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Monogamy Agreements in Male Same-Sex Couples: Associations with Relationship  
Quality and Individual Wellbeing

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## Abstract

In this study, we explored whether type of sexual agreement (for monogamy, unrestricted nonmonogamy, or restricted nonmonogamy) is associated with the relationship quality and psychological well-being of men in same-sex relationships. A geographically diverse sample of 219 U.S. men in cohabiting same-sex relationships reported on sexual agreement type, several relationship characteristics central to long-term couple health, and two indices of psychological wellbeing (depressive symptoms and internalized heterosexism). Results indicated no differences by sexual agreement type in the majority of indices of relationship health, including self-reported relationship satisfaction, hostile conflict, felt constraint, confidence in the relationship, and perceived instability. There were also no group differences in depressive symptoms or internalized heterosexism. However, men in relationships with non-monogamous agreements reported higher perceived quality of alternatives to their relationship and lower dedication commitment than did those with monogamous agreements. These findings add to a growing literature suggesting that male same-sex relationships that adopt non-monogamous agreements can be quite healthy and happy, but raise the possibility that non-monogamy may create some vulnerability to long-term couple stability by raising attractiveness of alternatives to the relationship and lowering commitment.

## Monogamy Agreements in Male Same-Sex couples: Associations with Relationship Quality and Individual Wellbeing

Recent movements toward legal recognition of same-sex relationships have led to dramatic increases in the number of same-sex couples entering into marriage and other legal unions (e.g., domestic partnerships, civil unions). In addition, same-sex couples represent around one in nine U.S. couples who live together but are not married (Simmons & O'Connell, 2003). Overall, the number of same-sex households has increased by nearly 80% in recent years (Gates, 2012); in 2010, there were nearly 650,000 committed same-sex couples living in the United States, around one-fifth of whom were raising children (Gates, 2013). These numbers highlight the importance of understanding the risk and protective factors for healthy same-sex relationship functioning, in order to inform both policy and clinical practice. Increasing numbers of clinicians are likely to work with same-sex couples who seek “pre-marital training” (i.e., relationship education or enrichment courses commonly taken by couples prior to marriage), treatment of relationship distress, or assistance with parenting or other family issues.

In general, same-sex couples and heterosexual couples are highly similar across many relationship dimensions, including satisfaction, communication patterns, intimacy, equality, and expression of positive and negative affect (e.g., Kurdek, 2004; Peplau & Fingerhut, 2007; Roisman, Clausell, Holland, Fortuna, & Elieff, 2008). Moreover, the core relationship processes (e.g., communication, conflict resolution skills, commitment) that predict couple outcomes appear to be consistent across couple type (e.g., Kurdek, 2005). This suggests that the field's current relationship models, though grounded in research on heterosexual couples, may by and large be generalizable to same-sex couples. Further, existing couple interventions, which typically target communication, resolution of conflict, and emotional connection (Baucom &

Epstein, 2013; Johnson & Whiffen, 1999; Markman, Stanley, & Bloomberg, 2001), may be generally applicable and appropriate for same-sex couples. However, same- and opposite-sex couples are not alike in all respects, most notably because same-sex couples live within a broader context of heterosexism that places significant stress on both the individual partners (i.e., minority stress; Meyer, 2003) and their relationships (Mohr & Daly, 2008). For this and other reasons, it would be a mistake to assume that same-sex couples can be understood entirely within a hetero-normative framework.

One notable difference may surround couple's expectations and agreements about sexual exclusivity. Within heterosexual couples, sexual monogamy is nearly universally expected and considered crucial to a healthy relationship (e.g., Conley et al., 2012); sexual contact with someone outside the relationship is typically viewed as a relationship violation and is associated with relationship distress and dissolution (e.g., Allen et al., 2005). In contrast, extradyadic sexual activity is commonly acknowledged and even normalized in male same-sex partnerships (Heaphy, Donovan, & Weeks, 2004; LaSala, 2005). Around 50% of men in same-sex relationships report engaging in extradyadic sex, a rate that is significantly higher than that reported by lesbians and men in relationships with women (Gotta et al., 2011; Joyner et al., 2013). Many gay couples do not consider sexual contact with men outside their primary relationship to be a violation of relationship rules, but rather have negotiated agreements that allow for extradyadic sexual encounters. Indeed, although rates of monogamous sexual agreements in male same-sex relationships have increased over the past few decades, they remain significantly lower than those of lesbian and heterosexual couples (Gotta et al., 2011; Solomon, Rothblum, & Balsam, 2005).

Given these differences, it is important that relationship-focused researchers, theorists, and clinicians do not assume that non-monogamy in male same-sex relationships has the same negative meaning and relationship implications as in male-female couples. The popular assumption, based on heterosexual norms, that monogamy is a marker of stable, secure, and committed relationships (Barker & Langdrige, 2010), may well not hold true for gay men's relationships, for several reasons. First, recent reviews have found limited evidence to support the benefits of monogamy to romantic relationships between any two partners, suggesting that consensual nonmonogamy may be a viable alternative (Conley, Ziegler, Moors, Matsick, & Valentine, 2013). Second, in contrast to women, men tend to view sex in recreational terms rather than in a relational framework of love and commitment (Impett & Peplau, 2003) and may cognitively separate the constructs of love and sex. For instance, significantly more men than women report an interest in having casual sex and multiple partners, as well as involvement in or the desire to become involved in extradyadic sexual relationships with no emotional involvement (Okami & Shackelford, 2001). This raises the possibility that two men in a relationship may be able to engage in sexual activity with others without negative implications for their emotional connection and commitment to one another.

