 nations studied. With much lower percentages of men indicating that sex was "not at all important in life," the likelihood for discord due to discordant sexual desire within marital or sexually-intimate relationships between men and women increases. Nonetheless, significant majorities of women and men in the NSHAP expressed agreement with the statement that extramarital sex was “always wrong,” even with mitigating factors, such as dementia or serious physical illness (Waite et al., 2009). Among female respondents to the NSHAP who identified as not having a sexual partner and who reported no sexual activity, nearly one in five chose the answer “religious beliefs prohibit sex outside of marriage” as a reason for their sexual inactivity (Lindau et al., 2007).

These findings are not surprising given that sexually- and emotionally-exclusive monogamous marriages are the dominant relationship paradigm in the US (Anderson, 2010). However, these ideological and practical factors place individuals in a catch-22 situation. There is a potential for relationship conflict as sexual frequency declines over time and relationship duration, especially within dyads experiencing discordant sexual desire. Yet, sociocultural values in the US discourage pursuing relationship strategies that provide viable options for remaining in an otherwise satisfactory long-term relationship *and* remaining sexually active.

#### *The Effects of Aging on Sexual Frequency, Relationship Quality, and Health*

In most relationships, sexual frequency declines over time, with both age (Karraker et al., 2011; Waite et al., 2009) and with relationship duration (Burgess, 2004; Gordon et al., 2014), even though both women and men (and likely those who are non-binary gendered, meaning that they do not identify with or accept classification as either male or female) express the desire for more frequent sex, even into old age (Wiley and Bortz, 1996). According to Schnarch (1997, p. 90), older women and men frequently report the most meaningful sexual interaction and the strongest orgasms of their lives, even if the frequency may have declined. Causes for age-related decline in frequency of sex are varied with differences between men's and women's gradients of decline, gender-specific health factors, and gender-differing self-reports on causalities (DeLamater and Koepsel, 2015; Karraker et al., 2011; Kontula and Haavio-Mannila, 2009; Yucel and Gassanov, 2010). Causal factors for declining sexual frequency include physiological health factors, psychological health factors, and the ways that either or

both of these dimensions affect the relationship, as well as individual interest in and desire for sex (Lindau and Gavrilova, 2010; Waite et al., 2009; Wiley and Bortz, 1996).

The most commonly reported explanations for age- and relationship duration-related declines in sexual frequency are due to habituation, inadequate and static sexual skills, fatigue, work demands, lack of shared activities, threats by a partner to end the relationship, relationship inequality, feelings of alienation or animosity from a partner, marital unhappiness (especially if due to interpersonal violence), financial pressures, presence of preschool children, poor health, boredom, emotional gridlock, and monotony (Blumstein and Schwartz, 1983; DeLamater and Koepsel, 2015; Doddridge et al., 1987; Donnelly, 1993; Greenblat, 1983; Hatfield et al., 1982; Kontula and Haavio-Mannila, 2009; Matthias et al., 1997; Schnarch, 1991). Specifically, with increasing age (though increasing age alone does not explain loss of sexual functioning or desire (DeLamater, 2012; DeLamater and Sill, 2005)), sexual frequency declines due to erectile dysfunction, menopause (even though the former two factors need not lead to a decline in sexual pleasuring of a partner and mutual sexual satisfaction in the relationship (Galinsky, 2012)), lack of privacy in multi-generational living contexts (Aggarwal, 2013), changes in hormones (androgens in both men and women with estrogens in the latter (DeLamater and Sill, 2005)), specific illnesses, especially diabetes (Selvin et al., 2007; Syme et al., 2013), some medications (Bradford and Meston, 2007; DeLamater and Sill, 2005), loss of an available partner through separation, divorce, or death (which disproportionately manifests by gender, with females being more likely to outlive their male partner and remain alone (Waite et al., 2009)) or due to partner health (Syme et al., 2013), and devaluation of the individual's

assigned importance to sexuality in general and in the relationship (DeLamater, 2012; Kontula and Haavio-Mannila, 2009; Lindau et al., 2007; Syme et al., 2013). This devaluation is sometimes due to religious or spiritual affiliation (Rosen et al., 1993) or lack of awareness of the important health benefits of sexual activity (DeLamater and Sill, 2005; Lindau et al., 2007; Waite et al., 2009). As can be seen from the previous lists, health factors leading to declining sexual frequency differ by gender.

Research findings demonstrate positive and interrelated relationships (both correlational and causal) between marital quality and physical health (including susceptibility to chronic inflammatory diseases (Donoho et al., 2013)), mental health, mortality risks, personal well-being and sexual satisfaction (Stanik and Bryant, 2012), as well as negative health outcomes due to dissatisfactory relationships across the lifespan (Galinsky and Waite, 2014; Miller et al., 2013; Proulx et al., 2007; Schmiedeberg and Schröder, 2015; Syme et al., 2013), especially among older adults (Bookwala, 2005; Umberson et al., 2006). The degree of both causes and effects, as well as the way they manifest, often differ by gender (Donoho et al., 2013; Syme et al., 2013), such as with body image or body composition issues (Milhausen et al., 2015), while sexual satisfaction (or dissatisfaction) mediates (or exacerbates) the magnitude of both cause and effect (Syme et al., 2013). South and Kruger (2013) found evidence of an “orchid effect” (which comes from idiomatic expressions concerning child development in Swedish, *maskrosbarn* (dandelion-child) and *orkidebarn* (orchid-child)—while a dandelion-child thrives in any circumstances they encounter, an orchid-child’s capacity to thrive depends on a nurturing and supportive environment, absent of which the child does not fare well (Ellis and Boyce, 2008, p. 183)), where genetic



expressions involving physical health are enhanced in both positive and negative environmental contexts, including marital harmony or distress. Conversely, an individual's dissatisfaction with sexual frequency is associated with dissatisfaction in the relationship as well as overall sexual dissatisfaction (Syme et al., 2013).

### **Theoretical Orientation for Older Adult Sexuality**

I use Tornstam's theory of gerotranscendence (2005) to explore the ways that adults, especially aging adults, experience sexualities and transition from socially-normative behaviors and beliefs. Tornstam (2005) proposes a final stage in human psychological development called "gerotranscendence," adding to Erikson's (Erikson, 1993 [1950]) stages of psychosocial development and similar to Kohlberg's (1981a; 1981b) sixth stage of moral development (universal principles). Gerotranscendence refers to a state of development where individuals transcend rigid sociocultural perspectives about the Self, others, material things, and fundamental existential questions. Experiencing gerotranscendence results in a meta-perspective that is reflective, cosmic, transcendent, and typically, more personally satisfying (Tornstam, 2005). Gerotranscendence provides a theoretical and ethical framework for predicting adults' openness to the possibility of sexual non-exclusivity and greater satisfaction from sexuality, even as they age. Sexual and erotic gerotranscendence is not about a last mad dash to add notches on the bedpost, nor attempts to slake long-suppressed sexual lusts. It is a quest for optimal, transcendent sexuality. For some within the consensually non-monogamous (CNM) community, their journey from hetero- and mono-normativity

into consensual non-monogamies has involved sexual and erotic transcendence, not unlike gerotranscendence.

Seeking to understand what things contribute to optimal sexual experience, Kleinplatz, Ménard, Paradis, et al. (2009b) interviewed 20 sex therapists and 44 adults who reported having sustained “great sex” over the course of long-term relationships. Of the 44 adults who reported having “great sex,” 25 were aged 60 to 82 (2009b). Optimal sexual experience was described by the participants as consisting of authenticity, intense emotional connection, being present, deep sexual and erotic intimacy, extraordinary communication, vulnerability, interpersonal risk-taking and exploration, and transcendence (Kleinplatz et al., 2009a). Kleinplatz et al.’s (2009a; 2009b) and Ménard et al.’s (2015) use of optimal sexual experience is very similar to what Schnarch (1991; 1997) has called “wall-socket sex,” a phenomenon experienced by couples during profoundly intense, fully-present, differentiation-enabled intimacy and erotic interaction that taps into a never-before-experienced erotic energy (1991, pp. 462-466). Schnarch (2002) argues that resurrecting sexual desire and sexual frequency requires the optimization of individual physical health, physical stimulation, and the psychodynamics of sexual relating, including feelings, thoughts, and emotions experienced internally and in the relationship (pp. 79-97). Optimal sexual experience is also similar to Maslow’s (1971 [1967]) “peak experience” where sexual interaction unifies participants and becomes a mystical, “gates of heaven” experience.

A surprising finding among older adults in long-term relationships from Kleinplatz et al.’s (2009b) study was that over half (13/25) reported being consensually non-monogamous, and some reported that the onset of their optimal sexual experiences

emerged with the opening of their relationships. From a study conducted by Mazur (1973) of couples who were in open relationships in the 1960s and 1970s, one woman described that opening her marriage created a “continual excitement about our marital relationship and mutual growth,” the antidote for emotional death, and a path to freedom from the “obscurity of possessiveness” (p. 10). Firestone et al. (2006) indicate that for some well-differentiated and emotionally-mature adults whose views of conventional marital arrangements have concomitantly matured, emotional and sexual relationships outside of the marriage can be healthy, loving, and growth-enabling for each partner, as well as relationship-revitalizing (pp. 220-222).

Kleinplatz et al. (2009b) and Ménard, Kleinplatz and colleagues (2015) also found that for some of these older adults, time devoted to sexual intimacy, although not frequency, increased along with its quality even as they aged. This is consistent with Firestone et al. (2006) as well as Schnarch (1991; 1997) who recognize that human sexual potential is rarely fully realized until middle age and beyond, as cellulite and grey hairs begin to emerge (1997, p. 78). Even with chronological maturity, the zenith of human sexual potential is likely realized by a small percentage of older adults. The implication of Kleinplatz et al.’s (2009b) findings concerning aging and open relationships suggests that these interrelated sexual experiences are far more than merely the sum of more partners, sexual conquests, or greater satiation. Each partner brings more of him- or herself into each interaction and their interaction forms a synergistic dynamic greater than the sum of its parts. Maslow (1971 [1967]), Schnarch (1991; 1997), Firestone et al. (2006), and Kleinplatz et al. (2009a; 2009b) describe what can be characterized as psychosexual gerotranscendence.

## Participants

The analyses discussed below examine the happiness, health, marital happiness, and rates of HIV testing among older adults from the larger CNM/RNE 2012 and GSS 2012 survey samples, which are described in more detail in chapter 3. Based on a review of existing literature, there was no clear consensus among researchers as to the onset of becoming part of the “aging adult population.” Other research studies chose

**Table VI-1. Description of the Sociodemographic Characteristics of the CNM/RNE and GSS Survey Samples, Age 55 and Older**

Respondents	CNM/RNE 2012 (N=502):		GSS 2012 (N=723):	
	%	<i>n</i>	%	<i>n</i>
Females	33.1	164	55.0	398
Males	66.9	331	45.0	325
Age, mean ( <i>SD</i> )	62.36	6.5	67.82	9.67 ***
Married	46.0	231	47.2	341
Divorced	3.9	160	20.9	151
Widowed	6.6	33	20.7	150
Separated	8.0	40	3.3	24
Never married	7.6	38	7.9	57
Education, mean ( <i>SD</i> ) <sup>a</sup>	2.99	1.023	1.57	1.262 ***
Females BSO <sup>b</sup>				
Straight	64.7	101	99.3	150
Bisexual	32.7	51	0.0	0
Lesbian	2.6	4	0.7	1
Males BSO <sup>b</sup>				
Straight	80.8	256	96.5	165
Bisexual	16.4	52	1.8	3
Gay	2.8	9	1.8	3

Significant at  $p \leq .10$ †,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

<sup>a</sup> 0=no degree, 1= high school diploma or GED, 2=junior college or associate’s degree, 3=bachelor’s degree, and 4=graduate degree.

<sup>b</sup>BSO=behavioral sexual orientation, reflects the gender of the respondents' sex partner(s) during the previous 12 months.

ages 50, 55, 57, 60, and 65 for lowest level inclusion. Fifty-five years of age is the cutoff in this subset analyses, which is consistent with prior research while permitting retention of a large enough sample for comparison and statistical analyses. Of the more than 4,000 respondents to the CNM/RNE 2012 survey, 502 were 55 years of age or older and living within the United States. Data on these respondents' reported sex, educational attainment, age, marital status, marital happiness, health, happiness, number of sexual partners and sexual frequency in the last 12 months were obtained. Survey respondents' results were compared, using independent t-tests of the means, Mann-Whitney U tests, Chi-Square tests, binary logistic regression, and multivariable ordinal logistic regression analyses to 723 respondents, age 55 and over, from the 2012 GSS.

Multivariable ordinal logistic regression analyses of both populations for dependent variables of health and happiness with independent variables of frequency of sex, gender, marriage, age, number of partners, income, and either happiness or health (when happiness was the dependent variable, health was an independent variable and vice versa) was performed. In order to examine the factors that would increase or decrease the odds of ever having an HIV test, binary logistic regressions with multiple variables was utilized.

The CNM/RNE survey did not ask a question about sexual orientation directly. However, both the GSS and the CNM/RNE surveys asked about the sex of the respondents' sexual partners in the past year. Unfortunately, analyses based upon this variable of behavioral sexual orientation was not able to be completed, as the number of non-heterosexual respondents 55 years and over in the general population was too small

for meaningful statistical analyses. All respondents, regardless of behavioral sexual orientation are included in the analyses below.

Participants in this CNM/RNE older adults subsample had an average (mean) age of 62.36 ( $SD=6.50$ , range=55-92), which was significantly younger than the GSS sample that had an average age of 67.82 ( $SD=9.67$ , range=55-99). The majority of respondents in the CNM/RNE survey identified as male (65.9%,  $n=331$ ), 32.7% ( $n=164$ ) identified as female, and 1.4% ( $n=7$ ) identified outside of the gender binary. In the GSS sample, the majority of respondents identified as female (55%,  $n=398$ ) and 45% ( $n=325$ ) identified as male; there was not an option in the GSS survey to identify as other than male or female. See Table VI-1 (above).

In the CNM/RNE sample, 46.0% ( $n=231$ ) of the respondents were currently married, 31.9% ( $n=160$ ) were divorced, and 22.1% ( $n=111$ ) were widowed (6.6%,  $n=33$ ), separated (8.0%,  $n=40$ ), or never married (7.6%,  $n=38$ ). Currently married respondents comprised 47.2% ( $n=341$ ) of the GSS sample, 20.9% ( $n=151$ ) of the GSS respondents were divorced, and 32.0% were widowed (20.7%,  $n=150$ ), separated (3.3%,  $n=24$ ), or had never married (7.9%,  $n=57$ ). CNM/RNE respondents had completed significantly more education ( $n=502$ ,  $M_{education}=2.99$ ,  $SD=1.02$ , range=0-4), than the GSS respondents ( $n=723$ ,  $M_{education}=1.57$ ,  $SD=1.26$ , range=0-4; *Mann-Whitney*  $Z=18.079$ ,  $p=.000$ ), where 0=no degree, 1= high school diploma or GED, 2=junior college or associate's degree, 3=bachelor's degree, and 4=graduate degree.

## Measures

The measures are similar, but not identical to the measures described in Chapter 5. Therefore, they are described in detail below.

### *Sexual Partners*

The GSS and CNM/RNE survey respondents were asked, “How many sex partners have you had in the last 12 months?” Available responses were coded as, “no partner”=0, “1 partner”=1, “2 partners”=2, “3 partners”=3, “4 partners”=4, “5-10 partners”=7, “11-20 partners”=13.5, “21-100 partners”=27, and “more than 100 partners”=101. I used conservative averages of the ranges for the 5-10 (7), 11-20 (13.5), and 21-100 (27) to gain an approximate mean for partner numbers. While this estimate is likely much more conservative for the CNM/RNE sample than the GSS sample, it provides an estimate of the number of partners that would otherwise not be available; if there is an error in the estimation, it will indicate a smaller number of partners, rather than larger. As mentioned previously, while independent t-tests were used to determine the means and standard deviations, the comparisons for difference used the appropriate Mann-Whitney U test and Z statistic for all of the ordinal response choices or scales.

### *Sexual Frequency*

To the question about respondents’ sexual frequency, “About how often did you have sex during the last 12 months?”, available responses were coded as, 0=“not at all,” 1=“once or twice,” 2=“once per month,” 3=“2-3 times per month,” 4=“weekly,” 5=“2-3 times per week,” 6=“4 or more times per week.” Respondents were left to determine what “have sex” means for themselves in both surveys.

### *Happiness*

In order to assess general happiness, respondents in both surveys were asked, “Taken all together, how would you say things are these days? Would you say that you are very happy=3, pretty happy=2, or not too happy=1?” Responses were coded as indicated.

### *Health*

To assess general health, participants were asked, “Would you say your own health, in general, is excellent=4, good=3, fair=2, or poor=1?” Responses were coded as indicated.

## **Results**

As previously discussed, the GSS sample used for comparative analyses in this research is from a nationally representative, in-person survey conducted in the US on a regular basis (currently biennial). Data from their 2012 survey was used. The CNM/RNE sample, also conducted in 2012, is based upon a self-selecting, online sample of a hidden population, that is, those who engage in consensual, nonexclusive intimate relationships, or are open to this as a possibility.

### *Number of Sexual Partners*

The sexually or relationally non-exclusive (CNM/RNE) sample reported statistically significantly more sexual partners in the past twelve months than the GSS sample (see Table VI-2). CNM/RNE women averaged 3.08 sexual partners over the previous year versus less than one sexual partner among GSS women, also a statistically significant difference. CNM/RNE men averaged 3.37 sexual partners over the previous



year versus less than one sexual partner among GSS men, a statistically significant difference.

Both married and unmarried individuals in the CNM/RNE sample reported having more sexual partners than did corresponding groups in the general population. Married CNM/RNE respondents indicated having 3.22 sexual partners on average versus 0.86 among the GSS sample, also statistically significant. Unmarried CNM/RNE respondents indicated having 3.26 sexual partners on average versus 0.39 among the GSS sample. Likewise, this difference is statistically significant. Table VI-2 describes

**Table VI-2. Number of Sex Partners (previous year), Adults Age 55 and Older**

Respondents	CNM/RNE 2012 (N=502):			GSS 2012 (N=723):			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	3.24	3.586	499	0.61	0.648	571	20.913	0.000
Males	3.37	3.728	329	0.77	0.747	259	14.168	0.000
Females	3.08	3.336	163	0.49	0.52	312	14.524	0.000
Married	3.22	3.684	230	0.86	0.422	274	14.647	0.000
Males	3.12	3.418	166	0.84	0.5	142	10.890	0.000
Females	3.54	4.338	63	0.89	0.319	132	9.917	0.000
Unmarried	3.26	3.508	269	0.39	0.732	297	16.031	0.000
Males	3.62	4.015	163	0.68	0.962	117	9.532	0.000
Females	2.79	2.491	100	0.19	0.437	180	12.595	0.000
Divorced	3.22	1.653	159	0.56	0.861	127	10.665	0.000
Widowed	3.14	3.101	31	0.15	0.406	108	8.493	0.000
Separated	2.99	2.861	40	0.59	1.064	17	3.841	0.000
Never Married	3.84	5.068	37	0.4	0.654	45	5.662	0.000

the specific breakdown of the unmarried sample, with divorced and never married persons reporting significantly more sexual partners than these groups in the general population. Likewise, widowed and separated persons reported similar trends between the CNM/RNE and GSS samples. CNM/RNE widowed persons reported having 3.14 partners on average, which was significantly more partners than GSS widowed persons reported. CNM/RNE respondents who identified as being legally separated from their spouse indicated having significantly more sex partners than those in the GSS.

### Sexual Frequency

In response to the question, “About how often did you have sex [as self-defined by the respondent] during the last 12 months?”, the CNM/RNE sample reported significantly more sexual frequency (self-defined by survey respondents) than the GSS group (Table VI-3). The non-exclusive (CNM/RNE) population had a mean sexual frequency of almost weekly for men and women, which is significantly higher than that of the GSS population. GSS women averaged once or twice per month and GSS men,

**Table VI-3. Frequency of Sex<sup>c</sup> (previous year), Adults Age 55 and Older**

Respondents	CNM/RNE 2012 (N=502):			GSS 2012 (N=723):			Mann-Whitney	
	mean	SD	n	mean	SD	n	Z	p
All	3.69	1.608	478	2.43	1.411	283	10.448	0.000
Males	3.67	1.629	317	2.57	1.318	150	7.352	0.000
Females	3.74	1.574	156	2.28	1.499	133	7.270	0.000
Married	3.60	1.529	227	2.27	1.410	200	8.513	0.000
Males	3.87	1.384	61	2.08	1.440	102	6.547	0.000
Females	3.50	1.576	165	2.47	1.356	98	5.295	0.000
Unmarried	3.76	1.675	251	2.82	1.345	83	5.116	0.000
Males	3.65	1.687	95	2.94	1.526	31	2.226	0.026
Females	3.85	1.671	152	2.75	1.235	52	4.845	0.000
Divorced	3.96	1.653	151	2.90	1.344	50	4.500	0.000
Widowed	3.61	1.764	31	3.23	1.301	13	1.000	0.317
Separated	3.43	1.632	35	2.40	1.342	5	1.421	0.155
Never Married	3.38	1.670	34	2.33	1.345	15	2.100	0.036

<sup>c</sup> Sex Frequency Scale: 0=Not at all, 1=Once or Twice, 2=Once per month, 3=2-3 times per month, 4=Weekly, 5=2-3 times per week, 6=4+ times per week.

two to three times per month. Both married and unmarried individuals in the CNM/RNE sample reported having more frequent sex than did corresponding groups in the general population.

Married CNM/RNE respondents indicated having sex nearly weekly versus about once or twice per month among the GSS respondents. Table VI-3 describes the specific breakdown of the unmarried sample, with divorced CNM/RNE persons reporting significantly more sex than divorced individuals in the general population.

Never married CNM/RNE persons had more sex than the general population. As with the never married samples, widowed and separated persons reported similar trends between the CNM/RNE and GSS samples, but the sample sizes for these groups were too small to indicate statistical significance.

### *Happiness*

Consistent with previous research on the positive effects of increased sexual frequency, the CNM/RNE sample also reported significantly greater personal happiness than the GSS sample. See Table VI-4. This held true for women, married and unmarried women, divorced, separated, and never married persons, and approached significance for men and unmarried widowed persons (see Table VI-4 for details). In contrast to the other groups, married men among the CNM/RNE sample were not significantly happier than married men in the GSS sample.

**Table VI-4. Happiness<sup>d</sup>, Adults Age 55 and Older**

Respondents	CNM/RNE 2012 (N=502):			GSS 2012 (N=723):			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	3.23	0.819	502	2.98	0.963	722	4.482	0.000
Males	3.18	0.854	331	3.01	0.939	324	2.368	0.018
Females	3.37	0.727	164	2.96	0.938	398	4.552	0.000
Married	3.34	0.785	231	3.23	0.823	341	1.761	0.078
Males	3.29	0.753	167	3.24	0.802	176	0.365	0.715
Females	3.48	0.859	63	3.21	0.847	165	2.932	0.003
Unmarried	3.14	0.838	271	2.77	1.027	381	4.778	0.000
Males	3.07	0.934	164	2.73	1.014	148	3.271	0.001
Females	3.3	0.625	101	2.79	1.035	233	3.995	0.000
Divorced	3.16	0.816	160	2.85	0.983	151	2.884	0.004
Widowed	3.21	0.857	33	2.83	0.996	149	2.176	0.030
Separated	2.95	0.932	40	2.13	1.227	24	2.581	0.010
Never Married	3.21	0.811	38	2.63	1.046	57	2.862	0.004

<sup>d</sup> Happiness Scale: 1=Not too happy, 2=not sure, 3=Pretty happy, 4=Very happy

Figure VI-1 illustrates the differences in happiness between the CNM/RNE and the GSS samples by number of partners. Similar to the findings from the full sample of

participants (chapter 5), the CNM/RNE sample were significantly less happy than the GSS sample when they did not have a sex partner in the previous year. However, when the CNM/RNE sample reports having two or three sex partners in the previous year, they were significantly happier on average than comparable individuals in the GSS sample. The CNM/RNE respondents achieve peak happiness with four sexual partners in the previous year, though this is not significantly happier than the GSS subjects with the same number of partners. There was no significant difference in happiness between

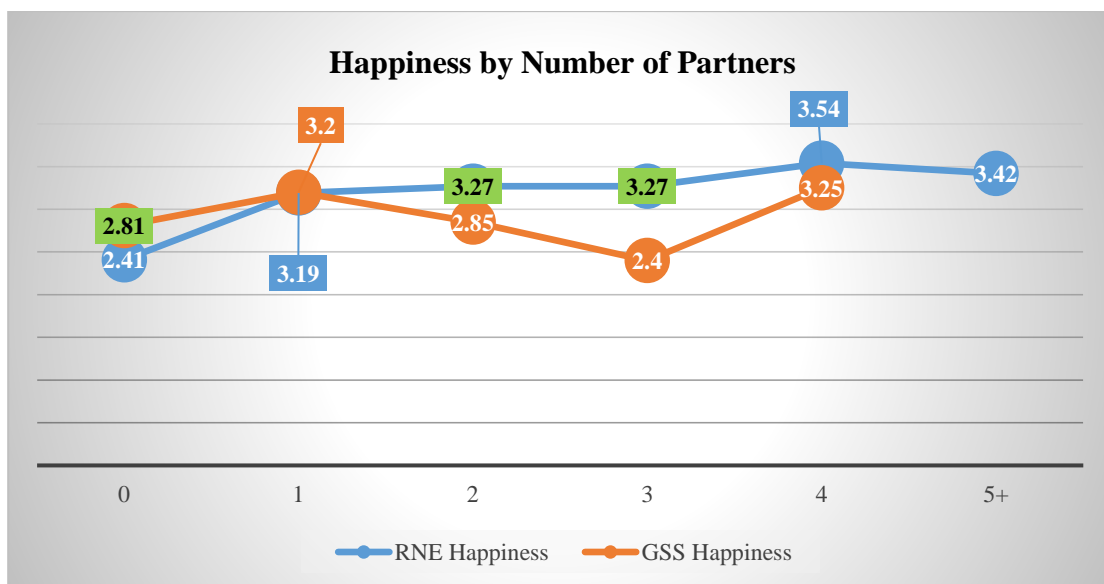


Figure VI-1: Happiness by Number of Sex Partners. Green filled squares indicate statistical significance. Scale: Very happy=4, Pretty happy=3, Not sure/don't know=2, or Not too happy=1.

the CNM/RNE sample and the GSS sample for those who had one partner in the previous year.

Figure VI-2 illustrates the effects of sex frequency on self-reported happiness and how these differ between the CNM/RNE and GSS samples. The CNM/RNE sample who did not have sex in the previous year are significantly less happy with being sexless than the general population. There were no significant differences in happiness

between the CNM/RNE sample and the GSS sample who had sex once or twice in the past year or once per month. The CNM/RNE sample approached being significantly

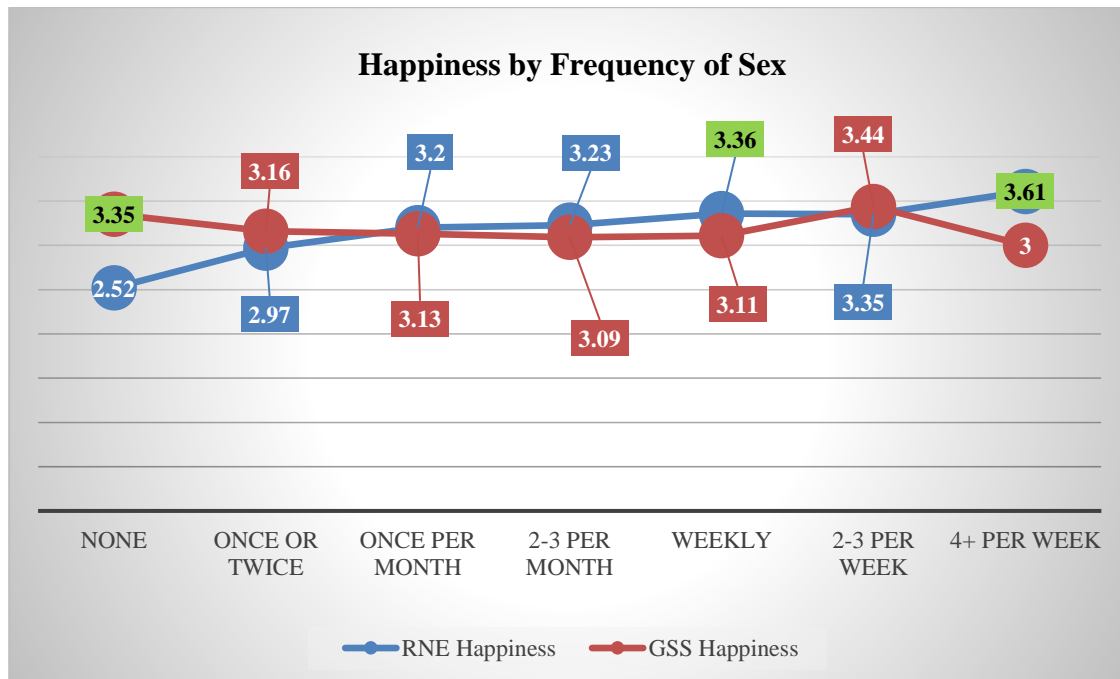


Figure VI-2: Happiness by Frequency of Sex. Green filled squares indicate statistically significant differences. Scale: Very happy=4, Pretty happy=3, Not sure/don't know=2, or Not too happy=1.

happier than the GSS sample when having sex weekly; the CNM/RNE sample was significantly happier on average than the GSS sample at having sex four or more times per week. The number of GSS respondents who reported having more than one sex partner and having sex more frequently than weekly on average during in the previous year was quite low. As such, the analyses here are limited in generalizability, even as they hint at a similar trend found in the full sample reported in chapter 5.

### Health

As detailed in Table VI-5, the CNM/RNE sample reported significantly better health than the GSS sample across all groups and subgroups, with the exception of those reporting as never married. The CNM/RNE sample reported being significantly

healthier than the GSS sample. This was true for males, females, and all but one subgroup of unmarried individuals, the never married. Married males and married females approached significantly better reported health. The never married trended towards significant differences, but the sample size was small (see Table VI-5 for details).

**Table VI-5. Self-Reported Health<sup>e</sup>, Adults Age 55 and Older**

Respondents	CNM/RNE 2012 (N=502): GSS 2012 (N=723):						Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	3.14	0.734	502	2.74	0.913	474	6.928	0.000
Males	3.15	0.748	331	2.78	0.965	207	4.404	0.000
Females	3.14	0.708	164	2.72	0.871	267	5.047	0.000
Married	3.13	0.780	231	2.83	0.914	223	3.602	0.000
Males	3.11	0.784	167	2.84	0.950	113	2.303	0.021
Females	3.19	0.780	63	2.82	0.880	110	2.840	0.005
Unmarried	3.15	0.694	271	2.67	0.907	251	6.171	0.000
Males	3.20	0.708	164	2.70	0.982	94	3.971	0.000
Females	3.11	0.662	101	2.65	0.861	157	4.309	0.000
Divorced	3.12	0.730	160	2.74	0.983	102	3.362	0.001
Widowed	3.21	0.600	33	2.56	0.890	93	3.725	0.000
Separated	3.10	0.591	40	2.26	0.991	19	3.456	0.001
Never Married	3.26	0.724	38	2.97	0.799	37	1.572	0.116

<sup>e</sup> Health Scale: 1=Poor, 2=Fair, 3=Good, 4=Excellent

### *Happiness in Marriage*

As can be seen in Table VI-6, there was no difference in reported marital happiness among the all married persons in either sample or between CNM/RNE women and GSS women. Married men in the CNM/RNE sample reported being less happy with their marriages than married men in the general GSS population, but these differences were just short of the cut-off point for significance.

As was found among all the full samples across the age range, CNM/RNE males with one or no partners were significantly less happy in their marriages than similarly-

partnered GSS men. Again, similar to findings from the full samples, multiple-partnered men in the CNM/RNE population did not significantly differ in their self-reported happiness in their marriages from single- or no-partnered men in the general population.

**Table VI-6. Happiness in Marriage<sup>f</sup>, Adults 55 and Older**

Respondents	CNM/RNE 2012 (N=502):			GSS 2012 (N=723):			Mann-Whitney	
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>Z</i>	<i>p</i>
All	2.52	0.638	231	2.59	0.538	340	-0.962	0.336
All <sup>SP</sup>	2.37	0.660	81	2.60	0.535	270	-2.768	0.006
All <sup>MP</sup>	2.60	0.613	149	2.67	0.577	3	-0.064	0.949
Males	2.50	0.620	167	2.66	0.476	175	-2.083	0.037
Males <sup>SP</sup>	2.33	0.648	63	2.67	0.473	138	-3.568	0.000
Males <sup>MP</sup>	2.61	0.581	103	2.67	0.577	3	-0.080	0.936
Females	2.56	0.690	63	2.53	0.59	165	0.810	0.418
Females <sup>SP</sup>	2.47	0.717	17	2.52	0.586	132	-0.092	0.926
Females <sup>MP</sup>	2.59	0.686	46	N/A				

<sup>f</sup>Happiness in Marriage Scale: 1=Not too happy, 2=Pretty Happy, 3=Very happy

In Figure VI-3, the effect of number of sexual partners on marital happiness is illustrated. Consistent with findings from the full sample, married CNM/RNE respondents who had marriages without a sexual partner in the previous year were significantly less happy than GSS respondents in marriages completely devoid of sexual interaction with their spouse. Similarly, CNM/RNE married respondents with only one sex partner, assumed to be their spouse, were less happy than married GSS respondents. There were no significant differences between the samples at two sex partners.

As with the limitations with examining happiness by number of sex partners, the sample size among married GSS respondents with more than one sexual partner was small, with none reporting having three, or five or more partners in the past year. In Figure VI-4, the effect of sexual frequency on marital happiness is illustrated.

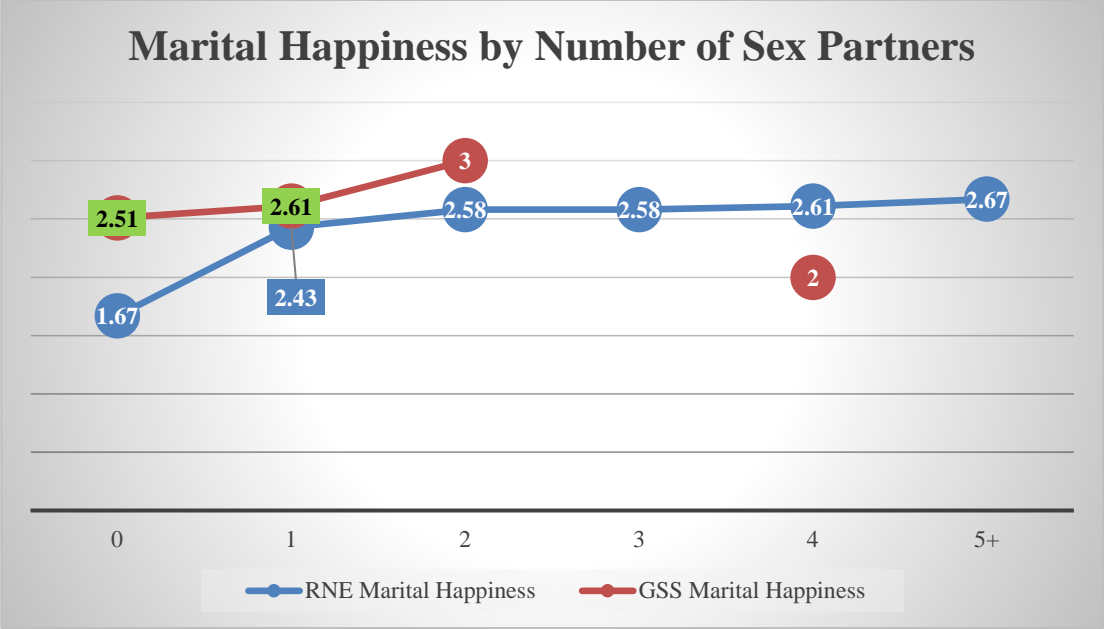


Figure VI-3: Marital Happiness by Number of Sex Partners, Green filled squares indicate statistically significant differences. Scale: Very happy=3, Pretty happy=2, or Not too happy=1.

Consistent with findings from the full sample, married CNM/RNE respondents who had sexless marriages were less happy than GSS respondents in sexless marriages. The GSS sample reached peak marital happiness at a sexual frequency of once per week within a range of two to three times per month to two to three times per week, after which marital happiness declines with increased sexual frequency. In contrast, the CNM/RNE sample shows on average a positive linear relationship between marital happiness and sexual frequency, with the peak at four or more times per week. Taking frequency of sexual interaction together with number of partners, the GSS sample appears to experience their optimal sexual life with one (and for a few two) sexual partners having sex a few times per month to a few times per week. The CNM/RNE sample appears, on average, to experience their optimal sexual life with four to five partners while having sex four or more times per week.



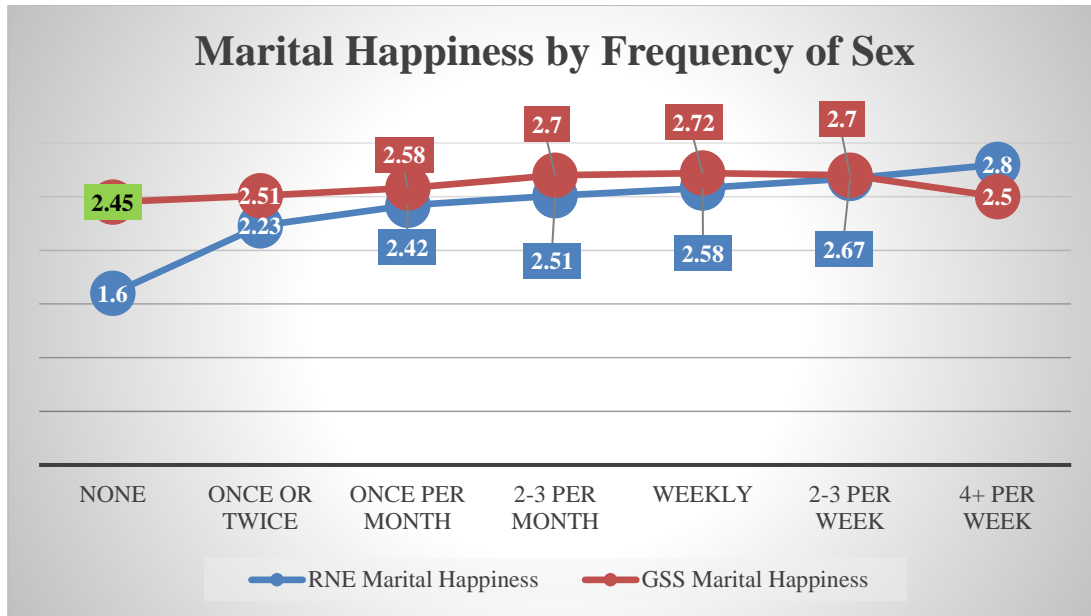


Figure VI-4: Marital Happiness by Frequency of Sex, Green filled squares indicate statistically significant differences. Scale: Very happy=3, Pretty happy=2, or Not too happy=1.

#### Sexual Health HIV Testing

**Table VI-7. Ever had HIV test, Adults 55 and Older**

Respondents	CNM/RNE 2012 (N=502):		GSS 2012 (N=723):		$X^2$	$p^i$	OR
	%	n	%	n			
All	77.9	493	25.0	565	295.104	0.000	10.638
Males	76.5	324	28.0	257	136.409	0.000	8.403
Females	80.9	162	22.4	308	148.426	0.000	14.706
Married	72.7	227	20.2	272	138.177	0.000	10.526
Males	70.1	164	20.6	141	74.704	0.000	9.091
Females	80.7	62	19.5	131	65.162	0.000	16.949
Unmarried	82.3	266	29.4	293	157.848	0.000	11.236
Males	83.1	160	37.1	116	61.737	0.000	8.333
Females	81.0	100	24.3	157	83.100	0.000	13.333
Divorced	83.5	158	34.9	126	70.324	0.000	9.434
Widowed	78.1	32	17.8	107	41.494	0.000	16.667
Separated	77.5	40	35.3	17	9.330	0.005	6.329
Never Married	86.1	36	39.5	43	17.829	0.000	9.524

<sup>i</sup>Fisher's exact p

The CNM/RNE sample reported being significantly more likely to have ever had an HIV test than the GSS sample across all groups analyzed. CNM/RNE

respondents (77.9%) were over three times as likely to have ever had an HIV test as the GSS respondents (25.0%, Pearson  $X^2=295.104$ ,  $df=1$ ,  $p=.000$ ). Table VI-7 reports on the findings across the groups using a mean score. Married women in the CNM/RNE sample were just as likely (80.7%) to have had an HIV test as were unmarried females (81.0%,  $X^2=.003$ ,  $p=.955$ ), while married women in the GSS were significantly less likely (19.5%) than were unmarried women in the GSS sample (24.3%,  $X^2=8.593$ ,  $p=.003$ ) to have had an HIV test.

