Beyond the Dyad: A Multifarious Examination of Diverse Relationship Structures

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Perhaps in an unconventional fashion, I would also like to share my gratitude for the constellation of moments in my life that have led me to this one. There is one core memory from my childhood that has intimately shaped the way I approach research, mentorship, and teaching. When I was on a middle school class trip, I found myself sitting on the thick carpeted floor of a hotel room in a circle with other girls. One girl, S, proceeded to offered candy to every single girl in the circle one by one – except me. S did not like me (and as the resident popular girl, her word was divine gospel), repelled by my inveterate "weirdness." I remember the piercing sting of rejection ringing throughout my whole body. It was a small, quiet moment in my life, but embedded in that interpersonal space was a formative otherization. In some ways, I will always carry that moment with me: that I will forever be just a girl sitting in a circle who wasn't offered any candy.

I had experienced this biting otherization throughout my childhood for a wide range of reasons, including my neurodivergence. I am fortunate that this systematic rejection swelled into a deep well of empathy, compassion, and tenderness for others. More importantly, it bloomed into a tremendous sense of outrage at perceived injustices, fomenting a lifelong persona as a firebrand. The work you read today is the culmination of that outrage. Yet, in the spirit of my grandparents, I have aimed to transform that outrage into love by celebrating the creativity, strength, and resilience that lie within otherness. And by the way, I discovered later in life that we all hold the power to build our own circles. But just remember the golden rule: always share your candy with everyone in the circle, especially if they're sitting on the edge.

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Abstract

Relationship psychology has historically privileged a worldview belonging to a narrow set of individuals who identify as White, affluent, heterosexual, cisgender, and monogamous couples. Recently, relationship science has begun to seriously attend to the diversity of relationship structures that exist across human nature, including consensual non-monogamy. Consensual non-monogamy (CNM) is an umbrella term referring to a broad relationship practice in which all individuals mutually agree that they can maintain multiple romantic, sexual, and/or intimate relationships concurrently. CNM includes open (i.e., individuals generally agree they can have extradyadic sexual encounters), swinging (i.e., couples engage in sexual partner swapping, often in party settings), and polyamorous (i.e., individuals broadly agree they can build multiple, committed, and long-term partnerships) relationships, including myriad other relationship structures. Nationally representative estimates have suggested that despite high levels of stigma, prejudice, and discrimination, more than 20% of individuals in the United States have engaged in CNM at some point across their lifespan. Moreover, the CNM community is considerably heterogeneous, as prior work has demonstrated that no differences emerge across race, education, income levels, or political affiliation among people who practice CNM. While research has found low levels of attachment insecurity (i.e., attachment dimensions of anxiety and avoidance) among individuals in CNM relationships, little work has investigated how discrete attachment bonds may interact and shape cross-relationship outcomes. Therefore, the first chapter explores attachment bonds among polyamorous individuals during lockdown orders during the COVID-19 pandemic who were both cohabiting with one partner and separated from a different partner. Attachment insecurity within a given relationship was linked to within-relationship satisfaction levels in addition to mental health outcomes. I also report a modest effect in which attachment anxiety to a separated partner predicted higher levels of commitment

to a cohabiting partner, which is the first empirical evidence that disparate attachment bonds within multiple relationships may dynamically interact. Additionally, despite extensive research underscoring the magnitude of stigma, prejudice, and discrimination CNM individuals endure, no research has yet tested whether inclusive pedagogy practices may function as viable CNM stigma reduction tools. Thus, in the second chapter, I address this gap by leveraging pre- and post-test data from my own Relationship Science classroom to demonstrate that a CNM-inclusive curriculum is linked to reductions in prejudice toward CNM alongside gains in classroom belonging and perceived relationship skills (e.g., conflict resolution) by the course's completion. Finally, in the third chapter, I present an intersectional overview of the way relationship scripts are critically shaped by sociocultural norms and power structures, including heteronormativity, cisnormativity, and mononormativity.

Chapter 1

Together and Apart: Dual Attachment Bonds to Cohabiting and Separated Partners Predict Relationship and Psychological Outcomes During COVID-19 Lockdowns

Abstract

During the COVID-19 pandemic, many people relied on romantic partners for support despite physical separation. This study expands the concept of a safe haven by examining how multi-partner attachment systems influenced intrapersonal (e.g., mental health) and interpersonal (e.g., relationship satisfaction, commitment) outcomes among people in at least two concurrent committed relationships during the COVID-19 pandemic. Specifically, 186 people practicing polyamory who were separated from one partner(s) and cohabiting with another partner(s) completed a survey during March to May of 2020. Analyses indicated that attachment anxiety and avoidance negatively predicted relationship satisfaction within each relationship with cohabiting and SPs. Attachment anxiety to both cohabiting and separated partners further predicted greater COVID distress. Attachment avoidance to a cohabiting partner negatively predicted COVID distress while attachment avoidance to a separated partner positively predicted COVID distress. One unique cross-relationship effect emerged; attachment anxiety to a separated partner predicted increased commitment to a cohabiting partner.

Together and Apart: Dual Attachment Bonds to Cohabiting and Separated Partners Predict Relationship and Psychological Outcomes During COVID-19 Lockdowns

Romantic relationships are considered powerful determinants of well-being, particularly during periods of distress (Shaver & Mikulincer, 2007). This robust link is underpinned by the attachment system, a regulatory mechanism that motivates individuals to seek proximity to trusted attachment figures for comfort in response to perceived threats. A *safe haven* establishes the reliable presence of an attachment figure who offers support during adversities. In early childhood, caregivers typically serve as a safe haven by providing psychological safety in times of distress (Bowlby, 1979). In adulthood, romantic partners often assume this role by fostering emotional regulation, psychological safety, and resilience during distress (Hazan & Shaver, 1994).

Relationship science has historically focused on attachment bonds within dyadic, monogamous relationships (Moors et al., 2015), but people in concurrent committed relationships may offer novel insight into safe haven mechanisms. Consensual non-monogamy (CNM) encompasses diverse relationship structures characterized by multiple, romantic, intimate, and/or sexual partnerships (Moors et al., 2013). Polyamory is a type of CNM in which people maintain multiple committed relationships (Moors et al., 2019), which offers a unique lens to examine how the attachment system under stress may 'spillover' by affecting another concurrent relationship (Mitchell et al., 2014). Specifically, spillover effects may arise when one relationship's dynamics influence a disparate relationship's outcomes (e.g., attachment security with a primary relationship is linked to higher relationship satisfaction with another partner).

We strove to better understand attachment dynamics and intrapersonal/interpersonal well-being outcomes in response to a large-scale, collective stressor: the first 10 weeks of the COVID-

19 pandemic. We explored the following questions with a sample of polyamorous people in two committed relationships (i.e., two safe havens) under lockdown: (a) how does an individual's attachment to a given partner (e.g., Partner 1) predict their own intrapersonal well-being (e.g., depression, generalized anxiety) and within-relationship outcomes (e.g., relationship satisfaction); (b) does an individual's attachment to one partner (e.g., cohabiting partner) influence their relationship satisfaction with another partner (e.g., non-cohabiting partner); and (c) how does the availability (i.e., cohabiting versus separated) of discrete attachment figures influence relationship outcomes (i.e., relationship satisfaction with cohabiting partner versus separated partner)? We aim to shed light on how individuals regulate interpersonal and intrapersonal functioning when multiple attachment systems are simultaneously activated by a significant stressor.

