

# Negotiated Nonmonogamy and Male Couples

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*One issue that has the potential to confound family or couples therapists working with male couples is the issue of nonmonogamy. For many therapists, sexual nonexclusivity challenges fundamental clinical assumptions that “affairs,” or extra-relationship sex or romantic involvements, are symptoms of troubled relationships and are always a form of “sexual acting out.” This article explores the issue of sexual exclusivity and nonexclusivity within male couples. In order to achieve both clinical and cultural competency in work with male couples, therapists need to challenge their cultural biases regarding monogamy.*

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Although a well-accepted part of gay subculture, nonmonogamy in male couples is often viewed by some therapists as problematic. Differences pertaining to nonmonogamy are among the most often-cited reasons that male couples seek therapy with me. Sometimes one partner has sex outside a monogamous relationship, precipitating a crisis. Often, partners are not in agreement about, or at the same comfort level about, being sexually nonexclusive. When nonmonogamy is raised as an issue, I help the couple explore whether sexual nonexclusivity is something they each want. If it is, clinical work needs to explore what the options are in order for it to be adaptive for each. This is not done with any bias about whether an exclusive relationship is better or healthier than a nonexclusive one. My position is to urge each partner to be as honest and authentic as possible in order for them to figure out what would be best for them.

There are conflicting data about male couples and sexual exclusivity. Research documents that approximately one third of male couples are sexually exclusive (“*Advocate Sex Poll*,” 2002; Bryant & Demian, 1994; LaSala, 2004; Wagner, Remien, & Carballo-Dieiguez, 2000). In one study, 70% of men in male couples reported being in a monogamous relationship and would view any sex outside the relationship as a betrayal of commitment (Campbell, 2000). In contrast, Crawford, Rodden, Kippax, and Van de Ven (2001), Davidovich et al. (2001), Halkitis, Zade, Shrem, and Marmor (2004) and LaSala (2004, 2005) found that three decades into the AIDS pandemic, gay

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men have not altered their preferred relationship style; that is, fear of becoming infected with HIV has not caused a sizable increase in monogamy among male couples.

In one study, heterosexual married and cohabiting couples who identified as monogamous reported a high degree of covert sexual nonexclusivity (Blumstein & Schwartz, 1983). Blumstein and Schwartz found that 24% of married men and 36% of heterosexual male cohabiters, and 22% of wives and 10% of women cohabiters, had sex outside the relationship even though their spouse or partner believed that the relationship was sexually exclusive. One of the biggest differences between male couples and mixed-sex couples is that many, but by no means all, within the gay community have an easier acceptance of sexual nonexclusivity than does heterosexual society in general. As Johnson and Keren (1996) noted, “Monogamy seems to be hardwired into spoken and culturally sanctioned norms for heterosexual relationships. The gay community’s normative acceptance of casual sex, anonymous sex and nonmonogamy in couple relationships represents a dramatic departure from heterocentric norms and values” (pp. 238–239).

McVinney (1988) wrote, “Male couples are highly diverse. Various social and historical conditions combine with constructs of eroticism, gender and intimate relationships to create the rich constellations of male couples” (p. 209). Male couples come from all races, ethnicities, religions, and socioeconomic backgrounds. They are often composed of men from different backgrounds. Male couples differ from opposite sex couples in two ways. The first is that male couples have to grapple with the issue of how open each is to his family about being gay and the precise nature of the relationship with his partner. The second is the degree of support and recognition that their (same-sex) relationship receives from families and other institutions.

### UNEXAMINED CULTURAL BIASES

Heterocentrism refers to assumptions and processes embedded in mainstream society and its institutions that imply that human beings are naturally heterosexual, and that heterosexual lifestyles are the normal standard against which those of sexual minority people should be compared in order to be understood and evaluated (Herek, 1998). In the mental health fields, heterocentrism occurs when theories or research based on heterosexuals are automatically assumed to apply to gays, lesbians, bisexuals, and transgender people—or the assumptions that heterosexuality is a better psychological adjustment even though the research evidence does not support that conclusion (Gonsiorek, 1991). To assess the health or stability of a male couple’s relationship solely on whether it is sexually exclusive reflects contemporary heterosexual cultural biases and a lack of clinical sophistication and acumen. As Michael Bettinger suggested, therapists need to bring an anthropological and cross-cultural understanding to modern human sexuality. Incorporating this perspective will help both therapist and clients be open to a range of sexual and romantic variations that appear to consistently and inevitably occur in contemporary relationships of whatever sexual orientation (personal communication, April 26, 2005). I suggest that honestly negotiated nonmonogamy is not indicative of any characterological disorder, psychopathology, or relational dysfunction.