### *Opinions about Legal Marriage for CNM Individuals*

Participants in the CNM/RNE sample were asked, “If it were legal, would you be open to being legally married to more than one person concurrently?” The majority of men (69.2%,  $n=229$ ) and women (66.5,  $n=109$ ) responded “yes,” while 30.8% of men ( $n=102$ ) and 33.5% of women ( $n=55$ ) responded “no” or “not sure” to this question. When married men in the CNM/RNE sample who did not desire to marry multiple partners was controlled for, then the differences were erased. It appears that men in the CNM/RNE sample who want to be married concurrently to more than one partner, but are unable to do so, are less happy with their marriage, or perhaps, are less happy with marriage in general. There were no significant differences in marital happiness among women regarding their perspective on legal marriage to multiple concurrent partners.

### **Regression Analyses**

Ordinal logistic regression analyses uncovered differences in the factors predicting health and happiness between those who engage in non-exclusive

relationships and the general population. Sexual frequency is significantly correlated with both health and happiness among the CNM/RNE sample. In the GSS sample, only income and general happiness were significant predictors of health; and health was the only significant predictor of happiness for the GSS sample. The following tables demonstrate the predictive relationship between sex, age, sex frequency, number of partners, presence of minors in the home, marriage, income, and either health or happiness with the dependent variables of happiness or health among the CNM/RNE older adult population. In addition, they highlight the differences of predictors for these dependent variables, suggesting different life goals and orientations between the CNM/RNE and GSS samples. Multiple regression analyses were performed, as found in Tables VI-8-10.

#### *Predictors of Happiness*

Table VI-8 compares the estimate coefficients, the standard errors (*SE*), and *Wald* statistics, as well as the *Nagelkerke R<sup>2</sup>* and *X<sup>2</sup>* statistics, for the whole models between the CNM/RNE and GSS samples with happiness as the dependent variable, which accounted for about 21% and 9% of the variation, respectively. For the CNM/RNE sample, being female, being older, having more frequent sexual interaction (where “sex frequency” was self-defined by the respondents in both surveys), being married, and reporting better health all significantly predicted greater happiness. For the GSS sample of older adults, only reporting better personal health was a significant predictor of happiness in this model.

**Table VI-8. Ordinal Logistic Regression Coefficients for Happiness, Adults 55 and Older**

	CNM/RNE 2012 (N=502):				GSS 2012 (N=723):			
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	.212 (5,717) 91.564***				.089 (5,329) 14.215*			
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
Very happy	6.492	1.093	35.261	***	0.725	1.344	0.292	
Pretty happy	3.067	1.053	8.481	**	-2.209	1.356	2.653	
Not too happy	0				0			
<b>Location</b>								
Female	0.704	0.208	11.421	**	0.441	0.300	2.170	
Age	0.046	0.015	9.245	**	-0.013	0.019	0.498	
Sex frequency	0.345	0.064	28.950	***	-0.150	0.112	1.812	
Married	0.686	0.193	12.586	***	0.442	0.343	1.658	
Health	0.653	0.138	22.248	***	0.461	0.171	7.312	**

Significant at p ≤ .10‡, p ≤ .05\*, p ≤ .01\*\*, p ≤ .001\*\*\*

### *Predictors of Self-Reported Health*

With health as the dependent variable (Table VI-9), more frequent sexual activity and greater personal happiness significantly predicted better health in the CNM/RNE sample in this model, which accounted for 13.7% of the variation. Concerning self-reported health among the GSS sample, income and general happiness were the only statistically significant predictors in this model, which accounts for 17.8% of the variation, though sexual frequency approached being a significant predictor.

**Table VI-9. Ordinal Logistic Regression Coefficients for SRH, Adults 55 and Older**

	CNM/RNE 2012 (N=502):				GSS 2012 (N=723):			
<i>Nagelkerke R<sup>2</sup> (df) X<sup>2</sup></i>	.137 (3,1188) 53.447***				.178 (3,336) 29.107***			
<b>Predictors</b>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>	<i>Estimate</i>	<i>SE</i>	<i>Wald</i>	<i>Sig.</i>
<b>Threshold-Health</b>								
Excellent	8.011	2.946	7.344	**	9.484	1.730	30.050	***
Good	5.368	2.939	3.337	‡	7.524	1.672	20.256	***
Fair	3.322	2.945	1.272		5.499	1.627	11.422	***
Poor	0				0			
<b>Location</b>								
Sex frequency	0.238	0.063	14.300	***	0.181	0.108	2.802	‡
Income (log <sub>10</sub> )	0.949	0.629	2.275		1.395	0.345	16.344	***
Happiness	0.807	0.169	22.863	***	0.667	0.241	7.631	**

Significant at p ≤ .10‡, p ≤ .05\*, p ≤ .01\*\*, p ≤ .001\*\*\*

### *Predictors of Ever Having an HIV Test*

When examining the odds ratios (OR) for ever having had an HIV test using binary logistic regression (Table VI-10), only frequency of sex was found as a significant factor in increasing the odds and only among the CNM/RNE sample. Being in poor health also approached significance for improving the odds of having had an

**Table VI-10. Binary regressions for ever having an HIV Test, Adults 55 and Older**

<i>Nagelkerke R<sup>2</sup> (-2LL, df) X<sup>2</sup></i>	CNM/RNE 2012 (N=502):					GSS 2012 (N=723):				
	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>OR</i>	<i>Sig.</i>	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>OR</i>	<i>Sig.</i>
	.125 (360.173, 8) 32.542***					.227 (167.600, 8) 27.887***				
Female	-0.063	0.292	0.047	1.065		0.564	0.394	2.046	0.569	
Age	-0.030	0.020	2.304	0.970		0.004	0.028	0.023	1.004	
Sex frequency	0.232	0.089	6.78	1.262 **		0.018	0.148	0.015	1.018	
Number of partners	0.118	0.063	3.471	1.125 †		0.866	0.477	3.287	2.377 †	
Education	0.142	0.133	1.134	1.152		0.042	0.186	0.051	1.043	
Married	-0.633	0.275	5.295	0.531 *		-1.281	0.483	7.023	0.278 **	
Income (log <sub>10</sub> )	1.460	0.903	2.616	4.307		0.125	0.573	0.048	1.134	
Health	0.034	0.184	0.034	1.034		-0.517	0.233	4.914	0.596 *	

Significant at  $p \leq .10$ †,  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

HIV test among the GSS sample, but not the CNM/RNE sample. Being married was significant for reducing the likelihood of having had an HIV test. Interestingly, income, educational attainment, gender, age, and number of partners did not significantly affect the probability of ever having had an HIV test for either group, in this model that accounts for 12.5% of the variation among the CNM/RNE sample and 22.7% among the GSS sample.

## Discussion

The first and second hypotheses, which predicted that the CNM/RNE sample of older adults would have more sexual partners and more frequent sexual interaction as compared to the GSS sample of older adults, were supported. As noted in Tables VI-2 & 3, the non-exclusive population had significantly more sex partners and a mean sexual frequency of almost weekly for men and women, which is significantly higher

than that of the GSS population, which averaged between two and three times per month.

The third and fourth hypotheses, that the sample of non-exclusive older respondents would report at least equal levels of personal happiness and self-reported health to those of the GSS older adult population, were also strongly supported. As seen in Table VI-4, both males and females in the non-exclusive sample reported greater happiness than their GSS counterparts. The effect was especially dramatic for women. Regression analysis clearly identified sexual frequency as a significant correlation with increased personal happiness of the non-exclusive sample, with marriage and *increasing* age approaching significance as additional correlations (Table VI-8). Interestingly, number of partners was not a significant predictor in and of itself. These findings suggest that, in line with previous research, sexual frequency is an important part of personal happiness. It is possible, and would be consistent with my theoretical predictions, that the *quantitative* aspects of sexual frequency are driven, in part, by the *qualitative* aspects of these sexual experiences. In other words, optimal sexual experiences are worth wanting and having more of. Though the relationship is complex, the causal relationships between sexual frequency and happiness appear to be bi-directional, meaning that more frequent sex leads to more personal happiness and more personal happiness is conducive to more frequent sex. Other factors, unavailable for analyses, also contribute to, or take away from, personal happiness and health.

The findings for self-reported health were equally robust, with males and females in the non-exclusive sample reporting dramatically better health than the GSS counterparts (Table VI-9). Regression analysis showed a clear positive correlation

between personal happiness and sexual frequency with positive health outcomes for the non-exclusive sample. Only income showed a strong positive relationship, with a lesser relationship with personal happiness, to health for the GSS group. There was no support for the conventional position, and some previous research findings, that suggest exclusive marriage is the best predictor of health, happiness, and sexual frequency, at least when compared to a consensually non-exclusive lifestyle.

One of the most significant findings is that the currently unmarried older adult members of the non-exclusive sample reported such high levels of sexual frequency, health, and happiness in comparison with the general population sample. This finding supports the third and fourth hypotheses that those who currently identify as unmarried would report at least as good happiness and health as the GSS sample. This stands in stark contrast to much of the existing literature about health outcomes for unmarried individuals. Due to limitations imposed by small sample sizes, statistical analysis performed on the various subgroups of the unmarried portions of the samples has limited utility. For informational purposes, these breakdowns are included in Tables VI-4-5.

Although having concurrent sexual partners has been identified as a risk factor for sexually transmitted infections among certain populations, this outcome has generally been associated with the presence of substance abuse and inconsistent condom use. Allowing for the limitation that the GSS imposed by asking only a single question regarding sexual health (HIV testing), the magnitude of the difference between the CNM/RNE and GSS respondents' rates of HIV testing suggests that the CNM/RNE population are concerned about and monitor their sexual health more closely than do

those in the general population (Du et al., 2011). These differences were not explained by education, income, or gender (Table VI-10). These findings support Hypothesis Five.

Hypotheses six, seven, and eight, which predict that there would be differences in the optimal number of sex partners and optimal frequency of sex for happiness, health, and marital happiness, are partially supported. There were significant differences in the number of partners and sexual frequency associated with happiness between the two samples. There was no significant difference between the CNM/RNE sample and the GSS sample between optimal number of partners or sexual frequency as a predictor of self-reported health. Both groups had a positive and linear correlation between self-reported health, number of sex partners, and sexual frequency. This is in line with common sense. There were also significant differences between the CNM/RNE and GSS samples in the number of sex partners and frequency of sex predicting marital happiness. CNM/RNE respondents reached peak and statistically significantly more happiness at four to five partners, and with sex four or more times per week, though frequency of sex did not achieve statistical significance due to the small sample among the general population. This is different from the optimal number of partners for the GSS population being one or two and with optimal sexual frequency at once per week for marital happiness. The findings for the general population are consistent with previous research indicating that having sex once per week with only one sex partner was optimal for the large majority (Blanchflower and Oswald, 2004; Cheng and Smyth, 2015; Wiley and Bortz, 1996).



The finding that married men, aged 55 and older in the non-exclusive sample were less happy with their marriages than their counterparts in the general population was unexpected. Some prior research into *non-consensual* extra-marital sexuality (EMS) has found that marital unhappiness among adults (of various ages, not just older adults) is less of an important factor for men than for women in choosing EMS (Glass and Wright, 1992; Mark et al., 2011). More research is required to ascertain the cause of this finding.

For the CNM/RNE sample, frequent sexual activity is the most significant predictor of health and happiness. Frequent sexual activity approaches significance among the general population as a predictor of better general health, but only income and personal happiness are statistically significant in the full model used in these analyses. The differences in the importance of sexual frequency between the GSS and the CNM/RNE samples suggests that sexual interaction may be more important to the CNM/RNE respondents, but also that the sexual interactions they share may be qualitatively different (akin to optimal sexual experiences) from those commonly shared among the GSS sample. The strength of the correlation and possible bi-directional causal relationship between health and sexual activity suggests that steps to maintain sexual activity over the lifecourse are well taken, especially as sexual activity is significantly correlated with sexual satisfaction and indirectly, relationship satisfaction and stability. Additionally, sexual frequency is correlated with personal happiness and health. The findings reported here are consistent with earlier research into these connections (Deacon et al., 1995; McNulty and Fisher, 2008; Smith et al., 2011; Weeks, 2002; Yeh et al., 2006; Yucel and Gassanov, 2010).

Given these realities, the possible salutary effect of frequent sex (and likely qualitatively better sex) on these important quality of life measures is realized more commonly by older adults who interact within a non-exclusive sexual relationship configuration. However, the relationship is complex and more frequent sexual interactions among the CNM/RNE population is likely driven by factors that make the sex they are having, *worth* having more frequently. Many other unknown and unaccounted factors also contribute to quality of life among older adults, but these were not in the data collected and thus could not be added into the regression models. For healthy, older adults dissatisfied with their current sexual frequency, whether due to unavailability of a partner or the effects of illness and aging (Gott and Hinchliff, 2003), a non-exclusive relationship strategy may be a viable option for maintaining a healthy and robust sex life. No research to date has examined this explicitly. This study represents an important exploration of this possibility.

The findings suggest that open consensual relationships are one viable pathway to increased healthy sexual activity, and that many of those who choose this pathway report better health and greater personal happiness, consistent with predictions based on previous research (e.g. Firestone et al., 2006; Kleinplatz et al., 2009a; Kleinplatz et al., 2009b). The multivariable regression analyses suggest significant differences in the factors that predict happiness and health among the CNM/RNE and GSS populations. These differences suggest that a mere change in sexual relationship style may not contribute to greater happiness for older adults in the general population, but the differences are consistent with expectations for psychosexual gerotranscendence among the CNM/RNE sample. Likewise, for individuals whose general happiness is dependent

upon the frequency of warm human connections, especially as expressed through sexual activity with a partner who is emotionally available, a consensually non-exclusive relationship strategy may be of significant benefit.

Key differences, as well as some enduring commonalities, are revealed when comparing the findings among older adults and the full population sample. For the CNM/RNE sample, the number of sex partners remains high even among the older adults sample, but among the general population, the number of sex partners among older adults is significantly fewer among older adults, with many having no sex partners at all. While for some in the general population, this may seem somewhat as a relief, it may contribute to increasing social isolation and loneliness that has predictable adverse consequences, including decreased utilization of health care (Gerst-Emerson and Jayawardhana, 2015), depression, and increased mortality (Holt-Lunstad et al., 2010; Luo et al., 2012; Perissinotto et al., 2012). While factors that predicted happiness among the CNM/RNE sample remained largely consistent among the full sample and the older adults subsample, for the general population, predictors of happiness such as having more income, more sex frequency, and more happiness in marriage among the full sample no longer remained significant predictors among the older adults in the general population. Having more frequent sex and being happier remained as significant predictors for better self-reported health (SRH) among the full and older adults of the CNM/RNE samples, while income, which was a significant predictor of SRH among the full sample, no longer was so among the older CNM adults. In the general population samples, having more income and being happier were significant predictors of better SRH among the older subsample and the full sample, while marital happiness,

sexual frequency, and youth each had a positive relationship with SRH among the full sample of adults in the general population, they were no longer significant factors in SRH among the older adult subsample.

## **Conclusions**

Across all age categories, in all types of relationships, the non-exclusive sample generally outscored the relevant comparison group of the general population on sexual frequency, number of sexual partners, and self-reported health and personal happiness. These findings were especially significant for the portion of the sample that identified as other than currently legally married. This apparent prophylactic effect, which is consistent with emerging research, represents an important finding for the health and well-being of millions of unpartnered, older adults.

Continued sexual activity as one ages is consistently and robustly associated with better health and happiness. The results of the regression analyses herein support a bi-directional relationship between greater sexual frequency and positive self-reported health that has been found in previous research. The strength of these results suggests that steps to maintain or increase one's opportunity for sexual activity over the lifecourse may be beneficial. These findings suggest that, for some older adults, one pathway to maintain an active and healthy sex life may be found through a consensually non-exclusive relationship style, as those who have chosen this pathway report better health and general happiness than their peers in the general population. However, as these findings are based upon cross-sectional survey samples, causal links cannot be determined. Further research, especially longitudinal studies, will be necessary to

investigate causal relationships between CNM, sexual frequency, and health and happiness.

Given the prevalence of antagonism to non-exclusive relationships, counselors, friends, and family face significant barriers in recognizing, much less suggesting, that older adults might benefit from a non-exclusive relationship strategy, especially as a potential solution to declining sexual frequency and its concomitant negative relational and health outcomes. However, the ethics of evidence-based counseling suggest that, given the findings of this research, such a conversation is one that may have merit, regardless of the potential obstacles. Yet, it is important to understand that engaging in CNM is not a panacea for all. It may benefit those who find such a relationship configuration desirable, workable, and plausible for themselves, but be detrimental for those who view it as wholly undesirable.

## **Chapter 7:**

### **Sexual and Reproductive Health**

In the previous chapter, older CNM adults' rates of ever having an HIV test were found to be significantly higher than among older adults in the general US population. In this chapter, I examine the rates of the full CNM/RNE 2012 sample and compare them with the 2010 through 2014 GSS samples. Additionally, I explore an earlier sample of the CNM population from 2000 that provides much more information about sexual health knowledge, testing for multiple STIs, condom use, conversations with potential partners about STI status, and dialogue with healthcare providers concerning the topic of CNM. Before discussing these data analyses and their findings, a few vignettes of CNM persons' life experiences concerning sexual health, practices, and discourse are provided.

#### **Ethnographic vignettes**

In my work among the CNM population over the past decade, I have found them to be far more knowledgeable about sexual health and far more likely to discuss sexual health matters prior to advent of a sexual relationship than persons in the general population. This was supported in findings from the LM2000 survey, suggesting that CNM individuals were more likely to be knowledgeable about a range of STIs, their treatment, and their ability to be cured. (See below for statistical analyses supporting this.) Sexual health discussions are a routine part of CNM dating, but are not once-off discussions; they are revisited periodically and communicated throughout a CNM person's intimate network of partners, including their significant others, and within hierarchical relationships, their other significant others (OSOs, referring to paramours,

non-married partner(s) of a married person, or non-primary partner(s) in a hierarchical relationship structure), and metamours, a term which indexes the sexual partners of their sexual partners. Rather, they are brought up periodically throughout the relationship and within and among communities, families, or tribes.

*Lea*

We have stopped at an urban Tex-Mex restaurant in the southwestern US. The early summer air is warm and flows across the patio; drops of condensate form on our glasses of iced tea, soaking the paper napkins upon which they rest. Queso and salsa, along with freshly baked tortilla chips, recede before us. Lea's long brown hair, showing threads of silver, frames her face and generous smile. We have met to discuss sexual health within CNM relationships and the ways that she negotiates the risks with herself, her husband, her other significant others (OSOs), her metamours, and how she mentors others within the CNM community about sexual health and sexual health discourse.

After talking about the idyllic weather of the day, her recent trip to see her grandchildren, the upcoming US presidential election with Mitt Romney, John McCain, Hilary Clinton, and (the future winner) Barack Obama, Lea brought up the issue of sexual health as naturally and easily as if an extension of small talk. She talks about her sexual health status as she would with a potential partner, including when her most recent test for HIV was done, as well as the other types of STI tests that she had (HPV screening with pap smear, bloodwork for syphilis and HSV, cervical swabs for gonorrhea and chlamydia) and when these were done. After relaying her sexual health status and results of most recent tests (within the last month), she continued, "besides

my husband, I am also fluid-bonded with Lisa, and with my Dom, Jared.” (Fluid bonding is a term commonly used in CNM contexts to describe the exchange of fluids during intercourse, especially semen and vaginal secretions, but also refers to saliva, blood, and colorectal organic matter. It is not uncommon for people who are consensually non-monogamous to be involved in bondage/discipline, dominance and submission, and sadomasochism (BDSM) as well.) She continues,

I have been with my Dom for 7 years and with his partner, Lisa, for five. I am open to becoming fluid-bonded with other men and women, but it would only happen in time after we have developed a trusted relationship and with the approval of my other partners. When I have sex [with new partners], [the men] need to wear a condom, except for oral sex...but I and my current partners prefer, at least for the short term, that [I am] not fluid-bonded [with others].

Lea indicates that the type of dialogue and awareness about sexual health risks are routine. In multiple settings over time, I found that such dialogue took place effortlessly and without shame or stigmatizing among her other partners and in “family” meetings within her polyamorous community. When potential partners reported a known sexual health issue, these are discussed with all of those potentially affected, and protocols and limits are established to insure that risks for spreading the disease are reduced to acceptable levels. These levels vary by the specific STI, the individuals involved, and their comfort level with potential risks.

### *Michelle*

Michelle is in her late 50s and has been divorced for 12 years. I met her at a polyamorous community meeting of those who belonged to an online group in the metro area where I lived. I had offered to repair a few things around her home, after the leader of the community group introduced us and suggested that she could benefit from



my background in construction. She had been unemployed for several months and needed several minor repairs on her home. After completing the minor repairs, Michelle invited me to remain for dinner, home-made beans and ham, and cornbread. Over this rustic meal, we talked about our career experience and interests, our good and bad experiences in CNM, our philosophies regarding gender equity, sexual freedom, and feminism, our current relationships, our relationship to BDSM/kink, and our STI status, including our most recent tests. Similar to my conversation with Lea before, Michelle is comfortable discussing sexuality and sexual health with ease. The social awkwardness and taboos of open and honest conversation about these matters are strikingly absent.

### *Karin*

Karin lives in a large urban area in the southwestern US within walking distance of the downtown area in a high-rise apartment. She owns a service business and employs about fifty persons full-time. She identifies as non-monogamous, but *not* polyamorous. She is 55 years old, has been divorced for 20 years, and has “more than five” regular or semi-regular sexual partners, mostly males, each with different levels of emotional connection. She sees some of the men about once per month, a couple of them less often, and two she sees once per week.

When I asked her about how she identifies as part of the CNM community, she replies,

I don't really go for the labels that people put on each other. I am *not* polyamorous. Some of the people I'm with are more like friends that I happen to have sex with. We aren't emotionally intimate. We don't hang out or do other things together socially. Some of the people I'm with are very close [emotionally]. We talk every day. We have gone on vacations together. We try to be there for each other...like watching each other's pets when someone needs to be out of town for a while...or being available day or night to give emotional support when shit happens. The wife of one of the married men I love isn't thrilled about our

relationship. I can't say that she has given her consent, but she has begrudgingly accepted what is. They have grandkids together and a house and stuff. He doesn't want to lose the good. She doesn't want sex. So, he and I have a discreet arrangement that works for us. I don't need anyone's consent to do with my body what I want and with whom I want...nor do I recognize any legitimacy of other people who feel entitled to wield control over their partner. I don't like to be controlled by anyone and I don't want to control anyone. In my humble opinion, *that* is unethical...it's like slavery. I had that in my marriage. Yeah, there was enough of that for a lifetime. So, I don't see myself as polyamorous.

She indicates that she is not fluid-bonded with any of the men, but she is with her female partners. However, she does receive and perform oral sex without a barrier with some of the men. (The ways that some individuals perceive fluid-bonding may vary, from meaning fluid-bonding during vaginal- or anal-penetrative sex only to meaning any type of human body-fluid). She is tested once every three months for STIs, including an HIV test, bacterial cultures, and blood work. She indicates that she has only had one positive test for an STI (a treatable bacterial infection) that occurred more than 30 years ago. "I don't take chances with my health or my body. It's got to last me for many years and I don't want to miss out on any opportunities to enjoy it fully."

#### *In Search of CNM-Aware Medical Caregivers*

Another theme that emerged frequently among those I interviewed, especially among women, was their often endless quest for medical care providers or psychological therapists who were CNM-aware or at least could dispense from shaming and moralizing. In some cases, medical providers were decidedly uncomfortable with the revelation that their patient was CNM. Jeff, who is 42 years old and has been CNM for a decade described an awkward and embarrassing encounter with a doctor whom he had located when he noticed her claims for specializing in sexual-health and being open to LGBTQ clients.

I wanted to be seen for a bump in my groin area that wasn't going away...which is what I told the doc when she asked why I was there to be seen...I hate having to answer the same damn questions several times... (He had been asked this by the nurse who took vitals.) She [the doctor] didn't seem phased by my medical complaint, but when she asked about my sexual behaviors...and I told her that I was polyamorous, she abruptly said, "excuse me" and was noticeably flustered as she walked out. She returned several minutes later with another nurse and stated that she required her to be in the room before doing an exam...if that wasn't acceptable, then I would need to find someone else...

I asked him if it could have been standard procedure for her when doing sexual health screenings.

Maybe...I wondered about that at first, but when I had looked at her reviews, nothing like this was mentioned by any of her clients, male or female...then she ordered a comprehensive STI screening, which I had within the previous few months...when I informed her of that, she launched into a lecture...asking if I knew the risks that I was taking by having multiple sexual partners...about how condoms can't protect from all STIs. She implied that the bump on my groin was due to an STI, even before she examined me. It turned out to be from an infected hair follicle! Fuck, man! It was embarrassing!

Some of the women volunteered similar shaming lectures they have endured from medical providers when they have gone for routine STI testing or gynecological exams. However, Renelon, who has found a primary care provider that she is satisfied with after searching for some time, stated, "If you don't like your health care provider, find another. There are providers who will support you, and your lifestyle, professionally and positively." Others, both women and men, echoed her sentiments.

### *A Poly Tribe*

I was asked to present a mini-seminar on sexual health to a group of 20 adults (9 females, 11 males) who formed a polyamorous tribe after a recently added member had a positive result for HSV-1 (Herpes simplex, type 1), though there had never been any visible symptoms. The individual who had tested positive for HSV-1 antibodies has

been monogamously married for nearly ten years and their spouse remained serodiscordant. This strain of the herpes simplex virus is common worldwide (65% of individuals in the US have HSV-1, 11.3% worldwide have HSV-2, and 90% of the global population have either HSV-1 or HSV-2 (Looker et al., 2015; Papadogeorgakis et al., 2008; Wald and Corey, 2007)), usually manifests as “cold sores” or “fever blisters,” and historically has not been labeled as an STI. Most carriers of HSV-1 were exposed to HSV-1 during childhood through non-sexual contact with a family member, such as drinking after, sharing eating utensils, a kiss, a toothbrush, and other common close personal contact with one who carries the virus (Whitley et al., 1998; Whitley and Roizman, 2001). However, an increasing percentage of cases of “genital herpes” have been identified as HSV-1, rather than HSV-2 (Lafferty et al., 2000; Löwhagen et al., 2000; Mertz et al., 2003; Roberts et al., 2003; Wald and Corey, 2007), which challenges the neat dichotomy of sexually transmitted versus non-sexually transmitted infections. The individual would likely have never known of having antibodies indicating exposure to HSV-1 had they not been asked to complete an extensive STI screening, including blood tests, urine tests, and a physical exam, prior to beginning a sexual relationship with a member of the tribe. It is the customary practice for members of the tribe to share the results of their STI tests with other group members, especially those with whom they are sexually involved, and for the group to talk about any irregularities or positive results.

Since the group had grown significantly over the previous year and many individuals and couples were new to CNM, the report of a positive test for a viral infection that could potentially be transmitted through sexual contact was unsettling to

the tribal community, especially to the newest members, with the potential of causing a rupture to some of the recently embarked relationships. Consistent with the findings presented below (for example, see Table VII-7, 8, & 9), the group was already knowledgeable about STIs and about those that were curable, treatable, but not curable, and resistant to treatment and, were more likely to have routine, full sexual health tests. The community provides a supportive social network that actively seeks to educate and communicate with every member in group and one-on-one settings about important issues that affect them as individuals and/or as a group.

The group has a history of supporting members who have encountered financial, material, emotional, or spiritual needs, such as provision for medicine, auto or house repairs, or receiving and giving emotional and spiritual support during times of crisis and adversity (or causes for celebration) within their family, relationships, or with their children or grandchildren. They provide emergency child care for other parents and tutoring for school work to both members and their children, based upon the wide array of educational expertise of group members. The group forms a comprehensive social support structure that is conducive to the physical and mental health of every member, and by extension, for the children of the group members. As such, this group provides to all affected by it several factors that are “short-listed” as critical contributors to resilience in the face of adversity to enable continued growth and development for the children (Masten, 2014), as well as the adults. When dealing with matters related to sexual health, sexuality, and relationships within the tribe, they work together without shaming, stigmatizing, blaming, or ostracizing to find solutions and optimal paths forward. Such was the case with the HSV-1 event.

HSV-1 is a minor viral infection, as compared to the mortality rates of the varicella (chicken pox) or influenza viruses (American Public Health Association., 2015), yet, as with other infections labeled as STIs, evokes stigma and shame as if it were far more serious (Conley et al., 2015b). STIs carry a sociocultural and emotional virulence that, with few exceptions, exceeds the biological and which some jurisdictions have subjected to criminal sanctions if infected persons fail to disclose their condition to, or intentionally infect, a partner (Dunphy, 2014). During my discussion with the group, I used a slideshow of several graphics, such as those in Figures VII-1 and 2 below, designed to compare the risks for contracting HIV (and other STIs) with the risks for contracting other pathogens or encountering other serious and life-altering events whose risks are tolerated because the benefits for engaging in the activity exceed the risks, such as driving an automobile (or walking in their vicinity) and socializing with other persons in the course of life and work routines. These graphics account for one (presence of genital ulcerative coinfection) of two critical factors in determining risks for HIV transmission by sex act, though there are many cofactors (Powers et al., 2008). The factor not accounted for is HIV viral load of the HIV+ partner (Gray et al., 2001; Wilson et al., 2008), risks for which varies based upon HIV subtype, stage of the progression of HIV infection, gender of partners, and whether or not the HIV+ person is undergoing therapeutic treatment for HIV with antiretrovirals (ARVs) or highly active antiretrovirals (HAARVs) (Fox and Fidler, 2010). Another risk factor for HIV transmission risk that is not countenanced in these graphics, is illicit injection drug use, especially needle sharing.

Figures VII-1 & 2 provide a comparison of per contact probability risks among serodiscordant partners for contracting HIV based upon specific sex acts (Baggaley et al., 2008; 2010; Boily et al., 2009; Ferenczy et al., 2003; Fleming and Wasserheit, 1999; Jin et al., 2010; Patel et al., 2014) and by gender for heterosexuals (Figure VII-2), while comparing these risks with other possible life-altering calamities, such as an auto accident or fatality (USDOT, 2010), being struck by lightning, or contracting or dying from the flu (influenza A) (Klepser, 2014; Molinari et al., 2007), contracting chicken pox (varicella) in the US prior to the availability of the varicella vaccine (CDC, 2014), or contracting pharyngitis (sore throat) (Choby, 2009), a disease category that includes strep throat and other bacterial or viral infections affecting the throat.

Figure VII-1 provides visualized risks for HIV transmission between serodiscordant partners by type of sex act and according to the STI coinfection status of the HIV negative partner. Other non-ulcerative STIs, such as chlamydia, or trichomoniasis increase the risks of HIV transmission, but STIs that cause genital ulcers (GUDs), such as genital herpes (HSV-1 & 2), human papilloma virus (HPV), gonorrhea, syphilis, chancroid, or other genital ulcerative diseases substantially increase the risks for HIV transmission (Fleming and Wasserheit, 1999). Both ulcerative and non-ulcerative STIs are associated with increased viral load shedding in individuals with HIV as well as increased vulnerability to receptive HIV infection in the HIV negative individual (Fleming and Wasserheit, 1999).

Figure VII-2 provides a different way of looking at the risks for HIV transmission between heterosexual serodiscordant couples by sex act with added risks of STI coinfections (whether GUD STIs or non-GUD STIs). As can be seen, the risks

for women being infected by a man were about twice the risks for female to male transmission. The risks are significantly higher for men who have sex with men (MSM) (Wilson et al., 2008). Risks of infection between women who exclusively have sex with women are very low (Evans et al., 2007; Muzny et al., 2015).

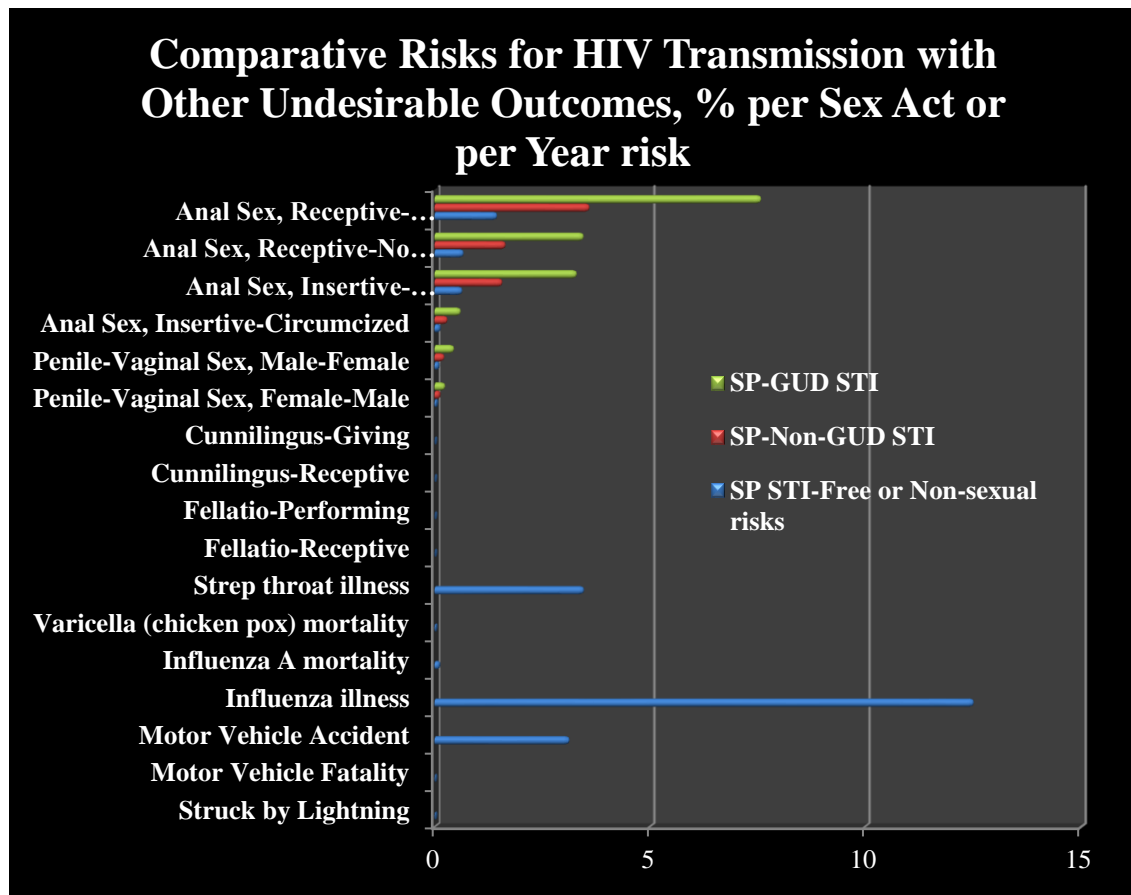


Figure VII-1: Comparative risks for HIV transmission between serodiscordant partners by type of sex act with other annual non-sexual risks. SP=seronegative partner's risk for contracting HIV; GUD=genital ulcerative disease; STI=sexually transmitted infection. Evidence-based (per-contact probability for HIV) risks are discussed in sources in preceding four paragraphs.

In talking with the group, I explained that many of the same factors remain important for the transmission of other STIs. For example, women are generally at higher risks for STI transmission, the infected partner's viral or bacterial load at the time of unprotected sex factors into infectivity of the sex act, and the presence of coinfections, especially those that cause genital ulcerative disease, are also important



risk factors regardless of the STI. Therefore, the routine STI testing that members of the group practice were upheld as important, as were current practices limiting the number of concurrent fluid-bonded partners, in order to reduce the risks to individuals and the community as a whole for STIs and the potential for an STI micro-syndemic.

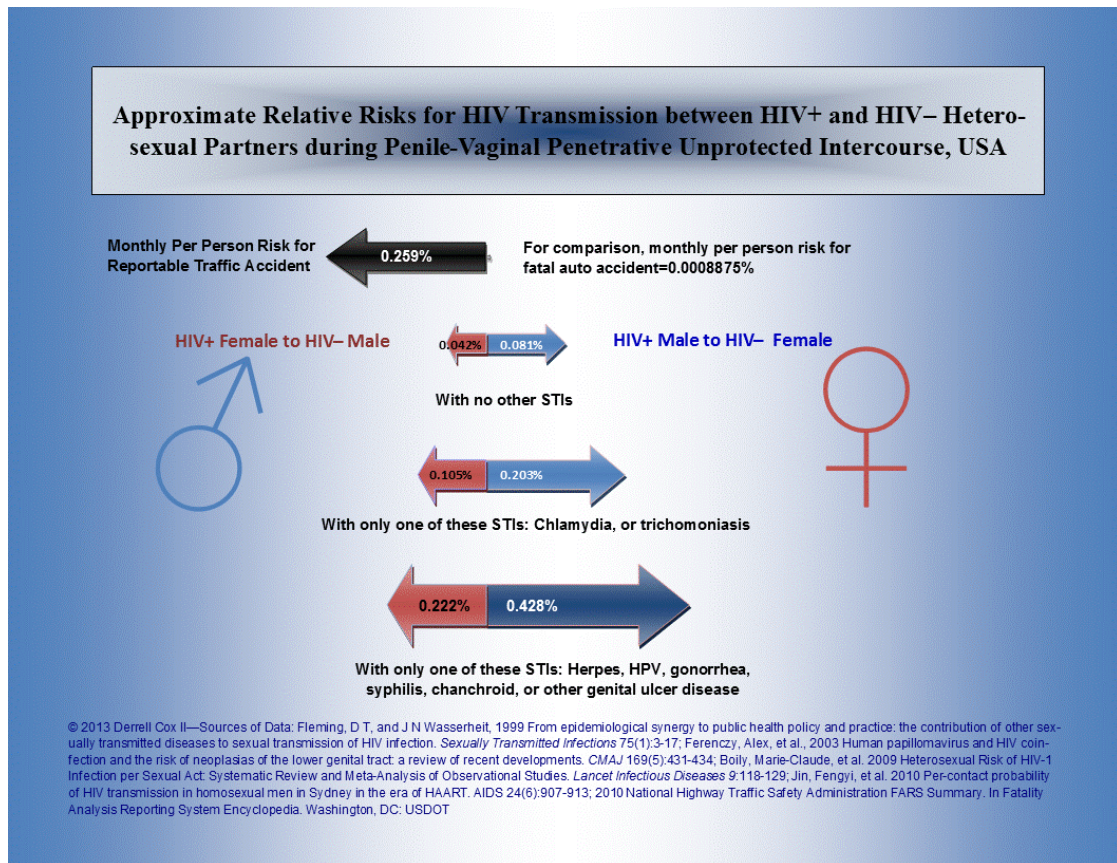


Figure VII-2: Comparative risks for HIV transmission among serodiscordant heterosexuals by gender with added STI coinfection risks with risks for reportable traffic accident and fatal traffic accident. Arrow sizes are to scale for comparative risks.

When I asked about community members' access to and satisfaction with sexual health professionals and care, I received mixed feedback ranging from ready access with competent, professional, and non-stigmatizing care to limited access to healthcare in general, to care that viewed consensual non-monogamy as synonymous with promiscuity, infidelity, or worse. For example, Lea was very happy with the care she

has received, including the knowledgeable, professional, and respectful treatment of the physician and his staff. Another younger woman struggles to find affordable care, since she and her husband do not have health insurance. As already described, Jeff felt that he was shamed and viewed as a potential threat to his healthcare provider after disclosing his participation in CNM.

### *Consensual Non-monogamy and Sexual Health*

Public health experts and scientists, as well as primary care physicians, express concern about the increased potential risk for STIs among individuals and communities who practice sexually non-exclusive relationships as well as those who might be monogamous themselves, but in a sexual relationship with one who is not monogamous. Most in the sexually or relationally non-exclusive (CNM) community explicitly engage in concurrent sexual partnerships. Evidence establishes sexual partnership concurrency as a risk factor for the rapid transmission of HIV within a population (Eaton et al., 2011). Adimora et al. (2013) found that partner concurrency rates increased within US counties where poverty and crime rates were higher and where intra-racial/ethnic sex-ratio (number of males divided by the number of females) was lower. In research that is typical for medicalizing and pathologizing alternative sexualities, especially non-monogamy and non-heterosexualities, and racial/ethnic minorities, Adimora et al. (2011) also found that partner concurrency prevalence is higher among those who: are young adults; are not married; binge drink; have sexual intercourse while impaired by substances or alcohol; had first sexual intercourse before age eighteen; use crack or cocaine; identify as black or African American; and who have a non-monogamous partner. Therefore, there is legitimate concern about sexual health risks among the RNE

group. However, as research among those who are consensually non-monogamous has surfaced and that suggest that those who practice CNM are not at greater risks for STIs than are those practicing monogamy, researchers of CNM have found resistance from journal editors when their data and analyses of them do not fit the “monogamy-is-best-and-safest” paradigm (Conley, 2015).