Attachment Dynamics and Activating the Safe Haven

An individual's ability to reliably access and sustain a safe haven is shaped by their attachment orientation (Selterman et al., 2019). People are oriented toward others in two primary ways: *avoidant attachment* (e.g., difficulty with dependence on others) and *anxious attachment* (e.g., feeling as though one's partner(s) does not love them; Shaver & Mikulincer, 2007). Secure individuals (low anxiety and avoidance) often deploy constructive coping strategies, promoting emotional regulation, resilience, and interdependence (McLeod et al., 2020). Highly securely attached individuals tend to offer support to distressed partners and appropriately seek support. Attachment insecurity (i.e., anxiety and avoidance) can undermine individuals' capacity to effectively provide support and seek out support. Highly avoidant individuals often engage in deactivating strategies in response to distress by maximizing psychological distance from their partners. These individuals may both withdraw from partners under stress and fail to offer

support. Conversely, highly anxious individuals often employ hyperactivating coping strategies to reestablish contact with romantic partners, often escalating emotional dysregulation. Moreover, highly anxious individuals may engage in compulsive caregiving in response to perceived partner distress, potentially overburdening their partners.

Prior work has demonstrated that attachment dynamics within polyamorous relationships replicate monogamous couples' patterns. For instance, anxiety and avoidance predict negative relationship outcomes (e.g., low satisfaction, low commitment; Flicker et al., 2021; Moors et al., 2019). However, people who practice polyamory report *lower* attachment insecurity (with multiple partners) than monogamous couples. This population may be unusually securely attached, which could help buffer stress. Additionally, the attachment bond with one partner does *not* affect relationship quality outcomes in a separate committed relationship (Moors et al., 2019). While Moors et al. (2019) posited that people in multi-partner relationships likely discretely cognitively organize their relationships (i.e., one partner does not influence a disparate relationship), this study did not examine attachment dynamics under stress. Therefore, cross-effects may arise when significant stress, like the COVID-19 pandemic, occurs.

While attachment processes have been widely studied in response to individual stressors (e.g., illness, Fraley et al., 2021; Porter et al., 2012), less is known about how they operate under collective stressors simultaneously affecting multiple partners. The COVID-19 pandemic represents this unique context, disrupting access to attachment figures while likely intensifying distress across relationships. Unlike individual stressors, which typically affect one partner more directly or disproportionately (e.g., medical diagnosis), collective stressors (e.g., natural disaster) are more likely to exert effects across all partners simultaneously. In the present paper, we expand attachment theory by investigating how two attachment bonds function to promote (or

hinder) intra- and inter-personal outcomes under a collective stressor: the first 10 weeks of the COVID-19 pandemic.

The COVID-19 pandemic in March 2020 marked a global collective stressor that amplified psychological distress, elevating rates of generalized anxiety disorder (GAD) and depression compared to pre-pandemic benchmarks (Twenge & Joiner, 2020). COVID may have exacerbated mental health symptoms due to stay-at-home orders, which restricted movement except for essential purposes and inadvertently severed access to social support networks (Tull et al., 2020). In the context of polyamorous relationships, lockdown mandates often rendered one partner physically inaccessible (*separated partner*) and another physically accessible (*cohabiting partner*). The absence of physical contact may amplify ongoing distress during lockdown orders, given its integral role in regulating an activated attachment system (Burleson et al., 2022). Consequently, an activated attachment system to a separated partner (SP) may be under greater strain than the attachment system to a cohabiting partner (CP).

Conceptual work applies an attachment lens to heightened pandemic-related fear and threat responses, framing COVID-19 as a large-scale attachment-activating context (Steele, 2020). Empirical work has linked attachment security with several positive outcomes during lockdown orders globally, including enhanced intrapersonal functioning (e.g., lower anxiety and depression; Vismara et al., 2022) and interpersonal functioning (e.g., higher relationship satisfaction; Vowels et al., 2023). Across diverse populations—including in Israel, Romania, Italy, China, Iran, and Singapore—studies have consistently associated attachment insecurity, particularly anxiety, with heightened psychological distress, loneliness, and COVID-19–related anxiety (Adar et al., 2022; Hopulele-Petri et al., 2023; Ierardi et al., 2024; Infortuna et al., 2025; Khorrami et al., 2022; Samraj et al., 2023). Moreover, in monogamous relationships, CPs

reported higher relationship quality and well-being than SPs, who experienced elevated stress and loneliness during the pandemic (Hopf et al., 2022). These parallel contexts offer a valuable opportunity to investigate whether cross-relationship effects emerge among people who practice polyamory when attachment systems are under prolonged distress. Collectively, this body of work underscores the generalizability of attachment-based processes under pandemic conditions while offering a robust theoretical foundation for our predictions.

Aims and Hypotheses

We aimed to evaluate how concurrent attachment bonds to a CP and an SP may uniquely predict intrapersonal (i.e., anxiety, depression, COVID distress) and interpersonal outcomes (i.e., relationship satisfaction, commitment) among people in multi-partner relationships during an acutely stressful event.

Relationship Quality Outcomes

We examined whether outcomes differed between CPs and SPs. Based on prior CNM research showing greater satisfaction and commitment with primary versus secondary partners (Balzarini et al., 2017; Conley et al., 2017), we expected higher attachment security, satisfaction, and commitment with cohabiting (likely primary) partners. We hypothesized that the anxiety–satisfaction association would be stronger for SPs, as abrupt separation could heighten anxiety and undermine relationship quality. Conversely, we predicted the avoidance–satisfaction association would be stronger for CPs, as forced contact under lockdown may be distressing for highly avoidant individuals.

We also considered *within- and cross-relationship effects on relationship quality*, such as a spillover effect wherein attachment with one partner affects a separate relationship's outcomes. First, based on prior research suggesting that individuals high in attachment avoidance engage in

deactivating strategies (Shaver & Mikulincer, 2007), we hypothesized that avoidance would only predict within-relationship outcomes. Second, we predicted that anxiety to CPs would also only predict within-relationship outcomes. Finally, we explored whether attachment anxiety to an SP may "spillover" into relationship satisfaction and commitment to *both* CPs and SPs. Although Moors et al. (2019) did not observe any cross-relationship effects, our study investigates a novel context in which lockdown orders may have globally activated attachment mechanisms toward an SP, thereby producing potential spillover effects.

Intrapersonal Wellbeing Outcomes

For *intrapersonal well-being outcomes*, we hypothesized that avoidance to a CP would predict greater COVID distress than avoidance to an SP. Given that attachment anxiety is mitigated by reliable access to the attachment figure (Shaver & Mikulincer, 2007), we hypothesized that anxiety to an SP would predict greater COVID distress, GAD, and depression than anxiety to a CP.