In fact, many nonmonogamous couples aim to avoid compromising relationship quality by negotiating agreements that allow extradyadic sex, but set rules and boundaries to prevent jealousy and to preserve the primacy, intimacy, and stability of their relationship (e.g., Heaphy et al, 2004; Ramirez & Brown, 2010). In many cases, this includes explicit agreements that aim to prevent emotional connections with outside sexual partners (Adam, 2006; Bonello & Cross, 2010; LaSala, 2005), such as allowing sex only with strangers, only once with the same person, only outside of the couple's home, only in "three-somes" that involve both members of the

couple, or only in the absence of emotional involvement (e.g., Hosking, 2013; Parsons, Starks, DuBois, Grov, & Golub, 2011). In qualitative studies, some male couples have reported that their nonmonogamous arrangements actually strengthen their relationships. For example, some men in same-sex relationships view extradyadic sexual activity as fulfilling their sex drive and allowing them to explore sexual preferences and sexual desires that differed from their partners' preferences (Bonello & Cross, 2010). Monogamy, in contrast, has been viewed as an unnecessary relationship constraint that decreases partners' autonomy and adventurousness (Adam, 2006). Finally, some couples report that they have nonmonogamous agreements partly to build trust and honesty in the relationship and to strengthen their partnership (Hoff, Beougher, Chakravarty, & Darbes, 2010).

A small number of quantitative studies have examined whether types of agreement about extradyadic sexual activity (i.e., monogamy vs. nonmonogamy) are associated with relationship quality in male same-sex couples. Most have focused on relationship satisfaction, which captures individuals' global evaluations of their relationship, and appears to be essentially equivalent across relationships agreements (Blasband & Peplau, 1985; Bricker & Horne, 2007; Hoff et al., 2010; M. LaSala, 2004). However, satisfaction is only one of many aspects of healthy couple functioning. Other facets of relationships, including interdependence, commitment, communication, and stability are highly important to relationship functioning as well as the individual wellbeing of romantic partners. For example, relationship dependence and commitment are more powerful and proximal predictors of couple stability (vs. breakup) than is satisfaction (e.g., Le, Dove, Agnew, Korn, & Mutso, 2010), and the ability of couples to communicate constructively about relationship problems is perhaps the most well-established predictor of long-term couple outcomes (e.g., Clements, Stanley, & Markman, 2004). However,

the research on how sexual agreements are associated with important aspects of couple functioning other than satisfaction is limited and inconsistent in its findings (described in detail below). In addition, there is extremely little data on whether nonmonogamous relationship agreements are associated with the psychological health of the individual partners in male same-sex relationships.

In the current study, we aimed to enhance our understanding of how male same-sex couple agreements about extradyadic sexual activity may relate to relationship and individual functioning. We did so by comparing men in cohabiting same-sex relationships with monogamous versus nonmonogamous agreements on an array of relationship characteristics that are established indicators or predictors of long-term couple health, as well as indices of individual psychological wellbeing. Based on the prevalence of couple agreements that allow for extradyadic sexual encounters, but only with restrictions (e.g., Barker & Langdrige, 2010; Hoff et al., 2010), our index of sexual agreement type included three categories: monogamous, open (i.e., unrestricted nonmonogamy), and restricted nonmonogamy (defined as agreements that include rules about what is allowed and not allowed as part of sexual activity with other men). We elected to use this general definition of restricted nonmonogamy, which can encompass a wide variety of specific rules, because evidence suggests that while any one particular restriction (e.g., it can not occur at the couple's house) is only endorsed by a minority of men in nonmonogamous relationships, the majority report that their sexual agreement includes at least one restriction (Hosking, 2013). In the following section, we will review the theory and research that guided our selection of relationship and individual factors that may be associated with sexual agreement type. Given the lack of previous research on the topic, we did not make directional hypotheses but instead explored for differences in each factor by sexual agreement type.

## Relationship Quality Constructs

Couples' ability to communicate effectively, particularly about relationship problems, is a well-established predictor of relationship outcomes in both heterosexual and same-sex couples (e.g., Clements et al., 2004; Kurdek, 2005). When couples are not able to discuss problems effectively, they often engage in *hostile conflict*, including negative affect expression, invalidation of each other's perspectives, and statements that hurt each other. It is possible that the complexities of negotiating agreements that allow for extradyadic sex require couples to have strong communication skills. Alternately, qualitative data suggests that the negotiation of sexual agreements often only occurs following an instance of unfaithfulness (Worth, Reid, & McMillan, 2002), which may lead to negative affect and couple conflict communication (LaSala, 2001). The one published study comparing couple communication by sexual agreement type (Hoff et al., 2010) found no differences in levels of either constructive communication or avoidance and withdrawal, a specific type of destructive couple conflict resolution pattern (Gottman, 1993). We will extend this research by examining whether sexual agreements are associated with a more global measure of destructive conflict.

One important predictor of couple relationship permanence (vs. break-up) is the level of interdependence between partners; that is, the extent to which each partner depends upon or "needs" the relationship (Kelley, 1979). Interdependence is based not only on satisfaction with the relationship, but also on the *quality of available alternatives to the relationship*, defined as the extent to which one's needs (e.g., for companionship and intimacy) could be met outside the relationship through relations with other partners, friends, or family members, or by being single. Adults with poor quality of alternatives, who rely heavily on their partner for fulfillment of their needs, are fairly dependent upon and unlikely to end their relationships (e.g., Le & Agnew,

2003), whereas those with many high-quality alternatives are more likely to end their relationship. Extradadic sex may increase men's awareness of potentially attractive alternative partners, so that men in nonmonogamous relationships may perceive higher quality of alternatives than men with monogamous agreements. However, the restrictions that some couples place on extradadic sexual encounters may be specifically designed to limit the extent to which an external sex partner might become an attractive alternative to the current relationship. Therefore, men with restricted nonmonogamy agreements may report lower quality of alternatives than those in open relationships. In previous research, the perception of fewer high-quality alternatives has been related to better relationship quality of male same-sex couples (Kurdek & Schmitt, 1986), but to our knowledge no studies have assessed its association with monogamy agreements.