While monogamy intuitively and self-evidently appears safer than non-monogamy concerning sexual health, in the real world, as well as in the theoretical realm, this is not necessarily true. In fact, from a population health framework, social validation of strict monogamy may confer added risks to individuals and the population compared with risks to individuals and populations within societies that validate limited non-monogamous relationships (Landsburg, 2007). According to the US Centers for Disease Control at the beginning of 2013, the estimated number of persons aged 13 and over living with HIV in the US is 1.2 million, with 14% of those living with undiagnosed infections (CDC et al., 2015). Rates of persons living with diagnosed HIV infection remained stable or declined across most categories (such as by race/ethnicity, adolescents and adults, women and men) except for men who have sex with men (MSM), which increased 12% between 2008 and 2010 (CDC, 2012:8). The Centers for Disease Control and Prevention estimates that about 45% of adults ages 25-64 have ever been tested for HIV (CDC et al., 2013). Based on 2006-2010 data from the National Survey of Family Growth, about 9.2% of those ages 15-44 had engaged in at least one HIV risk behavior in the past year (CDC et al., 2012). In analyses of data from the 2008 Behavioral Risk Factors Surveillance System, 3.6% ( $n=6759$ ) of 281,826 adults in the total sample (aged 18-64) indicated that they had been in at least one high-

risk situation for HIV transmission; of these, 66.3% ( $n=4286$ ) had at least one HIV test in their lifetime (Du et al., 2011). For sexually active adults across the lifespan who engage in any HIV-risk behaviors or who are not monogamous or do not have certainty of their partner's adherence to monogamy, routine HIV, if not more comprehensive STI, testing is recommended (CDC et al., 2013; CDC:NCHHSTP, 2010; Marks et al., 2005), especially among those who have had multiple sex partners in the previous year (CDC et al., 2012). Those who have multiple (3 or more) lifetime partners are nearly 5 times ( $OR=4.9$ ) more likely to have any STI than those with only one lifetime partner (Forhan et al., 2009). Those who are in relationships with reciprocal partner concurrency (an individual's partner also had multiple concurrent partners) are also at substantially higher risk for STIs (*adjusted OR*=1.72) than those who are monogamous or practice serial monogamy (Neaigus et al., 2013).

However, not all of those who have multiple concurrent partners are at similar risks for STIs including HIV. Conley et al. (2012b) found in an online survey of 801 individuals that sexually unfaithful individuals had significantly less, and less consistent, condom use, less frequent STI testing, and less frequent discussions about sexual health with partners than did consensually non-monogamous persons, indicating more attentiveness to risk-aware sexual health practices among those practicing consensual non-monogamy. These results were confirmed in research among 556 individuals, 351 being in monogamous relationships and 205 in consensually non-monogamous relationships, by Lehmler (2015), who found that self-reporting monogamous and consensually non-monogamous (CNM) persons did not differ in likelihood of ever having tested positive for any STI (including HIV, HSV, HPV,

chlamydia, gonorrhea, syphilis, hepatitis, and trichomoniasis), but found that CNM individuals were more likely to use safer sex methods and to have ever been tested for STIs.

### **The 2012 CNM/RNE and 2010-2014 GSS Surveys**

#### *Measure: Sexual Health: HIV Testing*

As mentioned in chapter 2, the CNM/RNE survey asked respondents about their sexual health monitoring and duplicated the question asked of participants in the GSS. CNM/RNE participants were asked to report on whether or not they had ever been tested for human immunodeficiency virus (HIV). “Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include oral tests (where they take a swab from your mouth).” Responses were coded as 1 = “Yes,” 0 = “No,” and “Not sure” was coded as system missing. No other questions were asked of the survey respondents regarding sexual health and testing. Future surveys will examine this issue in more depth.

#### *Results: Sexual Health: HIV Testing*

With the exception of behaviorally gay males who did not differ between the samples (whether multiple-partnered or with a single or no partners), the CNM/RNE sample reported being significantly more likely to have ever had an HIV test than the GSS sample across all groups analyzed for all respondents (Tables VII-1 & 2), as well as those who were multiple-partnered (widowed respondents and behavioral lesbians approached, but did not obtain significance), and those who had only one or no partners (within this category, behavioral bisexuals and lesbians and separated respondents did

not differ) (Table VII-1) in the past 12 months. CNM/RNE respondents' lifetime HIV test rates (82.8%) were nearly double those of GSS respondents (41.7%) and CNM/RNE respondents were 6.80 times more likely to have an HIV test than those in the GSS sample. Tables VII-1 & 2 report on the findings across the groups using percentages of those who have ever had an HIV test.

**Table VII-1 Ever had an HIV test<sup>h</sup>-All Respondents**

Respondents	CNM/RNE 2012:		GSS 2010-14:		$X^2$	$p^i$	OR
	%	<i>n</i>	%	<i>n</i>			
All	82.8	3541	41.7	5797	1659.60	0.000	6.80
US Residents	84.3	2928	41.7	5797	1555.40	0.000	7.58
International Residents	74.9	542			28.54	0.000	0.56
Males	79.6	1403	40.6	2587	615.04	0.000	5.78
Males-US Residents	80.9	1151	40.6	2587	566.90	0.000	6.29
Males-Intl. Residents	73.7	228			6.10	0.015	0.66
BSO <sup>b</sup> Straight	77.9	1056	42.4	1990	389.94	0.000	4.88
BSO Bisexual	91.4	257	75	20	7.86	0.014	4.00
BSO Gay	78.9	52	83.8	68	0.71	0.489	0.68
Females	85.4	1983	42.7	3210	1006.55	0.000	7.94
Females-US Residents	86.9	1679	42.7	3210	954.18	0.000	9.01
Females-Intl. Residents	76	288			23.11	0.000	0.48
BSO Straight	82.8	936	47.5	2251	366.37	0.000	5.41
BSO Bisexual	90.3	898	66.7	27	14.37	0.001	3.79
BSO Lesbian	74.6	110	61.8	55	3.69	0.071	1.86
Non-binary	78.1	155			83.26	0.000	5.02
Non-binary-US Res.	80.6	98					
Non-binary-Intl. Res.	73.1	26			0.704	0.422	0.65

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>h</sup> Sexual Health/HIV test Scale: 0=No, 1=Yes

<sup>i</sup>  $p$ =Fisher's exact

Shaded area compares US CNM with International CNM Respondents

**Table VII-2 Ever had an HIV test<sup>h</sup>-All Respondents by Marital Status**

Respondents	CNM/RNE 2012:		GSS 2010-14:		<i>X</i> <sup>2</sup>	<i>p</i>	<i>OR</i>
	%	<i>n</i>	%	<i>n</i>			
Married	80.3	1555	34.6	2610	888.10	0.000	7.63
US Resident	81.6	1336					
Intl. Resident	71.5	186			10.51	0.002	0.57
Males	74.8	707	33.7	1236	341.56	0.000	5.92
US Resident	76.7	609					
Intl. Resident	62.5	88			8.23	0.006	0.51
Females	86.0	799	35.5	1374	551.72	0.000	10.87
US Resident	86.2	703					
Intl. Resident	82.8	87			0.75	0.414	0.77
Unmarried	84.7	1986	47.5	3184	784.62	0.000	6.25
US Resident	86.6	1592					
Intl. Resident	76.7	356			22.29	0.000	0.68
Males	84.5	696	46.8	1350	290.11	0.000	6.21
US Resident	85.6	542					
Intl. Resident	80.7	140			2.05	0.151	0.70
Females	85.1	1184	48.0	1834	464.56	0.000	6.29
US Resident	87.4	976					
Intl. Resident	73.1	201			26.54	0.000	0.39
Divorced	89.9	651	52.0	946	266.76	0.000	8.20
US Resident	89.2	565					
Intl. Resident	93.9	65			1.36	0.289	1.85
Widowed	83.6	55	18.3	432	120.38	0.000	23.81
US Resident	83.7	49					
Intl. Resident	100.0	4			0.77	1.000	0.84
Separated	83.5	170	55.1	187	36.36	0.000	4.13
US Resident	87.1	117					
Intl. Resident	76.0	50			3.23	0.106	0.47
Never Married	82.0	1110	51.8	1619	290.78	0.000	4.33
US Resident	85.0	861					
Intl. Resident	71.7	237			22.376	0.000	0.45

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>h</sup> Sexual Health/HIV test Scale: 0=No, 1=Yes

<sup>i</sup> *p* =Fisher's exact

Shaded area compares US CNM with International CNM Respondents

Married women in the CNM/RNE sample with HIV testing rates of (86.0%) were 10.87 times more likely to have had an HIV test than married women in the GSS

sample (35.5%). CNM/RNE married women were just as likely to have had an HIV test as were unmarried CNM/RNE women (85.1%), while married women in the GSS were significantly less likely (35.5%) than were unmarried women in the GSS sample (48.0%) to have had an HIV test.

*Sexual Health-All Respondents*

When examining the factors that would predict the odds ratios (OR) for ever having had an HIV test using binary logistic regression (Table VII-3), six factors among the CNM/RNE

**Table VII-3. Binary logistic regressions for ever having an HIV Test-All Respondents**

<i>Nagelkerke R<sup>2</sup> (-2LL, df) X<sup>2</sup></i>	CNM/RNE 2012:					GSS 2010-2014:				
	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>OR</i>
	0.117 (2063.622, 8) 231.256***					0.149 (3721.978, 7) 352.005***				
Female	0.360	0.104	12.092	0.001	1.433	0.120	0.080	2.253	0.133	1.127
Age	0.010	0.004	5.207	0.022	1.010	-0.027	0.003	89.935	0.000	0.974
Sex frequency	0.188	0.034	31.151	0.000	1.207	0.151	0.024	38.198	0.000	1.163
Number of partners	0.221	0.026	69.988	0.000	1.247	0.115	0.034	11.417	0.001	1.121
Education	0.017	0.047	0.131	0.717	1.017	0.087	0.033	6.845	0.009	1.091
Married	-0.360	0.102	12.513	0.000	0.698	-0.480	0.086	31.446	0.000	0.619
Health	-0.003	0.071	0.002	0.964	0.997	-0.192	0.051	14.245	0.000	0.826
International Resident	-0.589	0.126	21.908	0.000	0.555	N/A				

Significant at p ≤ .10‡, p ≤ .05\*, p ≤ .01\*\*, p ≤ .001\*\*\*

population were significant and six were significant for the GSS population.

Among the CNM/RNE sample, being female, being older, having more frequent sexual interaction, and having more sex partners were significant factors in increasing the odds of ever having an HIV test, while being married and being a non-US resident decreased the odds of ever having an HIV test, in this model that explains 11.7% of the variation.

For the GSS samples, being younger, having more frequent sex, more sex partners, being more educated, not being married, and being in poor health, were significant

factors related to the odds of having had an HIV test in this model that explains almost



15% of the variance. Interestingly, income did not significantly affect the probability of ever having had an HIV test among either population.

**Table VII-4 Ever had HIV test<sup>h</sup>-Multiple-Partnered Respondents**

Respondents	CNM/RNE 2012:		GSS 2010-14:		$X^2$	$p^i$	OR
	%	<i>n</i>	%	<i>n</i>			
All	87.8	2629	65.2	753	257.911	0.000	3.95
US Residents	89.3	2176					
International Residents	80.1	402			27.23	0.000	0.48
Males	86.9	1014	61.0	436	142.841	0.000	4.27
Males-US Residents	88.1	838					
Males-Intl. Residents	81.0	158			5.83	0.020	0.58
BSO <sup>b</sup> Straight	85.5	733	58.6	394	115.754	0.000	4.17
BSO Bisexual	91.1	246	76.4	17	5.817	0.032	3.64
BSO Gay	85.7	35	87.5	24	0.328	0.713	0.64
Females	88.8	1512	71.0	317	92.155	0.000	3.44
Females-US Residents	90.2	1278					
Females-Intl. Residents	80.1	221			19.32	0.000	0.44
BSO Straight	87.3	582	72.5	276	41.134	0.000	2.88
BSO Bisexual	90.5	869	64.0	25	13.97	0.001	3.95
BSO Lesbian	80.3	61	53.9	13	4.511	0.038	3.27
Non-binary	82.5	103					
Non-binary-US Res.	88.3	60					
Non-binary-Intl. Res.	73.9	23			2.617	0.173	0.37

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>h</sup> Sexual Health/HIV test Scale: 0=No, 1=Yes

<sup>i</sup>  $p$ =Fisher's exact

Shaded area compares US CNM with International CNM Respondents

### *Sexual Health-Multiple-partnered respondents*

As can be seen in Tables VII-4 & 5, the CNM/RNE multiple-partnered sample was more likely, or as likely in a few sub-categories with small sample sizes, to have had an HIV test across all categories of analysis as were multiple-partnered individuals in the GSS sample. Almost 88% (87.8%) of 2,629 CNM/RNE respondents who were multiple-partnered in the prior year had ever had an HIV test compared with 65.2% of 753 multiple-partnered respondents in the 2010-2014 GSS samples. These differences

**Table VII-5 Ever had an HIV test<sup>h</sup>-Multiple-Partnered Respondents by Marital Status**

Respondents	CNM/RNE 2012:		GSS 2010-14:		$X^2$	$p^i$	OR
	%	<i>n</i>	%	<i>n</i>			
Married	85.1	1147	65.2	66	23.396	0.000	3.06
US Resident	86.8	989					
Intl. Resident	73.9	130			15.229	0.000	0.43
Males	81.5	487	63.2	38	12.203	0.001	2.85
US Resident	84.0	424					
Intl. Resident	63.6	55			13.412	0.001	0.33
Females	88.8	626	67.9	28	9.422	0.006	3.17
US Resident	89.0	554					
Intl. Resident	85.9	64			0.532	0.530	0.76
Unmarried	90.0	1482	65.2	687	229.629	0.000	4.90
US Resident	91.5	1187					
Intl. Resident	83.1	272			17.246	0.000	0.46
Males	91.8	527	60.8	398	140.155	0.000	7.25
US Resident	92.3	414					
Intl. Resident	90.3	103			0.433	0.545	0.78
Females	88.8	886	71.3	289	70.268	0.000	3.46
US Resident	91.2	724					
Intl. Resident	77.7	157			23.411	0.000	0.338
Divorced	92.2	499	68.7	163	72.130	0.000	5.75
US Resident	91.4	430					
Intl. Resident	96.2	53			1.484	0.292	2.40
Widowed	86.5	37	66.7	15	4.058	0.082	3.73
US Resident	88.2	34					
Intl. Resident	100.0	2			0.265	1.000	0.88
Separated	89.9	129	58.8	51	19.083	0.000	4.98
US Resident	91.1	90					
Intl. Resident	86.5	37			0.61	0.521	0.62
Never Married	88.7	817	64.6	458	127.691	0.000	4.48
US Resident	91.8	633					
Intl. Resident	78.3	180			25.512	0.000	0.32

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents’ sex partner(s) during the previous 12 months.

<sup>h</sup> Sexual Health/HIV test Scale: 0=No, 1=Yes

<sup>i</sup>  $p$  =Fisher’s exact

Shaded area compares US CNM with International CNM Respondents

are highly significant. Similarly, CNM/RNE men and women who were multiple-partnered were significantly more likely to have ever had an HIV test than were their counterparts in the general population sample.

Among CNM/RNE respondents who identified as having multiple sex partners in the previous year (Table VII-6), the factors that significantly predicted ever having an HIV test were frequency of sexual interaction, number of sexual partners, not being

married, and not being a US resident in this model that explains almost 8% of the variance. For the GSS sample, being female was the only significant predictor of ever having an HIV test in this model, though it only explains 5.4% of the variance.

**Table VII-6. Binary logistic regressions for ever having an HIV Test-**

<i>Nagelkerke R<sup>2</sup> (-2LL, df) X<sup>2</sup></i>	<b>Multiple-Partnered Respondents</b>									
	<b>CNM/RNE 2012:</b>					<b>GSS 2010-2014:</b>				
	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>OR</i>
	0.079 (1715.592, 8) 103.747***					0.054 (605.135, 7) 19.415**				
Predictors										
Female	0.200	0.133	20.261	0.133	1.222	0.661	0.205	10.412	0.001	1.983
Age	0.007	0.006	1.387	0.239	1.007	0.012	0.008	2.160	0.142	1.012
Sex frequency	0.207	0.048	18.368	0.000	1.230	0.058	0.063	0.864	0.353	1.06
Number of partners	0.134	0.028	22.942	0.000	1.143	0.061	0.036	2.879	0.090	1.063
Education	0.061	0.061	1.006	0.316	1.063	0.141	0.094	2.246	0.134	1.151
Married	-0.474	0.131	13.048	0.000	0.622	0.026	0.333	0.006	0.938	1.026
Health	0.049	0.093	0.274	0.601	1.050	-0.024	0.132	0.034	0.854	0.976
International Resident	-0.837	0.155	29.313	0.000	0.433	N/A				

Significant at p ≤ .10<sup>†</sup>, p ≤ .05\*, p ≤ .01\*\*, p ≤ .001\*\*\*

*Sexual Health-Single- or Unpartnered*

**Table VII-7 Ever had an HIV test<sup>h</sup>-Single-Partnered and Unpartnered Respondents**

<b>Respondents</b>	<b>CNM/RNE 2012:</b>		<b>GSS 2010-14:</b>		<i>X<sup>2</sup></i>	<i>p<sup>i</sup></i>	<i>OR</i>
	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>			
All	67.5	881	38.1	4970	279.882	0.000	3.40
US Residents	69	728					
International Residents	59.7	134			4.42	0.044	0.67
Males	60	377	36.4	2121	79.083	0.000	2.65
Males-US Residents	60.9	307					
Males-Intl. Residents	56.9	65			0.36	0.578	0.85
BSO <sup>b</sup> Straight	60.6	317	38.4	1583	58.616	0.000	2.52
BSO Bisexual	100	5	66.7	3	1.905	0.375	0.29
BSO Gay	64.7	17	81.8	44	1.856	0.196	0.44
Females	73.7	456	39.4	2849	195.965	0.000	4.33
Females-US Residents	75.5	387					
Females-Intl. Residents	62.1	66			5.15	0.034	0.53
BSO Straight	75.1	349	43.9	1947	120.991	0.000	3.88
BSO Bisexual	80	20	100	2	0.051	1.000	1.33
BSO Lesbian	65.2	46	64.3	42	0.055	0.837	1.10
Non-binary	68.8	48					
Non-binary-US Res.	67.7	34					
Non-binary-Intl. Res.	66.7	3			0.001	1.000	0.96

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents’ sex partner(s) during the previous 12 months.

<sup>h</sup> Sexual Health/HIV test Scale: 0=No, 1=Yes

<sup>i</sup> p =Fisher’s exact

Shaded area compares US CNM with International CNM Respondents

Over sixty-seven percent of 881 respondents to the CNM/RNE survey who had only one or no partners in the previous year had an HIV test in their lifetime, statistically significantly more than did the 38.1% of 4,970 respondents to the 2010-2014 GSS surveys. As may be observed in Table VII-7, rates of ever having an HIV test among CNM males did not differ significantly between US residents and males who resided outside the US. However, among CNM women, US residents were significantly more likely to have had an HIV test in their lifetime than were women residing outside the US.

In Table VII-8, percentages of those who are single-partnered or unpartnered who had ever had an HIV test are broken down by marital status. There were no significant differences in the percentages of those ever having an HIV test between those who are CNM and married, divorced, widowed, separated, and never married when analyzed separately. However, as a whole, CNM persons who were unmarried and resided in the US were significantly more likely to have ever had an HIV test than were their counterparts living outside of the US.

As delineated in Table VII-9, among CNM/RNE respondents who had only one or no sex partners in the previous year, being female and having more frequent sexual interaction were significant predictors of having ever had an HIV test, with increasing age being predictive, which explains only 5.1% of the variance. Among similar respondents to the GSS surveys, being younger, having more frequent sex, not married, and being in poorer health were all significant predictors of ever having an HIV test, while having more education was significant in this model that explains 13.6% of the variation.

**Table VII-8 Ever had an HIV test<sup>h</sup>-  
Single-Partnered and Unpartnered Respondents by Marital Status**

Respondents	CNM/RNE 2012:		GSS 2010-14:		$X^2$	$p^i$	OR
	%	<i>n</i>	%	<i>n</i>			
Married	66.5	397	33.8	2525	159.256	0.000	3.85
US Resident	66.3	338					
Intl. Resident	66.7	54			0.003	1.000	1.02
Males	59.5	215	32.8	1191	59.854	0.000	3.05
US Resident	59.3	182					
Intl. Resident	61.3	31			0.042	1.000	1.09
Females	75.2	169	34.8	1334	102.484	0.000	5.52
US Resident	75.2	145					
Intl. Resident	73.9	23			0.017	1.000	0.94
Unmarried	68.4	484	42.5	2442	116.921	0.000	2.98
US Resident	71.3	390					
Intl. Resident	55.0	80			8.157	0.005	0.49
Males	60.5	162	41	929	22.478	0.000	2.22
US Resident	63.2	125					
Intl. Resident	52.9	34			1.18	0.323	0.66
Females	72.8	287	43.4	1513	90.154	0.000	3.57
US Resident	75.6	242					
Intl. Resident	55.8	43			7.21	0.010	0.41
Divorced	81.9	149	48.6	761	56.664	0.000	4.74
US Resident	82.1	134					
Intl. Resident	81.8	11			0.001	1.000	0.98
Widowed	77.8	18	16.4	408	44.831	0.000	18.18
US Resident	73.3	15					
Intl. Resident	100.0	2			0.697	1.000	0.73
Separated	63.4	41	54.1	135	1.825	0.223	1.62
US Resident	74.1	27					
Intl. Resident	46.2	13			3.007	0.155	0.30
Never Married	61.2	276	46.4	1138	21.496	0.000	1.85
US Resident	64.0	214					
Intl. Resident	50	54			3.568	0.063	0.56

<sup>b</sup> BSO=behavioral sexual orientation—reflects the gender of the respondents' sex partner(s) during the previous 12 months.

<sup>h</sup> Sexual Health/HIV test Scale: 0=No, 1=Yes

<sup>i</sup>  $p$  =Fisher's exact

Shaded area compares US CNM with International CNM Respondents

**Table VII-9. Binary logistic regressions for ever having an HIV Test-  
Single-Partnered and Unpartnered Respondents**

Predictors	CNM/RNE 2012:					GSS 2010-2014:				
	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>OR</i>	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>p</i>	<i>OR</i>
<i>Nagelkerke R<sup>2</sup> (-2LL, df) X<sup>2</sup></i>	0.051 (893.029, 8) 27.404**					0.136 (3064.210, 7) 263.793***				
Female	0.623	0.173	12.957	0.000	1.865	0.061	0.088	0.483	0.487	1.063
Age	0.014	0.007	4.466	0.035	1.014	-0.031	0.003	93.516	0.000	0.97
Sex frequency	0.154	0.052	8.800	0.003	1.167	0.156	0.031	24.947	0.000	1.169
Number of partners	-0.590	0.42	1.974	0.160	0.554	0.026	0.159	0.027	0.870	1.026
Education	-0.026	0.077	0.148	0.701	0.971	0.072	0.036	3.898	0.048	1.074
Married	-0.120	0.17	0.495	0.482	0.887	-0.417	0.100	17.494	0.000	0.659
Health	-0.069	0.114	0.361	0.548	0.934	-0.221	0.056	15.749	0.000	0.801
International Resident	-0.163	0.677	0.248	0.455	0.850	N/A				

Significant at  $p \leq .10$ †,  $p \leq .05$ \*,  $p \leq .01$ \*\*\*,  $p \leq .001$ \*\*\*

## LM 2000 Survey

### *Number of Sexual Partners from the LM 2000 Survey Sample*

**Table VII-10. Number of sex partners in the past year (LM 2000 sample)**

Respondents	Ever poly			Never poly			<i>t</i>	<i>df</i>	<i>p</i>
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>			
All	5.77	13.116	852	4.87	15.864	119	0.689	969.000	0.491 †
Straight	4.59	11.032	243	4.14	15.389	42	0.229	283.000	0.819 †
Gay/Lesbian	3.95	4.500	21	2	0.000	2	0.601	21.000	0.554 †
Bisexual	6.68	13.917	303	8.19	21.812	21	-0.462	322.000	0.645 †
Males	6.98	16.056	256	2.23	4.838	40	3.769	198.707	0.000
Straight	4.82	11.436	152	1.06	0.892	31	1.821	181.000	0.070 †
Gay	9.6	6.656	5	2	N/A	1	1.042	4.000	0.356 †
Bisexual	10.54	21.812	93	6.75	9.881	8	0.485	99.000	0.629 †
Females	4.94	10.002	315	6.83	20.157	24	-0.456	23.870	0.653
Straight	4.28	10.545	88	4.33	7.000	9	-0.019	12.084	0.985
Lesbian	2.19	1.109	16	2	N/A	1	0.164	15.000	0.872
Bisexual	5.06	7.991	199	9.08	27.088	13	-0.534	12.137	0.603
Transgender	4.13	2.416	8	N/A			---		
Bisexual	4	2.828	6	N/A			---		

† Equal variances assumed

For comparison with the CNM/RNE 2012 survey and to understand the differences between the different types of CNM explored in the LM 2000 data, Table VII-10 details the number of partners reported more than a decade earlier than the 2012 survey data among those who identified with some form of consensual non-monogamy.

The comparison in Table V-10 is between those who identified as polyamorous versus those who practiced another form of CNM. Independent t-tests of the means were used since the actual number of partners was entered in this survey. As can be seen below, only polyamorous males had statistically significantly more sex partners in the previous year than males who practiced another form of CNM. When comparing the CNM/RNE 2012 multiple-partnered sample with the LM 2000, there were no significant differences in number of sex partners during the previous year for those who had ever been poly and for those who had never been poly.

### *Sexual Health*

As discussed in chapter 4, the LM 2000 sample is comprised primarily of individuals engaging in some form of CNM. Among those who identified as ever being in a polyamorous relationship, 81.9% ( $n=698/852$ ) had had sexual interaction with more than one partner in the previous year. Of those who indicated that they had never been in a polyamorous relationship, 63% ( $n=75/119$ ) had had sexual interaction with only one or with no partners in the previous year. While the mean average number of partners between the two groups were not significantly different, the median and modal differences are worth mentioning. The median and modal numbers of partners in the previous year for those who had ever been polyamorous are three and two respectively, while the median and modal number of partners for those who had never been polyamorous was only one for both measures of central tendency. The results below reveal many commonalities and a few differences regarding sexual health factors between those who explicitly accept and pursue mutually-loving concurrent romantic

relationships in their practice of CNM and those who do not seek to practice CNM in such a way.

In the LM 2000 Survey, respondents were asked about their knowledge of sexual health issues and about specific STIs. The first question asked was, “how much do you know about sexually transmitted diseases or ‘STDs,’ which also used to be called V.D. or venereal disease?” The answer options were, “a lot,” “a fair amount,” “only a little,” “nothing at all,” and “don’t know” and were coded 3, 2, 1, 0, or system missing respectively. The answers from respondents who had ever been in a polyamorous relationship were compared with respondents who had never been in a polyamorous relationship (though some (37.0%,  $n=44/119$ ) of these were involved in another form of CNM, such as swinging, open relationships or marriages, commercial sex work, and others) in two-tailed Mann-Whitney U tests. Those who had ever been polyamorous self-reported having more knowledge about STDs ( $n=850$ ;  $\mu=2.52$ ,  $SD=0.554$ ) than did those who had never been polyamorous ( $n=119$ ;  $\mu=2.28$ ,  $SD=0.663$ ; *Mann-Whitney*  $Z=3.770$ ,  $p=.000$ ).

**Table VII-11. STI knowledge: True or False? (% Correct answers) LM2000**

Respondents <i>STI (Correct answer, Y/N)</i>	Ever poly		Never poly		$X^2$	<i>df</i>	<i>p</i>
	%	<i>n</i>	%	<i>n</i>			
Asymptomatic spread of STDs possible (T)	99.8	846	97.5	116	10.594	1	0.010
STD+ persons may be asymptomatic for months/years (T)	99.8	845	97.5	116	14.745	2	0.013
Having another STD increases chances of HIV transmission (T)	55.0	462	44.5	53	4.613	2	0.100
HIV/AIDS is the only incurable STD (F)	98.7	835	92.4	110	22.221	2	0.000

The second set of questions about sexual health were true/false questions: a, “a person with an STD can spread the STD to a sexual partner even if the person with a STD has no symptoms;” b, “some people with a STD may not display symptoms for months or even years after being infected;” c, “having a sexually transmitted disease other than HIV increases any person’s risk of becoming infected with HIV or AIDS;”



and d, “AIDS is the only STD you have for life.” Responses to these questions were analyzed with two-sided chi-square tests. Table VII-11 categorizes the results.

The third set of questions about STIs that were asked of respondents to the LM 2000 survey were about whether or not specific STIs were curable or not. The specific STIs were: chlamydia, genital herpes, gonorrhea, genital warts or HPV, AIDS or HIV, hepatitis A, hepatitis B, and hepatitis C<sup>9</sup>. Those who had ever been in a polyamorous relationship were more likely to answer the questions correctly across all STI categories, with the exception of hepatitis A, B, and C among which there was significant uncertainty with both groups and no significant differences in the accuracy of their answers. See Table VII-12 for specifics across the categories.

**Table VII-12. STI knowledge: Are these curable? (% Correct answers) LM2000**

<b>Respondents</b> <i>STI (Correct answer, Y/N)</i>	<b>Ever poly</b>		<b>Never poly</b>		$X^2$	<i>p</i>
	<b>%</b>	<b><i>n</i></b>	<b>%</b>	<b><i>n</i></b>		
Chlamydia (Y)	77.8	650	55.5	66	28.177	0.000
Genital herpes (N)	94.4	797	80.7	96	31.822	0.000
Gonorrhea (Y)	87.4	734	72.3	86	22.145	0.000
Genital warts (HPV) (N)	65.5	544	49.6	57	21.313	0.000
HIV/AIDS (N)	98.1	827	91.5	108	17.198	0.000
Hepatitis A (N)	23.0	191	23.7	28	3.348	0.187
Hepatitis B (N)	38.5	319	36.4	43	0.482	0.786
Hepatitis C (N) <sup>11</sup>	53.8	447	41.9	49	6.694	0.035

The fourth set of questions regarding sexual health asked respondents about their subjective risks for acquiring various STIs. They were asked, “how much of a risk do you think you, personally, have of getting...” [a] ‘STDs other than HIV/AIDS or Hepatitis B?’ [b] ‘HIV/AIDS?’ [c] ‘Hepatitis B?’ Answer options were “1=great risk,”

<sup>9</sup> At the time of the 2000 survey, there were treatments for hepatitis C, but no cures. (As of this writing (January 2016), there are a few combination therapies that appear to cure Hep C Type 1, the most common form in North America, in up to 94% of patients, but all therapies are extremely expensive and out of reach for most ((Wapner, 2014))

“2=moderate risk,” “3=not much of a risk,” or “4=no risk at all.” In two-tailed Mann-Whitney U tests, the answers to respondent’s perceived risk of HIV and risk of Hepatitis B between those who had ever been polyamorous and those who had never been polyamorous did not differ significantly. However, for other STIs, those who had *never* been polyamorous perceived themselves to be at greater risk than did those who had *ever* been polyamorous (EverPoly  $n=852$ ,  $mean\ rank=480.35$ ; NeverPoly  $n=119$ ,  $mean\ rank=526.47$ ; *Mann-Whitney*  $Z=2.027$ ,  $p=.043$ ).

The fifth set of questions asked if the respondent “had sexual contact with another person,” which was defined as, “behavior that includes, but is not limited to genital or anal contact by mouth, hand, or genitals be it active or receptive” in the past year and in their lifetime, but did not ask for their number of such contacts or partners. The large majority (95.7%,  $n=806$ ) of those who had ever been polyamorous had sexual contact during the past year, significantly more than those who had never been polyamorous (75.0%,  $n=87$ ;  $X^2=69.237$ ,  $p=.000$ , *Likelihood Ratio* $=47.383$ ,  $p=.000$ ,  $df=1$ ). This result held with reference to 12 months ago or longer, with 97.4% ( $n=707$ ) of those who had ever been polyamorous reporting sexual contact and 85.3% ( $n=81$ ) of those who had never been polyamorous reporting having had sexual contact, which is significantly different ( $X^2=31.985$ ,  $p=.000$ ), *Likelihood Ratio* $=21.402$ ,  $p=.000$ ,  $df=1$ ).

The sixth set of questions asked, “in general, how difficult is it for you to talk with your sexual partners about each of the following: [a] what you feel comfortable doing sexually; [b] concerns about HIV/AIDS; [c] concerns about other sexually transmitted diseases; [d] using condoms; [e] using forms of birth control other than condoms; [f] asking for what you want or desire sexually; [g] risk of infecting each

other with a STD; [and h] getting pregnant?” Answers options were, very difficult, somewhat difficult, not too difficult, not at all difficult and were coded as 1, 2, 3, or 4 respectively. Using two-tailed Mann-Whitney U tests, persons who had ever been polyamorous did not differ significantly from those who had never been polyamorous.

The ease with which those who had ever been polyamorous talked about using condoms with their sexual partners was significantly easier ( $n=825$ ) than among those who had never been polyamorous ( $n=101$ ) (*Mann-Whitney*  $Z=1.797$ ,  $p=.072$ ). When looking at differences by gender, males and transgendered persons did not differ between those who had ever been polyamorous and those who had never been polyamorous. Female respondents who had ever been polyamorous found it both significantly easier talking about condom use (ever poly  $n=306$ ; never poly  $n=20$ ; *Mann-Whitney*  $Z=2.248$ ,  $p=.025$ ) and other forms of birth control (ever polyamorous  $n=292$ ; never polyamorous  $n=20$ ; *Mann-Whitney*  $Z=2.212$ ,  $p=.027$ ) compared to females who had never been polyamorous.

The seventh set of sexual health questions asked of the LM 2000 respondents were: [a] “have you ever been tested for HIV, the virus that causes AIDS; [b] in the last 12 months; and [c] 12 months or longer ago?” Answer choices were “yes, did” and “no, did not.” See Table VII-13 for details. Surprisingly, the HIV testing rates for women whether or not they had ever been in a polyamorous relationship did not differ significantly. The differences between lifetime HIV testing rates between the LM 2000 sample who had ever been polyamorous did not differ significantly from the 2012

**Table VII-13. Had an HIV test? LM 2000**

Respondents	Ever poly		Never poly		$X^2$	$p^i$	OR
	%	n/N	%	n/N			
<i>Past 12 months</i>							
All	47.7	371/777	32.0	33/103	9.037	0.003	1.94
Males	46.2	110/238	18.9	7/37	9.763	0.002	3.68
Females	49.7	144/290	42.9	9/21	0.362	0.653	1.32
<i>12 months ago or more</i>							
All	82.0	647/789	71.3	77/108	6.995	0.013	1.83
Males	84.1	207/246	61.0	24/39	3.55	0.070	2.08
Females	81.1	236/291	68.2	15/22	2.149	0.164	2.00
<i>Ever</i>							
All	85.8	727/847	78.8	93/118	3.996	0.054	1.63
Males	87.8	224/255	76.9	30/39	3.432	0.078	2.17
Females	86.9	272/313	83.3	20/24	0.245	0.543	1.33

<sup>h</sup> Sexual Health/HIV test Scale: 0=No, 1=Yes

<sup>i</sup>  $p$ =Fisher's exact

CNM/RNE multiple-partnered sample among all persons (LM2000 ever polyamorous  $n=727$ , 85.8%; CNM/RNE<sub>MultiPartner</sub>  $n=2629$ , 87.8%;  $X^2=2.338$ ,  $df=1$ ,  $p=.126$ ), among males (LM2000 ever polyamorous  $n=224$ , 87.8%; CNM/RNE<sub>MultiPartner</sub>  $n=1014$ , 86.9%,  $SD=0.338$ ;  $X^2=0.169$ ,  $df=1$ ,  $p=.681$ ), or among females (LM2000 ever polyamorous  $n=272$ , 86.9%; CNM/RNE<sub>MultiPartner</sub>  $n=1512$ , 88.8%,  $SD=0.315$ ;  $X^2=-0.921$ ,  $df=1$ ,  $p=.337$ ).

The eighth set of questions asked participants if they had “ever been tested or examined for any of the following:” [a] chlamydia; [b] genital herpes or HSV 1; [c] HSV 2 (the questionnaire misidentified the HSV type generally blamed for genital herpes and accurate, commercially available serological testing had just emerged at the time of the survey (Wald and Ashley-Morrow, 2002); the results of the questions about HSV-1 & 2 are not reported due to confusion with the questions asked); [d] gonorrhea; [e] genital warts or HPV; [f] trich or trichomoniasis; [g] syphilis; [h] hepatitis A; [i] hepatitis B; [j] hepatitis C; [k] pubic lice/crabs; and [l] other STDs. I did not include

results from the hepatitis A tests as Hep A is more likely transmitted through non-sexual routes, such as food. Consistent with the norm for robust attention to sexual health among the polyamorous communities, more of those who had ever been polyamorous ( $n=291$ , 34.4%) had had more than one HIV test during their lifetime as compared with 14.4% ( $n=17$ ) of those who had never been polyamorous. Likewise, those who had ever been in a polyamorous relationship were more likely to have had testing for other STIs over their lifetime (see Table VII-14).

**Table VII-14. Sexual Health<sup>h</sup> Monitoring (Ever tested/examined for:) LM 2000**

Respondents	Ever poly		Never poly		$X^2$	$p^i$	OR
	%	$n/N$	%	$n/N$			
Chlamydia	65.6	490/747	41.0	41/100	22.811	0.000	2.744
Gonorrhea	66.5	513/771	45.6	47/103	17.251	0.000	2.369
HPV	51.1	369/722	35.0	35/100	9.119	0.003	1.941
Trichomoniasis	44.9	278/619	22.5	20/89	16.074	0.000	2.813
Syphilis	61.5	462/751	45.6	47/103	9.495	0.003	1.905
Hepatitis B	50.2	327/652	40.9	38/93	2.813	0.097	1.456
Hepatitis C	41.5	260/626	33.7	30/89	1.979	0.168	1.397
Pubic lice	40.6	297/731	29.8	31/104	4.470	0.041	1.611

<sup>h</sup> Sexual Health Test Scale: 0=No, 1=Yes

<sup>i</sup>  $p$  =Fisher's exact

The ninth topic questioned of respondents to the LM 2000 survey asked about conversations with partners prior to sexual activity. The first question in this topic was, “how often do you have a conversation before sexual contact with new sexual partners about your risk of infecting each other with a sexually transmitted disease? (check one box only)” Answer options were, “all of the time,” “most of the time,” “only sometimes,” “never,” and “I have not had a new sexual partner in the past 5 years.” The results are detailed in Table VII-15.

**Table VII-15. Conversation frequency about sexual health before sex with new partner? LM 2000**

Respondents	Ever poly		Never poly		$X^2$	df	p
	%	n	%	n			
All the time	50.0	421	28.0	33			
Most of the time	27.0	227	26.3	31			
Sometimes	15.3	129	11.0	13			
Never	2.0	17	12.7	15			
Not had new sex partner past 5 years	5.7	48	22.0	26			
<b>Total</b>	100.0	842	100.0	118	83.258	8	0.000

The second question in this topic was, “if you have/had a STD, how often do you tell your partner(s) BEFORE engaging in any sexual contact/activity? (check one box only).” Answer options were, “I have always told my sexual partners,” “I have sometimes told my sexual partners,” “I have never told my sexual partners,” “I have never had sexual contact with someone while also having an STD,” “I have never had or known I’ve had a STD,” and “I have never had sexual contact with someone.” Tables VII-16 & 17 delineate the results of analyses of these answers between those who had ever been poly and those who had never been poly.

**Table VII-16. How often had conversations about having an STD before sex with partner(s)? LM 2000**

Respondents	Ever poly		Never poly		$X^2$	df	p
	%	n	%	n			
Never had an STD	52.7	422	63.4	71			
Never had sex while having an STD	13.5	108	13.4	15			
Always	22.3	179	11.6	13			
Sometimes	10.7	86	8.0	9			
Never	0.6	5	0.9	1			
Never had sex	0.1	1	2.7	3			
<b>Total</b>	100	801	100.0	112	27.146	10	0.002

Those who had ever been polyamorous were more likely to have always had conversations about sexual health issues with new partners than were those who had never been in a polyamorous relationship. In order to assess the difference in the consistency of having a sexual health discussion prior to having sex with a new partner, The variable was coded as: “all of the time”=1; “most of the time”=2; “some of the

time”=3; “never”=4; “have not had a new sex partner in the past 5 years” was coded as system missing. In Mann-Whitney U tests, those who had ever been poly had more consistent conversations about sexual health ( $n=794$ ,  $mean\ rank=433.38$ ) than those who had never been poly ( $n=92$ ,  $mean\ rank=530.86$ ; Mann-Whitney  $Z=3.781$ ,  $p=.000$ ). A larger percentage (22.0%,  $n=26/118$ ) of those who had never been poly had not had a new sex partner in the past five years than were those who had ever been poly (5.7%,  $n=48/842$ ) (see Table VII-15).