Methods

Participants and Sample Characteristics

A total of 869 people in diverse relationship configurations (e.g., monogamy, polyamory, open relationships) in the United States completed a 20-minute survey between March and May of 2020. Individuals were recruited via community listservs and social media (e.g., Reddit, Facebook) and were not monetarily compensated. Participants reported on demographic, individual, and partner-specific measures for up to five partners. This study focuses on the 186 participants in polyamorous relationships with one CP and one SP. Post hoc power analysis using G*Power (Faul et al., 2007) indicated that our sample size of 186 afforded 80% power (at

α = 0.05) to detect small-to-medium effects of $f^2 = 0.07$ or larger. For comprehensive demographic details, please see

Table *1* and **Table 2**.

Measures

Adult Attachment

The Experiences in Close Relationships-Short (12-items; ECR-S; Wei et al., 2007) assessed attachment avoidance (e.g., "I am nervous when my partner gets too close to me") and anxiety (e.g., "My desire to be very close sometimes scares people away"). Items were rated on a 7-point Likert scale (1 = *Strongly disagree* to 7 = *Strongly agree*). For both partners, anxiety (α_{CP}= .74; α_{SP}= .75) and avoidance subscales (α_{CP}= .76; α_{SP}= .77) had high internal reliability.

Relationship Satisfaction

The 4-item Couples Satisfaction Index (CSI; Funk & Rogge, 2007) assessed romantic satisfaction for each partner (e.g., "Please indicate the degree of happiness in your relationship"). Items were scored on either 6- or 7-point Likert scales (1 = *Strongly disagree* to 7 = *Strongly agree*) and summed to produce a composite score ranging from 0 to 21; α_{CP}= .93; α_{SP}= .91.

Commitment

Commitment was assessed using a single-item measure asking, "How committed are you to this relationship?" (Moors et al., 2019), which was rated on a 7-point scale (1 = *Not very committed* to 7 = *Very committed*).

COVID Distress

The COVID Distress Scale captured pandemic-related distress (opposed to clinical symptomatology; 2-items; Conway et al., 2020). Items included: "I have become depressed because of the Coronavirus" and "The Coronavirus outbreak has impacted my psychological

health negatively." Responses were provided on a 7-point scale (1 = *Strongly disagree* to 7=*Strongly agree*); α = 0.70.

Generalized Anxiety Disorder (GAD-7)

The Generalized Anxiety Disorder scale (8-items; Spitzer et al., 2006) assessed the frequency of anxiety symptomatology over the last week (e.g., "During the past week, how often did you feel…nervous, anxious, or on edge?"). Each item is based on a 4-point scale (0 = *Not at all sure* to 3 =*Nearly every day*). GAD-7 scores range from 0 to 21, with summed scores of 10 or higher indicating clinical significance; α = 0.89.

Depression (PH-Q)

The PH-Q scale (10-items; Kroenke et al., 2001) evaluated the frequency of depression symptomatology (e.g., "During the past week, how often did you feel…tired or have little energy"). Responses were provided on a 4-point scale (0 = *Not at all sure* to 4 = *Nearly every day*). PH-Q scores range from 0 to 27, with summed scores of 10 or higher indicating clinical significance; α = 0.88.

Results

Relationship Quality Outcomes

Descriptive Analyses, Correlations, and Paired Sample T-Tests

We used the open-source software, Jamovi[1], to compute descriptive statistics, correlations, and paired-sample *t*-tests. Consistent with prior CNM research (Moors et al., 2019), participants reported generally low attachment anxiety and avoidance. As predicted, participants reported significantly lower levels of insecurity toward CPs (M_{Anxiety} = 2.68, *SD* = 1.19; $M_{\text{Avoidance}}$ = 1.80, *SD* = 0.86) than SPs (M_{Anxiety} = 2.97, *SD* = 1.29; $M_{\text{Avoidance}}$ = 2.57, *SD* = 1.11).

[1] No code is available because Jamovi does not require syntax.

These differences were small for attachment anxiety ($d = -0.19$) and moderate for attachment avoidance ($d = -0.56$). T-tests confirmed our hypothesis, revealing that relationship satisfaction and commitment were moderately high overall but significantly higher with CPs ($M_{Satisfaction}$ = 3.99, SD = 0.93; $M_{Commitment}$ = 6.54, SD = 0.93) than SPs ($M_{Satisfaction}$ = 3.58, SD = 0.88; $M_{Commitment}$ 5.47, SD = 1.49). These effects were small-to-moderate for satisfaction (d = 0.32) and moderate for commitment (d = 0.60); see **Table 4**.

Within-Relationship Effects

We conducted two-step linear regressions in Jamovi for each partner to test whether attachment insecurity predicted satisfaction and commitment. Step 1 included anxiety and avoidance within the focal relationship (e.g., CP), and Step 2 added insecurity with the other partner (e.g., SP). All predictors were mean-centered.

Results offered partial support for our hypotheses; replicating prior within-relationship effects (Moors et al., 2019), higher attachment anxiety and avoidance predicted lower satisfaction within each relationship while controlling for insecurity with the other partner; see **Table 5** and

Table *6*. Across both satisfaction models, attachment processes within the focal relationship accounted for the majority of explained variance; adding attachment insecurity toward the other partner did not improve model fit (ΔR^2s $\leq$ .009, ps $\geq$ .20). Only avoidance negatively predicted commitment across both partners (replicating Etcheverry et al., 2013). Contrary to predictions, neither the attachment anxiety–satisfaction association [(r = -0.40 vs. -0.36), z = -0.45, p = .655] nor the avoidance-satisfaction association [(r = -0.65 vs. -0.65), z = 0.00, p = 1.000] differed between partners.

Relationship Cross-Effects

These analyses partially supported our hypotheses. As expected, cross-relationship attachment anxiety correlated ($r = .25$, $p < .001$), whereas avoidance showed no cross-partner association; see **Table 3**. Aligned with our hypothesis, no cross-effects emerged between avoidance and relationship outcomes. Contrary to our hypothesis, there were no cross-effects between anxiety to an SP and relationship satisfaction to a CP. However, partially confirming our hypothesis, anxiety toward an SP uniquely predicted greater commitment to the CP ($\beta = 0.12$, $SE = 0.04$, $t = 2.09$, $p = .04$); see **Table 5**. Attachment to the SP accounted for a small but significant increment in variance in commitment to the CP ($\Delta R^2 = .030$, $p = .02$).

To further probe this cross-effect, we tested whether COVID distress mediated the link between anxiety toward SPs and commitment to CPs. We hypothesized that COVID distress stemming from anxiety toward an SP would intensify emotional investment in a more proximal CP. The direct effect was nonsignificant, which is consistent with the nonsignificant bivariate association between anxiety toward a SP and commitment to a CP and the modest magnitude of the corresponding regression effect at $p = .04$. Nevertheless, the indirect effect through COVID distress was statistically reliable, suggesting that the association between SP anxiety and CP commitment may be operating through COVID distress. However, this was a modest effect, with anxiety toward an SP accounting for approximately 3% of the variance in commitment to a CP; see **Figure 1**. A parallel model testing anxiety as a mediator between COVID distress and commitment to SPs was nonsignificant; see **Figure 2**.