### POSSIBLE EXPLANATIONS FOR NONMONOGAMY AMONG MALE COUPLES

My assessment is that high levels of nonmonogamy among male couples is largely related to gender. Gender differences impact and create dynamics between men that

account for an acceptance of sexual experiences outside of a committed relationship, which is mitigated in opposite-sex couples by how women are socialized. Green and Mitchell (2002) suggested that in general, men tend to be more oriented than women toward a recreational approach to sex and tend to be less monogamous. They discuss how when two men are coupled, there is an increased likelihood that at least one member of the relationship will engage in sex outside the primary relationship. Michael Bettinger suggested that the higher degree of nonmonogamy among men as compared with women might be genetically hardwired because it is evident in all human cultures throughout history (personal communication, April 26, 2005).

Citing research by Banfield and McCabe (2001) and Duncombe and Marsden (1999), LaSala (2004) stated, "It is believed that men, in contrast to women, are more likely to cognitively separate love from sex and though investigators disagree as to the causes (biology, social conditioning, or a combination of both), available findings seem to reflect this tendency" (p. 406). An additional dynamic at play is simply that some male couples may be more realistic about the limitations of sexual exclusivity when combined with a committed love relationship. Dominic Davies offered a variation on this: "Since sexual minority couples have been for the most part excluded from acceptance by the mainstream social institutions, many have made a close examination of how society operates and in response, created their own values system. Seeing that monogamy does not work for a sizable minority of heterosexual couples, many have elected not to take on the patriarchal and capitalist notion of a partner as a possession" (personal communication, May 6, 2005).

The following case illustrates how one couple successfully negotiated opening up their relationship in response to discrepant sexual desires between the partners. Mark and Kelly, both long-term HIV-positive men in their 50s, had been partners for 15 years when they sought therapy. The men's sexual relationship had always been characterized by Mark being the insertive partner (the "top") during anal intercourse and Kelly the receptive partner (the "bottom"). They sought therapy because sexual activity between them had stopped 3 years ago, though they were still very physically affectionate. During their first consultation, neither reported any sex drive, which bothered Mark a great deal, but not Kelly, who had stopped masturbating, never fantasized about sex, and was comfortable with this, except for the discomfort it caused Mark. I suggested that they get their serum testosterone levels checked because hypogonadism is often reported in men living with HIV and AIDS. Kelly's levels were normal, but Mark's were low, and his physician prescribed testosterone replacement therapy. Soon, Mark regained his sex drive.

Perel (2003) and Scheinkman (2005) discussed that little attention is paid to partners' discrepant erotic scripts and desires as a contributing factor to extradyadic sex or relationships. Mark discussed how much he missed being sexual and how confining being an exclusive "top" had been for him. He shared fantasies of being the receptive partner. However, Kelly had never been interested in being the insertive partner even when feeling sexual. Up to this point, the men's relationship had been sexually exclusive.

When Mark initially raised the possibility of opening up their relationship now that he had a sex drive, Kelly expressed fear that, with Mark looking outside the relationship for other partners and Kelly's not being sexual, Mark would leave him. Mark empathized with these fears and reassured Kelly that he had no desire to leave him even though they were no longer sexual. His feelings were that the security and safety

they shared was bedrock and would allow him to explore an aspect of his sexuality that he had not been able to access for 15 years. Therapy was very brief, and they agreed that it was acceptable for Mark to seek out sexual partners with whom he could explore his “bottom” fantasies.

### FAMILY AND COUPLES THERAPY

Johnson and Keren (1996) described that family therapy often used judgmental terms like *triangulation*, *difficulty with intimacy*, and *male objectification* to try to come to terms with nonmonogamy. Bowenian family therapy theory articulates that triangulation is always destructive to the primary relationship (Kerr & Bowen, 1988). This idea is based on an unexamined acceptance of mainstream society’s moral code. Sometimes a careful and unbiased assessment reveals that a particular sexual liaison or affair may have the potential to positively affect and stabilize the primary dyad in ways that contribute to its longevity and functionality. Gay-affirmative family and couples therapists have discussed how to use aspects of traditional theories of family and couples therapy with the primarily happy yet nonmonogamous male couples they were seeing in their practices (Cheuvront, 2004; Green, Bettinger, & Zacks, 1996; Green & Mitchell, 2002; Greenan & Tunnell, 2003; Kurdek & Schmitt, 1985–1986).