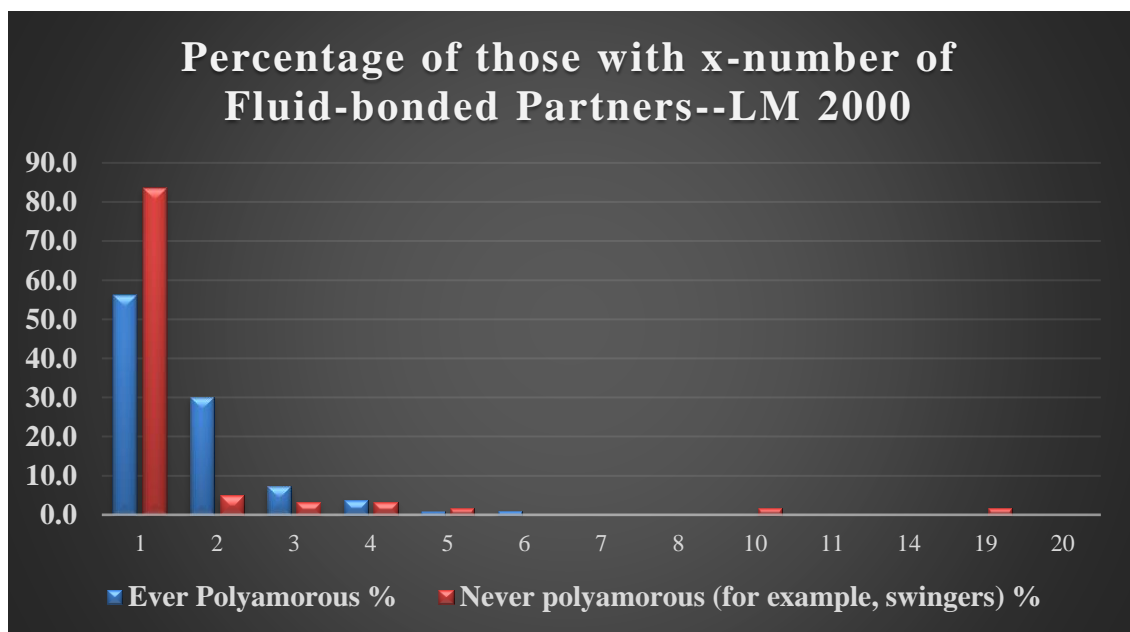


Figure VII-3: Percentages of those who had ever been polyamorous compared to those who had never been polyamorous (for example, swingers) by number of fluid-bonded partners.

Figure VII-3 illustrates the distribution of the number of fluid-bonded partners between those who had ever been in a polyamorous relationship from those who had never been in a polyamorous relationship. However, the means for those who had ever been poly ( $n=685$ ,  $\mu=1.73$ ,  $SD=1.359$ ) were not statistically significantly different from those who had never been poly ( $n=61$ ,  $\mu=1.72$ ,  $SD=2.640$ ;  $t=0.028$ ,  $p=.977$ ).

As can be seen in Table VII-16, just over half (52.7%,  $n=422/801$ ) of those who had ever been poly had never had an STI, compared with close to two-thirds (63.4%,  $n=71/112$ ) of those who had never been poly. There was no difference between those who had ever been poly compared to those who had never been poly concerning abstaining from sexual contact when having an STI (Ever poly  $n=108/801$ ; 13.5%; Never poly  $n=15/112$ , 13.4%). To state the obvious, more of those who had never been poly had never had sexual contact with another person compared with those who had ever been poly.

To assess whether the groups differed in disclosing their testing positive for an STI, the answers of respondents, as follows: “always told my sexual partners”=1; “sometimes told my sexual partners”=2; “never told my sexual partners”=3; and all other answer options were coded as system missing, were compared using a Mann-Whitney U test. The results indicated that there was no significant difference between those who had ever been poly ( $n=270$ , *mean rank*=145.80) and those who had never been poly ( $n=23$ , *mean rank*=161.09; Mann-Whitney  $Z=1.004$ ,  $p=.315$ ) in the rates at which they disclosed their having tested positive for an STI.

The tenth set of questions about sexual health among the LM 2000 survey respondents asked about sharing of body fluids during sexual interaction. Participants were asked, “do you have a fluid-bonded partner or partners?” Answer options were “yes” or “no.” A larger percentage of those who had ever been poly (84.3%,  $n=697/827$ ) had fluid bonded partners than those who had never been poly (76.9%,  $n=70/91$ ), but this difference only approached statistical significance ( $X^2=3.229$ , *Likelihood ratio*=2.973,  $df=1$ , *Fisher’s exact*  $p=.075$ , *OR*=1.608).



**Table VII-17. Number of sex partners, by CNM type: LM 2000**

<b>Respondents</b>	<b>Yes</b>			<b>No</b>			<b>t</b>	<b>df</b>	<b>p</b>
	<i>mean</i>	<i>SD</i>	<i>n</i>	<i>mean</i>	<i>SD</i>	<i>n</i>			
Ever Poly?	5.19	10.904	685	2.90	4.795	61	1.622	744	0.105
Fluid-bonded	1.73	1.359	685	1.72	2.640	61	0.028	744	0.977
Currently Poly?	5.77	11.592	525	4.00	10.875	166	1.736	689	0.083
Fluid-bonded	1.82	1.414	525	1.41	1.129	166	3.450	689	0.001
Open to Poly?	3.37	7.507	209	2.36	2.468	14	0.504	221	0.615
Fluid-bonded	1.51	1.730	209	1.36	0.842	14	0.322	221	0.748

Table VII-17 breaks down the number of sex partners in the previous year as well as the number of current fluid-bonded partners by polyamorous status. The only category where there was a statistically-significant difference was in the number of fluid-bonded sex partners and only those who were currently poly had significantly more fluid-bonded sexual partners than those who were not currently poly. There were no other significant differences regarding number of sex partners in the previous year or current fluid-bonded sex partners.

**Table VII-18. With non-fluid bonded partners, how often did you use condoms? LM 2000**

<b>Respondents</b>	<b>Ever poly</b>		<b>Never poly</b>		<b>X<sup>2</sup></b>	<b>df</b>	<b>p</b>
	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>			
All the time	45.8	364	25.6	22			
Most of the time	16.8	133	7.0	6			
Sometimes	6.4	51	8.1	7			
Never	8.1	64	22.1	19			
Only have sex with fluid-bonded partner(s)	22.9	182	37.2	32			
<b>Total</b>	100	794	100.0	86	46	8	0.000

Participants were then asked about condom use with non-fluid-bonded partners. Specifically, they were asked, “with non-fluid bonded partner(s), in general, how often did you use condoms or any other types of barrier protection when you had sexual contact in the last year?” Answer options were: [a] “all of the time;” [b] “most of the time;” [c] “only sometimes;” [d] “never;” [and e] “I only have contact with fluid-bonded partners.” Table VII-18 describes the distribution of responses.

The distribution of answers was significantly different between those who had ever been poly compared with those who had never been poly ( $X^2=35.016$ , *Likelihood ratio*=32.487, *df*=4, *p*=.000). In order to assess if those who had ever been poly differed from those who had never been poly in their consistency of using condoms with non-fluid-bonded partners, comparisons of the two samples were made using a Mann-Whitney U test. Answers to this question were coded as follows, “all of the time”=1, “most of the time”=2, “only sometimes”=3, “never”=4, and “only have sex with fluid bonded partners was coded as system missing. The results revealed that those who had ever been poly were significantly more consistent in their use of condoms with non-fluid-bonded partners (*n*=612, *mean rank*=325.75) than were those who had never been poly (*n*=54, *mean rank*=421.29; *Mann-Whitney Z*=3.926, *p*=.000).

The eleventh, and final, series of questions asked about sexual (and reproductive) health from the respondents to the LM 2000 survey inquired about their experiences with doctors and health care providers (Table VII-19). The survey participants were asked, “has your doctor or health care provider ever asked you about any of the following? (check one box for each statement) [a] your sexual behaviors [b] sexually transmitted diseases [c] birth control [d] a polyamorous relationship you are in or were in.” Answer options were “yes” or “no.” Curiously, respondents were asked again about whether or not they had ever been in a polyamorous relationship for this question. With the instructions to check only one box in this section, 12 of the 119 (10.1%)

**Table VII-19. Questions from doctor or health care provider about (% answering "Yes") LM 2000**

Respondents	Ever poly		Never poly		$X^2$	$p^i$	OR
	%	<i>n/N</i>	%	<i>n/N</i>			
Your sexual behaviors	52.3	435/831	44.9	35/78	1.595	0.236	1.595
STDs	57.4	476/829	45.9	50/109	5.172	0.024	1.591
Birth control	49.4	402/813	30.4	31/102	13.200	0.000	2.240
Being in poly relationship	17.2	141/818	1	1/110	17.173	0.000	19.786

<sup>i</sup> $p$  = Fisher's exact

respondents who had never been poly checked that they had never been in a poly relationship. It is unclear how many of these did not answer the yes-no questions, but it was no more than nine of the 119 (7.6%). Those who had ever been poly were more likely to have been asked about STDs, birth control, and about being in a poly relationship by their doctor or health care provider than were those who were never poly, even though they were non-monogamous. It is not clear whether these questions were asked due to patient disclosure during the visit when asked or in a previous disclosure. It is notable that conversations are not held more commonly with health care providers, given the importance that polyamorous persons place upon sexual health and sexual health testing, although it may be that they perceive that they have adequate knowledge about sexual health care and do not need to seek information from their providers.

## Discussion

Across nearly all categories available for analyses, the CNM/RNE 2012 sample was significantly more likely to have had an HIV test than were their counterparts among the GSS 2010-2014 samples. The only exceptions were among behavioral lesbians and gay men, whose rates of HIV testing did not differ significantly between the samples. Among the CNM/RNE sample, behaviorally bisexual males' rates of testing (91.4%) was significantly higher than their counterparts in the GSS samples.

The full samples shared several common predictors of ever having an HIV test, as well as a few differences. Being female, having more frequent sex, having more sexual partners, and not being married were all common predictors of having had an HIV test. The differences were primarily among the GSS samples with additional factors of being younger, having more education, and being in worse health being significant predictors of ever having an HIV test; none of these were significant for the full CNM/RNE sample.

Within the sub-samples of those who were actively non-monogamous during the previous year, the CNM/RNE sample was significantly more likely to have ever had an HIV test across nearly all categories, with the same exceptions noted among the full sample. For the CNM/RNE sample, having more frequent sex and with more sexual partners were significant predictors of ever having an HIV test, which is consistent with risks associated with contracting HIV and other STIs. This finding is consistent with previous research among CNM versus persons who engage in clandestine non-monogamy that those who practice consensual non-monogamy demonstrate greater concern for their sexual health (Conley et al., 2015a; Lehmiller, 2015), are more likely to use condoms with their partners (Conley et al., 2012b; Lehmiller, 2015) and use them correctly (Conley et al., 2013a) during sexual interaction, and are more likely to have conversations with their partners about sexual health issues (Conley et al., 2012b).

Based upon the qualitative data found in this chapter as well as the quantitative data analyzed above from the LM 2000 survey, those who practice CNM, especially polyamory, are more likely to be more informed about sexual health and sexual health risks, have consistent discussions with their partners and potential partners about sexual

health matters, and to have more accurate information about STIs and their prevention, testing, treatment, and risks than those who engage in other forms of non-monogamy, including swinging, open marriages/relationships, and other forms of CNM where the possibility and practice of loving more than one person concurrently is not intentionally pursued and acted upon. Actively polyamorous persons have more fluid-bonded partners than do those who are not polyamorous; it is likely that these risks are offset by better sexual health knowledge and practices. However, there is no evidence to suggest that those who are not polyamorous are at greater risk for contracting and STI than those who are polyamorous. Hence, Hypothesis Five that predicts that CNM persons will demonstrate greater attention to their sexual health is strongly supported. Further research in this area is warranted to determine if certain types of CNM provide less, or greater, risks to sexual health.

## **Conclusion**

Based upon the findings discussed above, those who practice consensual non-monogamy, especially those who are open to loving more than one concurrently, take their sexual health very seriously. They generally participate in communities where sexual health education and education about sexualities in general is consistent, accurate, and where consistent evidence-based knowledge is applied in their personal and collective *habitus* (Bourdieu, 1977). Hence, the findings of Lehmler (2015) that those who practice CNM and engage with multiple partners have similar rates of STIs as those who are monogamous, while counterintuitive, are logically consistent with the qualitative and quantitative data analyzed and discussed above. The results discussed above also are consistent with the findings of Conley et al. (2015a; 2012b). It is

important for public health professionals, sex educators, counselors, and therapists, marital and relationship counselors and therapists, and others concerned with the sexual health of individuals across the lifecourse, such as policy makers and educational professionals to understand that those who practice CNM and risk-aware sexualities may be considered as models for behavior, discourse, peer-based education, and successful mastery of sexual health knowledge—models that may be used for interventions among other populations and age groups where there are high rates of STIs and sexual health risk-taking.

## Chapter 8:

### **Diversities, Adversities, Perversities, and Sexualities over the Lifecourse: Stigma, Prejudice, Discrimination, Trauma, Resilience, and Health**

People who are polyamorous or consensually non-monogamous (CNM) routinely face harsh condemnation from persons and institutions who are part of the mononormative and heteronormative majority society in which they live. Rambukkana (2015) argues that heteronormativity and mononormativity are part of collective mono-sensibility, where humanity's natural, radical sexual pluralism has been flattened into a single socially-validated model in the West, loving only one person of the opposite gender. These normative mono-centric models are socialized and re-socialized from infancy throughout the lifecourse, though there are many traditional cultures where pluralism is the socially-preferred orientation (Rogoff, 2003). Psychologically healthy individuals and relationships are able to transition from sexual mono-sensibilities towards more pluralistic models of relating (Firestone et al., 2006), but this transition is difficult and is often opposed by the majority society seeking to reinforce mono-sensibility as a social norm.

#### **Ethnographic Vignettes**

##### *Poly Awareness Group Discussion*

Consider this discussion among a composite of three groups held between 2005 and 2007 of adults from 21-59 years of age living in the Southwestern US as they responded to two videos about polyamorous families, CNM, and sexual health. Each of these group meetings were open to the public with all welcome to attend. I have woven similar individual responses together in order to maintain anonymity. One of

these groups was part of public event hosted by several organizations, including a few community-based non-profits and an interfaith group who were promoting awareness of sexual health and sexual diversity, to which I had been invited to speak about sexual health. These focus group participants were selected (from those attending the session where I and others presented) by colored strips of construction paper placed randomly on empty chairs and invited to participate in one of three focus groups hosted by event sponsors. Focus group participants were asked to complete a form that gave a brief description of the purpose of the focus group (to raise awareness of and accurate knowledge about polyamory/CNM) and that asked for participants to volunteer a few demographic details (age, gender, religious/faith affiliation).

The first video presented to the focus group was from a television program produced in the UK and featured three middle-class, white coresident family units. One is living in the western UK, consisting of a vee (a CNM configuration with one person having a sexual relationship with two persons, but those two do not have a sexual relationship with each other) of two males and one female, with children fathered by both men. Another white middle-class family unit living in Australia consisted of a triad (a CNM configuration with each person being sexually or romantically interactive with the others) consisting of two females and one male. The third white, middle-class family unit, living on the southern coastal region of the UK, consist of a poly-mono couple with children, where the male is monogamous and the female is polyamorous. Some of the scenes highlight affection, including cuddling and kissing, between all three individuals and other scenes feature typical family settings with children playing at a park, in the home, and gathering around the table for mealtime. The second video was



produced in the US at an informational event for alternative sexualities in New York City and featured polyamorous/CNM persons describing their experience with CNM and answering questions from the audience. The videos discuss jealousy, scheduling, disappointments, heartbreaks, and multiple-partner concurrency.

While there were a few individuals in the focus group who approached the topic of polyamory and CNM with an open mind, were non-judgmental, or defended others' "right to live their lives as they see fit," the majority of responses ranged from shock, outrage, condemnation based upon moral grounds, and accusations of substance-impaired thinking articulated by one woman in her early 30s:

...this [information about and display of CNM] was shocking...I feel sick...like I've been punched or something. How can these people, who live in western culture, in a developed country, feel this is in anyway normal? I feel like they should know better. The whole time I was watching, I was wondering if these people were smoking something or if they just lack a moral compass...a moral foundation...who were their parents? What were they taught as kids? Have they no respect for decency...for each other? Relationships are hard enough just being monogamous and to add more people to the equation is not just immoral, but unnecessary.

Others, in this case all female (the males were less vocal in expressing opposition), expressed distaste about the idea of having to share a partner, asserting a kind of ownership or possession of their current mate, often while accusing CNM persons of being incapable of fidelity, loyalty, compersion (feelings of joy that are experienced while contemplating or witnessing the satisfaction or pleasure of a partner as they love and are loved by another), or love:

I feel that it is not really a relationship, because there is not love, respect, faithfulness, or integrity...I did not see commitment to one another...it's just about pleasure and satisfaction. I am sure they do not know the word faithful. *-24-year-old woman*

It would be unconceivable to think that I would openly share my lover with other people and knowingly be friends with that person. Jealousy is a problem in relationships and [I] find it hard to grasp the ideals of 'compersion.'—*26-year-old single woman*

I think it's absolutely bizarre and I would never be able to do that. What's mine is mine and I most definitely do not want to share my husband with anyone! But to each their own... I do not judge anyone, ever. —*Married woman in her late 20s*

I cannot agree with polyamory at all. I am big on loyalty and commitment to *one* person. The thought of having multiple partners, or sharing is a major turn off...I feel it defeats the purpose of being in a relationship... to see love and relationships being handled rather casually was hard for me to comprehend. What good can possibly come of this? —*Married mother of two children in her early 30s*

Others nodded in agreement with the words of one 40-something year old mother who believed that CNM and polyamory are merely excuses or semantical doublespeak for sexual infidelity:

Polyamory looks like an excuse to have both a marriage and boyfriends or girlfriends legitimately without all the accusations of cheating and supposed jealousy, which is a basic human emotion.

I agree with you. Polyamory just sounds like a fancy word for cheating. —*22-year-old single woman*

Several agreed that CNM places participants at higher risks for STIs.

I can't understand why anyone would want their partner to sleep with others. That's just nasty. It's a good way to spread VD. I think it stains the sanctity of what should belong only to the couple. —*59-year-old woman*

Concerning the perception of possible harm to children, a fifty-five-year-old married mother and grandmother expressed:

In my opinion, [CNM persons] are a group of selfish adults that give little thought to what they are doing to their children's future. In the 1980's, these people were called swingers. I grew up with some of [these swingers'] children, who...have had a horrible life... [filled with] drinking, drugs, domestic abuse, infidelity, depression and suicide...all

of which I personally believe [can be attributed to their experiences in the home as children]. Be not deceived...God is not mocked, for whatsoever a man sows that he will reap, in abundance! [loosely quoting Galatians 6.7]

In response, a thirty-one-year-old single male concurred:

I share your concerns about the polyamorous group. I wondered about the impact it was having on the young girl [from one of the families featured] that was present in the video and any other children that might have been part of a polygamist or swingers family. There seemed to be a very open sexual atmosphere presented in the video that alone can have a strong impact on a child who has not matured enough to understand fully and make decisions on the matter. I think it is selfish in some respects...

He, like a few others, felt that CNM was evidence of defective psychological health within those who practice it and had the potential to be contagious. He continued:

[It's] also a strange twist on poor self-confidence and self-image. I've seen studies that research the long term effects of multi-partner or open relationships and they all seem to suggest that it is not good for mental health. This applies to those involved but I'm sure it also has a ripple effect on those children who grow up surrounded by it. I think the social deviance of the parents sets an example that causes their children to question *all* boundaries. I think that without boundaries, people, especially young people, don't know or respect limits and then push them until they go [too far...causing] a great deal of self-harm...

Not all were oppositional (or among the silent majority). A male in his late fifties stated tongue in cheek,

Y'all should get out of the city more...but seriously, I think it's pretty common in nature and I don't think we humans are quite as advanced as we would like to believe. It seems like what they're doing makes them happy...to each his own.

His wife jabs him in the ribs and banters, "Don't you get any wild ideas; I still have my knife...you're a bit old to be cut." Her husband laughs as a younger man in his 30s quips, "I don't think she liked what you said!" "Yes sir, I think you're right!"

The focus group leader engaged with those who had expressed opposition, pointing out that similar beliefs were held towards interracial marriages, LGBTQ

persons, and many other minority groups who have faced discrimination historically. She stated that there was no credible research that suggested that CNM was harmful to anyone, including the children of CNM parents, but that some anecdotal information that had been discredited had gained currency as it reaffirmed people's prejudicial views. As she reminded participants of how prejudice, stigma, and shaming had exacerbated the international HIV/AIDS epidemic, the trend in responses, even among those who had previously been oppositional, became more accepting, tolerant, and suggested a willingness among many to reconsider their views.

As discussed earlier, there is no evidence that families where one or more person is polyamorous is detrimental to children, but there is evidence that children growing up in such families have some advantages, including multiple-adult economic, emotional, and intellectual support often in the face of stigma and shame associated with non-normative relationships, additional role models, emotional and age-appropriate honesty, and may fare better than children growing up in monogamous nuclear families, especially as it relates to navigating adolescence, puberty, and emerging sexualities, including those outside of social norms, with guidance from multiple adults who have significant experience communicating about these topics (Pallotta-Chiarolli, 2002; 2006; 2010; Sheff, 2010; 2014). Nor is there evidence supporting the assertion that the children of swingers are more at risk for addictive processes, substance use/abuse, depression, or suicide, even though beliefs that they are harmful are commonplace. What *is* harmful to children who live with polyamorous or other CNM parents or alloparents is the prejudice, harassment, self-righteous condemnation, and legal persecution by other family members, acquaintances, law enforcement, child protective

services staff, judges, and counselors who are misinformed about polyamory and CNM (such as the adult male above), poly-phobic, or who are intent on using the CNM person's unprotected minority status as a means to shame or strip them of parental rights, employment, or resources needed to support their children. Sequelae arising from these types of discrimination and harassment, including economic deprivation, inequality, poverty, racism, and nutritional and housing insecurity, are all factors that are associated with risks to children.

In contrast to the opinions voiced about CNM relationships being inauthentic and based upon sensual pleasures rather than love, loyalty, and fidelity, in my research with those who are CNM, I found relationships that are real, generally stable, interdependent, generous, and based upon honesty, trust, loyalty, commitment, and fidelity (as defined within the context of CNM). Again, to quote Judith Butler:

Those who live outside the conjugal frame or maintain modes of social organization for sexuality that are neither monogamous nor quasi-marital are more and more considered unreal, and their loves and losses less than 'true' love and 'true' losses. The derealization of this domain of human intimacy and sociality works by denying reality and truth to the relations at issue. (2004, pp. 26-27)

CNM relationships often face stiff and very real winds of opposition from mononormative society that provide ample disrupting challenges.

*Rose*

Rose is 32 years old, her hair is dyed to a mauve color, her eyes are vivid azure-blue. Her hair looks to be soft to the touch, she is attractive, calls herself a pansexual (open to sexual relationships with persons of all genders, gender identities, biological sex, and transitional states) curvy girl, and speaks with a slight speech impediment. Her

fingers and toes are impeccably manicured and her fashionable casual clothing highlights her shapeliness.

We have met at a Mexican restaurant in a rural farming town in the Southwest for lunch. After we exchange greetings, and order our food, I reiterated the purpose of our meeting, that I am interested in exploring how religion has impacted individuals and couples who participate in a non-monogamous lifestyle.

Rose was born into a Baptist Church-attending home, but when she was three, her parents joined a Methodist Church in a Midwestern state into which she was later baptized and confirmed as a teenager. She was the youngest child among three siblings, all girls. She is significantly younger than her older sisters, who both had become pregnant out of wedlock as young teenagers. Her mother had high expectations for Rose, after the “disappointments of her older sisters.” Rose felt intense pressure to conform to an ideal image based upon filial, religious, and moral piety.

Rose has been married for thirteen years to her “high school sweetheart and best friend.” Even as they were dating in high school, they were openly non-monogamous. Neither felt threatened by the other’s sexual or emotional relationships with other people while they were dating. Rose indicated that this was critical to her as she has sought to “live a life of being intentionally open to love and to hearts...those I meet that resonate with mine. I could not live in a cage.” Because of her and Chris’ ability to trust and love each other while each pursued other relationships, they decided that they had something ‘pretty rare’ and chose to marry shortly after graduating high school. Their first child, a girl, was born a year later, followed by two boys, three and five years into their marriage respectively.

Rose indicates that her relationship with her mother had been nurturing and supportive throughout childhood, though her mother experienced periodic episodes of anxiety and depression. Her mother had encouraged her to date around during high school and supported her decision to marry her best friend and high school love, Chris. After Chris completed his bachelor's degree in petroleum engineering, he received an excellent job offer from a major oil and gas company in the Southwestern US. He accepted the offer and moved his young family to this rural farm community where we have met, which is about 30 minutes from his work. This community reminds them of their hometown and they have made many friends here, including several with whom they have sexual and emotionally intimate relationships.

Rose's mother had a difficult time seeing her youngest daughter move away with her grandchildren and made trips to see them nearly monthly. During the first summer break, Rose let her mom take her children back with her for two weeks, at which time Rose would travel up, spend a week visiting and then return to the Southwest. When Rose followed two weeks later, her mother met her at the door of her childhood home, told her that she was no longer welcome and that she had been granted legal guardianship for Rose's children on the grounds that Rose and her husband's non-monogamy was 'abusive and morally damaging to the children.' Her children had been taken to a secret location and she was not able to find them or see them before she had to return home. She did find her youngest son's "binkie" in the landscape bed along her mother's driveway, which she still has today. Rose's eyes are red and tears stream down her face as she recounts this traumatic experience, traumatic for herself and for her children. Two years passed before Rose was able to see her children again after tens of

thousands of dollars in legal expenses challenging her mother's and home state's child protective services' (CPS) decisions, stalling tactics, obfuscations, and assertions of discreditable stigma (Goffman, 1963) upon Rose and Chris. Rose saw her children that day for a few moments before they were whisked away screaming for their mother.

Rose and Chris had talked with Rose's mother on numerous occasions about their practice of CNM (even as they dated during high school), but she seemed to assume it was related to the errors and follies of youth. In Rose's mother's view, marriage and parenthood were time for these immoralities and indiscretions to cease. She was also concerned that Rose and her husband would no longer be able to pass as a normal, heterosexual, monogamous married couple as their children grew older and became aware of their parents' additional romantic relationships and could be outed, bringing possible shame to her (Rose's mother) or, in a strangely ironic preemptive twist, removal of the children by local CPS. Rose indicated that her mother's objections to their CNM was partly based upon statements made by her friends within the Baptist and Methodist religions about the 'uncompromising biblical standard for monogamy,' an absolute truth claim that does not withhold scrutiny (many of the Biblical characters, patriarchs, and attributed authors of the Bible were non-monogamous, including Abraham, Moses, David, Solomon, and others), but, as such fictitious claims to absolute truth often do, form the "justification" for religious people's commission of evil (Kimball, 2002), especially towards those who practice CNM.

Rose's story has a happy ending for her, but the pain and loss still shake her composure. Eighteen months ago, she received a call from a cousin to whom Rose's daughter had fled with her younger brothers in tow across state lines. Rose's mother had



been experiencing severe depression resulting in episodes of violence towards her grandchildren. After more than four years' separation, Rose and Chris were able to regain legal custody of their children who once again live at home with their parents. Their oldest child sees a therapist once per week to address the trauma of being taken from their parents by someone they thought was trustworthy and the state institution charged with protecting children from harm. According to Rose, her daughter finds her parent's relationship style to be a "little weird," but also enjoys the love, affection, and support of having not only both parents at home, but also their "friends" who are available to talk or shop with as well. Rose and Chris have made conscious decisions not to change the way they relate to others, including their other partners, rather including them intentionally as part of a small, but strong and tested-by-fire, community of resilience and support.

It is somewhat paradoxical that the relatively new family form (the nuclear family) in the West, which came into vogue in the 1950s and has led to significant social isolation of young parents and their children within the nuclear family, as well as elder grandparents (all of whom could benefit from the shared resources of wisdom, time, energy, child-rearing expertise, and economic and emotional support), displaced the more traditional co-residency of extended, multi-generational families (which have a lot in common with many polyamorous families) and is now held as the ideal family type for few legitimate reasons other than collective historical amnesia and nostalgia (Coontz, 2000). Polyamorous persons who live in extended fictive kinship families, whether or not they are co-resident, provide mutual support and enable resilience in the

face of significant opposition from both true kin and others who seek to shame, criticize, out, manipulate, threaten, or otherwise damage.

As polyamorous families have arisen and grown in popularity in the past 30 years in the US, the coincident sociocultural factors that drive common problems faced by individuals and families (such as growing inequality, stagnating wages for the middle class, increasing rates of two-person household incomes needed in order to realize the American dream of home ownership, child-care out-costing lower wage-earner's salaries, sex-phobias due to HIV/AIDS, etc.) and that cannot be resolved easily result in individuals and families thinking about the ways that society at large contributes to family challenges and concerns. Polyamorous families form a type of fictive kinship based not upon variable kinship terms and adoptive practices, but on relational connections that are continually being made and re-established over time. Furstenberg's "Can Marriage be Saved" (2005) discusses how, in spite of popular perceptions and the vocalizing of social conservatives about the importance of marriage in the outcome of children's education, the core drivers of child educational outcomes are sufficient economic resources and healthy parents and/or alloparents (Hrdy, 2009). Polyamorous persons bonded by love provide an alternative to the modern family that draws from much older and traditional family styles to provide additional support and resources for the benefit of their children and as such, tap into the key drivers of optimal outcomes for children.

CNM persons may also face adversity and threats as a result of the relationships they choose to enter. Some examples are relationships with persons who claim being ethically non-monogamous, but are in fact using polyamory as a cloak for marital

infidelity to an unsuspecting partner who understood their relationship to be monogamous. When the truth comes out, as it always does eventually, the person actually practicing CNM is often singled out for being the “other man/woman,” and may have their own credibility for ethical non-monogamous practice damaged, especially in the societal relationships in which they exist. Additionally, they may be subjected to threats of harm, and/or actual harm, from the jilted partner.

In other cases, especially when a person begins to come to understand their inclination towards CNM, but are within an existing committed relationship, the process of negotiating opening a marriage or committed relationship is often deeply threatening to the monogamously-oriented partner. These deep-seated threats may be due to poly-phobia—fear or shame about CNM as a practice and of those who engage in CNM or are oriented towards it, even if not practicing actively, as those who are: promiscuous; lack maturity (or who don’t act their age); unable to make commitments (Deri, 2015); indecisive; experiencing a mid-life crisis; sex-addicts; sexual deviants; and other pejorative characteristics or schemata—on either or both person’s part (internalized poly-phobia for the one who is CNM), as well as inexperience in navigating the complexities involved. CNM persons may be asked to keep their CNM discreet or to not disclose details about CNM or their interaction with others. In other cases, the CNM partner may be “allowed” to see others, under certain constraints, so as to not provoke the insecurities of the monogamously-oriented partner, but these allowances and limits are often attempts to control and regulate (in other words exert power over) the sexuality and body of the CNM person, which is inherently in conflict with CNM’s ethos of egalitarianism and may lead to abuse of the CNM person.

These “don’t ask-don’t tell” (DADT) relationships are usually devalued within CNM communities because of the risks involved to all persons and because of the inherent inequality and inability for, or absence of, honest communication with all partners involved, which is a defining feature of CNM. The CNM person is the one at greatest risk in DADT relationships, because of the monogamous partner’s ability (and often willingness, especially in divorce contexts) to deny knowledge of their partner’s non-monogamy and therefore stigmatize the CNM person as having committed marital infidelity (grounds for divorce), and exploit their legal vulnerability within the sex-phobic American judicial systems, which may result in substantial financial penalties or losses.

Another source of adversity and heartache uniquely faced by CNM persons, is becoming involved with a “cowboy” or “cowgirl,” a person who becomes involved (or continues) in a relationship, but who perceives or comes to perceive CNM as a pathological condition that they can “cure” or who views the CNM person as one who needs to be saved or rescued from themselves. Cowboys/cowgirls cultivate and deepen the relationship with the CNM person, but then gradually create a distance (through actions that range from subtle, covert microaggressions to confrontational and threatening actions that involve manipulation, coercion, and/or abuses of power differentials) between the CNM person from their other relationships as well as the CNM community from which they receive support. The metaphor pictures the CNM person being lassoed and then cut-off from the herd. Cowboys/cowgirls may also exploit vulnerabilities of the CNM person, claim relationship preeminence to the CNM partner’s other partners, criticize or devalue these other partners or CNM communities,

and reaffirm internalized polyphobia within the CNM person. When a CNM person seeks to exit this relationship, they are often similarly vulnerable and open to financial exploitation and social shaming as are CNM persons in DADT relationships.

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**Discussion**

Those who are CNM are at risk for adversities from self- and state-appointed social guardians of moral and social norms in many areas of life. In the following data analyses, a glimpse of the extent and types of adversities they face are presented and compared with either the general US population or with those who have never been polyamorous.

In the LM 2000 survey of 1012 participants, 971 (95.9%) responded to four questions concerning personal experiences of discrimination, abuse, or violence as a

result of being in or desiring to be in a polyamorous relationship. These questions were: A), “have you ever personally experienced prejudice or discrimination because you are in or desire to be in a polyamorous relationship?”; B), “have you ever personally been targeted for physical violence against you or your person or your property because someone disliked the fact that you are in or desire to be in a polyamorous relationship?”; C), “have you ever personally been targeted for verbal abuse, such as slurs or name calling, because someone disliked the fact that you are in or desire to be in a polyamorous relationship?”; and D), “have you ever personally worried that you might be physically assaulted by someone who dislikes people who are in or desire to be in a polyamorous relationship?” Those who had ever been in or were currently in a polyamorous relationship were significantly more likely to have experienced each of these adverse experiences.

Specifically, persons who reported having ever been polyamorous were more likely than persons who had not ever been polyamorous to have experienced prejudice or discrimination, physical violence, verbal abuse, and concerns about being subjected to physical assault from those who are opposed to, or dislike, the polyamorous individual’s identity or behaviors as, or desires to be, polyamorous (Table VIII-1). It is one thing to hold an interest in polyamory; it is quite another to verbalize that interest or act upon it when risks for interpersonal trauma are concerned.

**Table VIII-1: Adversity for, or expressing interest in, being polyamorous: LM 2000**

Respondents Adversity, by Type	Ever poly, <i>N</i> =852		Never poly, <i>N</i> =119		<i>X</i> <sup>2</sup>	<i>df</i>	<i>p</i>
	%	<i>n</i>	%	<i>n</i>			
Prejudice or discrimination	44.7	381	28.6	34	24.295	2	0.000
Physical violence	2.3	20	1.7	2	18.617	2	0.001
Verbal abuse	24.5	209	15.1	18	22.606	2	0.000
Worried about physical assault	10.7	91	9.2	11	21.032	2	0.000

There were significant differences in the responses of those who had ever been poly versus those who had never been poly concerning reported vicarious experiences of discrimination and prejudice as can be seen in Table VIII-2. Those who had ever been poly were more likely to have witnessed prejudicial treatment or discrimination towards another person because that other person was poly than were those who had never been poly. Less than one-fourth of those who had ever been poly indicated that they had never witnessed discriminatory or prejudicial treatment of another poly person, while 42.0% ( $n=50/119$ ) of those who were not poly reported never having witnessed such treatment.

**Table VIII-2: Have witnessed prejudice/discrimination towards another for their expressing interest in or being polyamorous: LM 2000**

Respondents Adversity, by Type	Ever poly, $N=852$		Never poly, $N=119$		$X^2$	$df$	$p$
	%	$n$	%	$n$			
A lot	10.6	90	10.9	13	45.112	8	0.000
Some	37.2	317	22.7	27			
Only a little	28.8	245	19.3	23			
None	22.7	193	42.0	50			

The consensually non-monogamous/relationally non-exclusive respondents to the 2012 survey (CNM/RNE) were asked two questions about experiences of discrimination. The first question, concerning general discrimination, was, “In the last 10 years, have you been discriminated against because of your race or nationality, gender, or for a similar reason (other than your relationship configuration/choices)?” The second question, concerning discrimination for being polyamorous or CNM, was, “In the last 10 years, have you been discriminated against because of your relationship configuration/choices?” For both questions, the answer options were, “yes,” “no,” and “don’t know/not sure.” Of the 3,605 respondents who answered the first question,

53.1% ( $n=1,915$ ) answered “no,” 28.5% ( $n=1,026$ ) answered “yes”, and 18.4% ( $n=664$ ) answered “don’t know/not sure.” Answers to the question about being discriminated against for their relationship configuration were as follows: “yes,” 25.8% ( $n=930$ ), “no,” 53.4% ( $n=1924$ ), and “don’t know/not sure,” 20.8% ( $n=751$ ). Smith (2002) discussed the complex issues at stake in measuring experiences of discrimination, which vary by geographic region, setting, year, question wording, subjectivity, and other reasons. In the closest measure to the questions used above, respondents were asked, “During the last 10 years, have you/has a family member/has a close friend experienced discrimination because of your/their racial or ethnic background, or not?” (2002 , p.26); respondents were able to answer separately for themselves, for family members, and for close friends. From the 1995 iteration of the survey, 23% of 1,970 respondents indicated having experienced personally racial/ethnic discrimination and in two different surveys in 2001, 25% of 1,709 respondents and 17% of 1,008 respondents indicated that they personally had experienced discrimination (2002 , p.26) Thus, the CNM/RNE 2012 sample as a whole indicated experiencing discrimination for being non-monogamous at similar rates as the general population had experienced racial/ethnic discrimination over the time-frame considered, and at about half or less the rates that blacks had *ever* experienced racial discrimination in polls ranging from 46% in 1996 to 76% in 2001 (2002 , p.31). However, these measures are comparing apples to oranges essentially, with different questions targeting specific issues.

The only years that General Social Surveys (GSS) asked the question about general discrimination were in 1991 and in 2004. This, unfortunately, introduces an anachronism into the analyses, but it does allow for a comparison of the same question,

“In the last 10 years, have you been discriminated against because of your race or nationality, gender, or for a similar reason?” to be compared between the samples. Answer choices were “yes,” “no,” or “don’t know.” Comparing the GSS 2004 sample with the CNM/RNE 2012 sample using a Chi-Square test, the results are significant (CNM/RNE 2012 responses ( $N=3605$ ): “yes,”  $n=1026$ , 28.5%; “no”  $n=1915$ , 53.1%; and “don’t know,”  $n=664$ , 18.4%. GSS 2004 responses ( $N=1333$ ): “yes,”  $n=69$ , 5.2%; “no,”  $n=1261$ , 94.6%; and “don’t know,”  $n=3$ , 0.2%.  $X^2=736.719$ ,  $df=2$ ,  $p=.000$ ) with the CNM respondents being much more likely to have answered “yes” or “don’t know” than respondents to the GSS 2004 survey. When comparing the CNM/RNE 2012 sample to the GSS 2004 sample (and excluding the “don’t know/not sure” responses), the CNM/RNE 2012 population reported experiencing general discrimination at significantly higher rates (more than nine times as likely) than the general population (CNM/RNE 2012  $n=1026/2941$ , 34.9%, GSS  $n=129/1390$ , 9.3%,  $X^2=423.682$ ,  $OR=9.7914$ ,  $df=1$ ,  $p=.000$ ).

To compare more contemporary survey data with the CNM/RNE 2012 survey, in the National Transgender Discrimination Survey of 6,450 transgendered and gender non-conforming persons, published in 2011 (Grant et al., 2011), respondents reported higher rates of serious (defined as experiencing any one of the following) or catastrophic (defined as experiencing three or more of the following) discrimination (serious 63%, catastrophic 23%) for their gender identity or expression: losing a job; being evicted; being bullied or harassed at school severe enough that it led to the transgendered person dropping out; being bullied by a teacher; being physically or sexually assaulted; being homeless; losing a relationship with their partner or children;

denied medical services; or incarcerated (p. 8). These rates are in line with what might be expected using a more expansive definition of discrimination used in the GSS, as is discussed below.

Figures VIII-1&2 illustrate the gendered and orientational differences of discrimination experiences between the CNM/RNE 2012 and the GSS samples. As can be seen, there were no significant differences in experiences of discrimination between males and females in the general population. However, there were significant differences between both the rates of general discrimination faced by males (21.5%,  $n=266/1235$ ) versus females (42.1%,  $n=666/1582$ ) in the CNM/RNE 2012 sample ( $X^2=132.430$ ,  $OR=2.646$ ,  $df=1$ , *Fisher's exact*  $p=.000$ ) and rates of discrimination for being polyamorous among males (33.8%,  $n=297/1195$ ) versus females (66.2%,  $n=581/1543$ ) in the CNM/RNE 2012 sample ( $X^2=50.653$ ,  $OR=1.825$ ,  $df=1$ , *Fisher's exact*  $p=.000$ ), which is likely due to the unique ways that female sexuality is viewed and feared in US society (Groneman, 2000; Heyn, 1992). This includes the widely held belief of US Americans, discussed by Gagnon and Simon, that “female sexual activity does not [or should not] occur for its own sake, but for the sake of children, family, and love” (Heyn, 1992, pp. 21-22), an ethos that runs counter to the egalitarian and feminist foundations of ethical non-monogamy. Consistent with holding a discreditable stigma within dominant heteronormative and mononormative society, both males and females in the CNM/RNE 2012 sample experienced significantly higher rates of and risks for general discrimination compared with their counterparts in the general population samples (CNM/RNE 2012 males  $n=266/1235$ , 21.5%, GSS males,  $n=31/621$ , 5.0%,  $X^2=84.17$ ,  $OR=5.225$ ,  $df=1$ , *Fisher's exact*  $p=.000$ ; CNM/RNE 2012 females

$n=666/1582$ , 42.1%, GSS females  $n=38/709$ , 5.4%,  $X^2=310.44$ ,  $OR=12.839$ ,  $df=1$ , Fisher's exact  $p=.000$ ).