Wellbeing and Mental Health Individual-Level Outcomes

COVID Distress

Individuals reported moderately high mean levels of COVID distress, replicating early pandemic findings (Twenge & Joiner, 2020). As predicted, attachment anxiety toward SPs

correlated more strongly with COVID distress than anxiety toward CPs [(r = 0.35 vs. 0.16), z = -2.08, p = 0.04]. Contrary to our hypothesis, greater avoidance to CPs predicted lower distress (β = -0.27, SE = 0.12, t = -3.90, p < .001). The full model accounted for nearly 20% of the variance (R^2 = .195), indicating that attachment dynamics were more predictive of COVID-specific distress than depression and GAD.

Depression and Generalized Anxiety Disorder (GAD)

Participants reported elevated rates of clinically significant GAD (40.1%) and depression (57%) compared to general COVID-19 estimates for GAD (21–30.8%) and depression (22.1–24.9%; Shevlin et al., 2022; Twenge & Joiner, 2020). Although minority stress was not directly assessed, these elevated rates could, in part, reflect minority stress processes (Meyer & Frost, 2013) associated with marginalized CNM relationship statuses and/or sexual identities alongside other minoritized identities (Borgogna et al., 2021; Fallahi et al., 2022).

Only attachment anxiety toward both partners correlated positively with GAD (r_{CP} = .25, p < .001; r_{SP} = .20, p < .01), whereas avoidance was unrelated (see **Table 3**) which diverges from prior findings linking avoidance to GAD (Marganska et al., 2013). Contrary to our hypothesis, attachment anxiety to CPs (β = 0.23, SE = 0.36, t = 3.09, p = .002) was a stronger predictor of GAD than anxiety to SPs (β = 0.10, SE = 0.04, t = 2.06, p = .047); see **Table 7**. Collectively, attachment variables accounted for a modest proportion of variance in generalized anxiety symptoms (R^2 = .089). Inconsistent with our hypothesis, anxiety toward CPs also predicted higher depression (β = 0.16, SE = 0.45, t = 2.06, p = .04), whereas avoidance did not. The model explained a relatively small proportion of variance in depressive symptoms overall (R^2 = .047).

Discussion

By examining how dual safe haven mechanisms influence interpersonal (e.g., relationship satisfaction) and intrapersonal processes (i.e., COVID distress, anxiety) in response to a collective stressor, we expand attachment science in several ways. Given that attachment anxiety demonstrated modest cross-partner consistency—and avoidance demonstrated no consistency—our findings could encourage future researchers to explore whether attachment may function more as a *partner-specific mechanism* (i.e., a situational schema bound to one relationship) than an *individual difference* (i.e., a stable schema that people bring into relationships). Although attachment theory has long framed orientations as enduring traits (Brennan et al., 1998), our findings highlight the need to further disentangle dispositional from partner-specific processes.

Prior research draws on mononormative paradigms (i.e., exclusively monogamous, dyadic, and longitudinal designs) that ask individuals to report their attachment styles within a single long-term relationship. This approach introduces a conceptual paradox: without a comparative relational context, how can researchers determine whether attachment patterns are dispositional traits individuals bring into relationships or emergent properties of ongoing, partner-specific dynamics? Polyamory offers a new paradigm for studying attachment, as it often involves multiple long-term, intimate partnerships that facilitate robust comparative analyses. Given that polyamory fosters higher commitment, satisfaction, and trust than other CNM styles (Conley & Piemonte, 2021), multiple attachment bonds are likely to emerge.

We hope that our preliminary results inspire future researchers to investigate whether attachment could be conceptualized as both intrapersonal and interpersonal processes: individuals may possess dispositional attachment tendencies that are shaped by unique partner-specific contexts. We encourage future research to employ polyamorous frameworks to further clarify the complexities underlying attachment mechanisms. Moreover, if the aim is to advance

understanding of novel multi-partner processes, scholars may not need to position monogamy as a comparative "control group." While comparative frameworks are informative in certain contexts (e.g., identifying how relationship norms shape access to resources, recognition, or institutional support), monogamy should not be presumed to serve as a neutral baseline in which CNM relationship dynamics are expected to "measure up" (Moors et al., 2025). Because operationalized monogamy cannot illuminate multi-partner mechanisms, the present study deliberately centers a polyamorous sample.

Second, the modest cross-effect between anxiety toward a SP and commitment to a CP—indirectly operating through COVID distress—represents a preliminary finding that warrants replication across various stressors. One possible theoretical interpretation draws on Murray and Holmes' (2009) motivation–management model of mutual responsiveness, which posits that individuals regulate commitment by selectively investing in relationships that are perceived as viable when alternatives are constrained. In the context of pandemic lockdowns, structural restrictions may have elevated cohabiting relationships as the focal relational context while simultaneously limiting engagement with SPs, thereby channeling emotional investment toward CPs under conditions of heightened threat and uncertainty. Consequently, heightened anxiety toward an SP may have increased vulnerability to COVID-related distress, which was then associated with greater commitment to the accessible CP. Due to the modest magnitude of this indirect cross-relationship effect, future research could examine whether similar spillover patterns emerge in response to varied stressors (e.g., medical diagnosis). Additional work can further clarify whether anxiety more likely operates as a global system (i.e., capable of influencing discrete relationship outcomes) given that avoidance did not produce cross-relationship effects in our sample.

Notably, our sample was situated in a novel relational context in which distinct attachment paradigms (i.e., cohabiting versus separated) may differentially shape relationship outcomes. Our mediation findings suggest that distress related to an unavailable attachment figure may heighten vulnerability to external stressors, which in turn redirects commitment toward accessible partners. During the pandemic, physical separation may have heightened activation of the attachment system toward the SP, producing a modest spillover effect.

Third, our results highlight the role of attachment in distress regulation. Contrary to our expectations, avoidance to a CP predicted lower overall COVID distress. While avoidance is reliably associated with negative outcomes (e.g., relationship satisfaction), it may offer protective benefits amidst adversity (Ein-Dor et al., 2010). For instance, Moccia et al. (2020) found that both secure and avoidant attachment styles buffered negative psychological outcomes during the COVID-19 pandemic among an Italian population, theorizing that highly avoidant individuals may be more self-sufficient and, thus, more comfortable with self-isolation. However, this unique effect in our sample emerged only with CP avoidance, which may reflect deactivating strategies (e.g., lower tendency for negative rumination) enacted by highly avoidant individuals. These mechanisms may theoretically attenuate stress, at least temporarily, by reducing fixation on uncontrollable problems (Overall et al., 2022). Conversely, highly anxious individuals may experience heightened stress from ruminating on their partners' wellbeing.

Additionally, our surprising findings that attachment anxiety to a CP predicted higher rates of GAD suggest that individuals may be more likely to exhibit anxiety symptoms around an accessible partner. A CP may offer a physically accessible safe haven for this individual to express and process their distress. These findings suggest that anxiously attached individuals

may be more vulnerable to distress during collective stressors, particularly with accessible partners.

One notable limitation is that our findings may only reflect the COVID-19 period. Moreover, the present study is a cross-sectional design, which is why future research should longitudinally explore whether multi-partner cross-relationship effects may emerge in response to differential contexts. Our study also only utilizes individual-level data, which is why we encourage researchers to consider examining network-based attachment phenomena (i.e., collecting data across members of a CNM network).