*Relationship commitment* is defined as a long-term orientation toward the relationship, including psychological attachment to the partner and the intention to persist in the relationship (e.g., Rusbult et al., 1998; Stanley & Markman, 1992). Commitment is a proximal and powerful predictor of relationship stability (e.g., Le et al., 2010), and quality (e.g., Wieselquist et al., 1999). Some of the popular assumptions about extradadic sex, based upon research and theory on heterosexual couples, center on how it may reflect a lack of commitment to one's partner. Indeed, engagement in sex outside of one's primary relationship has been associated with lower rates of commitment among young adults in heterosexual dating relationships (Mattingly, Clark, & Weidler, 2011). However, as described above, it is not clear that this is the case among men in relationships with other men. Research on the topic has yielded mixed findings. In an early study, Blasband and Peplau (1985) found no differences between men in monogamous and open relationships on rough indices of commitment: participants' estimation of whether their

relationship would exist 1 year and 5 years from now, and their willingness to move if their partner were offered a new job in another city. The two more recent studies yielded conflicting results: one found higher commitment in monogamous couples than open couples (Hoff et al., 2010), whereas the other found no differences (Hosking, 2013).

One of the key reasons men report choosing nonmonogamy is to avoid feeling trapped in a restrictive relationship that inhibits personal freedom and the ability follow one's own desires, especially in the sexual domain. In qualitative studies, some men have described how nonmonogamous agreements are important to their personal freedom (i.e., to explore their sexual preferences and desires; Bonello & Cross, 2010) and to their personal autonomy (Adam, 2006). In contrast, monogamy has been described as an unnecessary relationship constraint (Adam, 2006). Therefore, we examined whether men with nonmonogamous agreements reported lower levels of *felt constraint*, a construct that captures the sense that one is trapped or stuck in their relationship and is predictive of poor couple outcomes (Rhoades, Stanley, & Markman, 2010).

Finally, the stability of couples is an important relationship outcome (i.e., will a couple stay together, or break-up?). Qualitative data that some men feel nonmonogamy is key to making their relationship work in the long-term (e.g., Adam, 2006) suggest that nonmonogamous sexual agreements may be linked with greater stability. On the other hand, nonmonogamous agreements may reduce stability because extradyadic sex may raise exposure to other attractive partners and may lead to some violations of trust, especially if the "rules" about sex with other men are not clearly defined (LaSala, 2004). Therefore, we explored whether different sexual agreement types were related to two indices of couple stability: relationship confidence and instability.

*Relationship confidence* captures individuals' overall perception regarding whether their relationship will be successful into the future (Whitton et al., 2007). Broadly, relationship

confidence represents a sense of safety and long-term security in the relationship, which is essential to long-term couple success (Stanley, Markman, & Whitton, 2002) and may promote the psychological wellbeing of partners (e.g., Whitton et al., 2007). Relationship instability is defined as having thought about or taken steps toward exiting the relationship, which is highly predictive of later relationship dissolution (Booth, Johnson, White, & Edwards, 1985).

### **Psychological Wellbeing**

It is well established that involvement in a heterosexual committed relationship is associated with reduced risk for a wide range of psychological problems (e.g., Duncan, Wilkerson, & England, 2006; Lamb, Lee, & DeMaris, 2003). The few studies examining gay men suggest that male same-sex committed relationships confer similar benefits to mental health (Mills et al., 2004; Parsons et al., 2011). However, it is unclear whether these benefits extend to sexually nonmonogamous relationships, which may not involve the same levels of social control that encourage healthy behavior and promote psychological wellbeing within exclusive relationships (e.g., Lewis & Butterfield, 2007). An early study (Kurdek & Schmitt, 1986) found no difference in psychological adjustment between men in closed versus open same-sex relationships. The one recent study on this topic (Parsons et al., 2011) similarly found that men in nonmonogamous relationships reported lower depression and higher life satisfaction than did single men, and did not differ from those in monogamous relationships on these indices of mental health. However, men with restricted nonmonogamy agreements reported higher levels of substance use and psychological conflict about casual sex than did men in monogamous relationships. These conflicted and limited findings highlight the need for further research on the associations between sexual agreement type and psychological wellbeing.

In this study, we used two indices of psychological wellbeing: depressive symptoms and internalized heterosexism. Depressive symptom level is an important index of mental health that shows significant variability in non-clinical samples (Radloff, 1977) and is commonly used in research examining predictors of psychological functioning among same-sex couples (e.g., Riggle, Rostosky, & Horne, 2010). Internalized heterosexism refers to the negative feelings that sexual minority individuals may feel towards their own sexuality as a consequence of living in a society that negatively evaluates any non-heterosexual identities or behaviors (Herek, 2004). Members of many minority groups (e.g., racial, ethnic, or religious minorities) are theorized to cope with prejudice in part by identifying with the dominant group and experiencing a sense of shame distress for possessing the qualities of their minority group (Allport, 1954). Sexual minority individuals may do so by internalizing society's negative stereotypes and stigma about non-heterosexuality (Herek, 2004). This type of distress related to sexual identity, termed internalized heterosexism or internalized homophobia, has been associated with lower levels of wellbeing and a negative self-concept (e.g., Rowen & Malcolm, 2002), as well as with lower relationship quality (Frost & Meyer, 2009) among gay men. Therefore it is an important psychological construct to consider in evaluating whether non-monogamous sexual agreements are associated with the individual psychological wellbeing of men in same-sex relationships.

## **Method**

### **Participants and Procedure**

Participants were 219 men in committed same-sex relationships who volunteered to participate in a study of same-sex relationship development. Study inclusion criteria included being at least 18 years old and currently involvement in a committed, cohabiting relationship of at least 6 months with a same-sex partner. To recruit participants, we asked many national, city,

and state-level LGBT organizations from around the U.S. to disseminate a study advertisement to their members via email listservs and postings on their websites. Research staff also distributed flyers about the study at two PRIDE events in Midwestern U.S. The online advertisements and flyers invited eligible adults to complete an online survey concerning same-sex relationship development and commitment. Using the provided hyperlink or website address, interested individuals accessed the electronic survey, which included an informed consent document as well as several measures of relationship and individual characteristics. The data were carefully screened using IP address and other identifying information to delete multiple responses from the same individual (who typically had re-started the survey after partially completing it). Only measures relevant to the present hypotheses are described in this paper.