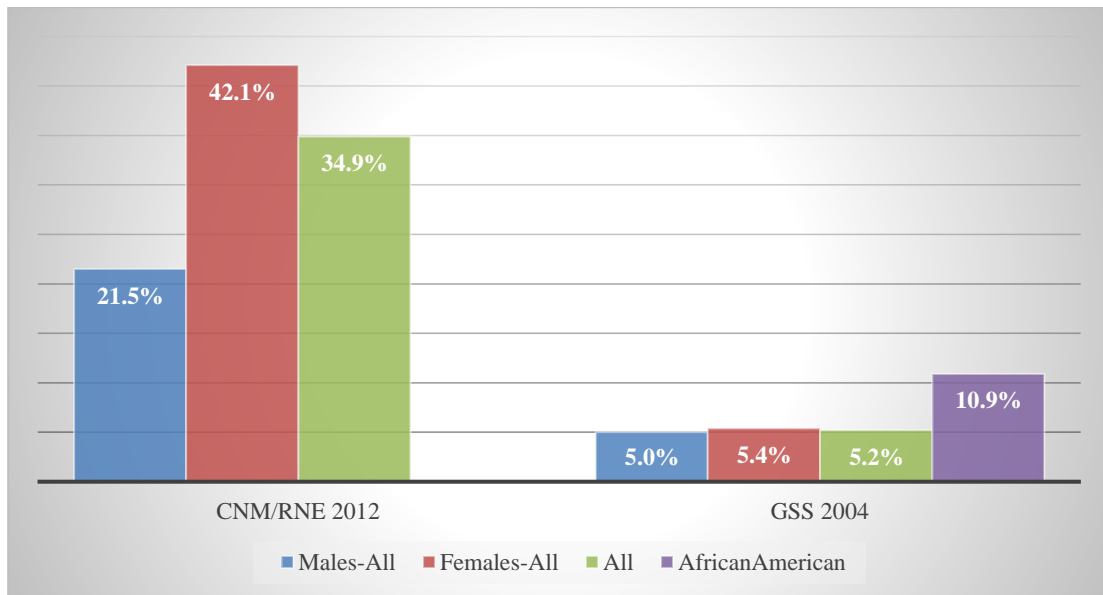


Figure VIII-1, Rates of General Discrimination by Gender compared between CNM/RNE 2012 and GSS 2004 samples.

Figure VIII-2 illustrates more extensively the effects of gender and behavioral sexual orientation on experiences of discrimination. Behaviorally-heterosexual males, behaviorally gay males, and behaviorally heterosexual females in the CNM/RNE 2012 sample experienced significantly higher rates of general discrimination than did their counterparts in the general population samples. There was not a sufficient number of behaviorally-bisexual females and behaviorally-lesbian females in the general population samples to compare with the CNM/RNE 2012 sample, nor did the GSS allow for non-binary gendered respondents to give voice to their experiences of discrimination as the GSS survey permits only male or female responses to the question about the respondent's sex. However, as can be seen in Figure VIII-2, those who did not identify with either male or female genders experienced the highest rates of general



discrimination, with 83.3% of non-binary gendered respondents who have sex with both males and females having experienced general discrimination in the past ten years.

Hypothesis Nine, that CNM populations will face higher rates of discrimination as compared to the general population is supported.

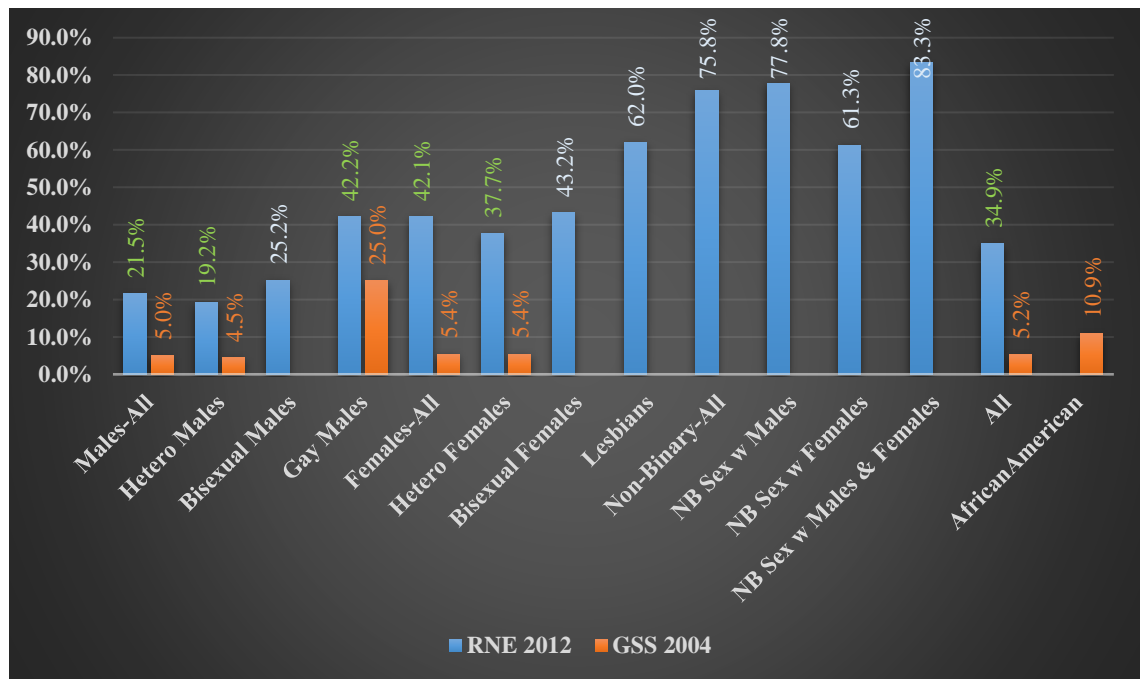


Figure VIII-2: Rates of General Discrimination by Gender and Behavioral Sexual Orientation compared between CNM/RNE 2012 and GSS 2004 samples. Green numerals indicate statistical significance at  $p=.001$  level.

Andersen and Blosnich (2013) found that several types of adverse childhood experiences (ACE) were correlated with being bisexual or gay. Having a person in the household who had: a mental illness, substance abuse, been incarcerated, ever experienced a parental divorce, been exposed to domestic violence, been physically, emotionally, or sexually abused were significantly correlated with bisexual identity; all of these were also correlated significantly with being gay or lesbian, with the exception of parental divorce (2013). Although this survey did not ask about adverse childhood experiences, it is probable given the large representation of those who are behaviorally

bisexual, that rates of ACEs will be higher in the CNM/RNE 2012 population than in the general population. This is an important area of future investigation.

It is hypothesized (Hypothesis Ten) that poly/CNM individuals, considering their life experiences and social ecologies will have resilience and support enough not only to survive, but thrive even though many, including those who are non-hetero, non-monogamous, non-gender binaried, single, divorced, never married, and who participate in counter-normative sexual relationships, face multiple intersections of social stigma, shame, and hostilities (Barker and Langdrige, 2010b; Bauer, 2010; Goffman, 1963; Sheff, 2010). The evidence presented here supports this hypothesis.

Based upon the findings discussed in this chapter, CNM persons, especially those who are polyamorous, experience higher rates of discrimination, prejudice, threats of harm, and actual acts of harm than those in the general US sample or among non-polyamorous persons in the LM 2000 sample. In Chapters 4-6, it appears that those who practice CNM are healthier, happier, monitor their sexual health more carefully, are better educated, and are as happy in their marriages and, depending upon their number of partners, they may be happier with their marriages, than their counterparts in the general US population. As discussed previously, those who are, or who have ever been, CNM have experienced more vicarious experiences of discrimination and prejudice for another's identifying as polyamorous than those who had never been polyamorous. Similar to the experiences of African Americans and other minorities, when the dominant majority do not witness or experience prejudice or discrimination, they are prone to underestimate the prevalence and severity, and perhaps even existence, of prejudicial and discriminatory actions towards others as it happens outside of their

available frame of reference (Tversky and Kahneman, 1973). Further research into the adverse experiences among the CNM population, as well as how CNM communities and sexualities may provide some protections, is warranted.

## **Summary**

Persons who practice, or express an interest in, polyamory experience significantly higher rates of discrimination than do persons in the general population. This is true among the full sample, as well as by all genders and behavioral sexual orientations. It is especially true for CNM persons who are gender non-conforming, where rates of discrimination exceed 75%. CNM persons, especially polyamorous persons, experience high rates of prejudice, physical violence, and verbal and emotional abuse.

The quantitative analyses described herein provide evidence of the prevalence, but they do not capture the personal adversities and traumas experienced one-by-one by CNM persons. The ethnographic data discussed in this chapter hints at the depth of their personal pain and how traditional moral values may lead to harm being inflicted on this sexual minority. Perhaps few things are as heart-wrenching as having children removed by child protective services or a judicial system based upon prejudices, unfounded biases, or false accusations made by one trusted by the CNM person, such as a parent or other close relative, a spouse or partner, fellow church member, children's school teacher, or a neighbor, as many CNM persons have experienced here in the US and in other countries. Preliminary findings indicate that children growing up in CNM families, including those who are co-resident, benefit from the additional resources,

support, skills, and perspectives of multiple adults. However, it is important that more research be conducted concerning the outcomes of children and young persons who live in, and mature out of, CNM families.

## **Chapter 9:**

### **Integration and Syntheses**

The salutary effects of greater frequent sexual activity among CNM across the lifecourse may offset the potentially damaging effects of many adverse experiences in adulthood, including prejudice, discrimination, and social stigmatization. More research investigating the effects of increased sexual activity among CNM individuals on age-related cognitive decline needs to be conducted.

#### **The Effects of Partner Number on Sex Frequency, Health, General and Marital Happiness, and Sexual Health—Evidence of Different Paradigms between those who identify with Ethical Non-exclusive Relationships and the General Population**

*Sexual Frequency*

Hypothesis One, that predicted the CNM/RNE sample would have more sexual partners than the GSS sample, is partially supported. With the exception of bisexual males (due to small sample size in the GSS sample) and married persons who had sex with at least one person other than their spouse during the previous year, the CNM/RNE sample had significantly more sex partners in the previous year than did the general population sample (see Tables V-1 & 2). There are no significant differences in the frequency of sexual interaction between the CNM/RNE and GSS samples where the respondent's number of sex partners in the past year was one (See Figure IX-1). Both groups had sex about 3 times per month if they had a sex partner during the past year.

For those who did not have a sex partner in the past year, sexual frequency was nearly non-existent for both groups. Statistically significant differences in sexual

frequency emerge when respondent's number of sex partners in the previous year was more than one and less than five or more. With two sex partners in the previous year, the CNM/RNE sample averaged having sex right at once per week, while the general population averaged having sex at about 2.5 times per month. The greatest difference

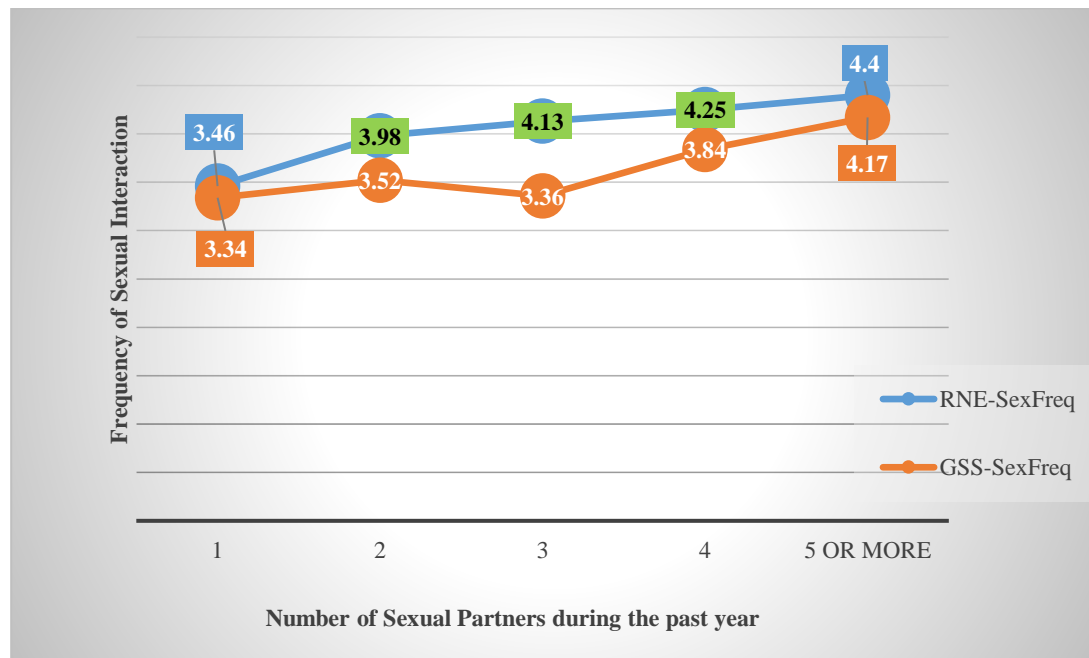


Figure IX-1: Comparison of sexual frequency during the past year between CNM/RNE and GSS samples by number of sex partners. Green points indicate statistically significantly more frequent sexual interaction during past year. Scale: 0=none, 1=once or twice, 2=once per month, 3=2-3 times per month, 4=weekly, 5=2-3 times per week, 6=4 or more times per week.

between the sample populations emerges with three reported partners during the past year. CNM/RNE respondents averaged having sex slightly more than once per week while the general population sample averaged around twice per month. At four partners in the past year, the GSS sample rebounded, averaging sex a little over three times per month, while the CNM/RNE sample still had significantly more frequent sex with more than once per week on average. Finally, at five or more partners in the past year, sexual frequency among the CNM/RNE, which rises steadily with partner number, is no longer statistically significantly more than that of the corresponding GSS respondents, whose

sexual frequency rose significantly from three to four partners and rose again from four to five partners. The subsample of CNM/RNE older adults likewise had significantly more sexual partners across all categories and genders than did their counterparts in the GSS sample.

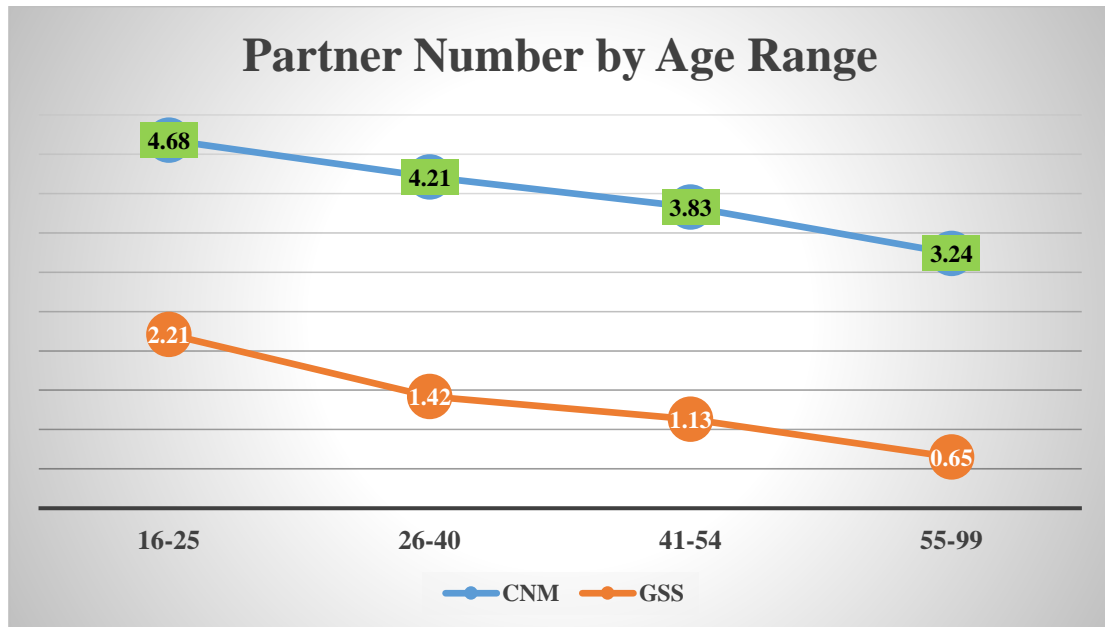


Figure IX-2: Number of sexual partners by four separate age groups. Green points indicate statistically significantly higher percentage between samples.

In Figure IX-2, as would be anticipated, the average number of partners is significantly different between the CNM and the GSS samples across each age grouping. However, there is no significant difference between the average number of partners between the 16-25 and the 26-40 year-old groups, or the 26-40 and the 41-54 year-old groups, within the CNM sample, but these same age groups differed significantly among the GSS sample. For both the CNM and the GSS samples, there were significant differences between the 41-54 and the 55-99 year-old groups within the CNM and GSS samples.

Hypothesis Two, which predicted that the CNM/RNE sample would have more sexual frequency as compared to the GSS sample, was also partially supported by the findings presented in chapters five, seven, and nine. As noted in Tables V-3 & 4, the non-exclusive population had a mean sexual frequency of almost weekly for men and at least weekly for women, which is significantly higher than that of the GSS population, which averaged about twice per month for women and two and three times per month for men. Across all subgroups examined, with the exception of behavioral gays and lesbians, the CNM/RNE had significantly more frequent sexual interaction than did their counterparts in the general population sample. The findings were similar for the subsample of older adults. Males, females, marrieds, and unmarried respondents to the CNM/RNE survey, aged fifty-five and older, had more frequent sex than their counterparts in the general population sample.

### *Happiness*

The Third Hypothesis that the CNM/RNE sample would be at least as happy as those in the GSS sample, was strongly supported, except among those who were either unpartnered or only had one sexual partner. With these, both for all and among the married persons who only had one sex partner or no partner during the previous year, the CNM/RNE sample was significantly less happy than the corresponding GSS respondents. As seen in Tables V-5 & 6, both males and females in the non-exclusive sample reported more happiness than their GSS counterparts. Indeed, with the exception of the two groups just described, and the BSO bisexual and gay males, BSO straight females, those who are non-binary gendered, and married men who all reported at least



equal happiness to the GSS sample, the CNM/RNE sample rated their self-reported happiness greater than the corresponding GSS sample.

The Third Hypothesis was partially supported among the subsamples of older adults. CNM/RNE females were happier across all categories than were female counterparts in the GSS sample, as were married females. CNM/RNE males were happier than their male counterparts in the GSS sample, but only at the  $\alpha=.05$  level. There was no significant difference in married males' reported happiness between the samples. Unmarried CNM/RNE persons were significantly happier than their counterparts in the GSS sample.

Consistent with Hypothesis Six, CNM/RNE respondents who did not have a sexual partner in the previous year were significantly less happy than their counterparts in the GSS sample (see figures VII-1 (older adults) and IX-3). Yet, in contrast to Hypothesis Six that predicted that unmarried dyadically-partnered CNM persons would be less happy than their counterparts in the general sample, with one partner, the CNM/RNE and GSS respondents indicated nearly equal happiness. At this point, the levels of self-reported general happiness diverged, with the CNM/RNE's happiness increasing slightly, though significantly (CNM/RNE<sub>2partners</sub> happiness  $n=799$ ,  $\mu=2.27$ , CNM/RNE<sub>3partners</sub>  $n=625$ , happiness  $\mu=2.33$ ; *Mann Whitney*  $Z=2.013$ ,  $p=.044$ ; (CNM/RNE<sub>4partners</sub> happiness  $n=413$ ,  $\mu=2.42$ , *Mann Whitney*  $Z=2.143$ ,  $p=.032$ ), with partner number until five or more partners, at which point there is revealed a slight, but significant (CNM/RNE<sub>4partners</sub> happiness  $n=413$ ,  $\mu=2.42$ , CNM/RNE<sub>5+partners</sub>  $n=837$ , happiness  $\mu=2.36$ ; *Mann Whitney*  $Z=2.717$ ,  $p=.007$ ) decline, while the GSS sample's happiness declined with the departure from a monogamous dyadic relationship structure

and remained statistically significantly less happy than the corresponding respondents in the CNM/RNE sample as well as with the monogamous individuals within their own sample. Previous research that indicates monogamous relationships yield the most

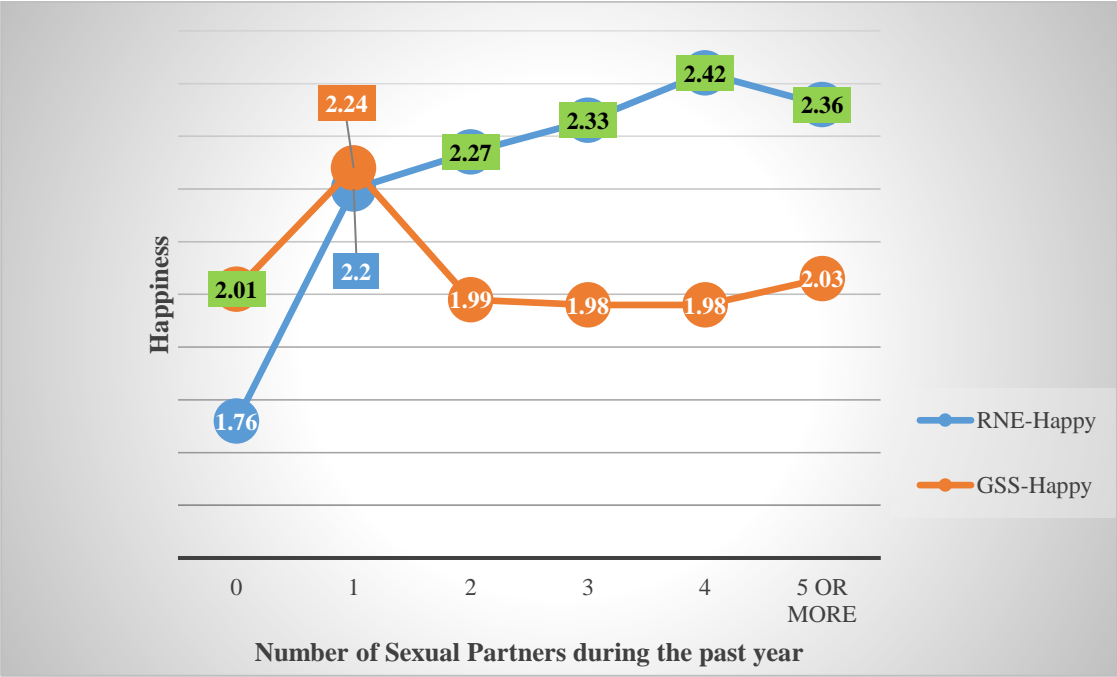


Figure IX-3: Comparison of average self-reported happiness between CNM/RNE and GSS samples by number of sex partners in the previous year. Green points indicate significantly happier between samples. Scale: 1=Not too happy, 2=Pretty happy, 3=Very happy.

happiness for individuals within them is partially confirmed here for the general population, but *not* for the CNM/RNE population. Where the general population’s optimal number of partners for general happiness and well-being crests sharply at one, the CNM/RNE sample’s optimal number of partners is on average from three to five, with an average of four appearing at the apex of happiness, which is significant within the CNM/RNE sample. This is consistent with hypotheses six, seven, and eight that non-monogamy and monogamy have different optimal partner numbers for personal happiness and well-being, and may be considered as separate and distinct paradigms of relating. Likewise, Hypothesis Six that states that the CNM sample respondents will

differ from the general population sample in optimal partner number is supported. In this case, the multiple-partnered CNM respondents are happier.

Regression analysis clearly identified sexual frequency, happiness in marriage, and self-reported health as significant predictors of increased personal happiness of the non-exclusive sample, with being female and *increasing* age marginally significant as additional predictors (Tables V-7, V-8, and V-9). Of course, it is probable that being happier, especially happier in marriage, increases individuals' interest in and desire for sexual interaction creating a positive feedback loop. Interestingly, number of partners was not a significant predictor in and of itself. These findings suggest that, in line with previous research, sexual frequency correlates positively to personal happiness. It is possible, and would be consistent with theoretical predictions, that increasing sexual frequency is driven, in part, by the quality of these sexual experiences. Optimal sexual experiences are worth desiring and having more of. As discussed previously, simply adding more of the same dull, routine sex does not increase personal happiness (Cheng and Smyth, 2015; Loewenstein et al., 2015; Muise et al., 2015; Willoughby et al., 2014).

Unsurprisingly, when sexual frequency was non-existent for the CNM/RNE population, they were significantly less happy than the general population who were likewise sexless (see Figures VI-2 (older adults) and IX-4 (all)), which is consistent with implications of Hypothesis Six. Consistent with the findings of Muise, Schimmack, and Impett (2015) and Cheng and Smyth (2015), the optimal frequency of sexual interaction as a contributor to personal happiness for the general population is once per week; with any more on average, then self-reported happiness drops. However, in contrast, the CNM/RNE sample's self-reported happiness continued to rise linearly

with increasing frequency of sexual interaction. Beyond once per week frequency, the CNM/RNE sample was statistically significantly happier than the GSS sample, both at 2-3 times per week and at 4 or more times per week. At rates of sexual frequency more than zero times per year through at least weekly, there were no significant differences in self-reported happiness between the CNM/RNE and the GSS samples. Hence, Hypothesis Six is partially supported.

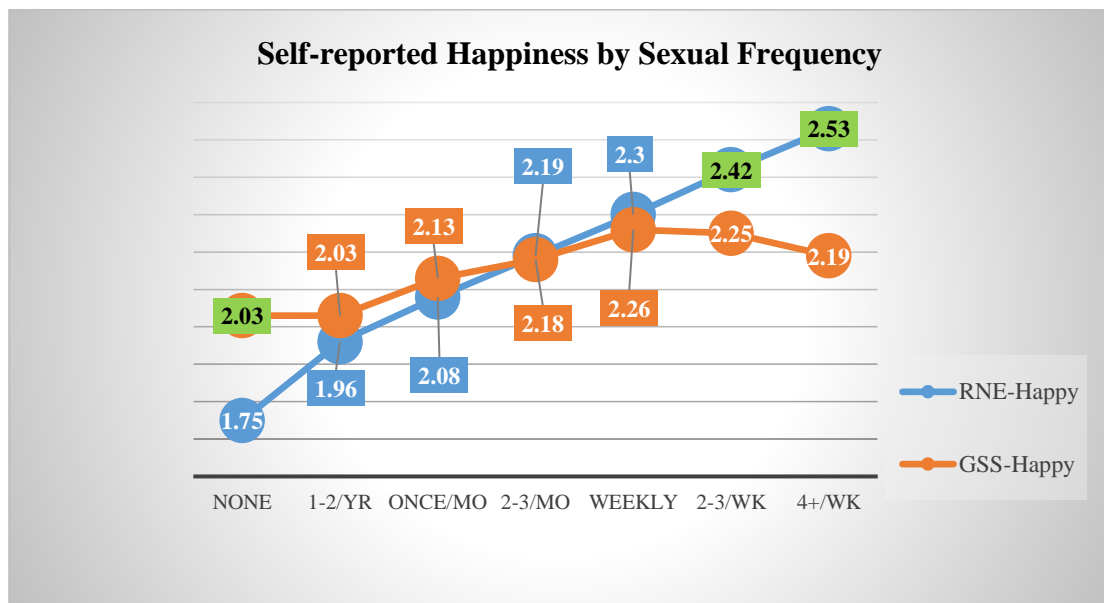


Figure IX-4: Comparison of average self-reported happiness between CNM/RNE and GSS samples by frequency of sex during the previous year. Green points indicate significantly happier between samples. Scale: 1=Not too happy, 2=Pretty happy, 3=Very happy.

The relationship is complex between sexual frequency and happiness, appearing to be bi-directional. In other words, more sexual frequency enjoys more personal happiness and as personal happiness increases, more frequent sex follows. Other factors, unavailable for analyses, may also contribute to, or take away from, personal happiness, such as vicarious happiness from children and grandchildren, loss of a close relative, and other factors.

*Self-reported Health.*

The Fourth Hypothesis, that the sample of non-exclusive respondents would report at least equal levels of self-reported health as respondents from the general population, is supported. The findings for self-reported health were robust, with no category analyzed among the CNM/RNE sample being significantly less healthy than their counterparts in the GSS sample. BSO heterosexual males and females, whether married or not, in the non-exclusive sample reported better health than their GSS counterparts. BSO bisexuals and gays/lesbians did not differ significantly between the two samples, which could be attributed to small sample sizes within the GSS.

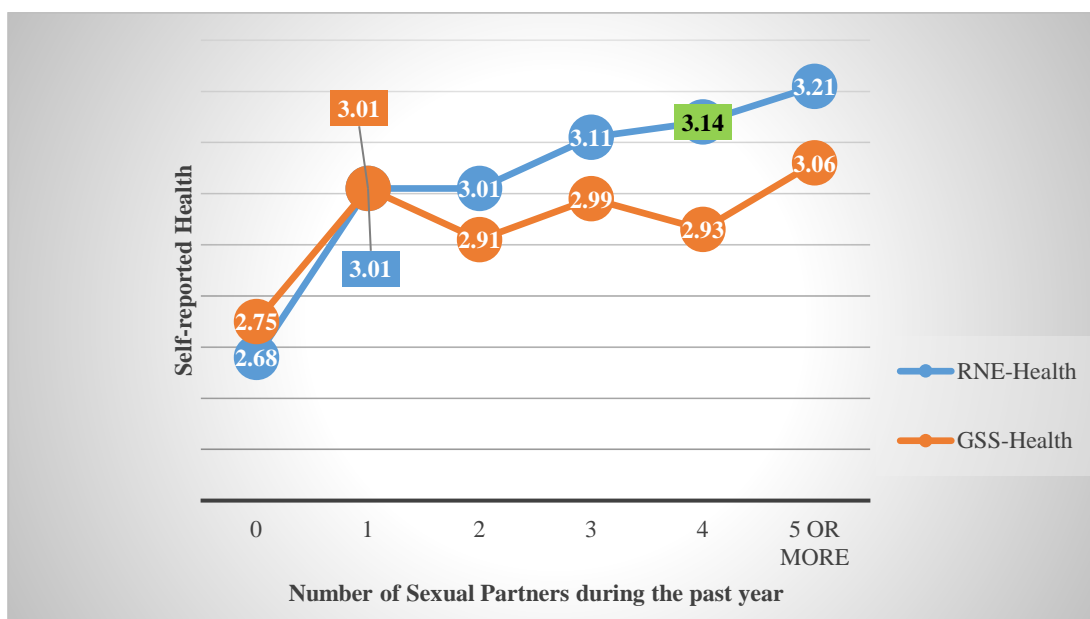


Figure IX-5: Comparison of average self-reported health between CNM/RNE and GSS samples by number of partners during previous year. Green points indicate statistically significantly healthier between samples. Scale: 1=Poor health, 2=Fair health, 3= Good health, 4=Excellent health.

Regression analysis found positive predictive relationships from personal happiness, income, number of partners, and sexual frequency with better health for the non-exclusive sample. Income, personal happiness, youth, and sexual frequency were strong positive correlates, while having children in the home was a significant negative predictor of self-reported health for the GSS sample.

Hypothesis Seven (that unpartnered or singly-partnered CNM persons would differ from their counterparts in the GSS sample regarding health) was not supported by the findings, though Hypothesis Four (that multi-partnered CNM persons would be at least as healthy as their counterparts in the GSS sample) was partially supported. Upon examination of average self-reported health (SRH) by number of partners between the CNM/RNE and GSS samples (Figure IX-6), it is interesting to note that the results are somewhat parallel. Significantly better health is reported in both samples by those with one sex partner during the previous year versus those who had none. At zero through three partners, there were no significant differences in self-reported health between the CNM/RNE and the GSS samples, even though there was a trend towards the CNM/RNE being significantly healthier with two or more partners. The largest divide in SRH was at four sexual partners in the previous year, with the CNM/RNE being significantly healthier than the GSS sample. SRH continued to increase among both samples at five or more partners, though they are not statistically significantly different due to a small sample size in the general population. While there is evidence from longitudinal research (Palmore, 1982; Persson, 1981; Smith et al., 1997) that sexual interaction contributes to health and well-being and this is likely a factor, there is probable cause to believe that an individual's vigorous health makes it possible to have more sexual partners, as good physical health brings several positive benefits.

Again, consistent with previous research on the effect of sexual frequency on overall well-being (Muisse et al., 2015), the optimal frequency of sexual interaction as a contributor to self-reported health for the general population is once per week; with any more on average, health appears to drop slightly, though not significantly (see figure IX-

5). The CNM/RNE sample’s self-reported health continued to rise linearly with increasing frequency of sexual interaction. At sexual frequency of 2-3 times per week, the CNM/RNE sample was statistically significantly healthier than the GSS sample. Likewise, at 4 or more times per week, the CNM/RNE sample was significantly healthier. There were no significant differences in self-reported health between the samples with sexual frequency less than 2-3 times per week on average. As with personal happiness and sexual frequency discussed previously, the causal relationship between sexual frequency and self-reported health is likely bidirectional.

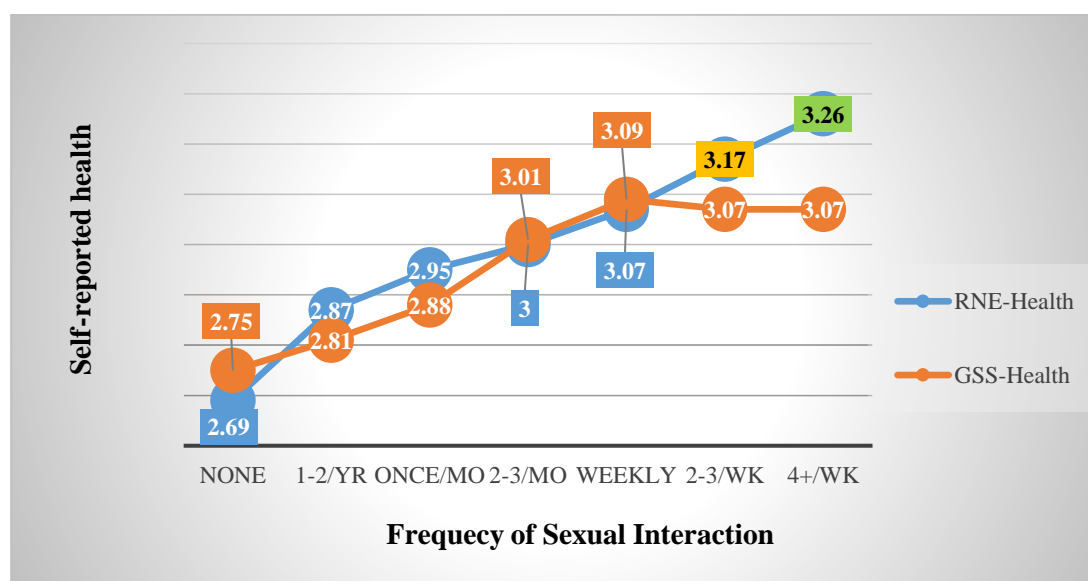


Figure IX-6: Comparison of average self-reported health between CNM/RNE and GSS samples by sexual frequency during previous year. Green points indicate statistically significantly healthier between samples. Scale: 1=Poor health, 2=Fair health, 3= Good health, 4=Excellent health.

During my interviews among those in the CNM community, the topic of exercise and health came up periodically. Among these conversations, they frequently mentioned their commitment to physical health as a means to remain robustly sexual throughout their life, as an act of expressing love to those with whom they are in relationship.

### Attention to Sexual Health

Considering the importance of co-infections as contributors to risk of HIV transmission, it is unfortunate that only one question about sexual health was asked of a population where sexuality features as a significant *raison d'être*. However, the quantitative findings here, along with those of Conley et al. (Conley et al., 2013a; Conley et al., 2015a; Conley et al., 2012b; Conley et al., 2013b), combined with the qualitative data discussed below indicates that those who participate in ethical

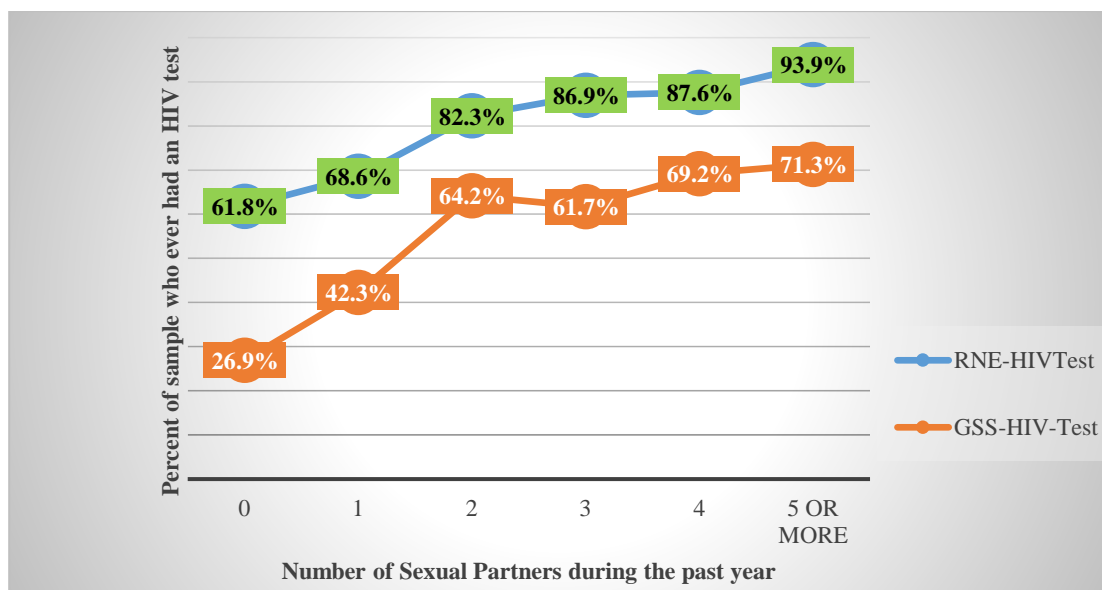


Figure IX-7: Comparison of average percentages of those who have ever had an HIV test between CNM/RNE and GSS samples by number of sexual partners during the previous year. Green points indicate statistically significantly higher percentage between samples.

CNM/RNE have a rigorous and unwavering commitment to their own sexual health as well as those in relationship with them. These findings support the Fifth Hypothesis that the CNM sample will demonstrate greater attention to their sexual health than the general population. From a public health standpoint, sexual partner concurrency has been identified as a risk factor for sexually transmitted infections in the general population (Eaton et al., 2011; Gorbach et al., 2002), especially when alcohol and/or



substance abuse increases the likelihood of inconsistent condom use (Neaigus et al., 2013).

Differences between the CNM/RNE and GSS respondents' rates of HIV testing are highly significant across nearly every category examined and in no case did the CNM/RNE sample test less frequently. Hypothesis Five is supported, indicating that the CNM/RNE population are concerned about and monitor their sexual health more closely than do those in the general population (Du et al., 2011); it is possible that CNM persons have additional sexual health risks and their significant attention to education, testing, and dialogue about sexual health offset these additional risks. In regression analyses, there are more predictive factors in common than are different between the samples. Being female, having more frequent sex, having more sexual partners, and not being currently married all predicted significantly ever having an HIV test in both the CNM/RNE and the GSS samples (Table VII-3). For the GSS sample, being younger, in poorer general health, and being more educated all significantly predicted ever having an HIV test. In contrast, being older approached significance as a predictor for ever having an HIV test among the CNM/RNE sample, while educational attainment among the CNM/RNE sample was non-significant. The latter may be explained by the significantly higher average educational attainment of the CNM/RNE sample as well as their continued commitment to self- and community-education about sexual health.

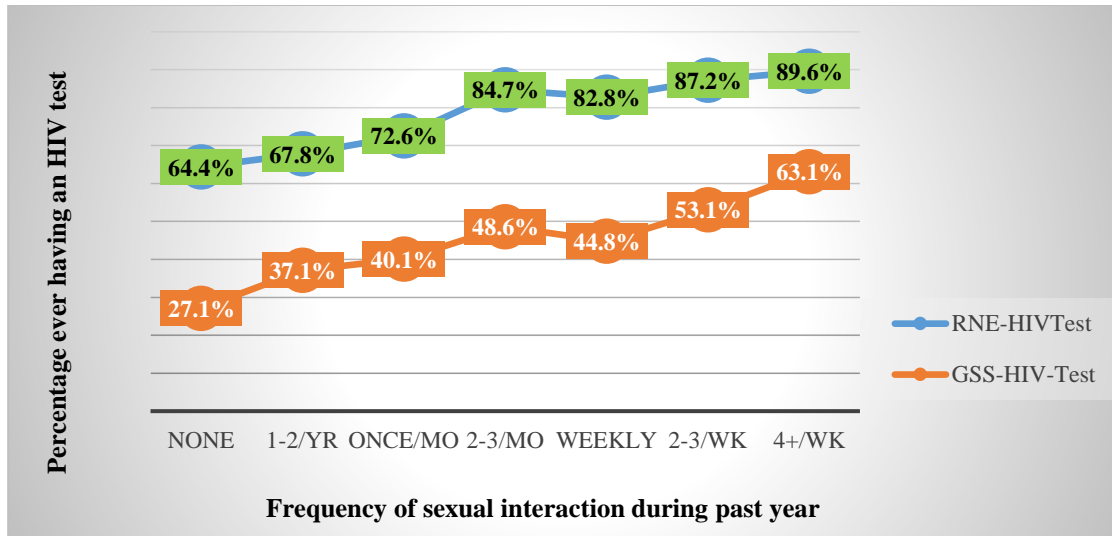


Figure IX-8: Comparison of average percentages of those who have ever had an HIV test between CNM/RNE and GSS samples by frequency of sex during the previous year. Green points indicate statistically significant higher percentage between samples.