Willis and Larry, a couple of 3 years, both African American attorneys, bought an apartment together prior to our first consultation. They came to therapy to discuss how living together was affecting their relationship. Among the issues they raised was the possibility of stopping their use of condoms because they had been monogamous for the past 2 years and each had recently retested negative for HIV.

Larry was pushing to change their agreement about anal sex and condoms. “But how will we figure out how to do this so we both feel totally safe?” he asked. It was a good question. I asked them how far each was willing to trust the other, because the potential risks were so high. They gave almost identical responses. They had purchased their condominium and merged their finances. Both of these actions involved an extremely high level of trust in each other and in the relationship. When I asked each of them in an individual session about whether they had been sexually exclusive, both responded that since they met, neither had had sex with anyone else. Having worked with numerous couples who have elastic definitions of monogamy, I knew that there was the possibility that, like many male couples, Larry and Willis might be practicing what Morin (1999) labeled *modified monogamy*, a situation in which a couple values monogamy and strives to be monogamous, but the men recognize that the goal of monogamy may not be realistic or achievable, so the couple devise certain accommodations that reflect the tension between their desire to be sexually exclusive and practical realities. One example of modified monogamy is when a couple who define themselves as sexually exclusive together have sex with a third person or a group of other people. With Morin’s work in mind, I asked if their definition of monogamy encompassed having sex together with another person or with other people. At this point, they became noticeably uncomfortable. I commented on their squirming and asked what elicited this discomfort. Willis asked, “Are we monogamous if we occasionally have played together with another guy?” I asked if they had done that. When both nodded affirmatively, I responded, “The rules and definitions of your sexual relationship are up to you to decide. But this raises an important issue about safer sex that we need to talk about.”

I explained the concept of negotiated safety (Kippax, Crawford, Davis, Rodden, & Dowset, 1993), which is an agreement between two gay men in a relationship to have a process of getting ready to stop using condoms when they have anal sex. The basis is an explicit understanding that each knows the other's HIV status and both are uninfected. The only time they do not use condoms is with each other, making this an acceptable safer sex option. There must be no unprotected sex outside the relationship; if either partner does so, then he must immediately inform his partner prior to their having sex again.

Willis said, "While we're talking about condoms, what about Dan?" Dan was a semiregular third partner, also HIV negative, whom they occasionally invited into their bed. Willis wanted to know if there was a point at which they could stop using condoms with Dan. Hearing this, Larry became angry. "Are you nuts? If he's screwing around with us, we can only assume there are other men he's sexual with as well. Even if he tells us he's uninfected, I, for one, am not willing to trust either my health or yours to some other guy. I don't even want us to go there."

As a gay therapist who has seen hundreds of male couples in a vast range of unconventional, loving, and sustaining relationship configurations—including monogamy, nonmonogamy, three-partner relationships and more—I have grown to respect the fluidity and customized relationship forms that can work well for gay men (and potentially for all people). However, the gay culture's support of nonmonogamy doesn't mean that therapists should immediately jump to encourage their clients to open up their relationships or accept at face value a couple's desire to become nonmonogamous. Very often, male couples arrive in my office when one is pushing to open the relationship sexually, and the other is ambivalent about or even hostile to this idea.

### DEFINING SEXUAL BEHAVIOR

How individuals or couples define sexual activity varies enormously. I have worked with couples in monogamous relationships who considered cyber sex or even masturbating to pornography a violation of a monogamous agreement. Some couples agree that mutual masturbation with an outside person that does not involve any genital contact is not a violation of their agreement to remain sexually exclusive. Yet, as in the case of Willis and Larry, other couples permit three-ways, and this is not viewed as a breach of monogamy. When working with couples around sexual exclusivity or non-exclusivity, clinicians need to explicitly ask how each individual defines sexual behavior and how their definitions fit into understandings they have about how their sex life as a couple is conducted.

### NONMONOGAMY MAY NOT BE INFIDELITY

Nonmonogamy challenges basic assumptions about love and commitment. Some heterosexual therapists (e.g., Charny, 1992), referring only to heterosexual couples, suggest that sex outside a primary relationship is always a sign that the primary relationship is troubled. LaSala (2005) and Scheinkman (2005) reported that even couples who are supposedly monogamous but in which one or both "cheats" still have the ability to be a happy, intimate, and well-adjusted couple.