Of the larger sample of 718 individuals who completed the survey, we excluded 389 participants who did not identify as male (448 female; 15 “other,” including individuals who self-identified as androgynous or transgendered females). Although we encouraged couples to participate, the number of couples ( $n = 35$ ) was too small to examine our hypotheses using couple-level data. Therefore, to retain independence of data, 36 men whose partner had already completed the survey were excluded from the present analyses, yielding a final sample of 219 men. In this sample, most identified their race as White (87.6%; 2.7% Black or African American, 2.3% Native American, 1.8% Asian, 3.7% multiracial, 1.8% other) and their ethnicity as Non-Hispanic (6.4% Hispanic). Participants were an average of 43.1 years old ( $SD = 12.6$  years). The median annual personal income was in the \$50,000 to \$59,999 range. Participants lived in 45 different states and Puerto Rico; 17.6% lived in the Northeast, 28.4% in the Midwest, 37.5% in the South, and 16.1% in the West. Almost all participants self-identified as gay (217; 98.2%); two identified as bisexual and two as “queer.” The median relationship length was in the

7-8 year range, as was the median length of cohabitation. Thirty-five percent of participants reported having had a ceremony to recognize their commitments to their partner (23.9% a legal ceremony, 11.5% a non-legal ceremony). The majority of men ( $n = 129$ ; 59%) had previously lived with a different partner; of these, 60% had lived with one previous partner, 28% with two, 9% with three, and 3% with four or more previous partners.

## Measures

**Demographic and relationship information.** Participants provided self-reports of individual demographic characteristics, including race, ethnicity, age, income, state of residence, self-identified sexual orientation, and number of previous cohabitating relationships. To describe their current relationships, participants self-reported reported the length of their relationship and length of cohabitation on the following scale: (Less than 1 year; 1-2 years; 3-4 years; 5-6 years; 7-8 years; 9 or more years). As an indicator of relationship status in a sample for whom marriage was not always an option, we asked, “Have you had any legal or non-legal ceremonies to recognize your commitment to one another?” Participants selected one of three responses: *Yes, a legal ceremony*, *Yes, a non-legal ceremony*, or *No*.

**Sexual Agreement.** In response to the question, “Is your relationship currently monogamous?,” participants selected: (1) *Yes, we only engage in any sexual behavior with each other*, (2) *We have certain rules about what we do and don't do with others*, or (3) *No*.

**Relationship Satisfaction.** Using the 4-item Couples Satisfaction Index (CSI-4; Funk & Rogge, 2007) participants provided four global evaluations of their romantic relationship on 6- and 7-point Likert-type scales (e.g., “I have a warm and comfortable relationship with my partner;” 0 = *Not at all True*, 5 = *Completely True*). All ratings were then summed; higher scores indicate greater satisfaction. The CSI-4 has demonstrated good reliability and validity, and

provides more precision and power than traditional measures of relationship adjustment (Funk & Rogge, 2007). In this sample, internal consistency was good ( $\alpha = .85$ ).

**Dedication commitment.** Participants completed a 3-item version of the Commitment Inventory, Dedication subscale (Stanley & Markman, 1992), used previously in large survey research (Stanley, et al., 2010). Participants rated their level of agreement with three statements (e.g., “My relationship with my partner is more important to me than almost anything in my life”) on a 7-point scale (1 = *Disagree Completely*; 7 = *Agree Completely*). The 3-item Dedication scale has demonstrated high levels of internal consistency and validity through theoretically consistent relationships with a range of variables (Stanley, Rhoades, Amato, Markman, & Johnson, 2010). Internal consistency for this sample was acceptable ( $\alpha = .76$ )

**Perceived Quality of Alternatives.** Participants completed the 5-item Quality of Alternatives subscale of the Investment Model Scale (IMS; (Rusbult, Martz, & Agnew, 1998). This subscale measures the degree to which the participant’s needs could be fulfilled in relationships other than that with the current partner (e.g., “If I weren’t dating my partner, I would do fine- I would find another appealing person to date”). Scores on each subscale represent the mean rating on a 7-point scale (1 = *Disagree Completely*; 7 = *Agree Completely*) across the five items. The IMS has shown good internal consistency and validity in multiple samples (e.g., Rusbult et al., 1998). In this sample, internal consistency was good ( $\alpha = .80$ ).

**Felt constraint.** Participants rated their agreement with three items: “I feel trapped in this relationship but I stay because I have too much to lose if I leave,” “I would leave my partner if it was not so difficult to do,” and “I feel stuck in this relationship” on a 7-point scale (1 = *Disagree Completely*; 7 = *Agree Completely*). This scale has demonstrated high internal consistency in

previous studies with cross-sex couples (Rhoades et al., 2010). In this sample, internal consistency was excellent ( $\alpha = .93$ ).

**Destructive couple conflict.** Participants rated the frequency of four negative conflict patterns on a 3-point scale (1 = *Never or almost never*; 2 = *Once in a while*; 3 = *Frequently*): “Little arguments escalate into ugly fights with accusations, criticisms, name-calling, or bringing up past hurts,” “My partner criticizes or belittles my opinions, feelings, or desires,” “My partner seems to view my words or actions more negatively than I mean them to be,” and “When we argue, one of us withdraws . . . that is, doesn’t want to talk about it anymore or leaves the scene.” This 4-item measure has previously demonstrated evidence of reliability and validity (e.g., Stanley, Markman, & Whitton, 2002; Whitton, Stanley, Markman, & Johnson, 2013). In the current sample, scores reflect the average ratings across the four items. Internal consistency was acceptable ( $\alpha = .67$ ).