The CNM/RNE sample was significantly more likely to have ever had an HIV test than were their counterparts in the GSS sample, even though both groups' HIV testing percentage increased roughly linearly with partner number (see Figure IX-7) and with sexual frequency (see Figure IX-8).

### Marital Happiness

As with the study among CNM/RNE older adults (Fleckenstein and Cox, 2015), the finding that married men in the CNM/RNE sample were less happy with their marriages was surprising. In deeper analyses, it is clear that men who are in the CNM/RNE community ideologically, but who are not engaging in non-monogamy actively (which can be due to lack of additional partner availability, resistance from a monogamously-oriented spouse, health problems, etc.), are significantly less happy in their marriages than are monogamous men in the general population. However, men in the CNM/RNE population who are actively engaging in non-exclusive relationships are

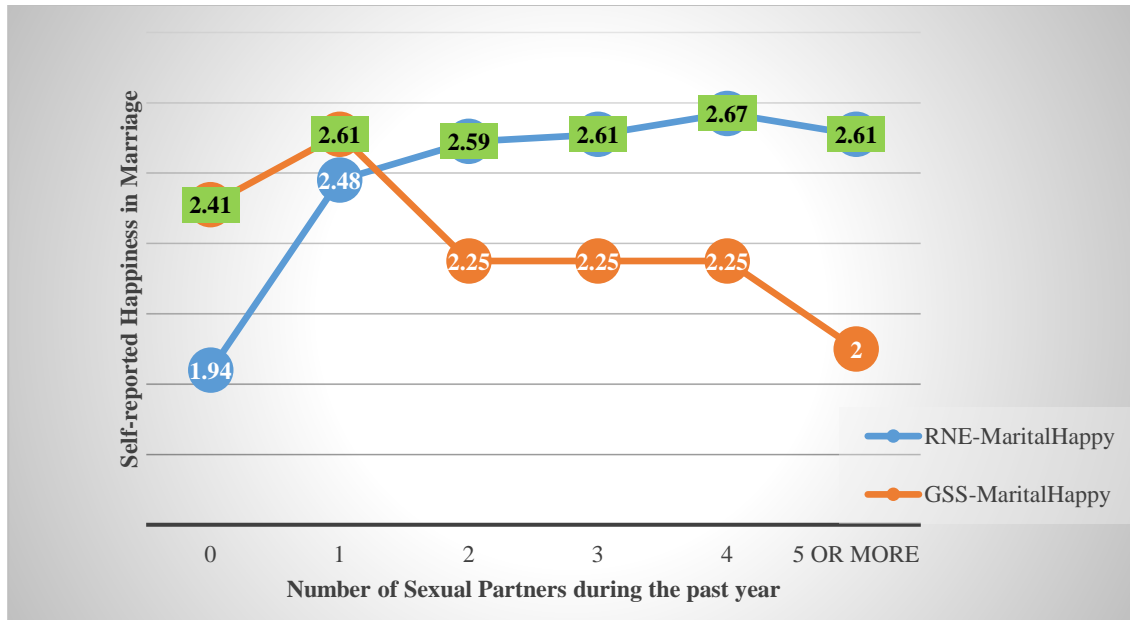


Figure IX-9: Comparison of average self-reported happiness in marriage between CNM/RNE and GSS samples by number of sexual partners during the previous year. Green points indicate significantly happier below  $\alpha=.05$ . Scale: 1=No too happy, 2=Pretty happy; 3=Very happy.

significantly happier in their marriages than are their counterparts in the general population. Men in the CNM/RNE population are as happy in their marriages as are men in the general population within monogamous marriages. These differences are similar among women in the CNM/RNE sample versus those in the GSS sample, but CNM/RNE women in monogamous marriages do not differ significantly in their marital happiness than monogamous women in the general population. Prior research into *non-consensual* extra-marital sexuality (EMS) has found that marital unhappiness is more of a factor for women in choosing EMS than for men (Glass and Wright, 1992; Mark et al., 2011).

There was some support for previous findings that monogamous marriage is the best predictor of happiness, as well as marital happiness, for those who are oriented towards monogamy. When compared to married persons in the consensually non-exclusive sample who only had one sex partner or no sex partners during the previous

year, the general population was happier in their marriages than were single-partnered CNM persons (see Figure IX-9). However, with two or more partners, the CNM/RNE sample was generally significantly happier with their marriages than were married persons in the general population who likewise had two or more partners. Hence, Hypothesis Eight is supported. The optimal number of partners and optimal sexual frequency differs between the CNM/RNE sample and the sample from the US general population, supporting a biologically-inclined relationship configuration model of CNM versus monogamously-oriented individuals.

Married persons in the general population were significantly happier with their sexless or nearly sexless marriages than were persons in sexless and nearly sexless marriages in the CNM/RNE sample, especially marriages having sex less than once per month (see Figure IX-10). As sexual frequency exceeded once per month, there was no significant differences between the CNM/RNE and the GSS samples in self-reported marital happiness. These findings provide partial support for Hypothesis Eight that the CNM/RNE and GSS samples would differ in their optimal sexual frequency in predicting marital happiness. However, the effects are moderated by adequate sexual frequency within the relationship for the CNM/RNE sample.

When looking at self-reported health and sexual frequency, the CNM/RNE sample was at least as healthy and had at least as frequent sex as their counterparts in the general population sample. In many cases, the CNM/RNE sample was significantly healthier and had more frequent sex. When comparing those who actively had multiple partners in the previous year, the CNM/RNE sample were dramatically happier, healthier, had more frequent sex, with more partners, were more attentive to their sexual

health, and were happier in their marriages, than their counterparts in the general population.

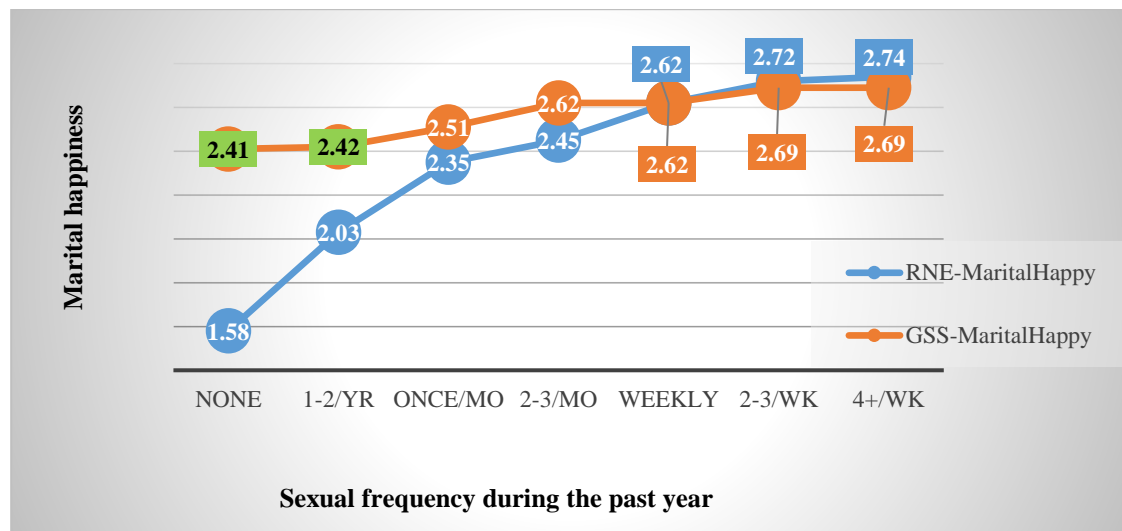


Figure IX-10: Comparison of average self-reported happiness in marriage between CNM/RNE and GSS samples by number of sexual partners during the previous year. Green points indicate significantly happier. Scale: 1=No too happy, 2=Pretty happy; 3=Very happy.

One of the most significant findings is that the currently unmarried members of the non-exclusive sample reported such high levels of sexual frequency, health, and happiness in comparison with the general population sample. This finding supports the third and fourth hypotheses that those who currently identify as unmarried would report at least as good health and happiness as the GSS sample. This stands in stark contrast to much of the existing literature about health outcomes for unmarried individuals. Due to limitations imposed by small sample sizes, statistical analysis performed on the various subgroups of the unmarried portions of the samples has limited utility. For informational purposes, these breakdowns are included in Tables V-4, V-6, and V-11.

Hypothesis Three that behaviorally bisexual persons who are CNM will be happier than are their counterparts in the general population sample was partially supported with two groups, behaviorally-bisexual and -lesbian females. These trends

held true for behaviorally-bisexual and -gay males, but the sample sizes among the GSS sample were too small for confirmation. Hypothesis Four, which stated that behaviorally bisexual persons who are CNM will be healthier than are their counterparts in the general population sample was not supported. There were no statistically significant differences between the samples for any of the behavioral sexual orientations. Hypothesis Eight that explored happiness in marriage between the samples was unable to be tested due to inadequate sample sizes of married non-heterosexually behaviorally oriented respondents in the GSS sample.

Hypothesis Eleven that married respondents in the non-exclusive sample will value individual autonomy and freedom within their relationships more highly than do GSS respondents is supported. CNM/RNE respondents were significantly more likely to agree that personal freedom was more important than the companionship of marriage, while GSS respondents were more likely to disagree with that statement. This was true for the full samples as well as for males, females, non-binary gendered, those with multiple partners, and those with no sexual partner or only one sexual partner in the previous year. One notable exception was that there was no significant difference between the CNM/RNE and GSS females with multiple (defined as two or more) sexual partners in the previous year.

### **Consensual Non-Monogamy and Children**

There were no questions asked among the CNM/RNE 2012 survey about the impacts of CNM upon children. Previous research by Sheff (2010; 2014) and Pallota-Chiarolli (2006; 2010) suggest that families where one or more member is CNM can be

supportive and healthy environments for children to be. The qualitative data discussed previously along with the literature on child development in cross-cultural contexts (Rogoff, 2003) indicate that CNM families can be exceptional places for children to grow up and to thrive. However, CNM families are frequently under surveillance by unsupportive or uninformed family, ex-spouses, neighbors, and sometimes, local or state officials within law enforcement and child protection who add additional stresses and threats to peace, security, and stability for CNM families and the children who live in them. Data concerning marital status and divorce as they correlate with children present in the home were available for analyses for comparison between the CNM/RNE 2012 sample and the GSS samples.

*Marital Status by Number of Children*

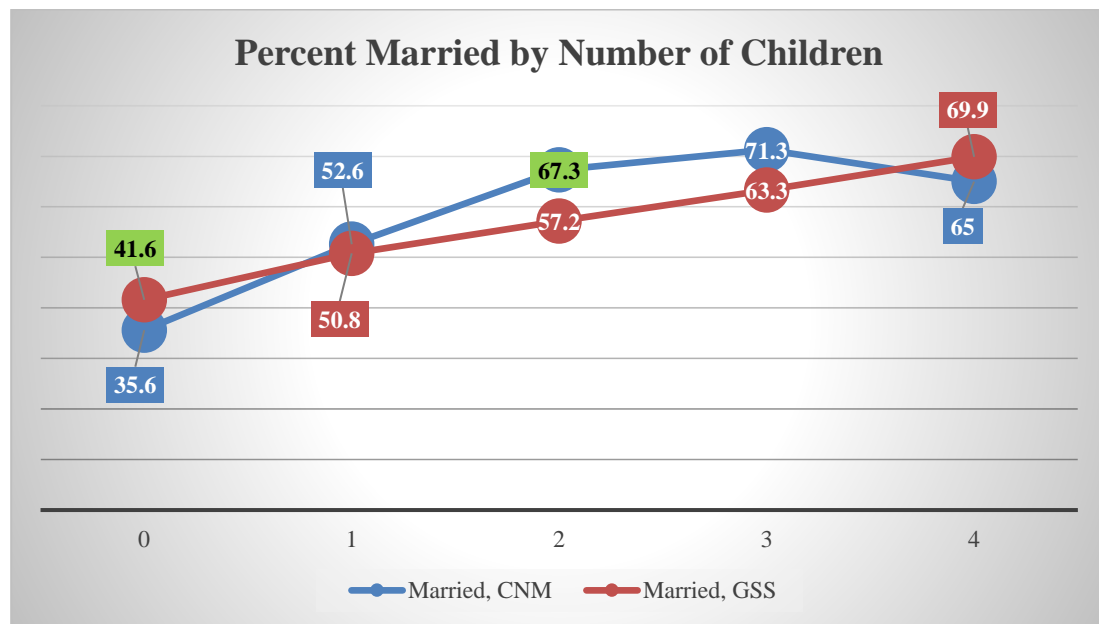


Figure IX-11: Percent who are currently married by number of children present in the home, CNM/RNE 2012 sample versus GSS 2010-2014 samples.

In Figure IX-11, the percentage of those who are currently married broken down by number of children present in the home is illustrated. With no children present in the

home, only 35.6% ( $n=926/2599$ ) of CNM/RNE 2012 population were currently married, which is significantly fewer (41.6%,  $n=1948/4682$ ) than the GSS sample who are currently married without children ( $X^2=24.990$ , *Likelihood Ratio*=25.140,  $df=1$ , *Fisher's exact*  $p=.000$ ). There was no significant difference in the percent of those married between the CNM/RNE sample and the GSS samples with one child in the home. The CNM/RNE sample was significantly more likely (CNM/RNE  $n=266/395$ , 67.3%, GSS  $n=383/669$ , 57.2%,  $X^2=10.633$ , *Likelihood Ratio*= 10.747,  $df=1$ , *Fisher's exact*  $p=.001$ ) to be married than were the GSS samples. (57.2%,  $n=383/669$ ) when there were two children living in the home. There were no significant differences in the percent of those who were presently married between the samples with three or more children.

*Divorce and Number of Children Present in Home*

Figure IX-12 illustrates the difference in the percentages of those who are

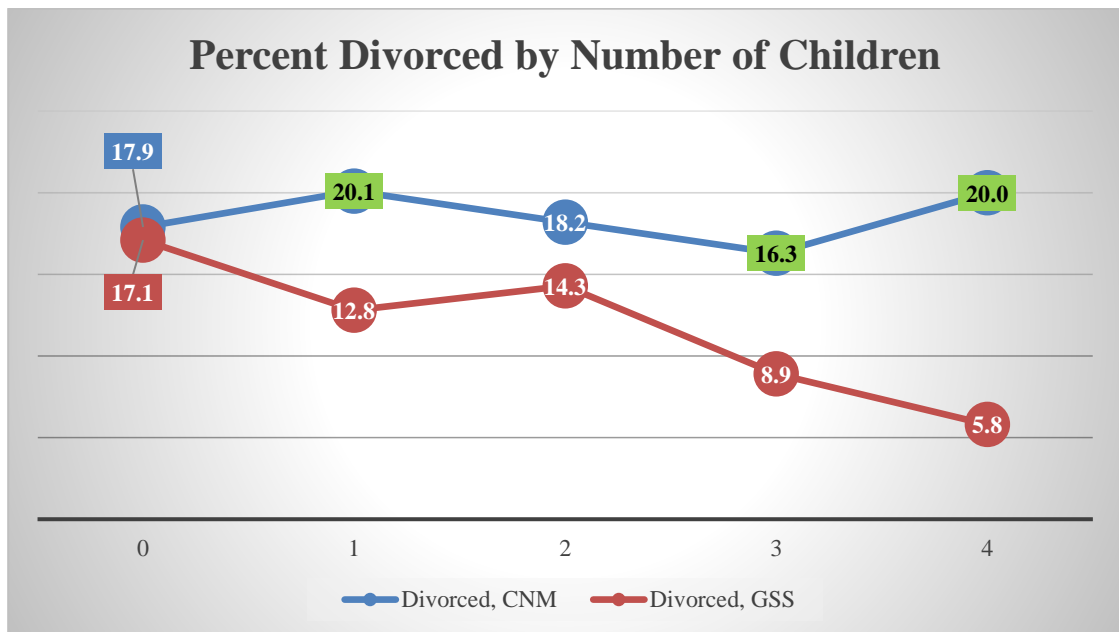


Figure IX-12: Percent who are currently divorced by number of children present in the home, CNM/RNE 2012 sample versus GSS 2010-2014 samples.



currently divorced between the CNM/RNE sample and the GSS samples by number of children present in the home. With no children present in the home, there was no significant difference between the samples. However, with one child present in the home, the CNM/RNE sample was more likely ( $OR=1.727$ ) to be divorced than were their counterparts in the GSS samples (CNM/RNE  $n=113/561$ , 20.1%, GSS  $n=100/785$ , 12.7%,  $X^2=13.464$ , *Likelihood Ratio*= 13.286,  $df=1$ , *Fisher's exact p*=.000). With two children present in the home, there were no significant differences in the two samples' likelihood to be currently divorced, though CNM/RNE sample trended towards being more likely. With three children present in the home, the CNM/RNE sample was more likely ( $OR=1.992$ ) to be divorced currently than were their counterparts in the GSS samples (CNM/RNE  $n=21/129$ , 16.3%, GSS  $n=24/279$ , 8.9%,  $X^2=4.765$ , *Likelihood Ratio*=4.530,  $df=1$ , *Fisher's exact p*<.041). Similarly, with four children present in the home, the CNM/RNE sample approached being more likely ( $OR=4.049$ ) to be currently divorced than their counterparts among the GSS samples (CNM/RNE  $n=8/40$ , 20.0%, GSS  $n=6/103$ , 5.8%,  $X^2=6.555$ , *Likelihood Ratio*=5.857,  $df=1$ , *Fisher's exact p*=.023).

It cannot be determined whether CNM and presence of children have a causal relationship with divorce and its causes. Interestingly, these analyses indicate that CNM persons who have been divorced retain custody, or at least co-residency, of the minor children after divorce. It is also interesting that CNM persons with two children living in the home are more likely to be married than are their counterparts in the general population sample. In all the other cases of number of children living at home, there were no significant differences of marital rates between the samples. However, more

research into these relationships and causalities is needed to contribute to our understanding of children's and their families' well-being.

### **Summary**

A pattern becomes clear throughout the different analyses that, on average, the persons within the CNM community appear to benefit from more frequent sexual interaction with more sexual partners than does the general population, among whom weekly sexual frequency with one committed partner appears to be optimal. While the causal direction is not known completely, being limited by cross-sectional samples from both the CNM/RNE community and from the general population, research that has been conducted concerning sexual activity and measures of biopsychosociosexual health suggest a bidirectional causality. For example, people who are happier in general as well as in their marriages and, are healthier, are more likely to have more frequent sexual interaction than those who experience unhappiness in general or in their relationships, or who suffer from poor health. As has been discussed in the literature, adding more sexual frequency that is not desired does not improve relationships or happiness, though due to various health benefits, more sexual frequency may contribute to better health.

## **Chapter 10:**

### **Summary and Conclusions**

Within the relevant and important limits (discussed in more detail at the end of this chapter) of comparing self-selection samples of consensual non-monogamous (CNM) persons with the full probability samples from the US General Social Survey (GSS), the findings of the quantitative analyses of samples of those who are CNM compared with samples from the GSS discussed previously, indicate that those who are CNM have more frequent sexual interaction, with more partners, and are happier, healthier, and are more attentive to their sexual health than are individuals from the general US population. These findings hold true across the lifecourse, across genders, and for behaviorally straight males, females, and bisexual females. There were generally no significant differences between the general population sample and the CNM sample among males who were behaviorally bisexual or gay and behaviorally lesbian females. For those who are CNM, being actively partnered with more than one person during the past year featured significantly in predicting being happier as well as being happier in their marriages, while the general population sample was happier in general and happier in their marriages when monogamously paired with only one partner. The findings also suggest that there are separate and distinct orientations or paradigms towards sexually intimate relationships, with monogamously-oriented individuals experiencing their optimal happiness, health, and marital happiness with one partner with whom they have sex about once per week, while non-monogamously-oriented persons experience their optimal happiness, health, and marital happiness having sex more than twice per week with three to five partners. These differences, and the findings discussed in the preceding chapters, are consistent with the predictions of van Ander's (2015) sexual

configurations theory (SCT), specifically concerning optimal sexuality that is based upon flexible choices within the realm of human sexual behavioral plasticity that has evolved since the emergence of our species.

CNM persons experience significantly more adverse experiences, such as prejudice, discrimination, threats of violence, and actual violence compared to the general population, yet, the findings here suggest that CNM persons are happier, healthier, and happier with their marriages, in spite of these higher rates of adversities. Consistent with previous findings concerning CNM persons' attention and care to protect their sexual health, the findings herein indicate that across the lifecourse, among all genders, and behavioral sexual orientations, CNM persons, especially those who have ever been polyamorous, are significantly more likely to have had an HIV test, to be knowledgeable about various sexually transmitted infections (STIs), which STIs are curable, to find it easier to discuss sexual health matters with potential partners, and to have disclosed their STI status before engaging in sex with a new partner.

The findings presented within the preceding chapters contribute to our understanding as anthropologists, of human sexual potential, including its plasticity in the present, to engage in behaviors that were common within our distant (and possibly, not so distant) ancestors. Humans have the capacity to engage in a wide array of diverse sexualities in ways that are conducive to their own biopsychosociosexual health and well-being, even when the current sociocultural milieu opposes this diversity. The findings presented here also suggest that the social-bonding aspects of human sexualities potentially extend beyond a reproductive pair and may have contributed to humans' ability to make, maintain, and expand social networks for reproductive and

other subsistence advantages, important areas of anthropological inquiry. Davis and Whitten (1987), writing nearly thirty years ago, stated that:

Anthropology has long had a love-hate relationship with the study of human sexuality. Although the origins of anthropology were marked by concerns and debates over the topic [(Briffault et al., 1956; Stocking, 1968)], contemporary anthropologists have generally moved away from consideration of the "erotic and exotic" into more respectable and less controversial kinds of topics. Meanwhile sexuality remains an intrinsic, if rarely studied, aspect of human experience [(Fisher, 1980)]. (p. 69)

I concur with Fisher, and Davis and Whitten. As mentioned previously, little has been written within the discipline of anthropology about CNM, other than polygyny, and more rarely, polyandry, in non-Western societies or religion-based polygamy. The research discussed in the previous chapters contributes to the discipline of anthropology's rightful place in contributing to this intrinsic aspect of human experience.

### **Recommendations for Promoting Biopsychosociosexual Health**

As is apparent from the findings in this study, frequent sexual interaction is an important part of individual happiness and frequent sexual interaction increases with the number of partners. However, the relationship between sexual frequency, number of sexual partners, happiness, health, and marital happiness differs between the CNM sample and the general US sample, with the general sample experiencing their optimal happiness, health, and to some degree, marital happiness, at once per week, while the CNM sample peaks at four or more times per week. For the CNM sample, sexual frequency is associated with happiness, health, and marital happiness. Similarly, the number of partners, at least up to three to five, significantly correlates with overall

health among the CNM sample. However, among the general population sample, while increasing sexual frequency is associated with being happier and, for those who are monogamous, being healthier, increasing the number of sexual partners beyond one is a significant predictor of being less happy, while predicting neither benefits or detriments to health.

The CNM sample averages what correlates with optimal sexual frequency for overall neurological (Joëls, 2008; Kim et al., 2013; Leuner et al., 2010), cardiovascular (Drory et al., 2002; Ebrahim et al., 2002), reproductive (Lê et al., 1989:1229; Meaddough et al., 2002; Petridou et al., 2000; Robertson et al., 2003), and mental (Bradford and Meston, 2007; DeLamater and Koepsel, 2015; Gallup et al., 2002; Karraker and DeLamater, 2013; Yucel and Gassanov, 2010) health, while the general sample, while being content with less frequency, does not generally obtain the optimal sexual frequency for human health. However, as has been discussed, adding *unwanted* sexual frequency or *undesired* additional partners do not yield benefits to happiness, health, or marital happiness (Cheng and Smyth, 2015; Loewenstein et al., 2015; Willoughby et al., 2014). This gap in desired frequency and salutary frequency presents a dilemma. Given that significant percentages of married individuals engage in one or more extra-marital sexual relationships over the course of their marriage, it may be that understanding these extra-marital relationships without the stigma usually accorded them by society could change the calculus for individuals' experiences of biopsychosociosexualwell-being and willingness to explore CNM as an outlet or pathway to additional sexual frequency that is associated with biopsychosociosexualwell-being. Further research is needed to explore this possibility.

However, for those who are not inclined to engage in non-monogamy, additional sexual frequency and additional partners may result in a reduction in biopsychosociosexual health and well-being. These differences suggest that the ways in which individuals relate sexually for their optimal well-being vary. Research conducted by Gray and colleagues (Gray, 2003; Gray et al., 2004a; Gray et al., 2004b) concerning differences in baseline testosterone levels between monogamous and non-monogamous men support fundamental biological differences between those who are CNM and those who are monogamous by preference. Further research into the causes of these differences is warranted.

CNM makes risk-taking more palatable when held in tension with the security of a long-term relationship where “negotiated safety” regarding sexual and psychological health can occur (Morin, 1999; Nichols and Shernoff, 2007). Interpersonal negotiations regarding sexual health safety in the context of non-exclusivity, especially with the jealousy these discussions may invoke, require unusually effective communication skills. Extraordinary communication is widely considered the sine qua non of successful non-exclusive relationships (Anapol, 1997; Barker and Langdrige, 2010a; Bauer, 2010; Easton and Liszt, 1997; Sheff, 2014; Taormino, 2008). As predicted by Schnarch’s (1991) sexual crucible theory, extraordinary communication along with differentiation-enabled intimacy are critical components of heightened sexual desire and pleasure. These are highly valued within CNM relationships, especially among those who have ever been polyamorous.

There were a few findings among the older adult samples that differed from the full samples. In the regression models, being happier was significantly predicted by

being female, being older, being married, and being healthier for the CNM sample, while only being healthier was predictive among the general population sample. The CNM sample among older adults was remarkably similar to the full sample, which, in turn shared much in common with the full sample of the general population. However, among the older adults in the GSS sample, only being healthier was a significant predictor of happiness.

Concerning health among the older adults, general happiness was a significant predictor for both the CNM and GSS samples. While sexual frequency was a significant predictor for health among the CNM sample, it was not for the GSS sample. Also in contrast, more income was a significant predictor of health among the older adult and full GSS and CNM samples, while it was not among the older adult CNM sample. This suggests another difference among the CNM and GSS samples, with frequent sex being vital for older CNM adults' health and more money (perhaps read good health insurance) for the older adults' health in the general population sample. Younger adults in the general sample were more likely to be healthier with youthfulness, higher incomes, happiness, and not having children living at home, but only income and happiness were related to better health in old age.

Research among older adults by Kleinplatz et al. (Kleinplatz, 2006; Kleinplatz et al., 2009a; Kleinplatz et al., 2009b) suggest that it is not merely increased sexual frequency or number of partners that drive the increases in biopsychosociosexual well-being, but it appears to be the deep psychosexual intimacy, psychological growth, and transcendent experiences, perhaps facilitated by practicing relationship skills valued within CNM, that contribute to their holistic well-being. During the twilight years of



human life, aging adults may critically reflect on their lived experiences and beliefs, a process that can produce significant changes in their beliefs and behaviors across many dimensions of life, a process called gerotranscendence (Tornstam, 2005). As I have argued previously (see Chapter 6), experiences that involve their sexual relationships, beliefs, and behaviors may be a type of psychosexual gerotranscendence. In my research, I encountered younger adult CNM individuals who expressed transcendence as both a cause and effect of participating in CNM because of the reflexive assessment of themselves, their relationships, and their desires for living optimally. For many, CNM was less about sex and more about intimacy and personal growth, especially with likeminded others. Also mentioned was the perception that their primary risks in CNM were psychological, especially concerning emotional vulnerability or failure to live up to their potential, rather than physical or sexual health-related.

Among the CNM persons and communities that have contributed their time and support of this research, I have observed that the private-public domains are used consistently to educate members and partners concerning best sexual and sexual health practices, concerns, and risks, along with ways to communicate honestly and effectively. They also spend significant time together as a group, playing board games, going hiking or camping, and holding thematic conversations (frequently about effective strategies to address relationship challenges drawing from external resources, some specifically tailored for CNM, such as [Loving More](#), Franklin Veaux's [More Than Two](#) website and books, Cunnin Minx's [Polyamory Weekly](#) podcasts and book, Tikva Wolf's [Kimchi Cuddles](#) educational and support webcomic site, et cetera, and some from more general relationship experts). While mistakes are made, feelings are

hurt, and trust is broken within CNM relationships and communities (as these are in any relationship or relationship system), which, due to the intimate connections between many parties, reverberate across many lives, their collective commitment to radical honesty balanced with respect for others fosters effective conflict resolution through clear communication within their relationships, which in turn yields benefits both to the relationship and their extended sociosexual network. The widely shared ethos of loving respect for their partners and their partners' partners that calls them to reflect on the consequences and benefits of their personal and private behaviors upon a network of persons in relationship frequently, though not always, draws out demonstrations of moral and ethical concern for all, which benefits and protects the community from unnecessary risks. Additionally, these communities routinely provide spaces of safety and support for persons who practice alternative sexualities and for those who do not conform to the social norms of heterosexuality, monogamy, binary gender, and regulated sexual frequency. I have witnessed or have been aware of interpersonal conflicts within these communities that did not result in peaceful resolutions as well. However, these had the effect of increasing these communities' attempts to bring harmony through self-reflective and emotionally-painful conversations. Sometimes, these conflicts resulted in the reconfiguration of the community, with some members leaving and joining another local group and with other situations, beginning a new group. However, the process seemed to strengthen the individuals, their relationships, and the overall stability of the communities in the long term.

When the survey data speak of discrimination, prejudice, violence, or threats, the extent of the effects and their traumatic consequences are often veiled. Percentages

and numbers cannot capture the tears, discouragements, bereavements, betrayals, disappointments, and the multitude of micro- and macro-aggressions encountered by many of those who occupy a minority status, whether racial, ethnic, sexual, or in terms of their slice of the income share in the global economy. The ethnographic work partially described herein, as well as the quantitative analytical findings, suggest that in spite of the high rates of prejudice, discrimination, and violence faced by CNM persons, their communities and multiple relationships often sustain and encourage them to persevere and provide assistance when and where possible.

CNM communities may provide models for best practices that may be useful for interventions in other public health contexts concerning sex education and intimate relationship skills—both areas can benefit from lessons learned and taught within CNM communities about effective and transparent communication strategies. CNM persons routinely practice risk-aware sex practices, sexual health testing, and compliance with risk-aware protocols is generally high. The CNM communities that I have worked among seek to explore (or at least hold as an ideal) humans' sexual potential and diversities without shaming or stigma. Such an ideal may benefit other minority communities, as well as the majority communities in the US.

In order for public health messaging and intervention models to incorporate the full range of human sexual behavioral plasticity, it is important to recognize that mono- and hetero-normative paradigms of majority society do not suit everyone. By including contributions from CNM communities, especially in the area of sexual health educational discourse, messaging and intervention models can incorporate a wider range of healthy sexual interactions.

The quantitative analysis indicates that large minorities of CNM, and majorities of those who identify as polyamorous, have had discussions with their health care providers about sexual health, sexual behaviors, and birth control. CNM persons are generally knowledgeable about the risks of infection and take their sexual health and that of their partners seriously. The qualitative findings indicate that most of those who have access to health care have found providers that are respectful and knowledgeable of CNM and are willing to work with their patients to maintain, and test for concerns about, sexual and reproductive health. However, most of these have had difficult or humiliating interactions with health care providers who were judgmental, prejudicial, and sex-phobic. It is recommended that medical personnel, especially those within the fields of general practice, sexual and reproductive health, urology, and gynecology/obstetrics be culturally-aware and –sensitive to the needs of these communities engaging in CNM and other forms of alternative sexualities.

While more research is needed, it is possible that additional adult presence and support (as alloparents) enjoyed by some CNM families may foster children’s well-being and development. When social norms regarding sexuality, whether codified into law or remaining informal, impose restrictions on legitimate human freedom and adaptive behaviors, skepticism and cross-cultural critique are in order. Research examining the effects of (as well as methods and policy changes to prevent) adversities and injustices faced by CNM persons, families, and the children of these families as a result of hostilities, threats, prejudice, and discrimination arising from misinformed family members, employers, social workers, school staff, law enforcement, and courts is needed. Finally, longitudinal research to assess the benefits and risks to persons who are

CNM is needed, especially to determine causalities associated with improved health, happiness, marital happiness, and other findings presented here.

### **Utility/Limitations/Risks**

As was mentioned previously, the CNM sample was from an Internet-based, cross-sectional, self-selected convenience sample of a hidden population, which was compared to the randomized and statistically-sophisticated GSS survey, so results may have limited generalizability. Potential respondents who practice some form of consensual sexual non-exclusivity, but who do not have access to online services, are most likely not represented in these findings. The relatively small sample size imposed limitations on the ability to conduct finer analysis of the data in ways (such as by sexual orientation) that would produce statistically valid results. Respondents to the CNM survey were not asked about race or ethnicity, so differences across cultures or among those who identify with one of the many minority populations could not be assessed with the available data.

Compared to the GSS group, the sample had a relatively high educational attainment, which has been correlated with more liberal sexual attitudes (Fischtein et al., 2007; Laumann, 1994). However, the findings presented here indicate that educational attainment was not a significant predictor of happiness for the CNM or GSS sample. Neither was it a predictor of health for the CNM sample, but was, along with income, for the GSS sample.

## References

- Abu-Lughod, Lila (1993). *Writing Women's Worlds: Bedouin Stories*. Berkeley: University of California Press.
- Adimora, Adaora A., Schoenbach, Victor J., Bonas, Dana M., Francis, E. A. Martinson, Donaldson, Kathryn H. and Stancil, Tonya R. (2002). "Concurrent Sexual Partnerships among Women in the United States." *Epidemiology* 13(3): 320-327.
- Adimora, Adaora A., Schoenbach, Victor J., Taylor, Eboni M., Khan, Maria R. and Schwartz, Robert J. (2011). "Concurrent Partnerships, Nonmonogamous Partners, and Substance Use among Women in the United States." *American Journal of Public Health* 101(1): 128-136.
- Adimora, Adaora A., Schoenbach, Victor J., Taylor, Eboni M., Khan, Maria R., Schwartz, Robert J. and Miller, William C. (2013). "Sex Ratio, Poverty, and Concurrent Partnerships among Men and Women in the United States: A Multilevel Analysis." *Annals of Epidemiology* 23(11): 716-719.
- Aggarwal, K.K. (2013). "Sexual Desire and Sexual Activity of Men and Women across their Lifespan." *Indian Journal of Clinical Practice* 24(3): 207-210.
- Aggie-Sez (2012) "Riding the Relationship Escalator (or Not)." *Solopoly*.
- Alexander, Michele G. and Fisher, Terri D. (2003). "Truth and Consequences: Using the Bogus Pipeline to Examine Sex Differences in Self-Reported Sexuality." *Journal of Sex Research* 40(1): 27-35.
- American Public Health Association. (2015). *Control of Communicable Diseases Manual: An Official Report of the American Public Health Association*. Washington, DC: American Public Health Association.
- Amory, Deborah P. (1998). *Mashoga, Mabasha, and Magai: "Homosexuality" on the East African Coast. Boy-Wives and Female Husbands: Studies in African Homosexualities*. Murray, Stephen O. and Roscoe, Will. New York, St. Martin's Press: 67-87.
- Anapol, Deborah (1997). *Polyamory: The New Love without Limits: Secrets of Sustainable Intimate Relationships*. San Rafael, CA: IntiNet Resource Center.

Anapol, Deborah Taj (2015a). News from Deborah Taj Anapol. II, Derrell Cox. Marin County, CA, LoveWithoutLimits.com.

Anapol, Deborah Taj. (2015b). "An Overview of Pelvic Heart Integration." Retrieved December 17, 2015, from <http://pelvicheart.com>.

Andersen, Judith P. and Blossnich, John (2013). "Disparities in Adverse Childhood Experiences among Sexual Minority and Heterosexual Adults: Results from a Multi-State Probability-Based Sample." *PLoS ONE* 8(1): e54691:54691-54697.

Anderson, Kermyt G. (2006). "How Well Does Paternity Confidence Match Actual Paternity? Evidence from Worldwide Nonpaternity Rates." *Current Anthropology* 47(3): 513-520.

Anderson, R.M. (2013). "Positive Sexuality and Its Impact on Overall Well-Being." *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz* 56(2): 208-214.

Aral, S. O. and Leichliter, J. S. (2010). "Non-Monogamy: Risk Factor for STI Transmission and Acquisition and Determinant of STI Spread in Populations." *Sexually Transmitted Infections* 86 Suppl 3: iii29-36.

Armelagos, George J., Brown, Peter J. and Turner, Bethany (2005). "Evolutionary, Historical and Political Economic Perspectives on Health and Disease." *Social Science & Medicine* 61(4): 755-765.

Armelagos, George J. and McArdle, Alan (1975). "Population, Disease, and Evolution." *Memoirs of the Society for American Archaeology* 30, Population Studies in Archaeology and Biological Anthropology: A Symposium: 1-10.

Baggaley, Rebecca F, White, Richard G and Boily, Marie-Claude (2008). "Systematic Review of Oro-genital HIV-1 Transmission Probabilities." *International Journal of Epidemiology* 37(6): 1255-1265.

Baggaley, Rebecca F, White, Richard G and Boily, Marie-Claude (2010). "HIV Transmission Risk through Anal Intercourse: Systematic Review, Meta-Analysis and Implications for HIV Prevention." *International Journal of Epidemiology* 39(4): 1048-1063.

Barad, Karen (1998). "Getting Real: Technoscientific Practices and the Materialization of Reality." *Differences: A Journal of Feminist Cultural Studies* 10(2): 87.

Barash, David P. and Lipton, Judith Eve (2001). *The Myth of Monogamy: Fidelity and Infidelity in Animals and People*. New York: W. H. Freeman and Co.

Barberán, Albert, Dunn, Robert R., Reich, Brian J., Pacifici, Krishna, Laber, Eric B., Menninger, Holly L., Morton, James M., Henley, Jessica B., Leff, Jonathan W., Miller, Shelly L. and Fierer, Noah (2015). "The Ecology of Microscopic Life in Household Dust." *Proceedings of the Royal Society B: Biological Sciences* 282(1814).

Barker, Meg and Langdrige, Darren (2010a). *Understanding Non-Monogamies*. New York: Routledge.

Barker, Meg and Langdrige, Darren (2010b). "Whatever Happened to Non-Monogamies? Critical Reflections on Recent Research and Theory." *Sexualities* 13(6): 748-772.

Barratt, Barnaby (2005). *Sexual Health and Erotic Freedom*: Xlibris.

Bartels, Andreas and Zeki, Semir (2004). "The Neural Correlates of Maternal and Romantic Love." *NeuroImage* 21(3): 1155-1166.

Bauch, Chris T. and McElreath, Richard (2016). "Disease Dynamics and Costly Punishment Can Foster Socially Imposed Monogamy." *Nature Communications* 7: 1-9.

Bauer, Robin (2010). Non-Monogamy in Queer BDSM Communities: Putting the Sex Back into Alternative Relationship Practices and Discourse. *Routledge Research in Gender and Society: Understanding Non-Monogamies*. Barker, Meg and Langdrige, Darren. New York, Routledge: 142-153.

Beckerman, Stephen and Valentine, Paul (2002). The Concept of Partible Paternity among Native South Americans. *Cultures of Multiple Fathers: The Theory and Practice of Partible Paternity in Lowland South America*. Beckerman, Stephen and Valentine, Paul. Gainesville, FL, University Press of Florida: 1-13.

Benbow, Susan Mary and Beeston, Derek (2012). "Sexuality, Aging, and Dementia." *International Psychogeriatrics* 24(7): 1026-1033.



Bengston, Vern L. and Allen, Katherine R. (1993). The Life Course Perspective Applied to Families over Time. *Sourcebook of Family Theories and Methods: A Contextual Approach*. Boss, Pauline. New York, Plenum Press: 469-499.

Benyamini, Yael (2011). "Why Does Self-Rated Health Predict Mortality? An Update on Current Knowledge and a Research Agenda for Psychologists." *Psychology & Health* 26(11): 1407-1413.

Birnie-Porter, Carolyn and Hunt, Mitchell (2015). "Does Relationship Status Matter for Sexual Satisfaction? The Roles of Intimacy and Attachment Avoidance in Sexual Satisfaction across Five Types of Ongoing Sexual Relationships." *The Canadian Journal of Human Sexuality* 24(2): 174-183.

Blanchflower, David G. and Oswald, Andrew J. (2004). "Money, Sex and Happiness: An Empirical Study." *Scandinavian Journal of Economics* 106(3): 393-415.

Bloch, Iwan (1933 [1811]). *Anthropological Studies in the Strange Sexual Practices of All Races in All Ages*. New York: Anthropological Press.

BLS.gov (2016). Earnings and Employment Rates by Educational Attainment, 2015. *Employment Projections*. Washington, DC, US Department of Labor: Bureau of Labor Statistics.

Blumstein, Philip and Schwartz, Pepper (1983). *American Couples: Money, Work, Sex*. New York: Morrow.

Boily, Marie-Claude, Baggaley, Rebecca F., Wang, Lei, Masse, Benoit, White, Richard G., Hayes, Richard J. and Alary, Michel (2009). "Heterosexual Risk of HIV-1 Infection per Sexual Act: Systematic Review and Meta-Analysis of Observational Studies." *Lancet Infectious Diseases* 9: 118-129.