While our sample was predominantly sexual minority individuals, this sample lacked race and income diversity, which erodes the generalizability of relationship science insights (McGorray et al., 2023). People from varied backgrounds, including race, socioeconomic status, religion, and political affiliation, practice CNM (Haupert et al., 2017). Considering many CNM individuals also belong to other minority communities (e.g., LGBTQIA2S+), future research should adopt an intersectional methodology to examine minority stress CNM individuals face across multiple identity axes (Moors et al., 2013).

This research demonstrated, for the first time, how multi-partner attachment systems under stress predicted both partner-specific relationship outcomes and individual mental health outcomes across disparate relationship contexts (i.e., CP versus SP). This study extends attachment theory by demonstrating within-relationship effects and one modest cross-partner indirect effect, underscoring the complexity of how multi-partner attachment systems function during collective stress. Furthermore, these findings highlight the regulatory function of attachment and the psychological flexibility individuals may deploy when operating under

constrained conditions. Our study illustrates that relationship scientists should explore how multi-attachment systems interact across diverse contexts.

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Table 1. *Demographic Table*

Baseline Characteristic	% / M (SD)
Gender	
Women	63
Men	18
Transgender (Transmen/Transwomen/Nonbinary)	7
Nonbinary Umbrella	11
Relationship Status	
Single	27
Married/Partnered	67
Other/Declined	6
Race/Ethnicity	
White	81.1
Multiracial	7.5
Black	4.9
Latinx	3.8
Asian/Pacific Islander	2.2
Native American	0.05
Annual Income	
<$30,000	27.4
$30,000–$49,999	17.2
$50,000–$69,999	22.5
$70,000–$89,999	12.0
≥$90,000	16.6
Declined to share	4.3
Continuous Demographic Variables	
Age	36.5 (9.1)
Number of partners	2.67 (0.94)
Relationship years (CP)	10.1 (8.89)
Relationship years (SP)	2.1 (2.84)

Table 2. *Demographics by Gender and Sexuality*

Gender	Bi/Pansexual (%)	Heterosexual (%)	Queer (%)	Lesbian (%)	Gay (%)
Women	71	18	9	2	—
Men	26	62	15	—	3
Trans*	46	—	1	15	1
Nonbinary	62	0.05	29	0.05	—
Overall sample	60.2	24	12	2.6	1.1

Note. Dashes (—) represent zero. Our sample size estimates align with previous findings that most CNM individuals identify as sexual minorities (Haupert et al., 2017).

Table 3. *Correlations, Means and Standard Deviations for Attachment, Relationship Quality, and Intrapersonal Wellbeing Variables*

	1	2	3	4	5	6	7	8	9	10	11	*N*	Mean	SD
1. Anxiety (CP)	-											186	2.68	1.19
2. Avoidance (CP)	0.25***	-										186	1.80	0.86
3. Anxiety (SP)	0.25***	0.03	-									186	2.97	1.29
4. Avoidance (SP)	0.11	0.01	0.16*	-								186	2.57	1.11
5. Satisfaction (CP)	-0.4***	-0.65***	-0.09	0.06	-							186	3.99	0.93
6. Satisfaction (SP)	-0.07	0.04	-0.36***	-0.65***	-0.01	-						186	3.58	0.88
7. Commitment (CP)	-0.12	-0.59***	0.13	0.12	0.64***	-0.13	-					184	6.54	0.93
8. Commitment (SP)	-0.02	0.10	0.06	-0.58***	-0.11	0.62***	-0.02	-				184	5.47	1.49
9. COVID Distress	0.16*	-0.23**	0.35***	0.05	0.12	-0.13	0.30***	0.09	-			182	4.64	1.50
10. GAD	0.25***	-0.01	0.20**	0.04	-0.06	-0.11	0.07	0.04	0.49***	-		186	9.91	5.67
11. Depression	0.17*	-0.01	0.13	0.11	-0.07	-0.14	0.03	0.05	0.38***	0.65***	-	185	11.85	6.89

Note. CP refers to cohabiting partner while SP refers to separated partner. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 4. *Paired Sample T-tests Across Cohabiting and Separated Partners*

	t	*df*	*p*	*Mean difference*	*SE difference*	*Cohen's d*
Anxiety	-2.60	185.00	0.01	-0.29	0.11	-0.19
Avoidance	-7.60	185.00	<.001	-0.78	0.10	-0.56
Satisfaction	4.27	183.00	<.001	0.41	0.10	0.32
Commitment	8.23	185.00	<.001	1.07	0.13	0.60

Table 5. *Multiple Regression Analyses Predicting Cohabiting Partners' (CP) Outcomes*

Predictors	Commitment to Cohabiting Partner[a]					Satisfaction to Cohabiting Partner[b]				
	β	*SE*	*B*	*t*	*p*	β	*SE*	*B*	*t*	*p*
Step 1										
Anxiety (CP)	0.03	0.05	0.02	0.47	0.64	-0.26	0.04	-0.2	-4.7	<.001
Avoidance (CP)	-0.59	0.07	-0.64	-9.58	<.001	-0.59	0.06	-0.63	-10.64	<.001
Step 2										
Anxiety (CP)	-0.02	0.05	-0.01	-0.26	0.8	**-0.26**	**0.04**	**-0.2**	**-4.6**	**<.001**
Avoidance (CP)	**-0.59**	**0.07**	**-0.63**	**-9.63**	**<.001**	**-0.59**	**0.06**	**-0.63**	**-10.65**	**<.001**
Anxiety (SP)	**0.12**	**0.04**	**0.09**	**2.09**	**0.04**	-0.04	0.04	-0.03	-0.65	0.52
Avoidance (SP)	0.11	0.05	0.09	1.76	0.08	0.09	0.05	0.08	1.74	0.08

[a]Overall model: $F(4,179) = 43.4$, $p < .001$

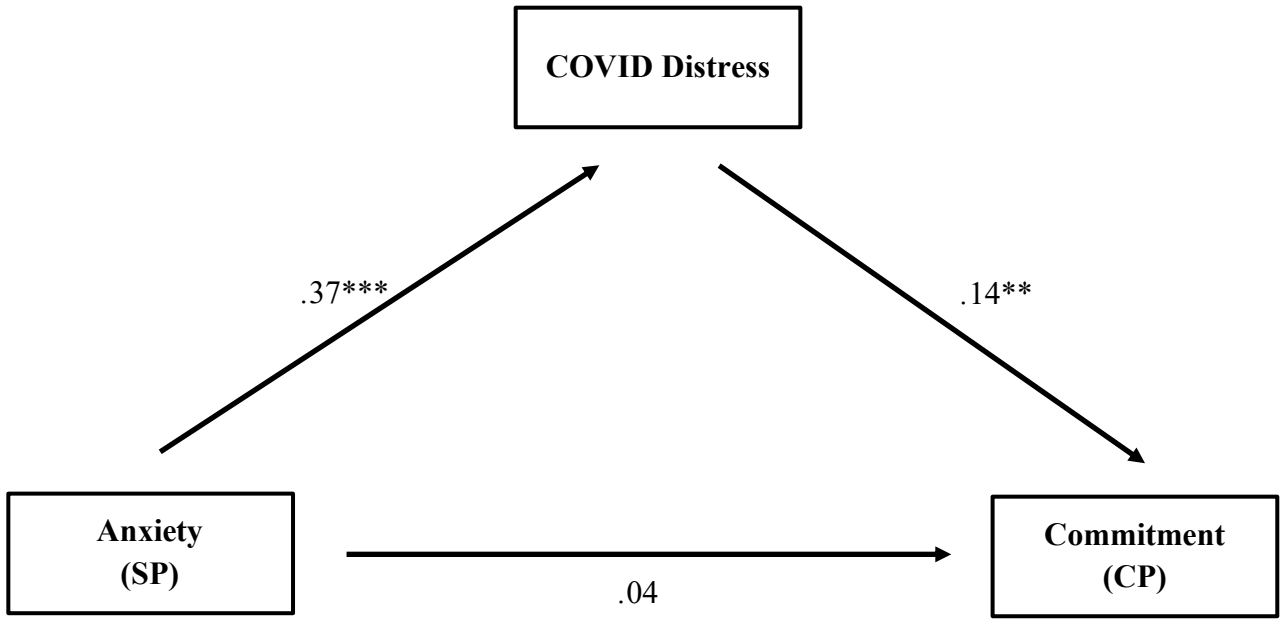
[b]Overall model: $F(4,181) = 27.0$, $p < .001$