Studies have found no significant differences in relationship quality or satisfaction between samples of sexually exclusive and nonexclusive male couples (Blasband & Peplau, 1985; LaSala, 2004, 2005; Wagner et al., 2000). For therapists who work with

male couples, it is always useful to inquire about whether the couple is monogamous, and whether and how they negotiated whatever understanding they have about sex.

Research confirms that nonmonogamy in and of itself does not create a problem for male couples when it has been openly negotiated. A majority of male couples studied did not believe that sexual nonexclusivity threatened their relationship, and differentiated between negotiated sexual nonexclusivity and infidelity (Blumstein & Schwartz, 1983; McWhirter & Mattison, 1984). Wagner et al. (2000) and LaSala (2004, 2005) found that both monogamous and self-described “open” male couples demonstrated higher levels of relationship quality and lower levels of psychological distress compared with couples who had not negotiated nonmonogamy but reported secret outside sexual activity.

It is dangerous for a therapist to assume that he or she understands what specific words mean to any particular couple until definitions are elicited. For example, *fidelity* may be used by male couples differently than by heterosexual couples. Generally, heterosexual couples use the term *fidelity* synonymously with *monogamy*. If the male couple has explicitly agreed to be sexually exclusive, then *fidelity* has the identical meaning for them. Coleman and Rosser (1996) discussed that although a majority of male couples are not sexually exclusive, they are in fact emotionally monogamous. LaSala (2005) coined the expression *monogamy of the heart* to describe such couples.

Yet, for other male couples, *fidelity* simply means honesty. Thus, for male couples who are not sexually exclusive, *fidelity* often refers to the emotional primacy of the relationship. For these couples, *fidelity* definitely means abiding by whatever rules the couple has agreed upon for how liaisons outside the relationship will be conducted. There may be an understanding that one night of the week, each is permitted to have a night of sex with another person. They may have an agreement that includes more than just sex outside the relationship and permits affairs. These are only some of the ways that male couples may arrange how they will be sexually nonexclusive while remaining committed to each other.

For couples who have negotiated sexual nonexclusivity, *infidelity* means breaking the rules that the couple has agreed upon for how sex outside the primary relationship is conducted (Shernoff, 1995). For example, if the couple decided that outside sex is permitted when either is traveling, and one man steps outside the relationship when both are in their home city, this would constitute a sexual infidelity. In relationships in which both men are HIV negative and are not having unprotected sex with anyone else, unprotected anal intercourse carries no risk of HIV infection because there is no virus to transmit. Engaging in unprotected anal sex with an outsider would then be an infidelity.

### HIV AS A “RED HERRING”?

Robert-Jay Green observed that whenever a partner’s dishonesty about staying sexually exclusive is discovered, it has a much more negative effect post-HIV than it did prior to the onset of the epidemic. “Probably ANY kind of lying in couple relationships is having a much more negative effect on gay couples since the advent of HIV because one’s life sometimes depends on one’s partner’s honesty. But it’s probably more destructive when the lie concerns sex” (personal communication, April 26, 2005).

In the past several years, I have seen numerous couples in crisis due to one having had sex outside their supposedly monogamous relationship. Fears about contracting HIV and possibly passing it on to one's partner contributed to the intensity of the crisis. Sometimes the risk of HIV becomes triangulated into the relationship when there has been an infidelity, even when no unsafe sex occurred outside the relationship. Thus the partner who has been "cheated on" sometimes uses his fears of HIV, as understandable and rational as they are, as a defense from either fully experiencing or discussing feelings of hurt, betrayal, and distrust that the discovery of an infidelity has produced.

Thomas and Gene, a couple for 15 months, were both HIV negative and began having unprotected sex with each other within a few dates. They had agreed that sex without condoms was allowable as long as neither had sex with anyone else. It was Thomas's telling Gene that he had "tricked" with someone while out of town on a business trip that brought them into therapy.

Gene was furious at Thomas and repeatedly said, "I can't believe that you'd be so stupid." Although he understood why Gene was upset, Thomas was puzzled by the intensity of Gene's response because he had used a condom during this liaison. Since learning about this incident, Gene did not want to have sex with Thomas and said that he was thinking of ending the relationship. Initially, Gene kept using his fear of contracting an STD as a rationalization for his anger. Although actively empathizing with these fears, I suggested that perhaps it was easier for him to talk about his fear of getting a disease and be angry rather than experience and discuss how hurt and betrayed he was feeling, because that would make him more vulnerable. He agreed with this interpretation and then began to talk about trust, intimacy, jealousy, and fear of being hurt and abandoned.