**Relationship confidence.** Four items from the Confidence Scale (CS), developed by Stanley, Hoyer, and Trathen (1994), were used to measure individuals’ confidence in the future of their relationship. Participants rated their level of agreement with four items (e.g., “I believe we can handle whatever conflicts will arise in the future”) on a 7-point scale (1 = *Disagree Completely*; 7 = *Agree Completely*). The CS has demonstrated high internal consistency and evidence of construct validity within cross-sex couples (e.g., Whitton et al., 2007). In this sample, internal consistency was excellent ( $\alpha = .90$ ).

**Relationship Instability.** Relationship instability was measured using an adapted version of the Marital Instability Index (Booth, Johnson, & Edwards, 1983), a 4-item measure of proneness to breakup in intact couples, which was modified to be appropriate for nonmarried individuals. Respondents indicated the frequency of four thoughts and behaviors about ending

the relationship (e.g., “I have thought that my relationship might be in trouble, “My partner or I have seriously suggested the idea of ending our relationship”) on a 5-point scale (0 = *Never*; 4 = *Very Often*). Higher scores represent greater instability and are highly predictive of marital dissolution (Booth et al., 1985). In this sample, internal consistency was good ( $\alpha = .87$ ).

**Depressive Symptoms.** Depressive symptoms were assessed with the Center for Epidemiological Studies-Depression Scale (CESD; Radloff, 1977), which sums participant’s ratings of how often they experienced each of 20 symptoms in the past week (e.g., “I felt sad,” “I had crying spells”) on a 4-point scale (0 = *Rarely or none of the time*; 3 = *Most or all of the time*). The CESD has shown evidence of reliability and validity (e.g., Eaton & Kessler, 1981). In this sample, internal consistency was excellent ( $\alpha = .91$ ), and scores were normally distributed. Using 16 as a cutoff score (Derogatis, Lynn, & Maruish, 1999), 35 participants (17%) reported clinically significant symptom levels.

**Internalized Heterosexism.** Using the 7-item Sexual Identity Distress Scale (SID; Wright & Perry, 2006), participants rated their agreement with statements describing how they think and feel about their sexual orientation (e.g., “For the most part, I enjoy being gay/lesbian/bisexual”) on a 5-point scale (1= *Strongly Agree*; 5 = *Strongly Disagree*). After four items were reverse-scored so that higher scores represented more internalized heterosexism, all items were summed to create the total score. The SID has demonstrated good internal consistency and evidence of construct validity as a measure of internalized heterosexism in LGBT samples (Wright & Perry, 2006). In this sample, internal consistency was good ( $\alpha = .85$ ).

## Results

### Preliminary Analyses

Descriptive analyses indicated that the large majority of men participating in this study

reported monogamous sexual agreements (n = 163; 74%). Approximately one-fifth reported restricted nonmonogamy (n = 44; 20%) and only 6% (n = 12) reported open agreements.

Examination of the distributions of each variable indicated non-normality in several of the relationship and individual wellbeing variables. Specifically, dedication and confidence were negatively skewed, while felt constraint and internalized heterosexism were positively skewed. To address any potential problems associated with this non-normality, we transformed the scores on each of these variables using a logarithmic transformation and re-ran all analyses using the transformed scores, which met the assumptions of normality. Because the use of these transformed variables did not alter the results conceptually or statistically, for simplicity, we present results from analyses using untransformed scores. The different indicators of relationship health were moderately correlated  $|r| = .24-.65$  in expected directions, suggesting the appropriateness of examining them separately.

We next evaluated the need to control for several demographic variables that have previously been associated with sexual agreement type (e.g., higher rates of nonmonogamy observed in longer relationships and by men who have had more previous committed relationships; Bricker & Horne, 2007; Hosking, 2013) and individual wellbeing (e.g., evidence of age-related declines in mental health problems among gay and bisexual men; Bybee, Sullivan, Zielonka, & Moes, 2009). To assess difference by sexual agreement type, we used ANOVAs for continuous demographic variables and chi-square analyses for categorical demographic variables. The sexual agreement groups did not differ in race, ethnicity, age, income, sexual orientation, number of previous partners they had lived with, or relationship status (i.e., the proportion of individuals reporting a commitment ceremony); all  $ps > .10$ . (These demographic characteristics are described above, in the Participants section). There were, however, differences

by monogamy group in length of relationship; individuals who reported a monogamous sexual agreement had been in their relationship for a shorter time (Median relationship length was in the 5-6 years category) than had men in the two other groups (Median relationship length was in the 7-8 year range for both groups). Based on these findings, relationship length was included as a control variable in the primary analyses.

### **Primary Analyses**

Next, we tested for differences in each relationship characteristic and individual wellbeing variables by sexual agreement type, using analysis of covariance (ANCOVA) including relationship length as a covariate. For the first set of ANCOVAs, we used a 3-level factor for sexual agreement type (monogamous vs. restricted nonmonogamy vs. open). Pairwise comparisons using a Bonferroni correction were conducted to test for statistically reliable differences between groups. Next, because the number of men in open relationships was small ( $n = 12$ ), potentially limiting power to detect significant differences, we ran a second set of ANCOVAs using a 2-level factor for sexual agreement type (monogamous vs. all nonmonogamous), again controlling for relationship length. To interpret the magnitude of observed group differences, we used Cohen's  $d$  effect sizes, which indicate the degree of difference between groups in standard deviation units. Effect size  $d$ s were calculated as the difference between the adjusted group means divided by the square root of the Mean Square Error from an ANOVA comparing the groups without variance due to the covariate removed (Howell, 2010).

Table 1 displays the means for each sexual agreement group, adjusted for relationship length, and  $F$  values from the ANCOVAs. Five of the relationship variables- satisfaction, hostile conflict, felt constraint, confidence, and relationship instability- did not differ by sexual

agreement type in any of the analyses. It may be worth noting, however, that when the open and restricted nonmonogamy groups were combined, the resulting group reported marginally greater perceived instability in their relationship than did the monogamous agreement group ( $p = .06$ ). However, this was a small effect ( $d = .31$ ), and when the restricted nonmonogamy and open groups were considered separately, neither significantly differed from the monogamous group.