Table 6. *Multiple Regression Analyses Predicting Separated Partners' (SP) Outcomes*

Predictors	Commitment to Separated Partner[a]					Satisfaction to Separated Partner[b]				
	β	*SE*	*B*	*t*	*p*	β	*SE*	*B*	*t*	*p*
Step 1										
Anxiety (SP)	0.16	0.07	0.18	2.61	0.01	-0.27	0.04	-0.19	-5.08	<.001
Avoidance (SP)	-0.61	0.08	-0.82	-10.13	<.001	-0.61	0.04	-0.49	-11.44	<.001
Step 2										
Anxiety (SP)	**0.16**	**0.07**	**0.18**	**2.6**	**0.01**	**-0.29**	**0.04**	**-0.19**	**-5.14**	**<.001**
Avoidance (SP)	**-0.61**	**0.08**	**-0.82**	**-10.12**	**<.001**	**-0.61**	**0.04**	**-0.49**	**-11.45**	**<.001**
Anxiety (CP)	-0.03	0.08	-0.03	-0.4	0.69	0.05	0.04	0.04	0.88	0.57
Avoidance (CP)	0.11	0.11	0.19	1.77	0.08	0.03	0.06	0.03	0.58	0.38

[a]Overall model: $F(4,181) = 26.9$, $p < .001$
[b]Overall model: $F(4,179) = 44.8$, $p < .001$

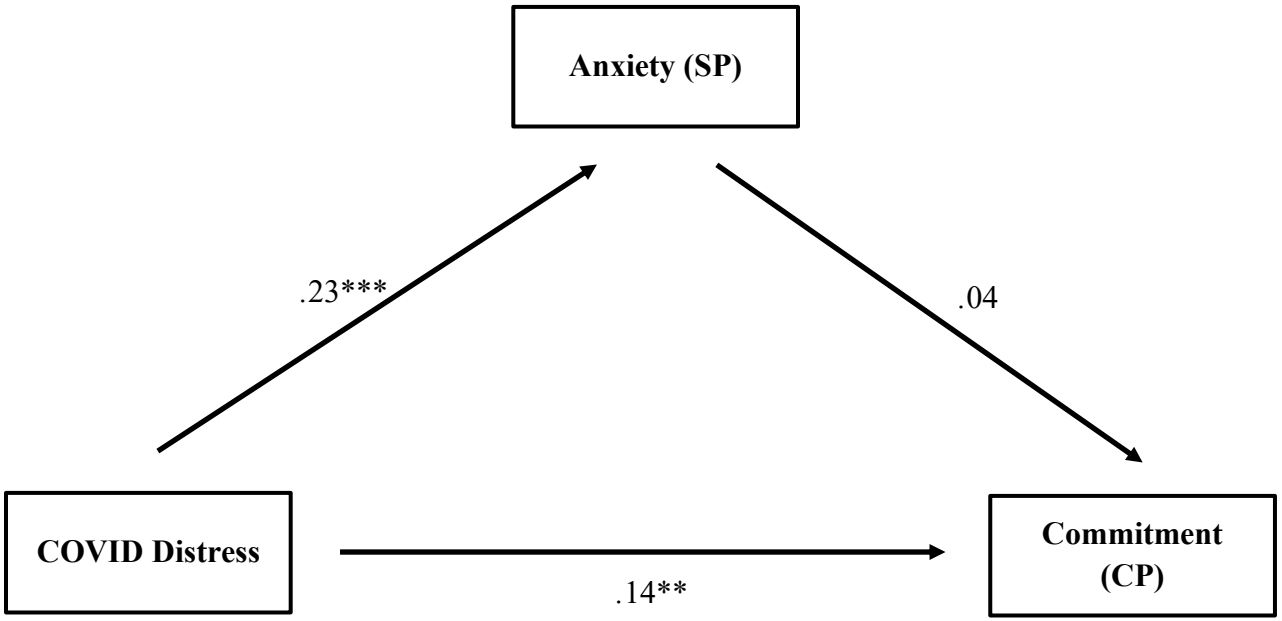
Figure 1. *COVID Distress as a Mediator*



Note. Figure 1 illustrates that COVID distress mediates the effect of anxiety to a separated partner (SP) on commitment to a cohabiting partner (CP). The indirect effect is significant ($p = .01$); both the direct ($\beta = 0.06$, $SE = 0.05$, $Z = 0.74$, $p = .46$) and total effects ($\beta = 0.14$, $SE = 0.05$, $Z = 1.72$, $p = .09$) were non-significant.

$^{**}p < .01$, $^{***}p < .001$.

Figure 2. *Anxiety to a Separated Partner (SP) as a Mediator*



Note. Figure 2 shows that anxiety to a separated partner (SP) does not significantly mediate the effect of COVID Distress on commitment to a cohabiting partner (CP). The total and direct effects remain significant, but the indirect path is nonsignificant, suggesting no mediation ($\beta = 0.02$, $SE = 0.12$, $Z = 0.73$, $p = 0.46$).

$^{**}p < .01$, $^{***}p < .001$.