Bookwala, Jamila (2005). "The Role of Marital Quality in Physical Health During the Mature Years." *Journal of Aging and Health* 17(1): 85-104.

Boonstra, Heather D. (2002). Teen Pregnancy: Trends And Lessons Learned. *Special Analysis*. New York, Guttmacher Institute. 5.

Bostwick, Wendy B., Boyd, Carol J., Hughes, Tonda L. and McCabe, Sean Esteban (2010). "Dimensions of Sexual Orientation and the Prevalence of Mood and Anxiety Disorders in the United States." *American Journal of Public Health* 100(3): 468-475.

Bourdieu, Pierre (1977). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press.

Bowen, Murray (1978). *Family Therapy in Clinical Practice*. New York: J. Aronson.

Boyd, Robert, Gintis, Herbert, Bowles, Samuel and Richerson, Peter J. (2003). "The Evolution of Altruistic Punishment." *Proceedings of the National Academy of Sciences* 100(6): 3531-3535.

Bradford, Andrea and Meston, Cindy M. (2007). Senior Sexual Health: The Effects of Aging on Sexuality. *Innovations in Clinical Practice: Focus on Sexual Health*. VandeCreek, Leon, Peterson, Frederick L. and Bley, Jill W. Sarasota, FL, Professional Resource Press: 35-45.

Briffault, Robert, Malinowski, Bronislaw and Montagu, Ashley (1956). *Marriage, Past and Present: A Debate between Robert Briffault and Bronislaw Malinowski*. Boston: P. Sargent.

Brown, Gillian R., Laland, Kevin N. and Mulder, Monique Borgerhoff (2009). "Bateman's Principles and Human Sex Roles." *Trends in Ecology & Evolution* 24(6-14): 297-304.

Brown, Gillian R., Laland, Kevin N. and Mulder, Monique Borgerhoff (2013). "Erratum to 'Bateman's Principles and Human Sex Roles'." *Trends in Ecology & Evolution* 28(10): 622.

Brown, Peter J. and Barrett, Ronald L. (2010). *Understanding and Applying Medical Anthropology*. New York: McGraw-Hill Higher Education.

Brown, Susan L. (2004). "Moving from Cohabitation to Marriage: Effects on Relationship Quality." *Social Science Research* 33(1): 1-19.

Brown, Susan L. and Kawamura, Sayaka (2010). "Relationship Quality among Cohabitators and Marrieds in Older Adulthood." *Social Science Research* 39(5): 777-786.

Burgess, Elisabeth O. (2004). Sexuality in Midlife and Later Life Couples. *The Handbook of Sexuality in Close Relationships*. Harvey, John H., Wenzel, Amy and Sprecher, Susan. Mahwah, NJ, Lawrence Erlbaum Associates: 437-454.

Buss, David M. (2003). *The Evolution of Desire: Strategies of Human Mating*. New York: Basic Books.

Butler, Judith (1990). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

Butler, Judith (1993). Imitation and Gender Insubordination. *The Lesbian and Gay Studies Reader*. Abelow, Henry, Barale, Michèle Aina and Halperin, David M. New York, Routledge: 307-320.

Butler, Judith (2004). *Undoing Gender*. New York: Routledge.

Butler, Judith (2011). *Bodies that Matter: on the Discursive Limits of "Sex"*. New York: Routledge.

Butler, Robert N. and Lewis, Myrna I. (2002). *The New Love and Sex after 60*. New York: Ballantine Books.

Butler, Robert N., Lewis, Myrna I. and Butler, Robert N. (1988). *Love and Sex after 60*. New York: Perennial Library.

Carter, C. Sue (1998). "Neuroendocrine Perspectives on Social Attachment and Love." *Psychoneuroendocrinology* 23(8): 779-818.

CDC (2012). Estimated HIV Incidence in the United States, 2007–2010. Department of Health and Human Services: Centers for Disease Control. Atlanta, CDC.gov. 17.

CDC (2014). Chickenpox and the Vaccine (Shot) to Prevent It. CDC, US DHHS. Atlanta, CDC.gov.

CDC (2015) "Sexual Risk Behaviors: HIV, STD, & Teen Pregnancy Prevention." *Sexual Risk Behaviors*.

CDC, Chandra, Anjani , Billioux, Veena G. , Copen, Casey E. and Sionean, Catlainn (2012). HIV Risk-Related Behaviors in the United States Household Population Aged 15–44 Years: Data from the National Survey of Family Growth, 2002 and 2006–2010. *National Health Statistics Reports*. Atlanta, GA, U.S. Department of Health and Human Services: Centers for Disease Control and Prevention; National Center for Health Statistics; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

CDC, Hall, H. Irene, An, Qian, Tang, Tian, Song, Ruiguang, Chen, Mi , Green, Timothy and Kang, Jian (2015). Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008–2012. *Morbidity and Mortality Weekly Report (MMWR)*. Atlanta, GA, CDC.gov. 64.

CDC, Van Handel, Michelle and Johnson, Christopher (2013). HIV Testing Trends in the United States, 2000-2011. Atlanta, GA, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

CDC:NCHHSTP (2010). Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States. US Department of Health and Human Services. Atlanta, CDC.

Chapais, Bernard (2013). "Monogamy, Strongly Bonded Groups, and the Evolution of Human Social Structure." *Evolutionary Anthropology* 22(2): 52-65.

Charnetski, Carl J. and Brennan, Francis X. (2004). "Sexual Frequency and Salivary Immunoglobulin A (IgA)." *Psychological Reports* 94(3 Pt 1): 839-844.

Cheng, Zhiming and Smyth, Russell (2015). "Sex and Happiness." *Journal of Economic Behavior & Organization* 112: 26-32.

Chirwa, Wiseman Chijere (1997). "Migrant Labour, Sexual Networking and Multi-Partnered Sex in Malawi." *Health Transition Review* 7(Supplement 3): 5-15.

Choby, Beth A. (2009). "Diagnosis and Treatment of Streptococcal Pharyngitis." *American Family Physician* 79(5): 383-390.

Choi, Keum-Bong, Jang, Soo-Hyun, Lee, Mi-Young and Kim, Kye-Ha (2011). "Sexual Life and Self-Esteem in Married Elderly." *Archives of Gerontology and Geriatrics* 53(1): e17-e20.

Clay, Zanna and de Waal, Frans B.M. (2015). "Sex and Strife: Post-Conflict Sexual Contacts in Bonobos." *Behaviour* 152(3-4): 313-334.

Cohen, Myron S., Shugars, Diane C. and Fiscus, Susan A. (2000). "Limits on Oral Transmission of HIV-1." *The Lancet* 356(9226): 272.

Cohen, Neal J. and Eichenbaum, Howard (1993). *Memory, Amnesia, and the Hippocampal System*. Cambridge, MA: MIT Press.

Cole, Steven W., Capitanio, John P., Chun, Katie, Arevalo, Jesusa M. G., Ma, Jeffrey and Cacioppo, John T. (2015). "Myeloid Differentiation Architecture of Leukocyte Transcriptome Dynamics in Perceived Social Isolation." *Proceedings of the National Academy of Sciences* 112(49): 15142-15147.

Collins, Patricia Hill (1995). *The Social Construction of Black Feminist Thought. Words of Fire: an Anthology of African-American Feminist Thought*. Guy-Sheftall, Beverly. New York, New Press: Distributed by W.W. Norton: 338-357.

Comaroff, John L. (1980). Bridewealth and the Control and Ambiguity in a Tswana Chiefdom. *Studies in Anthropology 7: The Meaning of Marriage Payments*. Comaroff, John L. London, Academic Press: 161-196.

Comaroff, John L. (1981). *The Management of Marriage in a Tswana Chiefdom*. Cape Town: Juta.

Comaroff, John L. and Roberts, Simon (1977). "Marriage and Extra-Marital Sexuality: The Dialectics of Legal Change among the Kgatla." *Journal of African Law* 21(1): 97-123.

Conley, T. D., Moors, A. C., Ziegler, A., Matsick, J. L. and Rubin, J. D. (2013a). "Condom Use Errors among Sexually Unfaithful and Consensually Nonmonogamous Individuals." *Sexual Health* 10(5): 463-464.

Conley, Terri (2015). "Editorial Comment on "A Comparison of Sexual Health History and Practices among Monogamous and Consensually Nonmonogamous Sexual Partners"—Moving Ahead: Accepting (and Funding) Research That Critically Examines Monogamy." *The Journal of Sexual Medicine* 12(10): 2029-2030.

- Conley, Terri D., Matsick, Jes L., Moors, Amy C., Ziegler, Ali and Rubin, Jennifer D. (2015a). "Re-Examining the Effectiveness of Monogamy As an Sti-Preventive Strategy." *Preventive Medicine* 78: 23-28.
- Conley, Terri D., Moors, Amy C., Matsick, Jes L. and Ziegler, Ali (2011). "[Prevalence of Consensual Non-Monogamy in General Samples]." *Unpublished Raw Data*.
- Conley, Terri D., Moors, Amy C., Matsick, Jes L. and Ziegler, Ali (2012a). "The Fewer the Merrier?: Assessing Stigma Surrounding Consensually Non-monogamous Romantic Relationships." *Analyses of Social Issues and Public Policy*: 1-29.
- Conley, Terri D., Moors, Amy C., Matsick, Jes L. and Ziegler, Ali (2015b). "Sexuality-Related Risks are Judged more Harshly than Comparable Health Risks." *International Journal of Sexual Health*: 1-14.
- Conley, Terri D., Moors, Amy C., Ziegler, Ali and Karathanasis, Constantina (2012b). "Unfaithful Individuals are Less Likely to Practice Safer Sex Than Openly Nonmonogamous Individuals." *The Journal of Sexual Medicine* 9(6): 1559-1565.
- Conley, Terri D., Ziegler, Ali, Moors, Amy C., Matsick, Jes L. and Valentine, Brandon (2013b). "A Critical Examination of Popular Assumptions About the Benefits and Outcomes of Monogamous Relationships." *Personality and Social Psychology Review* 17(2): 124-141.
- Coontz, Stephanie (2000). *The Way We Never Were: American Families and the Nostalgia Trap*. New York, NY: BasicBooks.
- Craigie, Terry-Ann L (2015). "Multipartner Fertility and Child Support." *Eastern Economic Journal* 41(4): 571-591.
- Crenshaw, Kimberle (1993) "Beyond Racism and Misogyny: Black Feminism and 2 Live Crew." *Boston Review: A Political and Literary Forum*.
- Crenshaw, Kimberlé (1989). "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *University of Chicago Legal Forum* 1989: 139-167.
- Critcher, Chas (2008). "Moral Panic Analysis: Past, Present and Future." *Sociology Compass* 2(4): 1127-1144.

Crittenden, Alyssa Noelani (2009). *Allomaternal Care and Juvenile Foraging among the Hadza: Implications for the Evolution of Cooperative Breeding in Humans*. 3356207 Ph.D.: University of California, San Diego.

Crocker, William H. and Crocker, Jean (1994). *The Canela : Bonding through Kinship, Ritual, and Sex*. Fort Worth: Harcourt Brace College Publishers.

Curlik, Daniel M. II and Shors, Tracey J. (2011). "Learning Increases the Survival of Newborn Neurons Provided that Learning Is Difficult To Achieve and Successful." *Journal of Cognitive Neuroscience* 23(9): 2159-2170.

Darwin, Charles (1859). *On the Origin of Species by Means of Natural Selection*. London: J. Murray.

Darwin, Charles (1871). *The Descent of Man, and Selection in Relation to Sex*. New York: D. Appleton and Company.

Darwin, Charles and Wallace, Alfred (1858). "On the Tendency of Species to form Varieties; and on the Perpetuation of Varieties and Species by Natural Means of Selection." *Journal of the Proceedings of the Linnean Society of London. Zoology* 3(9): 45-62.

Davis, D L and Whitten, R G (1987). "The Cross-Cultural Study of Human Sexuality." *Annual Review of Anthropology* 16(1): 69-98.

Dawes, Robyn M. (1979). "The Robust Beauty of Improper Linear Models in Decision Making." *American Psychologist* 34(7): 571-582.

de Beauvoir, Simone, Borde, Constance and Malovany-Chevallier, Sheila (2011 [1949]). *The Second Sex*. New York: Vintage.

de Waal, Frans B. M. (1995). "Bonobo Sex & Society." *Scientific American Mind* 20(3): 4.

de Waal, Frans B. M. (2006). "Bonobo sex & society." *Scientific American Special Edition* 16(2): 14.

de Waal, Frans B.M. and Lanting, Frans (1997). *Bonobo: The Forgotten Ape*. Berkeley: University of California Press.

de Weerd, Harmen and Verbrugge, Rineke (2011). "Evolution of Altruistic Punishment in Heterogeneous Populations." *Journal of Theoretical Biology* 290: 88-103.

Deacon, Susan , Minichiello, Victor and Plummer, David (1995). "Sexuality and Older People: Revisiting the Assumptions." *Educational Gerontology* 21(5): 497.

Dekker, Gustaaf (2002). "The Partner's Role in the Etiology of Preeclampsia." *Journal of Reproductive Immunology* 57(1-2): 203-215.

Dekker, Gustaaf A., Robillard, P. Y. and Hulsey, T. C. (1998). "Immune Maladaptation in the Etiology of Preeclampsia: A Review of Corroborative Epidemiologic Studies." *Obstet Gynecol Surv* 53(6): 377-382.

DeLamater, John D. (2012). "Sexual Expression in Later Life: a Review and Synthesis." *Journal of Sex Research* 49(2/3): 125-141.

DeLamater, John D. and Sill, Morgan (2005). "Sexual Desire in Later Life." *Journal of Sex Research* 42(2): 138-149.

DeLamater, John and Koepsel, Erica (2015). "Relationships and Sexual Expression in Later Life: A Biopsychosocial Perspective." *Sexual and Relationship Therapy* 30(1): 37-59.

Deri, Jillian (2015). *Love's Refraction: Jealousy and Compersion in Queer Women's Polyamorous Relationships*. Toronto: University of Toronto Press.

Diamond, Milton (1984). *The World of Sexual Behavior: Sexwatching: Looking into the World of Sexual Behavior*. New York: Gallery Books.

Dickson, Nigel P., van Roode, Thea, Herbison, Peter and Paul, Charlotte (2008). "Circumcision and Risk of Sexually Transmitted Infections in a Birth Cohort." *The Journal of Pediatrics* 152(3): 383-387.



Dixson, Alan and Anderson, Matthew (2001). "Sexual Selection and the Comparative Anatomy of Reproduction in Monkeys, Apes, and Human Beings." *Annual Review of Sex Research* 12: 121.

Dixson, Alan F. (2009). *Sexual Selection and the Origins of Human Mating Systems*. Oxford: Oxford University Press.

Dixson, Alan F. (2012). *Primate Sexuality: Comparative Studies of the Prosimians, Monkeys, Apes, and Humans*. Oxford: Oxford University Press.

Dixson, Alan F. and Anderson, Matthew J. (2004). "Sexual Behavior, Reproductive Physiology and Sperm Competition in Male Mammals." *Physiology & Behavior* 83(2): 361-371.

Doddridge, Rock, Schumm, Walter R. and Bergen, M. Betsy (1987). "Factors Related to Decline in Preferred Frequency of Sexual Intercourse among Young Couples." *Psychological Reports* 60(2): 391-395.

Donnelly, Denise A. (1993). "Sexually Inactive Marriages." *The Journal of Sex Research* 30(2): 171-179.

Donoho, Carrie J., Crimmins, Eileen M. and Seeman, Teresa E. (2013). "Marital Quality, Gender, and Markers of Inflammation in the MIDUS Cohort." *Journal of Marriage and Family* 75(1): 127-141.

Doyle, David Matthew and Molix, Lisa (2015). "Social Stigma and Sexual Minorities' Romantic Relationship Functioning: A Meta-Analytic Review." *Personality and Social Psychology Bulletin* 41(10): 1363-1381.

Drory, Yaacov, Kravetz, Shlomo and Hirschberger, Gilad (2002). "Sexual Activity of Women and Men One Year before a First Acute Myocardial Infarction." *Cardiology* 97(3): 127-132.

Du, Ping, Camacho, Fabian, Zurlo, John and Lengerich, Eugene J. (2011). "Human Immunodeficiency Virus Testing Behaviors Among US Adults: The Roles of Individual Factors, Legislative Status, and Public Health Resources." *Sexually Transmitted Diseases* 38(9): 858-864.

- Duda, Pavel and Zrzavý, Jan (2013). "Evolution of Life History and Behavior in Hominidae: Towards Phylogenetic Reconstruction of The Chimpanzee–Human Last Common Ancestor." *Journal of Human Evolution* 65(4): 424-446.
- Dudchenko, Paul A. (2010). *Why People Get Lost: The Psychology and Neuroscience of Spatial Cognition*. New York: Oxford University Press.
- Dunphy, Kilian (2014). "Herpes Genitalis and the Philosopher's Stance." *Journal of Medical Ethics* 40(12): 793-797.
- Durington, Matthew (2007). "The Ethnographic Semiotics of a Suburban Moral Panic." *Critical Arts: A South-North Journal of Cultural & Media Studies* 21(2): 261-275.
- Dworkin, Andrea (1983). *Right-Wing Women*. New York: Perigee Books.
- Easton, Dossie and Liszt, Catherine A. (1997). *The Ethical Slut: A Guide to Infinite Sexual Possibilities*. San Francisco, CA: Greenery Press.
- Eaton, JeffreyW, Hallett, TimothyB and Garnett, GeoffreyP (2011). "Concurrent Sexual Partnerships and Primary HIV Infection: A Critical Interaction." *AIDS and Behavior* 15(4): 687-692.
- Ebrahim, S., May, M., Shlomo, Y. Ben, McCarron, P., Frankel, S., Yarnell, J. and Smith, G. Davey (2002). "Sexual Intercourse and Risk of Ischaemic Stroke and Coronary Heart Disease: The Caerphilly Study." *Journal of Epidemiology and Community Health* (1979-) 56(2): 99-102.
- Eichenbaum, H., Yonelinas, A. R. and Ranganath, C. (2007). "The Medial Temporal Lobe and Recognition Memory." *Annual Review of Neuroscience* 30: 123-152.
- Einarsson, Jon I., Sangi-Haghpeykar, Haleh and Gardner, Michael O. (2003). "Sperm Exposure and Development of Preeclampsia." *American Journal of Obstetrics and Gynecology* 188(5): 1241-1243.
- Elder, Glen H., Johnson, Monica Kirkpatrick and Crosnoe, Robert (2003). The Emergence and Development of Life Course Theory. *Handbook of the Life Course*. Mortimer, Jeylan T. and Shanahan, Michael J. Boston, MA, Springer US: 3-19.

- Ellis, Bruce J. and Boyce, W. Thomas (2008). "Biological Sensitivity to Context." *Current Directions in Psychological Science* 17(3): 183-187.
- Ellis, Havelock (1910 [1896]). *Studies in the Psychology of Sex*. n.p.
- Ellsworth, Ryan M. (2014). *Partible Paternity and Human Reproductive Behavior*. PhD Dissertation: University of Missouri.
- Erikson, Erik H. (1993 [1950]). *Childhood and Society*. New York: Norton.
- Estes, Richard (1991). *The Behavior Guide to African Mammals: Including Hoofed Mammals, Carnivores, Primates*. Berkeley: University of California Press.
- Evans, Amy L, Scally, Andrew J, Wellard, Sarah J and Wilson, Janet D (2007). "Prevalence of Bacterial Vaginosis in Lesbians and Heterosexual Women in a Community Setting." *Sexually Transmitted Infections* 83(6): 470-475.
- Fehr, Ernst and Gächter, Simon (2002). "Altruistic Punishment in Humans." *Nature* 415(6868): 137.
- Feldman, Ruth (2012). "Oxytocin and Social Affiliation in Humans." *Hormones and Behavior* 61(3): 380-391.
- Fellous, Jean-Marc and Suri, Roland E. (2003). The Roles of Dopamine. *The Handbook of Brain Theory and Neural Networks*. Arbib, Michael A. Cambridge, MA, MIT Press: xvii, 1290 p.
- Ferenczy, Alex, Coutlee, Francois, Franco, Eduardo and Hankins, Catherine (2003). "Human Papillomavirus and HIV Coinfection and the Risk of Neoplasias of the Lower Genital Tract: A Review of Recent Developments." *Canadian Medical Association Journal* 169(5): 431-434.
- Fergusson, David M., Boden, Joseph M. and Horwood, L. John (2007). "Circumcision Status and Risk of Sexually Transmitted Infection in Young Adult Males: An Analysis of a Longitudinal Birth Cohort." *Obstetrical & Gynecological Survey* 62(4): 225-226.
- Firestone, Robert, Firestone, Lisa A. and Catlett, Joyce (2006). *Sex and Love in Intimate Relationships*. Washington, DC: American Psychological Association.

Fischtein, Dayna S., Herold, Edward S and Desmarais, Serge (2007). "How Much Does Gender Explain in Sexual Attitudes and Behaviors? A Survey of Canadian Adults." *Archives of Sexual Behavior* 36(3): 451-461.

Fisher, Helen (2008). The Brain in Love. TEDtalksDirector, Youtube.com.

Fisher, L.E., Ed. (1980). *Relationships and Sexuality in Contexts and Culture*. Handbook of Sexuality. Englewood Cliffs: Prentice-Hall.

Fisher, Linda L. (2010). Sex, Romance, and Relationships: AARP Survey of Midlife and Older Adults. Washington, DC, AARP.org: 105.

Flanders, Corey E., Dobinson, Cheryl and Logie, Carmen (2015). "'I'm Never Really My Full Self': Young Bisexual Women's Perceptions of their Mental Health." *Journal of Bisexuality* 15(4): 454-480.

Fleckenstein, James R. and Bergstrand, Curtis R. (2012). Polyamory and Marriage Survey. Manassas, VA, Lovemore.com and NCSFreedom.org.

Fleckenstein, James R. and Cox, Derrell W. (2015). "The Association of an Open Relationship Orientation with Health and Happiness in a Sample Of Older US Adults." *Sexual and Relationship Therapy* 30(1): 94-116.

Fleming, D T and Wasserheit, J N (1999). "From Epidemiological Synergy to Public Health Policy and Practice: The Contribution of Other Sexually Transmitted Diseases to Sexual Transmission of HIV Infection." *Sexually Transmitted Infections* 75(1): 3-17.

Foley, William A. (1997). *Anthropological Linguistics: An Introduction*. Malden, MA: Blackwell Publishers.

Fordham, Graham (2001). "Moral Panic and the Construction of National Order: HIV/AIDS Risk Groups and Moral Boundaries in the Creation of Modern Thailand." *Critique of Anthropology* 21(3): 259-316.

Forhan, Sara E., Gottlieb, Sami L., Sternberg, Maya R., Xu, Fujie, Datta, S. Deblina, McQuillan, Geraldine M., Berman, Stuart M. and Markowitz, Lauri E. (2009). "Prevalence of Sexually Transmitted Infections Among Female Adolescents Aged 14 to 19 in the United States." *Pediatrics* 124(6): 1505-1512.

- Foucault, Michel (1978). *The History of Sexuality*. New York: Pantheon Books.
- Fox, Julie and Fidler, Sarah (2010). "Sexual Transmission of HIV-1." *Antiviral Research* 85(1): 276-285.
- Francoeur, Robert, Cornog, Martha and Perper, Timothy (1999). *Sex, Love and Marriage in the 21st century*. San Jose, CA: toExcel.
- Frank, Katherine (2013). *Plays Well in Groups: A Journey through the World of Group Sex*. Lanham, MD: Rowman & Littlefield Publishers, Inc.
- Frank, Katherine and DeLamater, John (2010). Deconstructing Monogamy: Boundaries, Identities, and Fluidities across Relationships. *Routledge Research in Gender and Society: Understanding Non-Monogamies*. Barker, Meg and Langdrige, Darren. New York, Routledge: 9-20.
- Furstenberg, Frank (2005). "Can Marriage Be Saved?" *Dissent* 52(3): 76-80.
- Galinsky, Adena M. (2012). "Sexual Touching and Difficulties with Sexual Arousal and Orgasm Among U.S. Older Adults." *Archives of Sexual Behavior* 41(4): 875-890.
- Galinsky, Adena M. and Waite, Linda J. (2014). "Sexual Activity and Psychological Health As Mediators of the Relationship Between Physical Health and Marital Quality." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 69(3): 482-492.
- Gallup, Gordon G., Jr., Burch, Rebecca L. and Platek, Steven M. (2002). "Does Semen Have Antidepressant Properties?" *Archives of Sexual Behavior* 31(3): 289-293.
- Gangestad, Steven W. and Thornhill, Randy (1997). "The Evolutionary Psychology of Extrapair Sex: The Role of Fluctuating Asymmetry." *Evolution and Human Behavior* 18(2): 69-88.
- Garlake, Peter S. (1995). *The Hunter's Vision: The Prehistoric Art of Zimbabwe*. Harare, Zimbabwe: Zimbabwe Pub. House.
- Gaudio, Rudolf Pell (2009). *Allah Made Us: Sexual Outlaws in an Islamic African City*. Chichester, UK: Wiley-Blackwell.

Gerst-Emerson, Kerstin and Jayawardhana, Jayani (2015). "Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults." *American Journal of Public Health* 105(5): 1013-1019.

Gevisser, Mark and Cameron, Edwin (1994). *Defiant Desire: Gay and Lesbian Lives in South Africa*. Johannesburg: Ravan Press.

Gimbutas, Marija (1989). *The Language of The Goddess: Unearthing the Hidden Symbols of Western Civilization*. San Francisco: Harper & Row.

Glasper, Erica R. and Gould, Elizabeth (2013). "Sexual Experience Restores Age-Related Decline in Adult Neurogenesis and Hippocampal Function." *Hippocampus* 23(4): 303-312.

Glass, Shirley P. and Wright, Thomas L. (1992). "Justifications for Extramarital Relationships: The Association between Attitudes, Behaviors, and Gender." *The Journal of Sex Research* 29(3): 361-387.

Goffman, Erving (1963). *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall.

Gorbach, Pamina M. M. H. S. DrPH, Stoner, Bradley P. PhD M. D., Aral, Sevgi O. PhD, H. Whittington, William L. Ab and Holmes, King K. M. D. PhD (2002). "'It Takes a Village': Understanding Concurrent Sexual Partnerships in Seattle, Washington." *Sexually Transmitted Diseases* 29(8): 453-462.

Gordon, David, Porter, Austin, Regnerus, Mark, Ryngaert, Jane and Sarangaya, Larissa (2014). Relationships in America Survey. Austin, TX, The Austin Institute for the Study of Family and Culture.

Gorman, Bridget K., Denney, Justin T., Dowdy, Hilary and Medeiros, Rose Anne (2015). "A New Piece of the Puzzle: Sexual Orientation, Gender, and Physical Health Status." *Demography* 52(4): 1357-1382.

Gott, Merryn and Hinchliff, Sharron (2003). "How Important is Sex in Later Life? The Views of Older People." *Social Science & Medicine* 56(8): 1617-1628.

Grant, Jaime M., Mottet, Lisa A., Tanis, Justin, Harrison, Jack, Hermon, Jody L. and Keisling, Mara (2011). Injustice at Every Turn: A Report of the National Transgender

Discrimination Survey. Washington, National Center for Transgender Equality; National Gay and Lesbian Task Force.

Gray, Peter B. (2003). "Marriage, Parenting, and Testosterone Variation among Kenyan Swahili Men." *American Journal of Physical Anthropology* 122(3): 279-286.

Gray, Peter B., Campbell, Benjamin C., Marlowe, Frank W., Lipson, Susan F. and Ellison, Peter T. (2004a). "Social variables predict between-subject but not day-to-day variation in the testosterone of US men." *Psychoneuroendocrinology* 29(9): 1153-1162.

Gray, Peter B., Chapman, Judith Flynn, Burnham, Terence C., McIntyre, Matthew H., Lipson, Susan F. and Ellison, Peter T. (2004b). "Human Male Pair Bonding and Testosterone." *Human Nature* 15(2): 119-131.

Gray, Ronald H., Wawer, Maria J., Brookmeyer, Ron, Sewankambo, Nelson K., Serwadda, David, Wabwire-Mangen, Fred, Lutalo, Tom, Li, Xianbin, vanCott, Thomas and Quinn, Thomas C. (2001). "Probability of HIV-1 Transmission Per Coital Act in Monogamous, Heterosexual, HIV-1-Discordant Couples in Rakai, Uganda." *The Lancet* 357(9263): 1149-1153.

Greeley, Andrew M. (1991). *Faithful Attraction: Discovering Intimacy, Love, and Fidelity in American Marriage*. New York: Tor : Distributed by St. Martin's Press.

Greenblat, Cathy Stein (1983). "The Salience of Sexuality in the Early Years of Marriage." *Journal of Marriage and Family* 45(2): 289-299.

Groneman, Carol (2000). *Nymphomania: A History*. New York: W.W. Norton.

Guastella, Adam J., Mitchell, Philip B. and Mathews, Frosso (2008). "Oxytocin Enhances the Encoding of Positive Social Memories in Humans." *Biological Psychiatry* 64(3): 256-258.

Hamilton, William J., III and Arrowood, Patricia C. (1978). "Copulatory Vocalizations of Chacma Baboons (*Papio ursinus*), Gibbons (*Hylobates hoolock*), and Humans." *Science* 200(4348): 1405-1409.

Hammer, Michael F., Mendez, Fernando L., Cox, Murray P., Woerner, August E. and Wall, Jeffrey D. (2008). "Sex-Biased Evolutionary Forces Shape Genomic Patterns of Human Diversity." *PLoS Genetics* 4(9): 1-8.

Harcourt, A. H., Harvey, P. H., Larson, S. G. and Short, R. V. (1981). "Testis Weight, Body Weight and Breeding System in Primates." *Nature* 293(5827): 55-57.

Hartmans, Carien, Comijs, Hannie and Jonker, Cees (2014). "Cognitive Functioning and Its Influence on Sexual Behavior in Normal Aging and Dementia." *International Journal of Geriatric Psychiatry* 29(5): 441-446.

Hartmans, Carien, Comijs, Hannie and Jonker, Cees (2015). "The Perception of Sexuality in Older Adults and Its Relationship with Cognitive Functioning." *The American Journal of Geriatric Psychiatry* 23(3): 243-252.

Hatfield, Elaine, Greenberger, David, Traupmann, Jane and Lambert, Philip (1982). "Equity and Sexual Satisfaction in Recently Married Couples." *The Journal of Sex Research* 18(1): 18-32.

Hatzenbuehler, Mark L. (2009). "How Does Sexual Minority Stigma "Get Under the Skin"? A Psychological Mediation Framework." *Psychological Bulletin* 135(5): 707-730.

Hauptert, M. L., Gesselman, Amanda N., Moors, Amy C., Fisher, Helen E. and Garcia, Justin R. (2016). "Prevalence of Experiences With Consensual Nonmonogamous Relationships: Findings From Two National Samples of Single Americans." *Journal of Sex & Marital Therapy*: 1-17.

Havlicek, Jan, Husarova, Barbara, Rezacova, Veronika and Klapilova, Katerina (2011). "Correlates of Extra-Dyadic Sex in Czech Heterosexual Couples: Does Sexual Behavior of Parents Matter?" *Archives of Sexual Behavior* 40(6): 1153-1163.

Heijtz, Rochellys Diaz, Wang, Shugui, Anuar, Farhana, Qian, Yu, Björkholm, Britta, Samuelsson, Annika, Hibberd, Martin L., Forsberg, Hans and Pettersson, Sven (2011). "Normal Gut Microbiota Modulates Brain Development and Behavior." *Proceedings of the National Academy of Sciences* 108(7): 3047-3052.

Heiman, Julia R., Long, J. Scott, Smith, Shawna N., Fisher, William A., Sand, Michael S. and Rosen, Raymond C. (2011). "Sexual Satisfaction and Relationship Happiness in Midlife and Older Couples in Five Countries." *Archives of Sexual Behavior* 40(4): 741-753.

Heinlein, Robert (1961). *Stranger in a Strange Land*. New York: Putnam Publishing Group.



- Heinlein, Robert A. (1966). *The Moon is a Harsh Mistress*. New York: Putnam.
- Helleringer, Stéphane and Kohler, Hans-Peter (2007). "Sexual Network Structure and the Spread of HIV in Africa: Evidence from Likoma Island, Malawi." *AIDS* 21(17): 2323-2332.
- Henrich, Joseph, Boyd, Robert and Richerson, Peter J. (2012). "The Puzzle of Monogamous Marriage." *Philosophical Transactions of the Royal Society B: Biological Sciences* 367(1589): 657-669.
- Henry, Nancy J. M., Berg, Cynthia A., Smith, Timothy W. and Florsheim, Paul (2007). "Positive and Negative Characteristics of Marital Interaction and Their Association with Marital Satisfaction in Middle-Aged and Older Couples." *Psychology and Aging* 22(3): 428-441.
- Herd, Gilbert H. (1987). *The Sambia: Ritual and Gender in New Guinea*. New York: Holt, Rinehart and Winston.
- Herd, Gilbert H. (2009). *Moral Panics, Sex Panics: Fear and the Fight over Sexual Rights*. New York: New York University Press.
- Herek, Gregory M. (2009). Sexual Stigma and Sexual Prejudice in the United States: A Conceptual Framework. *Nebraska Symposium on Motivation: Contemporary Perspectives on Lesbian, Gay, and Bisexual Identities*. Hope, Debra A. New York, Springer: 65-111.
- Heyn, Dalma (1992). *The Erotic Silence of the American Wife*. New York: Turtle Bay Books.
- Hite, Shere (1987). *The Hite Report: Women and Love: A Cultural Revolution in Progress*. New York: Knopf.
- Holt-Lunstad, Julianne, Smith, Timothy B. and Layton, J. Bradley (2010). "Social Relationships and Mortality Risk: A Meta-analytic Review." *PLoS Med* 7(7): e1000316.
- Hrdy, Sarah Blaffer (1999). *Mother Nature: A History of Mothers, Infants, and Natural Selection*. New York: Pantheon Books.

Hrdy, Sarah Blaffer (2009). *Mothers and Others: the Evolutionary Origins of Mutual Understanding*. Cambridge, MA: Belknap Press of Harvard University Press.

Hummelsheim, Dina, Hirtenlehner, Helmut, Jackson, Jonathan and Oberwittler, Dietrich (2011). "Social Insecurities and Fear of Crime: A Cross-National Study on the Impact of Welfare State Policies on Crime-related Anxieties." *European Sociological Review* 27(3): 327-345.

Idler, Ellen L. and Benyamini, Yael (1997). "Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies." *Journal of Health and Social Behavior* 38(1): 21-37.

Jackson, Louise (1995). "Witches, Wives and Mothers: Witchcraft Persecution and Women's Confessions in Seventeenth-Century England." *Women's History Review* 4(1): 63-84.

Jin, Fengyi, Jansson, James, Law, Matthew, Prestage, Garrett P., Zablotska, Iryna, Imrie, John C.G., Kippax, Susan C., Kaldor, John M., Grulich, Andrew E. and Wilson, David P. (2010). "Per-Contact Probability of HIV Transmission in Homosexual Men in Sydney in the Era of HAART." *AIDS* 24(6): 907-913.

Joëls, Marian (2008). "Functional Actions of Corticosteroids in the Hippocampus." *European Journal of Pharmacology* 583(2-3): 312-321.

Johnson, Jeffrey D., Muftuler, L. Tugan and Rugg, Michael D. (2008). "Multiple Repetitions Reveal Functionally and Anatomically Distinct Patterns of Hippocampal Activity during Continuous Recognition Memory." *Hippocampus* 18(10): 975-980.

Karraker, Amelia and DeLamater, John (2013). "Past-Year Sexual Inactivity Among Older Married Persons and Their Partners." *Journal of Marriage and Family* 75(1): 142-163.

Karraker, Amelia, DeLamater, John and Schwartz, Christine R. (2011). "Sexual Frequency Decline From Midlife to Later Life." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 66B(4): 502-512.

Kerr, Michael E. and Bowen, Murray (1988). *Family Evaluation: An Approach based on Bowen Theory*. New York: Norton.

Kim, Jong-In, Lee, Jae Won, Lee, Young Ah, Lee, Dong-Hun, Han, Nam Soo, Choi, Yang-Kyu, Hwang, Bo Ram, Kim, Hyung Joon and Han, Jin Soo (2013). "Sexual Activity Counteracts the Suppressive Effects of Chronic Stress on Adult Hippocampal Neurogenesis and Recognition Memory." *Brain Research* 1538: 26-40.

Kimball, Charles (2002). *When Religion Becomes Evil*. San Francisco, CA: HarperSanFrancisco.

King, Valarie and Scott, Mindy E. (2005). "A Comparison of Cohabiting Relationships among Older and Younger Adults." *Journal of Marriage and Family* 67(2): 271-285.

Kleinplatz, Peggy J. (2006). "Learning from Extraordinary Lovers: Lessons from the Edge." *Journal of Homosexuality* 50(2-3): 325-348.

Kleinplatz, Peggy J., Ménard, A. Dana, Paquet, Marie-Pierre, Paradis, Nicolas, Campbell, Meghan, Zuccarino, Dino and Mehak, Lisa (2009a). "The Components of Optimal Sexuality: A Portrait of "Great Sex"." *Canadian Journal of Human Sexuality* 18(1-2): 1-13.

Kleinplatz, Peggy J., Ménard, A. Dana, Paradis, Nicholas, Campbell, Meghan, Dalgleish, Tracy, Segovia, Andrew and Davis, Kellie (2009b). "From Closet to Reality: Optimal Sexuality among the Elderly." *The Irish Psychiatrist* 10(1): 15-18.

Klepser, Michael (2014). "Socioeconomic Impact of Seasonal (Epidemic) Influenza and the Role of Over-the-Counter Medicines." *Drugs* 74(13): 1467-1479.

Klesse, Christian (2014). "Polyamory: Intimate Practice, Identity or Sexual Orientation?" *Sexualities* 17(1-2): 81-99.

Koelman, Carin A., Doxiadis, Ilias I. N., Dekker, Gustaaf and Claas, Frans H. J. (2000). "Correlation between Oral Sex and a Low Incidence of Preeclampsia: A Role for Soluble HLA in Seminal Fluid?" *Journal of Reproductive Immunology* 46(2): 155-166.

Kohlberg, Lawrence (1981a). *Essays on Moral Development*. San Francisco: Harper & Row.

Kohlberg, Lawrence (1981b). *The Meaning and Measurement of Moral Development*. Worcester, MA: Clark University Press.

- Konner, Melvin (2015). *Women after All: Sex, Evolution, and the End of Male Supremacy*. New York: W.W. Norton & Company.
- Kontula, Osmo and Haavio-Mannila, Elina (2009). "The Impact of Aging on Human Sexual Activity and Sexual Desire." *Journal of Sex Research* 46(1): 46-56.
- Kraft, Charles H. (1996). *Anthropology for Christian Witness*. Maryknoll, NY: Orbis Books.
- Kreutzer, Kimberley (2004). "Polyamory on the Left: Liberatory or Predatory?" *Off Our Backs* 34(5/6): 40-41.
- Kroeber, A. L. (1983 [1902]). *The Arapaho*. Lincoln: University of Nebraska Press.
- Kuhn, Thomas S. (1962 [1996]). *The Structure of Scientific Revolutions*. Chicago, IL: University of Chicago Press.
- Labuda, Damian, Lefebvre, Jean-François, Nadeau, Philippe and Roy-Gagnon, Marie-Hélène (2010). "Female-to-Male Breeding Ratio in Modern Humans: an Analysis Based on Historical Recombinations." *The American Journal of Human Genetics* 86(3): 353-363.
- Lafferty, William E., Downey, Lois, Celum, Connie and Wald, Anna (2000). "Herpes Simplex Virus Type 1 as a Cause of Genital Herpes: Impact on Surveillance and Prevention." *The Journal of Infectious Diseases* 181(4): 1454-1457.
- Lancaster, Roger N. (2011). *Sex Panic and the Punitive State*. Berkeley: University of California Press.
- Landsburg, Steven E. (2007). *More Sex is Safer Sex: The Unconventional Wisdom of Economics*. New York: Free Press.
- Laumann, Edward O. (1994). *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press.
- Laumann, Edward O., Paik, Anthony, Glasser, Dale B., Kang, Jeong-Han, Wang, Tianfu, Levinson, Bernard, Moreira, Edson D., Jr., Nicolosi, Alfredo and Gingell, Clive (2006). "A Cross-National Study of Subjective Sexual Well-Being Among Older

Women and Men: Findings From the Global Study of Sexual Attitudes and Behaviors." *Archives of Sexual Behavior* 35(2): 143-159.

Lê, M. G., Bachelot, A. and Hill, C. (1989). "Characteristics of Reproductive Life and Risk of Breast Cancer in a Case-Control Study of Young Nulliparous Women." *Journal of Clinical Epidemiology* 42(12): 1227-1233.

Lee, Heon-Jin, Macbeth, Abbe H., Pagani, Jerome and Young, W. Scott Young, III (2009). "Oxytocin: the Great Facilitator of Life." *Progress in Neurobiology* 88(2): 127-151.