The most notable group differences were in perceived quality of alternatives to the relationship. Controlling for relationship length, men who had monogamous agreements with their partners reported poorer quality of alternatives than did men who had restricted nonmonogamy agreements ( $d = .91$ ; large effect), than did men who had open agreements ( $d = .87$ ; large effect), and than did the combined group of men with either type of nonmonogamous agreement ( $d = .90$ ; large effect). The restricted nonmonogamy and open groups did not differ from one another on quality of alternatives.

Results also indicated group differences in dedication commitment. Men with monogamous agreement relationships reported significantly higher dedication than men in open relationships ( $d = .86$ ; large effect) and marginally higher dedication than those with restricted nonmonogamy agreements ( $d = .24$ ; small effect;  $p = .09$ ). When compared to the combined nonmonogamy group ( $d = .41$ ; small effect), dedication was significantly higher in the monogamous group.

## **Discussion**

Overall, the pattern of findings that emerged in the data suggests that, in many ways, committed male same-sex relationships with nonmonogamous sexual agreements are highly similar to those with monogamous agreements. There were no differences in the majority of indices of relationship health, including self-reported relationship satisfaction, hostile conflict,

felt constraint, confidence in the relationship, and relationship instability. Neither were there differences in depressive symptoms or internalized heterosexism. Men in same-sex relationships with monogamous and nonmonogamous agreements alike, reported generally high levels of relationship satisfaction and confidence, along with low levels of destructive conflict, felt constraint, relationship instability, and depressive symptoms. These findings echo those of previous research suggesting that male same-sex couples who choose nonmonogamy can have satisfying, well-functioning relationships (Bricker & Horne, 2007; Hosking, 2013; LaSala, 2004) and be psychologically healthy (Kurdek & Schmitt, 1986; Parsons et al., 2011).

However, it was not the case that men in monogamous and nonmonogamous relationships were identical in all respects. Rather, results suggest that they differed dramatically in their perceptions of the quality of alternatives to their relationship. Men in relationships with agreements that allowed for sexual contact with other men reported significantly higher quality alternatives than did men with monogamous agreements. Interestingly, men in relationships with restricted nonmonogamy agreements did not differ from those in fully open relationships in perceived quality of alternatives. Perhaps engaging in sexual activity with other partners-- regardless of whether there are rules about what can and can not be part of that activity-- raises or maintains men's awareness of attractive alternate partners and of the pleasure involved in sexual activity outside the context of a committed relationship, thereby increasing the attractiveness of being single. It is important to note that, in these cross-sectional data, the higher quality of perceived alternatives to one's relationship observed in nonmonogamous, versus monogamous, men were not accompanied by less relationship satisfaction or confidence. In addition, relationship instability was only marginally higher in the nonmonogamous than the monogamous group. Nevertheless, there is a large body of literature indicating that higher

quality of alternatives is longitudinally associated with reduced commitment and increased break-up (Le & Agnew, 2003). This raises the possibility that nonmonogamous sexual agreements may, by increasing the perceived quality of alternatives to the relationship, ultimately undermine the long-term stability and health of relationships. Perhaps over time, the slightly greater instability of the nonmonogamous relationships will increase and ultimately manifest in higher break-up rates.

Consistent with this possibility, the findings suggest that nonmonogamous agreements may also be associated with lower levels of personal commitment, or dedication, to one's relationship than are monogamous agreements. In particular, the men with open agreements reported lower dedication than those with monogamous agreements, whereas men with restricted nonmonogamy agreements did not differ from either of the other two groups. In interpreting these results, it is important to note that they were largely driven by a relatively small number of men ( $n = 12$ ) with open agreements, so any conclusions drawn must be made with caution. Keeping that in mind, the results are consistent with those from another recent U.S. sample (Hoff et al., 2010), which indicated that agreed-upon sexual activity with other men was linked with less relationship commitment. Because commitment captures one's level of dedication to building and maintaining the relationship into the future, and is one of the most powerful predictors of whether couples stay together or break-up (e.g., Le et al., 2010), this finding again raises the possibility that non-exclusive sexual agreements may introduce potential liabilities to couples' long-term stability. Future research using longitudinal data is needed to explore this possibility, as well as to examine the direction of effects between quality of alternatives, commitment, and sexual agreement types. It is possible that having an agreement that allows for extradyadic sex raises perceived quality of alternatives, which reduces men's relationship

commitment. Alternately, men who are less committed to their partners and who perceive a higher quality of alternatives to the relationship- particularly in the form of attractive sexual partners- may be more likely to adopt nonmonogamous agreements so that remaining in their relationship does not prohibit them from sexual activity with those other men.

It is also interesting to note that although nonmonogamy was not associated with *poorer* couple functioning in terms of relationship satisfaction, conflict, confidence, or stability, it was also not associated with *better* functioning in these relationship domains. As such, the findings do not support the ideas expressed by some gay men that by allowing extradyadic sex, they can strengthen their relationship. In particular, monogamous and nonmonogamous agreements did not differ in felt constraint. Together with Hoff et al (2010)'s finding that perceived autonomy did not differ by sexual agreement type, these findings suggest that adopting a nonmonogamous agreement may not provide the greater perceptions of personal freedom or relief from feeling constrained by one's relationship that some men may expect (e.g., Adam, 2006). Of course, the lack of observed differences in mean levels of these relationship characteristics by sexual agreements type do not rule out that there is heterogeneity in the association between sexual agreement and relationship quality. It is possible that for some men or in some relationships, agreements that allow for extradyadic sex may be important to relationship and individual wellbeing, perhaps through safeguarding men's sense of autonomy and sexual freedom.