Table 7. *Multiple Regression Analyses Predicting Intrapersonal Wellbeing Variables*

Predictors	COVID Distress[a]					Generalized Anxiety Disorder[b]					Depression[c]				
	β	*SE*	*B*	*t*	*p*	β	*SE*	*B*	*t*	*p*	β	*SE*	*B*	*t*	*p*
Anxiety (CP)	**0.16**	**0.09**	**0.20**	**2.16**	**0.03**	**0.23**	**0.36**	**1.11**	**3.09**	**0.002**	**0.16**	**0.45**	**0.93**	**2.06**	**0.04**
Avoidance (CP)	**-0.27**	**0.12**	**-0.47**	**-3.90**	**<.001**	-0.11	0.48	-0.46	-0.95	0.35	-0.05	0.60	-0.42	-0.70	0.49
Anxiety (SP)	**0.32**	**0.08**	**0.37**	**4.50**	**<.001**	**0.10**	**0.04**	**0.65**	**2.06**	**0.05**	0.07	0.41	0.39	0.96	0.34
Avoidance (SP)	-0.01	0.09	-0.02	-0.20	0.85	-0.01	0.37	-0.05	-0.15	0.88	0.08	0.46	0.52	1.14	0.26

[a]Overall model: $F(4,177) = 10.7$, $p < .001$
[b]Overall model: $F(4,181) = 4.44$, $p = 0.002$
[c]Overall model: $F(4,181) = 2.22$, $p = 0.07$

Chapter 2

Inclusive Psychology Pedagogy Is Linked to Increased Belonging and Reduced Prejudice Toward Consensually Non-monogamous Relationships

Abstract

Students enrolled in an elective psychology course entitled Relationship Science, which emphasized inclusive curricula focused on relationship diversity, completed pre- and post-course assessments of attitudes toward consensually nonmonogamous (CNM) relationships, relationship skills (e.g., constructive communication), and classroom belonging. Given the established literature on LGBTQ+-inclusive pedagogy, attitudes toward LGBTQ+ individuals were also measured. Comparisons of pre- and post-course assessments revealed significant reductions in stigma toward individuals engaged in CNM, alongside increased acceptance of CNM relationships more broadly. Students also reported increases in relationship skills and classroom belonging over the course of the term. Conversely, acceptance of LGBTQ+ individuals did not significantly change from pre- to post-course assessments. These findings suggest that inclusive relationship science curricula may meaningfully attenuate prejudice toward CNM relationships while simultaneously fostering students' interpersonal competencies and sense of academic community.

Inclusive Psychology Pedagogy Is Linked to Increased Belonging and Reduced Prejudice Toward Consensually Non-monogamous Relationships

Higher education institutions aim to not only equip students with technical skills but simultaneously prepare them for the complex and multicultural world waiting outside the classroom walls (Hogan & Mallott, 2005; Lambert et al., 2006). Inclusive pedagogy may facilitate this goal, which emphasizes the integration of diverse scholarship, theories, and frameworks while fostering a classroom climate that values and respects sociocultural differences (Akintayo et al., 2024; Mugambi, 2017). Ample research has demonstrated that inclusive pedagogy can promote cultural competency, as students report reduced prejudice towards marginalized communities, greater classroom belonging, academic achievement, and better health outcomes (Eleuteri et al., 2024; Kesler et al., 2023; Snapp et al., 2015). Inclusive pedagogy can offer students insight into multifaceted societal phenomena by emphasizing culturally responsive, sensitive, and comprehensive material affirming diverse sociodemographic identities, including students' own backgrounds (Akintayo et al., 2024; Mugambi, 2017). Thus, inclusive pedagogy promotes students' intellectual, social, and personal growth while concurrently mitigating stigma, prejudice, and bias toward marginalized groups (Kesler et al., 2023; Lambert et al., 2006; Snapp et al., 2015).

Relationship Science is a popular elective class for undergraduate students in psychology departments that explores the scientific study of love, attraction, and close relationships. As a subdiscipline of psychology, relationship science is well-poised to offer insights into the diverse interpersonal phenomena students may encounter. Collegiate courses focused on close relationships have exploded in popularity, as many major universities now offer them (Northwestern University, 2025; Princeton University, 2025; University of California, Los

Angeles, 2023). Prior research indicates that relationship education courses are associated with modest improvements in relationship knowledge, communication skills, and expectations across diverse populations (e.g., college students, couples), highlighting their potential to enhance both individual and relational well-being (Cottle et al., 2014). However, while relationship science aims to construct a generalizable, comprehensive, and accurate portrait of human relationships, it has historically centered American WHAM (i.e., White, heterosexual, affluent, and monogamous) populations (Conley et al., 2017; Junkins et al., 2024; McGorray et al., 2023; Williamson et al., 2022). WHAM populations account for a minority of global populations, which stymies the field's goal of assessing broader relational patterns and interpersonal dynamics (McGorray et al., 2023). Consequently, relationship science courses may not always offer students a comprehensive overview of human behaviors, dynamics, and experiences reflecting real-world experiences.

In addition to theoretical frameworks and research that predominantly center WHAM samples, relationship science literature has frequently overlooked variation across relationship structures (e.g., romance, platonic friendship; McGorray et al., 2023) and romantic relationship configurations (e.g., monogamy, nonmonogamy; Moors et al., 2024). Relationship structures delineate meaningful boundaries, such as romantic and/or sexual partnerships that are exclusive or non-exclusive (e.g., consensual nonmonogamy, monogamy; Balzarini & Muise, 2020). Consensual nonmonogamy (CNM) is an umbrella relationship structure referring to individuals who mutually and consensually agree to maintain multiple, concurrent romantic, intimate, and/or sexual partnerships (e.g., open relationships, swinging, polyamory; Haupert et al., 2017). Approximately 22% of the United States adult population (roughly 60 million people) have engaged in some form of CNM across their lifespan (Haupert et al., 2017). Moreover, this

national study also found no significant group differences in CNM engagement along lines of race, class, education level, religion, region, or political orientation, underscoring the sheer diversity of CNM communities. LGBTQ+ communities are also more likely to practice CNM, suggesting that this relationship structure may offer fertile ground for novel identity exploration by emphasizing anti-mononormative agency, interdependence, and sex positivity (Braida, 2020; Haupert et al., 2017; Robinson, 2013; Rossman et al., 2019). Researchers who study CNM often strive to challenge the mononormative paradigm (i.e., the assumption that monogamy is inherently natural or superior to other relationship structures) underpinning relationship science by elevating scientific and social consciousness about prevalent relationship diversity (Aguilar, 2013; Barker, 2005; Cardoso & Klesse, 2025; Gupta et al., 2024; Moors et al., 2025; Sizemore & Olmstead, 2017).

Although no prior study has systematically examined relationship-specific courses or instructional materials for inclusive pedagogy, Ramos and colleagues (2022) found that CNM was absent from open-source mental health educational content published by a large clinical professional society. Despite CNM's invisibility across broader psychology, relationship science has recently witnessed a unique surge of interest in CNM research (Sizemore & Olmstead, 2017). Thus, educators are now uniquely positioned to foster greater awareness of human relationship variation by emphasizing CNM-inclusive pedagogy. Therefore, the present study investigates the effects of an inclusive psychology elective curriculum on attitudes and prejudice toward CNM by assessing attitudinal shifts across the instructional period. While this research indeed reflects a singular psychology elective course (i.e., Relationship Science), we couch our findings in broader discourse about how our pedagogical choices, methodologies, and tools can be readily applied to a wider range of professional interventions.

CNM Visibility and Stigma

The college classroom offers a valuable context for exploring student attitudes toward CNM relationships. The majority of currently enrolled college students belong to Generation (Gen) Z, who were born in the late 1990s (Bhalla et al., 2021). Emerging work suggests that younger generations may be less likely to endorse mononormative assumptions (i.e., the belief that monogamy is inherently superior to other relationship configurations) and more likely to support legal rights for polyamorous relationships (Morris et al., 2024). Recently, two large dating-app surveys found that Gen Z may be more likely to subvert traditional dating scripts, as approximately 41–57% of Gen Z adults are open to or willing to consider CNM relationship configurations (Tinder, 2023; Ashley Madison, 2023).