Lehmiller, Justin J. (2015). "A Comparison of Sexual Health History and Practices among Monogamous and Consensually Nonmonogamous Sexual Partners." *The Journal of Sexual Medicine* 12(10): 2022-2028.

Leitzmann, Michael F., Platz, Elizabeth A., Stampfer, Meir J., Willett, Walter C. and Giovannucci, Edward (2004). "Ejaculation Frequency and Subsequent Risk of Prostate Cancer." *Journal of the American Medical Association* 291(13): 1578-1586.

Lessa, William Armand (1966). *Ulithi: A Micronesian Design for Living*. New York: Holt, Rinehart and Winston.

Leuner, Benedetta, Glasper, Erica R. and Gould, Elizabeth (2010). "Sexual Experience Promotes Adult Neurogenesis in the Hippocampus Despite an Initial Elevation in Stress Hormones." *PLoS ONE* 5(7): e11597.

Leuner, Benedetta and Gould, Elizabeth (2009). "Structural Plasticity and Hippocampal Function." *Annual Review of Psychology* 61(1): 111-140.

Lewinsohn, Richard (1959 [1958]). *A History of Sexual Customs*. New York: Harper.

Lindau, Stacy Tessler and Gavrilova, Natalia (2010). "Sex, Health, and Years of Sexually Active Life Gained Due to Good Health: Evidence from Two US Population Based Cross Sectional Surveys of Ageing." *British Medical Journal* 340(7746): 580.

Lindau, Stacy Tessler, Schumm, L. Philip, Laumann, Edward O., Levinson, Wendy, O'Muircheartaigh, Colm A. and Waite, Linda J. (2007). "A Study of Sexuality and Health among Older Adults in the United States." *The New England Journal of Medicine* 357(8): 762-774.

Liu, Hui and Waite, Linda (2014). "Bad Marriage, Broken Heart? Age and Gender Differences in the Link between Marital Quality and Cardiovascular Risks among Older Adults." *Journal of Health and Social Behavior* 55(4): 403-423.

Loewenstein, George, Krishnamurti, Tamar, Kopsic, Jessica and McDonald, Daniel (2015). "Does Increased Sexual Frequency Enhance Happiness?" *Journal of Economic Behavior & Organization* 116: 206-218.

Looker, Katharine J., Magaret, Amalia S., Turner, Katherine M. E., Vickerman, Peter, Gottlieb, Sami L. and Newman, Lori M. (2015). "Global Estimates of Prevalent and Incident Herpes Simplex Virus Type 2 Infections in 2012." *PLoS ONE* 10(1): e114989.

Lorde, Audre (1984a). *Sister Outsider: Essays and Speeches*. Trumansburg, NY: Crossing Press.

Lorde, Audre (1984b). Uses of the Erotic: The Erotic as Power. *The Crossing Press Feminist Series: Sister Outsider: Essays and Speeches*. Lorde, Audre. Trumansburg, NY, Crossing Press: 53-59.

Lorenz, Tierney K., Demas, Gregory E. and Heiman, Julia R. (2015). "Interaction of Menstrual Cycle Phase and Sexual Activity Predicts Mucosal and Systemic Humoral Immunity in Healthy Women." *Physiology & Behavior* 152(Pt A): 92-98.

Low, Bobbi S. (1988). "Measures of Polygyny in Humans." *Current Anthropology* 29(1): 189-194.

Low, Bobbi S. (1990). "Marriage Systems and Pathogen Stress in Human Societies." *American Zoologist* 30(2): 325-339.

Löwhagen, G-B, Tunbäck, P, Andersson, K, Bergström, T and Johannisson, G (2000). "First Episodes of Genital Herpes in a Swedish STD Population: A Study of Epidemiology and Transmission by the Use Of Herpes Simplex Virus (HSV) Typing and Specific Serology." *Sexually Transmitted Infections* 76(3): 179-182.

Luo, Ye, Hawkey, Louise C., Waite, Linda J. and Cacioppo, John T. (2012). "Loneliness, Health, and Mortality in Old Age: A National Longitudinal Study." *Social Science & Medicine* 74(6): 907-914.

Lurie, Mark, Harrison, Abigail, Wilkinson, David and Karim, Salim Abdool (1997). "Circular Migration and Sexual Networking in Rural KwaZulu/Natal: Implications for the Spread of HIV and Other Sexually Transmitted Diseases." *Health Transition Review* 7: 17-27.

M., Alan (2010a) "First Appearance of the Word "Polyamorist": 1953!" *Polyamory in the News!*

M., Alan (2010b) "Polyamory, Robert Heinlein, and His Definitive New Biography." *Polyamory in the News!* August 17.

Madhavan, Sangeetha (2002). "Best of Friends and Worst of Enemies: Competition and Collaboration in Polygyny." *Ethnology* 41(1): 69-84.

Malinowski, Bronislaw (1922). *Argonauts of the Western Pacific*. London: G. Routledge & sons.

Malinowski, Bronislaw and Ellis, Havelock (1929). *The Sexual Life of Savages in North-Western Melanesia: An Ethnographic Account of Courtship, Marriage, and Family Life among the Natives of the Trobriand Islands, British New Guinea*. London: G. Routledge & Sons.

Mark, KristenP, Janssen, Erick and Milhausen, RobinR (2011). "Infidelity in Heterosexual Couples: Demographic, Interpersonal, and Personality-Related Predictors of Extradyadic Sex." *Archives of Sexual Behavior* 40(5): 971-982.

Marks, Gary, Crepaz, Nicole, Senterfitt, J Walton and Janssen, Robert S (2005). "Meta-Analysis of High-Risk Sexual Behavior in Persons Aware and Unaware They are Infected With HIV in the United States: Implications for HIV Prevention Programs." *Journal of Acquired Immune Deficiency Syndromes* 39(4): 446-453.

Marsh, Amy (2011). "Le'ale'a O Na Poe Kahiko - Joy of the People of Old Hawai'i." *Electronic Journal of Human Sexuality* 14(February 14, 2011).

Martin, Douglas (2001). Robert H. Rimmer, 84, Author of 'The Harrad Experiment'. *The New York Times*. New York, The New York Times Company.

Maslow, Abraham H. (1971 [1967]). *The Farther Reaches of Human Nature*. Fadiman, James. San Francisco, Esalen Institute.

Masten, Ann S. (2014). *Ordinary Magic: Resilience in Development*. New York: The Guilford Press.

Matthias, Ruth E., Lubben, James E., Atchison, Kathryn A. and Schweitzer, Stuart O. (1997). "Sexual Activity and Satisfaction Among Very Old Adults: Results From a Community-Dwelling Medicare Population Survey." *The Gerontologist* 37(1): 6-14.

Maturana, Humberto R. and Varela, Francisco J. (1987). *The Tree of Knowledge: the Biological Roots of Human Understanding*. Boston: New Science Library: Distributed in the United State by Random House.

Mazur, Ronald Michael (1973). *The New Intimacy: Open-Ended Marriage and Alternative Lifestyles*. Boston: Beacon Press.

McNulty, James K. and Fisher, Terri D. (2008). "Gender Differences in Response to Sexual Expectancies and Changes in Sexual Frequency: A Short-Term Longitudinal Study of Sexual Satisfaction in Newly Married Couples." *Archives of Sexual Behavior* 37(2): 229-240.

Mead, Margaret (1928). *Coming of Age in Samoa: A Psychological Study of Primitive Youth for Western Civilisation*. New York: W. Morrow & Company.

Mead, Margaret (1950 [1935]). *Sex and Temperament in Three Primitive Societies*. New York: New American Library.

Meaddough, Erika L., Olive, David L., Gallup, Peggy, Perlin, Michael and Kliman, Harvey J. (2002). "Sexual Activity, Orgasm and Tampon Use Are Associated with a Decreased Risk for Endometriosis." *Gynecologic and Obstetric Investigation* 53(3): 163-169.

Meehan, Courtney L. (2005). "The Effects of Residential Locality on Parental and Alloparental Investment among the Aka Foragers of the Central African Republic." *Human Nature* 16(1): 58-80.

Meehan, Courtney L., Helfrecht, Courtney and Quinlan, Robert J. (2014). "Cooperative Breeding and Aka Children's Nutritional Status: Is Flexibility Key?" *American Journal of Physical Anthropology* 153(4): 513-525.



Meekers, Dominique and Franklin, Nadra (1995). "Women's Perceptions of Polygyny among the Kaguru of Tanzania." *Ethnology* 34(4): 315-329.

Ménard, A. Dana, Kleinplatz, Peggy J., Rosen, Lianne, Lawless, Shannon, Paradis, Nicholas, Campbell, Meghan and Huber, Jonathan D. (2015). "Individual and Relational Contributors to Optimal Sexual Experiences in Older Men and Women." *Sexual and Relationship Therapy* 30(1): 78-93.

Mertz, Gregory J., Rosenthal, Susan L. and Stanberry, Lawrence R. (2003). "Is Herpes Simplex Virus Type 1 (HSV-1) Now More Common than HSV-2 in First Episodes of Genital Herpes?" *Sexually Transmitted Diseases* 30(10): 801-802.

Meston, Cindy M. and Buss, David M. (2009). *Why Women Have Sex: Understanding Sexual Motivations from Adventure to Revenge (and Everything in Between)*.

Meyer, Ilan H. (2003). "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin* 129(5): 674-697.

Milhausen, RobinR, Buchholz, AndreaC, Opperman, EmilyA and Benson, LindsayE (2015). "Relationships Between Body Image, Body Composition, Sexual Functioning, and Sexual Satisfaction Among Heterosexual Young Adults." *Archives of Sexual Behavior* 44(6): 1621-1633.

Miller, Richard B., Hollist, Cody S., Olsen, Joseph and Law, David (2013). "Marital Quality and Health Over 20 Years: A Growth Curve Analysis." *Journal of Marriage and Family* 75(3): 667-680.

Mink, Michael D., Lindley, Lisa L. and Weinstein, Ali A. (2014). "Stress, Stigma, and Sexual Minority Status: The Intersectional Ecology Model of LGBTQ Health." *Journal of Gay & Lesbian Social Services* 26(4): 502-521.

Mint, Pepper (2004). *Border Wars: Swinging and Polyamory. Building Bridges IV*, PepperMinty.com.

Mint, Pepper (2006a). *Compulsory Monogamy and Sexual Minorities*. San Francisco, PepperMinty.com.

Mint, Pepper (2006b). *Jealousy and Control*. San Francisco, PepperMinty.com: 12.

Mint, Pepper (2010). *Jealousy, Monogamy, and Power*. San Francisco: 17.

Mint, Pepper (2013). Compulsory Monogamy as a System of Power. *International Academic Polyamory Conference, 2013*. Berkeley, PepperMinty.com.

Mint, Pepper (2014). Deconstructing Cultural Monogamy. *International Academic Polyamory Conference, 2014*. Berkeley, PepperMinty.com.

Molinari, Noelle-Angelique M., Ortega-Sanchez, Ismael R., Messonnier, Mark L., Thompson, William W., Wortley, Pascale M., Weintraub, Eric and Bridges, Carolyn B. (2007). "The Annual Impact of Seasonal Influenza in the US: Measuring Disease Burden and Costs." *Vaccine* 25(27): 5086-5096.

Momtaz, Yadollah A., Hamid, Tengku A. and Ibrahim, Rahimah (2013). "The Impact of Mild Cognitive Impairment on Sexual Activity." *American Journal of Alzheimer's Disease and Other Dementias* 28(8): 759-762.

Moore, Peter (2015) "Polyamory: Taboo for Religious Americans But Not for the Rest." *YouGov*.

Morgan, Ruth and Wieringa, Saskia (2005). *Tommy Boys, Lesbian Men, and Ancestral Wives: Female Same-Sex Practices in Africa*. Johannesburg: Jacana Media.

Morin, Jack (1999). If Hot Monogamy Isn't Happening, Consider Plan B. *In the Family: a Magazine for Lesbians, Gays, Bisexuals and Their Relations*, Family Magazine, Inc.: 12-15.

Muise, Amy, Giang, Elaine and Impett, EmilyA (2014). "Post Sex Affectionate Exchanges Promote Sexual and Relationship Satisfaction." *Archives of Sexual Behavior* 43(7): 1391-1402.

Muise, Amy, Schimmack, Ulrich and Impett, Emily A. (2015). "Sexual Frequency Predicts Greater Well-Being, But More is Not Always Better." *Social Psychological and Personality Science*.

Murray, Stephen O. and Roscoe, Will (1998). *Boy-Wives and Female Husbands: Studies in African Homosexualities*. New York: St. Martin's Press.

Musick, Kelly and Bumpass, Larry (2012). "Reexamining the Case for Marriage: Union Formation and Changes in Well-being." *Journal of Marriage and Family* 74(1): 1-18.

Muzny, Christina A, Kapil, Richa, Austin, Erika L, Brown, LaDraka, Hook, Edward W and Geisler, William M (2015). "Chlamydia Trachomatis Infection in African American Women Who Exclusively Have Sex with Women." *International Journal of STD & AIDS*.

Namazi, M. R. (2007). "Oral Sex May Afford Protection against Pemphigoid Gestationis." *Medical Hypotheses* 69(6): 1386-1387.

Nasimiyyu-Wasike, Anne J. (1992). Polygamy: A Feminist Critique. *The Will to Arise: Women, Tradition, and the Church in Africa*. Oduyoye, Mercy Amba and Kanyoro, Rachel Angogo. Maryknoll, Orbis Books: 101-118.

Neaigus, Alan, Jenness, Samuel M, Hagan, Holly, Murrill, Christopher S and Wendel, Travis (2013). "Reciprocal Sex Partner Concurrency and STDs among Heterosexuals at High-Risk of HIV Infection." *Journal of Urban Health* 90(5): 902-914.

Nearing, Ryam (2000). *The Loving More Magazine Survey*. Loving More Nonprofit, Inc. Boulder, CO, *Loving More Magazine*.

Neto, Félix and Pinto, Maria da Conceição (2015). "A Cross-Cultural Investigation of Satisfaction with Sex Life Among Emerging Adults." *Social Indicators Research* 120(2): 545-557.

Newman, Jessica Clark, Des Jarlais, Don C., Turner, Charles F., Gribble, Jay, Cooley, Phillip and Paone, Denise (2002). "The Differential Effects of Face-to-Face and Computer Interview Modes." *American Journal of Public Health* 92(2): 294-297.

Nichols, Margaret and Shernoff, Michael (2007). *Therapy with Sexual Minorities: Queering Practice. Principles and Practice of Sex Therapy*. Leiblum, Sandra Risa. New York, Guilford Press: 379-415.

O'Keefe, John and Nadel, Lynn (1978). *The Hippocampus as a Cognitive Map*. Oxford: Oxford University Press.

O'Reilly, Karen (2005). *Ethnographic Methods*. New York: Routledge.

Oswald, Andrew J. (1997). "Happiness and Economic Performance\*." *The Economic Journal* 107(445): 1815-1831.

Palagi, Elisabetta (2006). "Social Play in Bonobos (*Pan paniscus*) and Chimpanzees (*Pan troglodytes*): Implications for Natural Social Systems and Interindividual Relationships." *American Journal of Physical Anthropology* 129(3): 418-426.

Pallotta-Chiarolli, Maria (2002). *Polyparents: Having Children, Raising Children, Schooling Children. Loving More*. Boulder, CO, LoveMore.com.

Pallotta-Chiarolli, Maria (2006). "Polyparents Having Children, Raising Children, Schooling Children." *Lesbian and Gay Psychology Review* 7(1): 48-53.

Pallotta-Chiarolli, Maria (2010). 'To Pass, Border or Pollute': Polyfamilies Go to School. *Routledge Research in Gender and Society: Understanding Non-Monogamies*. Barker, Meg and Langdrige, Darren. New York, Routledge: 182-187.

Palmore, Erdman B. (1982). "Predictors of the Longevity Difference: A 25-Year Follow-Up." *The Gerontologist* 22(6): 513-518.

Papadogeorgakis, H., Caroni, C., Katsambas, A., Pimenta, J. M., Avdeliodi, C., Kotrotsou, T., Frangoulis, E. and Smith, J. S. (2008). "Herpes simplex Virus Seroprevalence among Children, Adolescents and Adults in Greece." *International Journal of STD & AIDS* 19(4): 272-278.

Patel, Pragna, Borkowf, Craig B., Brooks, John T., Lasry, Arielle, Lansky, Amy and Mermin, Jonathan (2014). "Estimating Per-Act HIV Transmission Risk: A Systematic Review." *AIDS* 28(10): 1509-1519.

Perissinotto, Carla M., Stijacic Cenzer, Irena and Covinsky, Kenneth E. (2012). "Loneliness in Older Persons: A Predictor of Functional Decline and Death." *Archives of Internal Medicine* 172(14): 1078-1083.

Persson, G. (1981). "Five-Year Mortality in a 70-Year-Old Urban Population in Relation to Psychiatric Diagnosis, Personality, Sexuality and Early Parental Death." *Acta Psychiatrica Scandinavica* 64(3): 244-253.

- Petridou, E., Giokas, G., Kuper, H., Mucci, L. A. and Trichopoulos, D. (2000). "Endocrine Correlates of Male Breast Cancer Risk: A Case-Control Study in Athens, Greece." *British Journal of Cancer* 83(9): 1234-1237.
- Phelps, Elizabeth A. (2004). "Human Emotion and Memory: Interactions of the Amygdala and Hippocampal Complex." *Current Opinion in Neurobiology* 14(2): 198-202.
- Picq, Pascal and Brenot, Philippe (2012). *Le Sexe, L'Homme et l'Evolution*: Odile Jacob.
- Pochron, Sharon T. and Wright, Patricia C. (2002). "Dynamics of Testes Size Compensates for Variation in Male Body Size." *Evolutionary Ecology Research* 4: 577-585.
- Portwood-Stacer, Laura (2010). "Constructing Anarchist Sexuality: Queer Identity, Culture, and Politics in the Anarchist Movement." *Sexualities* 13(4): 479-493.
- Pound, Nicholas (2002). "Male Interest in Visual Cues of Sperm Competition Risk." *Evolution and Human Behavior* 23: 443-466.
- Powers, Kimberly A., Poole, Charles, Pettifor, Audrey E. and Cohen, Myron S. (2008). "Rethinking the Heterosexual Infectivity of HIV-1: A Systematic Review and Meta-Analysis." *The Lancet Infectious Diseases* 8(9): 553-563.
- Proulx, Christine M., Helms, Heather M. and Buehler, Cheryl (2007). "Marital Quality and Personal Well-Being: A Meta-Analysis." *Journal of Marriage and Family* 69(3): 576-593.
- Prufer, Kay, Munch, Kasper, Hellmann, Ines, Akagi, Keiko, Miller, Jason R., Walenz, Brian, Koren, Sergey, Sutton, Granger, Kodira, Chinnappa, Winer, Roger, Knight, James R., Mullikin, James C., Meader, Stephen J., Ponting, Chris P., Lunter, Gerton, Higashino, Saneyuki, Hobolth, Asger, Dutheil, Julien, Karakoc, Emre, Alkan, Can, Sajjadian, Saba, Catacchio, Claudia Rita, Ventura, Mario, Marques-Bonet, Tomas, Eichler, Evan E., Andre, Claudine, Atencia, Rebeca, Mugisha, Lawrence, Junhold, Jorg, Patterson, Nick, Siebauer, Michael, Good, Jeffrey M., Fischer, Anne, Ptak, Susan E., Lachmann, Michael, Symer, David E., Mailund, Thomas, Schierup, Mikkel H., Andres, Aida M., Kelso, Janet and Paabo, Svante (2012). "The Bonobo Genome Compared with the Chimpanzee and Human Genomes." *Nature* 486(7404): 527-531.
- Pryde, Duncan (1972). *Nunaga: Ten Years of Eskimo Life*. London: MacGibbon & Kee.

Rambukkana, Nathan (2015). *Fraught Intimacies: Non/Monogamy in the Public Sphere*. Vancouver: UBC Press.

Rich, Adrienne (1980). Compulsory Heterosexuality and Lesbian Existence. *Women--Sex and Sexuality*. Stimpson, Catharine R. and Person, Ethel Spector. Chicago, University of Chicago Press: 345 p.

Rich, Adrienne Cecile (1986). *Blood, Bread, and Poetry: Selected Prose, 1979-1985*. New York: Norton.

Rider, Jennifer, Wilson, Kathryn, Kelly, Rachel, Ebot, Erika, Giovannucci, Edward and Mucci, Lorelei (2015). "PD6-07 Ejaculation Frequency and Risk of Prostate Cancer: Updated Results from the Health Professionals Follow-Up Study." *The Journal of Urology* 193(4, Supplement): e148.

Rimmer, Robert H. (1966). *The Harrad Experiment: A Novel*. Los Angeles: Sherbourne Press.

Roberts, Craig M., Pfister, John R. and Spear, Scott J. (2003). "Increasing Proportion of Herpes simplex Virus Type 1 as a Cause of Genital Herpes Infection in College Students." *Sexually Transmitted Diseases* 30(10): 797-800.

Roberts, Tangela S., Horne, Sharon G. and Hoyt, William T. (2015). "Between a Gay and a Straight Place: Bisexual Individuals' Experiences with Monosexism." *Journal of Bisexuality* 15(4): 554-569.

Robertson, Sarah A., Bromfield, John J. and Tremellen, Kelton P. (2003). "Seminal 'Priming' for Protection from Pre-Eclampsia—A Unifying Hypothesis." *Journal of Reproductive Immunology* 59(2): 253-265.

Robinson, Margaret (2011). Polyamory and Monogamy as Strategic Identities. *APA Convention*, Academia.edu.

Roché, Henri Pierre (1953). *Jules et Jim, Roman*. Paris: Gallimard.

Rogoff, Barbara (2003). *The Cultural Nature of Human Development*. New York: Oxford University Press.

Rosen, Raymond C., Taylor, Jennifer F., Leiblum, Sandra R. and Bachmann, Gloria A. (1993). "Prevalence of Sexual Dysfunction in Women: Results of a Survey Study of 329 Women in an Outpatient Gynecological Clinic." *Journal of Sex & Marital Therapy* 19(3): 171-188.

Rossing, Mary Anne, Stanford, Janet L., Weiss, Noel S. and Daling, Janet R. (1996). "Indices of Exposure to Fetal and Sperm Antigens in Relation to the Occurrence of Breast Cancer." *Epidemiology* 7(3): 309-311.

Rothenberg, Richard B., Scarlett, Margaret, del Rio, Carlos , Reznik, David and O'Daniels, Christine (1998). "Oral transmission of HIV." *AIDS* 12(16): 2095-2105.

Rubel, Alicia N. and Bogaert, Anthony F. (2014). "Consensual Nonmonogamy: Psychological Well-Being and Relationship Quality Correlates." *The Journal of Sex Research*: 1-22.

Rubin, Jennifer D. , Moors, Amy C. , Matsick, Jes L. , Ziegler, Ali and Conley, Terri D. (2014). "On the Margins: Considering Diversity among Consensually Non-Monogamous Relationships." *Journal für Psychologie* 22(1): 1-23.

Sadat, Z., Abedzadeh Kalahroudi, M. and Saberi, F. (2012). "The Effect of Short Duration Sperm Exposure on Development of Preeclampsia in Primigravid Women." *Iranian Red Crescent Medical Journal* 14(1): 20-24.

Sahlins, Marshall David (1985). *Islands of History*. Chicago: University of Chicago Press.

Satterwhite, Catherine Lindsey, Torrone, Elizabeth, Meites, Elissa, Dunne, Eileen F., Mahajan, Reena, Ocfemia, M. Cheryl Bañez, Su, John, Xu, Fujie and Weinstock, Hillard (2013). "Sexually Transmitted Infections Among US Women and Men: Prevalence and Incidence Estimates, 2008." *Sexually Transmitted Diseases* 40(3): 187-193.

Schapera, Isaac (1941). *Married Life in an African Tribe*. New York: Sheridan House.

Schmiedeberg, Claudia and Schröder, Jette (2015). "Does Sexual Satisfaction Change With Relationship Duration?" *Archives of Sexual Behavior*: 1-9.

Schnarch, David Morris (1991). *Constructing the Sexual Crucible: An Integration of Sexual and Marital Therapy*. New York: Norton.

Schnarch, David Morris (1997). *Passionate Couples: Love, Sex, and Intimacy in Emotionally Committed Relationships*. New York: W.W. Norton.

Schnarch, David Morris (2002). *Resurrecting sex: resolving sexual problems and rejuvenating your relationship*. New York: Harper Collins.

Schnorr, Stephanie L., Sankaranarayanan, Krithivasan, Lewis Jr, Cecil M. and Warinner, Christina (2016). "Insights into Human Evolution from Ancient and Contemporary Microbiome Studies." *Current Opinion in Genetics & Development* 41: 14-26.

Selvin, Elizabeth, Burnett, Arthur L. and Platz, Elizabeth A. (2007). "Prevalence and Risk Factors for Erectile Dysfunction in the US." *The American Journal of Medicine* 120(2): 151-157.

Shannon, Deric and Willis, Abbey (2010). "Theoretical Polyamory: Some thoughts on Loving, Thinking, and Queering Anarchism." *Sexualities* 13(4): 433-443.

Sharp, Susan F., Brewster, Dennis and Love, Sharon RedHawk (2005). "Disentangling Strain, Personal Attributes, Affective Response and Deviance: A Gendered Analysis." *Deviant Behavior* 26(2): 133-157.

Sharp, Susan F., Peck, B. Mitchell and Hartsfield, Jennifer (2012). "Childhood Adversity and Substance Use of Women Prisoners: A General Strain Theory Approach." *Journal of Criminal Justice* 40(3): 202-211.

Sheff, Elisabeth (2010). *Strategies in Polyamorous Parenting. Routledge Research in Gender and Society: Understanding Non-Monogamies*. Barker, Meg and Langdridge, Darren. New York, Routledge: 169-181.

Sheff, Elisabeth (2012) "Three Waves of Non-monogamy: A Select History of Polyamory in the United States."

Sheff, Elisabeth (2014). *The Polyamorists Next Door: Inside Multiple-Partner Relationships and Families*. Lanham: Rowman & Littlefield Publishers, Inc.



Sheff, Elisabeth (n.d.) "Ethical Non-monogamy, Marriage, and Modernism: Critical and Historical Sources" <https://docs.google.com/file/d/0B4r--p-XJE1ZOGFPNzRyaDhTTTlMm1kYm41Qi1hdw/edit?pli=1#>.

Sheff, Elisabeth and Hammers, Corie (2011). "The Privilege of Perversities: Race, Class and Education among Polyamorists and Kinksters." *Psychology & Sexuality* 2(3): 198-223.

Shostak, Marjorie (1983). *Nisa, the life and words of a !Kung woman*. New York: Vintage Books.

Singer, Merrill (2009). *Introduction to Syndemics: A Critical Systems Approach to Public and Community Health*. San Francisco: Jossey-Bass.

Singer, Merrill C., Erickson, Pamela I., Badiane, Louise, Diaz, Rosemary, Ortiz, Dugeidy, Abraham, Traci and Nicolaysen, Anna Marie (2006). "Syndemics, Sex and the City: Understanding Sexually Transmitted Diseases in Social and Cultural Context." *Social Science & Medicine* 63(8): 2010-2021.

Smith, Anthony, Lyons, Anthony, Ferris, Jason, Richters, Juliet, Pitts, Marian, Shelley, Julia and Simpson, Judy M. (2011). "Sexual and Relationship Satisfaction Among Heterosexual Men and Women: The Importance of Desired Frequency of Sex." *Journal of Sex & Marital Therapy* 37(2): 104-115.

Smith, George Davey, Frankel, Stephen and Yarnell, John (1997). "Sex and Death: Are They Related? Findings from the Caerphilly Cohort Study." *British Medical Journal* 315: 1641-1645.

Smith, Mark A. (2007). *The Right Talk: How Conservatives Transformed the Great Society into the Economic Society*. Princeton: Princeton University Press.

Smith, Peter Andrey (2015). "The Tantalizing Links between Gut Microbes and the Brain." *Nature* 526(7573): 312-314.

Smith, Tom W. (2002). Measuring Racial and Ethnic Discrimination. *Methodological Report*. Chicago, University of Chicago: National Opinion Resource Center. 96.

Smith, Tom W., Marsden, Peter V. and Hout, Michael (2015). General Social Surveys, 1972-2014 [Machine-Readable Data File]. *General Social Surveys*. Principal

Investigator, Smith, Tom W.; Co-Principal Investigators, Peter V. Marsden and Michael Hout. Chicago, University of Chicago: National Opinion Research Center.

Smith, Tom W., Marsden, Peter V., Hout, Michael and Kim, Jibum (2013). General Social Surveys, 1972-2012 [Machine-Readable Data File]. Center, National Opinion Research. Chicago, The Roper Center for Public Opinion Research.

Solway, Jacqueline S. (1990). "Affines and Spouses, Friends and Lovers: The Passing of Polygny in Botswana." *Journal of Anthropological Research* 46(1): 41-66.

South, Susan C. and Krueger, Robert F. (2013). "Marital Satisfaction and Physical Health: Evidence for an Orchid Effect." *Psychological Science* 24(3): 373-378.

Sprenger, Jakob and Institoris, Heinrich (1487). *Malleus Maleficarum*. Speier: Peter Drach.

Squire, Larry R. (1984). The Neuropsychology of Memory. *The Biology of Learning*. Marler, P. and Terrace, H. S., Springer Berlin Heidelberg: 29: 667-686.

Squire, Larry R. and Schacter, Daniel L. (2002). *Neuropsychology of Memory*. New York: Guilford Press.

Stadler, J. (2003). "Rumor, Gossip and Blame: Implications for HIV/AIDS Prevention in the South African Lowveld." *AIDS Education & Prevention* 15(4): 357-357.

Stanik, Christine E. and Bryant, Chalandra M. (2012). "Sexual Satisfaction, Perceived Availability of Alternative Partners, and Marital Quality in Newlywed African American Couples." *Journal of Sex Research* 49(4): 400-407.

Stocking, George W. (1968). *Race, Culture, and Evolution: Essays in the History of Anthropology*. New York: Free Press.

Suggs, Robert C. (1966). *Marquesan Sexual Behavior*. New York: Harcourt.

Syme, Maggie L., Klonoff, Elizabeth A., Macera, Caroline A. and Brodine, Stephanie K. (2013). "Predicting Sexual Decline and Dissatisfaction Among Older Adults: The Role of Partnered and Individual Physical and Mental Health Factors." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 68(3): 323-332.

- Taormino, Tristan (2008). *Opening Up: a Guide to Creating and Sustaining Open Relationships*. San Francisco, CA: Cleis Press.
- Tessman, Günther (1921 and 1911). Homosexuality among the Negroes of Cameroon and a Pangwe Tale. *Boy-Wives and Female Husbands: Studies in African Homosexualities*. Murray, Stephen O. and Roscoe, Will. New York, St. Martin's Press: 149-161.
- Tornstam, Lars (2005). *Gerotranscendence: a Developmental Theory of Positive Aging*. New York: Springer Pub. Co.
- Trueman, C.N. (2015) "Moral Panic." *The History Learning Site: Crime and Deviance*.
- Truffaut, François (1962). *Jules et Jim*. France: 105 minutes.
- Tversky, Amos and Kahneman, Daniel (1973). "Availability: A Heuristic for Judging Frequency and Probability." *Cognitive Psychology* 5(2): 207-232.
- Tweedy, Anne E. (2011). "Polyamory as a Sexual Orientation." *University of Cincinnati Law Review* 79: 1461-1515.
- Twenge, Jean M., Sherman, Ryne A. and Wells, Brooke E. (2016). "Sexual Inactivity During Young Adulthood Is More Common Among U.S. Millennials and iGen: Age, Period, and Cohort Effects on Having No Sexual Partners After Age 18." *Archives of Sexual Behavior*: 1-8.
- Umberson, Debra J., Williams, Kristi, Powers, Daniel A., Liu, Hui and Needham, Belinda (2006). "You Make Me Sick: Marital Quality and Health over the Life Course." *Journal of Health and Social Behavior* 47(1): 1-16.
- USDOT (2010). National Highway Traffic Safety Administration FARS Summary. *Fatality Analysis Reporting System Encyclopedia*. Washington, DC, USDOT.
- Uvnäs-Moberg, Kerstin (1998). "Oxytocin May Mediate the Benefits of Positive Social Interaction and Emotions." *Psychoneuroendocrinology* 23(8): 819-835.
- Valiant, Gayle L. (1993). "Life Events, Happiness and Depression: The Half Empty Cup." *Personality and Individual Differences* 15(4): 447-453.

van Anders, Sari M. (2015). "Beyond Sexual Orientation: Integrating Gender/Sex and Diverse Sexualities via Sexual Configurations Theory." *Archives of Sexual Behavior* 44(5): 1177-1213.

van Anders, Sari M., Hamilton, Lisa Dawn and Watson, Neil V. (2007). "Multiple Partners Are Associated with Higher Testosterone in North American Men and Women." *Hormones and Behavior* 51(3): 454-459.

van Anders, Sari M. and Watson, Neil V. (2006). "Relationship Status and Testosterone in North American Heterosexual and Non-Heterosexual Men and Women: Cross-Sectional and Longitudinal Data." *Psychoneuroendocrinology* 31(6): 715-723.

van Elzakker, Michael, Fevurly, Rebecca D., Breindel, Tressa and Spencer, Robert L. (2008). "Environmental Novelty Is Associated with a Selective Increase in Fos Expression in the Output Elements of the Hippocampal Formation and the Perirhinal Cortex." *Learning & Memory* 15(12): 899-908.

van Wolputte, Steven (2016). "Sex in troubled times: moral panic, polyamory and freedom in north-west Namibia." *Anthropology Southern Africa* 39(1): 31-45.

Waite, L. J., Laumann, E. O., Das, A. and Schumm, L. P. (2009). "Sexuality: Measures of Partnerships, Practices, Attitudes, and Problems in the National Social Life, Health, and Aging Study." *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 64 Suppl 1: i56-66.

Waite, Linda J. and Gallagher, Maggie (2000). *The Case for Marriage: Why Married People Are Happier, Healthier, and Better Off Financially*. New York: Doubleday.

Wald, Anna and Ashley-Morrow, Rhoda (2002). "Serological Testing for Herpes Simplex Virus (HSV)-1 and HSV-2 Infection." *Clinical Infectious Diseases* 35(Supplement 2): S173-S182.

Wald, Anna and Corey, Lawrence (2007). Persistence in the Population: Epidemiology, Transmission. *Human Herpesviruses: Biology, Therapy, and Immunoprophylaxis*. Arvin, Ann M. Cambridge, Cambridge University Press.

Walker, Liz, Reid, Graeme and Cornell, Morna (2004). *Waiting to Happen: HIV/AIDS in South Africa : The Bigger Picture*. Boulder: Lynne Rienner.

Wapner, Jessica (2014) "We Now Have the Cure for Hepatitis C, but Can We Afford It?: A Long, Difficult and Costly Research Effort Gives Doctors a New Cure for Hepatitis C." *Scientific American*.

Weber, Adam (2002). Who Are We? And Other Interesting Impressions. *Loving More*. Boulder, CO, LoveMore.com.

Weeks, D. J. (2002). "Sex for the Mature Adult: Health, Self-esteem and Countering Ageist Stereotypes." *Sexual & Relationship Therapy* 17(3): 231-240.

Wenk, R. E., Houtz, T., Brooks, M. and Chiafari, F. A. (1992). "How Frequent is Heteropaternal Superfecundation?" *Acta Geneticae Medicae Gemellologiae (Roma)* 41(1): 43-47.

Whipple, Beverly, Knowles, Jon, Davis, Jessica, Koch, Patricia Bartholomew, Moglia, Ronald Filiberti, Owens, Annette Fuglsang, Samuels, Herbert, Gianotten, Woet L. and Golub, Deborah (2007). The Health Benefits of Sexual Expression. *White Paper*. New York, Planned Parenthood Federation of America: Katharine Dexter McCormick Library; Society for the Scientific Study of Sexuality.

Whisman, Mark A. and Snyder, Douglas K. (2007). "Sexual Infidelity in a National Survey of American Women: Differences in Prevalence and Correlates as a Function of Method of Assessment." *Journal of Family Psychology* 21(2): 147-154.

Whitley, Richard J., Kimberlin, David W. and Roizman, Bernard (1998). "Herpes Simplex Viruses." *Clinical Infectious Diseases* 26(3): 541-555.

Whitley, Richard J. and Roizman, Bernard (2001). "Herpes simplex Virus Infections." *The Lancet* 357(9267): 1513-1518.

WHO (1946). WHO Definition of Health. World Health Organization. New York, WHO.int.

WHO (2010 [2006]). Sexual Health: Working Definition. *Sexual and Reproductive Health*. Geneva, WHO.

Whorf, Benjamin Lee (1956). *Language, Thought, and Reality; Selected Writings*. Cambridge: Technology Press of Massachusetts Institute of Technology.

- Wiederman, Michael W. (1997). "Extramarital Sex: Prevalence and Correlates in a National Survey." *Journal of Sex Research* 34(2): 167-174.
- Wiessner, Polly (2002). "Hunting, Healing, and Hxaro Exchange: A Long-Term Perspective on !Kung (Ju/'Hoansi) Large-Game Hunting." *Evolution and Human Behavior* 23(6): 407-436.
- Wilde, Jenée (2014). "Dimensional Sexuality: Exploring New Frameworks for Bisexual Desires." *Sexual and Relationship Therapy* 29(3): 320-338.
- Wiley, Diana and Bortz, Walter M. (1996). "Sexuality and Aging — Usual and Successful." *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences* 51A(3): M142-M146.
- Willoughby, BrianJ, Farero, AdamM and Busby, DeanM (2014). "Exploring the Effects of Sexual Desire Discrepancy Among Married Couples." *Archives of Sexual Behavior* 43(3): 551-562.
- Wilson, David P., Law, Matthew G., Grulich, Andrew E., Cooper, David A. and Kaldor, John M. (2008). "Relation between HIV Viral Load and Infectiousness: A Model-Based Analysis." *The Lancet* 372(9635): 314-320.
- Wing, Adrien Katherine (2001). "Polygamy from Southern Africa to Black Britannia to Black America: Global Critical Race Feminism as Legal Reform for the Twenty-first Century." *Journal of Contemporary Legal Issues* 11(2): 811-880.
- Wolcott, Harry F. (2005). *The Art of Fieldwork*. Walnut Creek, CA: Altamira Press.
- Wolfe, Leanna (1998). "Adding a Co-Wife." *Teaching Anthropology: Society for Anthropology in Community Colleges Notes* 5(2): 28-31.
- Wolfe, Leanna (1999). "America's Fidelity Crisis." *Teaching Anthropology: Society for Anthropology in Community Colleges Notes* 6(2): 24-27.
- Wolfe, Leanna (2000). "When One Lover Isn't Enough." *Teaching Anthropology: Society for Anthropology in Community Colleges Notes* 7(2): 31-42.

Wolfe, Leanna (2002). "As the Other Shoe Drops: Unraveling A Relationship and A Story." *Teaching Anthropology: Society for Anthropology in Community Colleges Notes* 9(1): 31-39.

Wolfe, Leanna (2008). "On Kittens and the Very Invented Culture of Polyamory." *Electronic Journal of Human Sexuality* 11(October).

Wollstonecraft, Mary (2008 [1792]). *A Vindication of the Rights of Woman. Oxford World's Classics: A Vindication of the Rights of Men; A Vindication of the Rights of Woman; An Historical and Moral View of the French Revolution*. Todd, Janet M. New York, Oxford University Press: 63-283.

Woltersdorff, Volker (2011). "Paradoxes of Precarious Sexualities: Sexual Subcultures under Neo-Liberalism." *Cultural Studies* 25(2): 164-182.

Woods, Vanessa (2010). *Bonobo Handshake: A Memoir of Love and Adventure in the Congo*. New York: Gotham Books.

Wosick-Correa, Kassia (2007). *Contemporary Fidelities: Sex, Love, and Commitment in Romantic Relationships*. PhD: University of California, Irvine.

Yeh, Hsiu-Chen, Lorenz, Frederick O., Wickrama, K. A. S., Conger, Rand D. and Elder, Glen H., Jr. (2006). "Relationships among Sexual Satisfaction, Marital Quality, and Marital Instability at Midlife." *Journal of Family Psychology* 20(2): 339-343.

Yucel, Deniz and Gassanov, Margaret A. (2010). "Exploring Actor and Partner Correlates of Sexual Satisfaction among Married Couples." *Social Science Research* 39(5): 725-738.

Zeitzen, Miriam Kockvedgaard (2008). *Polygamy: A Cross-Cultural Analysis*. Oxford: Berg.

Zeki, S. (2007). "The Neurobiology of Love." *FEBS Letters* 581(14): 2575-2579.

Zell-Ravenheart, Morning Glory (1990). *A Bouquet of Lovers: Strategies for Responsible Open Relationships*. Green Egg. Beltane, Church of All Worlds. XXIII.

Ziegler, Ali, Matsick, Jes L., Moors, Amy C., Rubin, Jennifer D. and Conley, Terri D. (2014). "Does Monogamy Harm Women? Deconstructing Monogamy with a Feminist Lens." *Journal für Psychologie* 22(1).

Ziliak, Stephen Thomas and McCloskey, Deirdre N. (2008). *The Cult of Statistical Significance: How the Standard Error Costs Us Jobs, Justice, and Lives*. Ann Arbor: University of Michigan Press.