Though not an explicit focus of our study, we also explored whether there were demographic differences between men reporting different types of sexual agreements. Consistent with other recent studies (e.g., Bricker & Horne, 2007), these analyses yielded no evidence to suggest age differences in men reporting monogamous and nonmonogamous agreements. Older men were no more or less likely than younger men to have nonmonogamous agreements. This

runs counter to speculations that cohort effects exist (e.g., Bricker & Horne, 2007)—specifically, that older men follow relationship scripts more heavily influenced by gay culture whereas younger men, who grew up with greater societal acceptance, may feel less need for secrecy and may model their relationships more heavily on marriage. However, our data did indicate that monogamous relationships were of a significantly shorter duration than were nonmonogamous relationships of either type (i.e., restricted or non-restricted), as has been observed in a number of other studies (e.g., Adam, 2006; Hosking, 2013; Kurdek & Schmitt, 1986; Kurdek, 1988). These findings have led some to suggest that sexual exclusivity generally represents an initial “honeymoon” phase in male same-sex relationships (Blasband & Peplau, 1985), and that couples may transition into nonmonogamy in order to sustain their relationship long-term (Adam, 2006; Ramirez & Brown, 2010). Longitudinal studies that track couples’ sexual agreements over time are needed to directly test these speculations. It is worth noting, however, that in our sample, 68% of men in relationships of 9 or more years reported that their relationships were monogamous, suggesting that the majority of male same-sex relationships do not transition into nonmonogamy.

### **Strengths and Limitations**

Before turning to the implications of these findings, it is worthwhile to note the study’s strengths and weaknesses. One strength is the nationally recruited and geographically diverse sample that included participants from 45 states, with good proportions of the sample from different areas of the country. Although it was a convenience sample, and cannot be considered representative of the population as a whole, it may better capture the experience of U.S. men in same-sex relationships than have studies that recruited participants only in New York City or San Francisco (e.g., Hoff et al., 2010; Parsons et al., 2011). Including participants from non-coastal

regions that are more socially and politically conservative, which may inhibit men from being “out,” may be particularly important when studying sexual agreements, given that men in relationships with nonmonogamous agreements tend to be more “out” than those in monogamous relationships (Bricker & Horne, 2007). In addition, we captured a wide range of relationship characteristics important to couple success, using psychometrically strong measures, expanding our understanding of how sexual agreements are associated with important markers of relationship outcomes.

However, there were also several methodological limitations. First, the cross-sectional data prohibit conclusions about direction of effects. Although we were primarily interested in the effects of different couple agreements about sexual exclusivity on relationship quality and individual wellbeing, the data are equally supportive of models in which certain aspects of relationship functioning lead couples to adopt particular types of agreements. Similarly, internalized heterosexism can be conceptualized as a predictor of both relationship and individual functioning, rather than an index of well-being. Second, because we did not have data from both members of the couple, we were unable to assess discrepancy between partners in reported agreements, which has been associated with lower relationship quality, including trust, intimacy, investments, and attachment (Hoff et al., 2010). We also did not ask about extradyadic sexual behavior, which would have allowed us to determine whether men were abiding by their agreements of monogamy. Given that violations of monogamous agreements are associated with lower dyadic adjustment and satisfaction (LaSala, 2004), this is an important area for future study. Furthermore, because our measures of relationship quality and wellbeing, with the exception of internalized heterosexism, were not normed on or specifically developed for use with a gay male sample, they may be influenced by a heteronormative bias.

A significant limitation of this study was the small number of men ( $n = 12$ ) who reported open relationships, which reduces confidence in findings based on this group. Further, it limited our ability to compare men with fully open agreements versus those with restricted non-monogamy agreements, so that we were unable to powerfully evaluate whether having rules or restrictions to guide extradyadic sexual encounters is beneficial to the relationships or individual wellbeing of men in nonmonogamous couples. This is particularly unfortunate, given previous data suggesting that particular restrictions (i.e., allowing extradyadic sex only when the partner is present) may be linked with better sexual health and psychological wellbeing (Parsons et al., 2011). It is possible that the low number of men categorized as having open agreements in our study was related to our broad definition of restricted non-monogamy agreements (i.e., “We have rules about what we can and can not do with other men”); some men who endorsed restricted monogamy in this study might have classified themselves as having an open relationship if the other option had been restricted nonmonogamy defined more specifically. For example, two studies that classified men’s sexual agreements into three groups: monogamous, open, or allowing sex only in “three-somes” involving the partner, found higher rates of open agreements (22.4% in Parsons, 2011; 27% in Hosking, 2013). However, given that couples report a wide variety of specific rules governing their extradyadic sexual activity (e.g., disallowing sex with the same partner more than once, sex in the couple’s home, or any nonsexual relations; Hosking, 2013) it seems important not to limit the assessment of such rules. Future research should recruit sufficiently large samples to ensure adequate representation of men in open relationships, and aim to clarify the optimal strategies for distinguishing between different types of sexual agreements that may affect individual and couple outcomes.

## **Conclusions**

In contrast to popular assumptions that monogamy is necessary to a healthy relationship, these results suggest that the relationships of men who have negotiated nonmonogamous agreements are equivalent to those with monogamous agreements in many ways. The lack of observed differences in relationship satisfaction, conflict, confidence, and perceived stability by sexual agreement type adds to a growing literature suggesting that male same-sex relationships that adopt nonmonogamous agreements can be quite healthy and happy (e.g., Hoff, 2010; LaSala, 2004; Parsons, 2011). The data also yielded no evidence to support negative psychological effects of nonmonogamy; levels of depressive symptoms and internalized heterosexism did not differ between men in relationships with monogamous, restricted nonmonogamy, and open sexual agreements. As such, the results add to a growing body of literature challenging commonly accepted ideas about the connection between sexual exclusivity and relationship quality (e.g., Conley et al, 2012), particularly for gay men (e.g., LaSala, 2004). However, the data did also suggest that nonmonogamy may be associated with greater perceived alternatives to the relationship and somewhat lower commitment, which may lower barriers to relationship dissolution and ultimately raise couples' vulnerability to break-up.