### **SEX, POWER, AND MONOGAMY**

It is important for therapists working with male couples to be alert to the fact that power issues have the potential to come up in negotiating nonmonogamy (Greenan & Shernoff, 2003; Morin, 1999; Shernoff, 1995; Shernoff & Morin, 1999). When one partner is pushing for a sexually open relationship and his partner feels pressured into going along so as not to lose his spouse, therapy must get both men to look at issues that range from power imbalances between them to emotional vulnerability. Once conversations are begun about power and how it is played out in the sexual realm, couples can approach the issue of whether to be monogamous with increased clarity about why they are at this place in their relationship at this time, and what options feel appropriate. Often, people do not love equally and rarely have equal power in a relationship. Power differences may be due to class, race, age, looks, income disparity, or other issues, like whether one partner is out at work and to his family as being gay and part of a committed relationship (Font, Dolan-Del Vecchio, & Almeida, 1998). These imbalances often are not overtly acknowledged and can emerge in sexual negotiations—or the lack of such negotiations.

Frank was a 35-year-old American of English descent, employed as a teacher. Jesus was a 23-year-old Puerto Rican immigrant who worked as a dishwasher. They met while Frank was on holiday in Puerto Rico, and fell in love. Jesus relocated to New York so they could be together. They are in a monogamous relationship. The presenting problem was that on the occasions that Frank noticed other men or made a

comment to Jesus about finding someone else attractive, Jesus became very angry and hurt, and told Frank he did not want him to even look at any other men. Frank found this an unreasonable position. Jesus was very sexually conservative; he had only had sex with two other men prior to Frank. Jesus was ambivalent about their having “three-ways,” something that Frank had raised as a possibility.

Two themes emerged that were intimately related to monogamy: defining the relationship, and power. Jesus and Frank had different understandings of where the relationship was developmentally. Having moved from Puerto Rico to be with Frank, Jesus felt ready to have a commitment ceremony and thought of them as married, which meant sexually exclusive. When Frank heard this, he responded, “But honey, we’ve only been living together for three months! We’re still getting to know each other. I feel that it’s way too soon to consider us married. We are definitely moving in that direction. But why does being committed have to mean you and I only having sex with each other for the rest of our lives? While I can understand and even accept your not wanting us to have sex with anyone else, for me it is frustrating. But the way you act whenever another man flirts with me, especially since I don’t encourage him, seems nuts.”

In response, Jesus told Frank that seeing other men notice Frank or hear him raise the topic of sex with other people made him feel insecure and played up all the power inequalities in their relationship. Frank was White; Jesus was a man of color. Frank was older, better educated, and financially secure. Jesus had not been to college and earned considerably less money than Frank did. In addition, Frank was a native of New York and a native English speaker, whereas Jesus was an immigrant, and English was his second language. Jesus had only one other friend in New York and felt dependent on Frank socially, financially, and emotionally, which made him feel extremely vulnerable. They lived in an apartment that Frank owned. Most of the things in their home were Frank’s. Jesus admitted that although the idea of having sex with Frank and another man held some interest, he could not agree to this at the present time because it felt as if he would be giving up what little power he had in the relationship.

I admired Jesus for his courage in raising these issues and shared this with them. I congratulated Jesus on his refusal to give in to Frank about three-ways in this larger context. Frank empathized with what Jesus said and was visibly relieved to have these matters out in the open. Hearing and exploring each other’s feelings about power, intimacy, and trust took weeks of therapy, and they both felt it strengthened the emotional foundation of their relationship. Instead of putting all in terms of sexual trust, they could start to talk about emotional trust. Despite his progressive politics, Frank was surprised at how oblivious he was about how his privilege impacted his relationship and the man he loved. During one session, Frank finally understood how their different perspectives about sexual exclusivity looked to Jesus, who had taken so many risks—in every aspect of his life—to be with him. Frank burst into tears, deeply saddened by how out of touch he had been to how his suggestion that they incorporate other men into their sex life affected his beloved. This conversation was the real beginning of their learning how to negotiate a host of complicated issues, only one of which was monogamy.

They explored how to restructure decision making about household chores, spending money, socializing, and even what language to speak, because both were bilingual. The discussions about how to equitably deal with money took several weeks.

They agreed that Jesus would pay a small percentage of the utilities and all the household groceries, and Frank would pay for the luxuries like eating out and travel. This led to Jesus saying he would try not to make an issue of Frank's noticing other men. At such time that he felt they had a more equitable sharing of power, he would be open to revisiting the issue of possibly opening up their relationship to include a third person sexually.