As a whole, study findings underscore the importance of developing theoretical models of same-sex relationships that capture their uniqueness and do not assume universal equivalence with heterosexual relationships. Scholars should consider the range of sexual agreements present in male same-sex couples, which include monogamy, unrestricted non-monogamy, and a variety of agreements that places different restrictions on extradyadic sexual activity. The observed pattern of findings, in which men with non-monogamous agreements reported markedly higher quality relationship alternatives than did men with monogamous agreements, suggests the potential fruitfulness of using an interdependence framework (Kelley, 1979) to understand the

effects of non-monogamy. Specifically, grounded in this framework, future longitudinal research might focus on elucidating possible specific pathways from non-monogamy to relationship instability (i.e., possibly via enhanced quality of alternatives, but not through lowered satisfaction or investments).

Clinically, results suggest that clinicians should avoid evaluating the non-monogamous sexual agreements of male same-sex couples with heterosexist norms. Specifically, extradyadic sex cannot be assumed to reflect relationship dissatisfaction or even to be viewed by the couple as a relationship problem, given that around 25% of couples in this sample reported agreed-upon nonmonogamy and these couples were no less satisfied with their relationships. However, on the other hand, clinicians should also not assume that all male same-sex couples have open relationships. In this and several other recent samples (Bricker & Horne, 2007; Hoff, 2010; Hosking, 2013; Parsons et al., 2011), the majority of participants reported monogamous agreements with their partner. Thus, it is important to ask male clients who are in same-sex relationships about their sexual agreement rather than assuming either monogamy or non-monogamy. In addition, clinicians should be aware that non-monogamous sexual agreements are associated with not only risks to sexual health (Parsons, 2011) but also some risks for relationship breakup, most notably a relatively high quality of perceived alternatives to the relationship. That is, men whose agreements allow for extradyadic sex tend to think that their other options- including other potential partners- are more attractive and more attainable than do men with monogamous agreements. Such perceptions are a well-established predictor of relationship dissolution (e.g., Le & Agnew, 2003).

Clinicians can use these findings to inform their practice with gay men and male same-sex couples in several ways. Rather than describing non-monogamy agreements to clients as

either universally bad (according to a heteronormative framework), or as universally good (with gay-affirming intentions), it may be more helpful to describe the existing knowledge about how non-monogamy agreements may relate to couple wellbeing in a more nuanced fashion. In particular, clinicians can convey that they do not view sexual agreements through a heterosexist lens by openly and non-judgmentally raising the topic, and by first describing the consistent evidence that non-monogamous agreements are not associated with lower relationship satisfaction. Embedded in this context, a description of the particular risks associated with non-monogamy (i.e., of raising the perceived quality of alternatives to the relationship, which can raise risk of break-up, and of sexually transmitted infections) may be a particularly powerful way to motivate clients to negotiate and maintain clearly delineated restricted non-monogamy agreements designed to manage these specific risks. For example, to reduce the chances of an outside sexual partner becoming perceived as a high quality and viable alternative to the existing relationship, clinicians might recommend sexual agreements that explicitly prohibit repeated sexual encounters with the same individual or any non-sexual activities with outside sex partners. To reduce risks of sexually transmitted infections, clinicians might suggest the rule that all extradyadic sex involves condom use. Presenting such restrictions as strategies to protect the long-term stability of the relationship and the health of both partners may motivate couples with open agreements to adopt some rules regarding extradyadic sex, and may encourage couples with restricted non-monogamy agreements to refine or reinforce the specific restrictions that comprise their existing agreement. This type of sensitive and specific psychoeducation may also be helpful to single men and male couples who have not formed an agreement about monogamy, to guide their decision-making process as they construct future sexual agreements.

Table 1.

*Means of Relationship Characteristics and Individual Wellbeing by Sexual Agreement Type (N = 219).*

	Monogamous	Nonmonogamous			<i>F</i> tests of Group Differences	
	( <i>n</i> = 163)	Restricted ( <i>n</i> = 44)	Open ( <i>n</i> = 12)	All ( <i>n</i> = 56)	Monog. vs. Restricted vs. Open	Monog. vs. All Non-Monog.
<u>Relationship Characteristic</u>						
Satisfaction	16.73	16.31	15.74	16.19	0.76	1.22
Hostile conflict	1.47	1.47	1.37	1.45	0.36	0.11
Commitment	6.35 <sup>a</sup>	6.11	5.60 <sup>b</sup>	5.99 <sup>b</sup>	5.41*	7.24**
Quality of alternatives	2.79 <sup>a</sup>	3.82 <sup>b</sup>	3.78 <sup>b</sup>	3.81 <sup>b</sup>	16.24***	32.63***
Felt Constraint	1.44	1.53	2.02	1.64	1.86	1.47
Confidence	6.44	6.33	6.13	6.29	0.89	1.30
Instability	2.89	3.60	3.40	3.53	1.78	3.51 <sup>†</sup>
<u>Individual Wellbeing</u>						
Depressive symptoms	9.09	9.81	6.91	9.20	0.49	0.01
Internalized heterosexism	11.67	10.58	9.96	10.46	1.55	2.94

*Note.* All means are adjusted for relationship length. For *F*-tests comparing the three sexual agreement groups,  $df_{\text{numerator}} = 2$ ; for *F*-tests comparing two groups (monogamous vs. all nonmonogamous),  $df_{\text{numerator}} = 1$ ; all  $df_{\text{denominator}}$  vary from 204 to 218, depending on missing data on individual variables. \*\*\*  $p < .001$ , \*\*  $p < .01$ , \*  $p < .05$ . <sup>†</sup>  $p < .10$ . Means with different superscripts differ significantly from each other at  $p < .05$ , using the Bonferroni correction for multiple tests.

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