### NEGOTIATING SEXUAL NONEXCLUSIVITY

It is useful to dispense cautions to a couple grappling with whether to open their relationship. It is crucial that neither use sex outside the relationship to avoid issues that are occurring between the partners. For instance, if either has sex following a fight, most likely the issue that prompted the argument will not be revisited and will reemerge with increased intensity at a later point. If a relationship is falling apart, opening it up sexually will not save the relationship; it will only hasten its demise and cloud the real reasons that there are unresolvable difficulties. To try and ensure the emotional fidelity of the partnership, some couples decide that one-time-only sexual encounters are fine, but it is not permissible to see anyone more than once. Other couples agree that affairs are permitted. These couples are not only sexually nonexclusive, but "polyamorous" (Anapol, 1997), which literally means having many loves.

One important aspect to keeping any relationship, especially a nonmonogamous one, healthy is explicit and clear communication between the partners. This is essential for the partners to establish a set of rules or guidelines, for both to follow, that set the parameters about how sex outside the relationship is to be conducted. Hickson et al. (1992) and LaSala (2005) both gave examples of specific rules that couples may establish while negotiating nonmonogamy. Examples of the kinds of rules that some couples set up regarding nonexclusivity may include always using a condom for anal sex outside the relationship; no anal sex with outside partners; no affairs; don't ask, don't tell; full disclosure; no sex with friends; no sex in the couple's home; allowing sex in their home but not in their bed; and mutual participation in the outside sexual relationships (three-ways or group sex). These are obviously a few of the many possible agreements that men may come up with regarding how to conduct sex with other partners.

For couples contemplating a transition to a nonmonogamous relationship, exploring how each deals with feelings of jealousy is important. My last lover and I had an open relationship, and I had sex about 10 times more often outside the relationship than my partner did. Yet on those infrequent occasions when he did trick, I'd go ballistic and become a crazy person, Martin told me, laughing at his own inconsistency during a couples session with his current partner when they were talking about whether to open up their monogamous relationship. While helping couples figure out whether nonmonogamy is right for them, it is important to have them discuss how each thinks he is able to handle the knowledge that his partner is having sex with other men. One suggestion I make to help couples evaluate whether they can handle an open relationship and any possible jealousy is for them to go to a gay bar or club and agree to flirt with other men as a couple and separately, and to talk about this exercise.

Morin (1999) wrote that a couple has a very good chance of adjusting to nonexclusivity if at least some of the following conditions exist: Both partners want their relationship to remain primary; the couple has an established reservoir of good will; there are minimal lingering resentments from past hurts and betrayals; the partners

are not polarized over monogamy/nonmonogamy; and the partners are feeling similarly powerful and autonomous. I always urge a couple to explore these issues when trying to decide whether to open their relationship.

## CONCLUSION

Whenever couples arrive in my office with issues about diminished sexual desire or satisfaction, I normalize that often sexual intensity does lessen over the years. I also ask them, “What is wrong with a steady supply of good warm sex when hot sex is not happening?” (Morin, 1999). This opens up conversations about expectations regarding sex and options for addressing sexual dissatisfactions, only one of which is negotiated nonmonogamy. Prior to embarking on the path of sexual nonexclusivity, it is necessary for each man to evaluate and discuss his priorities about sex, love, and passion, and the role that these vital concerns play for him. The following issues pertain to opposite-sex couples and same-sex couples. Directly asking each partner his or her thoughts and feelings about the following can provide the basis for honest and important conversations: openness versus secrecy; volition/equality versus coercion/inequality; clarity/specificity of agreements versus confusion/vagueness; honoring keeping agreements versus violating them; and how each partner views nonmonogamy—is it a form of sexual recreation versus a betrayal, or triangulation? (Green & Mitchell, 2002).

The art of good therapy comes from helping people learn to accept what is true about themselves and each other, and to understand what is realistically changeable about themselves, their partner, and relationship. This facilitates people finding their own meaning in their lives and relationships. To be effective with male couples, therapists must recognize whatever levels of discomfort they may have about homosexuality and love between men, and sex in general. We live in a society that is full of sex-negative, erotophobic messages that become internalized. Therapists also have to be honest about their ability to be helpful with couples who are discussing issues pertaining to sexuality and coupling that may be foreign or distasteful to them. The task of the therapist is to engage couples in conversations that let them decide for themselves whether sexual exclusivity or nonexclusivity is functional or dysfunctional for the relationship.

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