Additionally, alternatives like relationship anarchy are gaining traction, reflecting the resonant appeal of non-hierarchical frameworks among younger adults (Parham, 2025). Several broader demographic and cultural shifts may further predispose this population to explore nontraditional relationship paradigms (Morris et al., 2024). More than 20% of Gen Z identify as LGBTQ+ (Gallup, 2025; Haupert et al., 2017), which may heighten receptivity to diverse relational models. Gen Z are also "digital natives," boasting high levels of technical literacy and frequent engagement on social media platforms (Bhalla et al., 2021). As CNM awareness enters broader sociocultural discourse via mainstream media platforms, students are likely to encounter related content online (Cardoso, 2021; Kraft, 2024). Although this proliferation of CNM content has elevated social consciousness of relationship diversity, it may reproduce similar dynamics observed in online LGBTQ+ discourse, where misinformation, myths, and prejudice circulate alongside affirming content (Han et al., 2025).

This biased misinformation negatively affects people in CNM relationships, who are often subjected to discrimination, harassment, and stigma (Moors et al., 2013; Rodrigues et al., 2024; Stults et al., 2023). People in CNM relationships are viewed more negatively than monogamous individuals on both relationship-specific (e.g., sexual satisfaction) and general traits (e.g., loneliness), regardless of relationship quality, gender, or sexual orientation (Balzarini et al., 2018; Moors et al., 2013; Rodrigues et al., 2018). Moreover, CNM relationships are perceived as unfulfilling, poorer quality, and inferior to monogamous partnerships (Balzarini et al., 2018; Moors et al., 2013). Yet, research has demonstrated similar levels of relationship satisfaction between monogamous and CNM communities (Conley et al., 2017). Moreover, people in CNM relationships reported lower levels of jealousy and higher levels of trust, sexual satisfaction, communication, and secure attachment than people practicing monogamy (Balzarini et al., 2019; Conley et al., 2017; Mogilski et al., 2017; Moors et al., 2019). Furthermore, many individuals believe that CNM facilitates the spread of sexually transmitted infections (Balzarini et al., 2018), even though CNM individuals reported similar STI diagnoses to their monogamous counterparts (Lehmiller, 2015). CNM individuals also reported more transparent sexual communication with partners, safer sex practices (e.g., condom usage), and sexual health screenings than monogamous individuals engaged in infidelity (Conley et al., 2015; Lehmiller, 2015).

Widespread prejudice has yielded tangible personal, professional, and health repercussions for individuals practicing CNM, including job termination, loss of child custody, and social ostracization (Moors, 2023; Sheff, 2017; Witherspoon & Theodore, 2021). The minority stress framework contends that due to chronic exposure to discrimination, minoritized groups experience poorer physical and mental health outcomes (Johns et al., 2017; Frost et al.,

2015; Pletta et al., 2024). Preliminary evidence points to potential differences in mental health and victimization experiences between individuals in CNM and monogamous relationships. For instance, CNM minority stress has been linked to higher depression, anxiety, and rates of emotional, physical, and sexual victimization among CNM participants (e.g., Borgogna et al., 2021; Witherspoon & Theodore, 2021). Minority stress can further compound for individuals enduring multiple, co-constituting oppressions (e.g., homophobia and anti-CNM stigma; Borgogna et al., 2021; Cyrus, 2017**)**. Many individuals engaged in CNM face intersectional oppressions due to their identification with multiple minoritized identities (e.g., LGBTQ+; Alexander, 2022; Crenshaw, 2013; Haupert et al., 2017; Levine et al., 2018). Stults et al. (2023) found that many individuals with an additional minoritized identity (i.e., LGBTQ+, disabled, first-generation Americans) reported a higher degree of enacted stigma (e.g., stigma that people report experiencing). Furthermore, certain minority subgroups (e.g., pansexual women) may face greater discrimination than other subgroups (e.g., gay men) who hold greater proximity to social power (Settles & Buchanan, 2014). This robust body of work underscores that stigma reduction is closely linked to well-being among marginalized CNM populations. Therefore, the present study leverages an inclusive pedagogy framework in a student population that may be both more exposed to stigmatizing CNM misinformation and, given their openness to CNM, more likely to endure CNM-related stigma.

Effects of Inclusive Curricula

While no present research to our knowledge has evaluated interventions targeting CNM stigma, prior work has assessed whether LGBTQ+ inclusive curricula can reduce homophobia and transphobia (Kesler et al., 2023; Snapp et al., 2015). LGBTQ+ curricula offer a parallel paradigm to understand possible outcomes for CNM-inclusive content due to overlapping

sexuality-based experiences within CNM communities. An extensive body of work illustrates how LGBTQ+-inclusive curricula can mitigate homophobia, which is robustly linked to bullying, violence, and hate crimes, including murder (Kesler et al., 2023; Proulx et al., 2019). Specifically, LGBTQ+ inclusive curricula are linked with dismantling stigma toward minoritized groups, bolstering classroom belonging, and improving mental health outcomes among students (Kesler et al., 2023; Snapp et al., 2015). For instance, heterosexual high school and college students enrolled in LGBTQ+ inclusive courses reported reductions in homophobic and transphobic attitudes (Kesler et al., 2023; Pettijohn & Walzer, 2008). Moreover, heterosexual students enrolled in LGBTQ+-inclusive classes at Dutch schools reported increased willingness to intervene when witnessing LGBTQ+ victimization (Baams et al., 2017). Furthermore, LGBTQ+ students enrolled in LGBTQ+-inclusive courses in high school reported higher levels of perceived individual and school safety, lower levels of bullying, and improved mental health outcomes (Proulx et al., 2019; Snapp et al., 2015).

Yet, minority individuals are not the only ones whose mental health benefits from inclusive curricula. Early large-scale survey data from the California Safe Schools Coalition's Preventing School *Harassment* (PSH) 2006 study demonstrated that students who learned about LGBTQ+ people or issues in classroom lessons reported greater feelings of safety, stronger school belonging, and lower levels of harassment, which were patterns observed across students regardless of sexual orientation or gender identity (Burdge et al., 2012). Subsequent research has replicated and extended these findings, showing that LGBTQ-inclusive curricula and school practices are associated with improved psychosocial and safety-related outcomes among both sexual minority and heterosexual students (e.g., Proulx et al., 2019). Ample evidence suggests that heterosexual boys in schools with Gay-Straight Alliances, LGBTQ+ inclusive curricula, and

anti-homophobic bullying policies report improved mental health outcomes, including lower likelihood of suicidal thoughts (Poteat et al., 2013; Proulx et al., 2019; Saewyc et al., 2014). Heterosexual boys frequently report higher levels of sexual orientation victimization than heterosexual girls, which male youth may wield to enforce masculinity norms within their social groups (McGuffey & Rich, 1999; Poteat & Espelage, 2007; Saewyc et al., 2014). LGBTQ+-inclusive content may normalize diverse gender expression, scripts, and behaviors—even among cisgender individuals—which improves mental health outcomes across the entire student body (Proulx et al., 2019).

This substantial body of work underscores the positive effects of LGBTQ+-inclusive curricula on a wide range of outcomes. However, no prior work has examined whether similar pedagogical approaches extend to attitudes toward CNM, a relationship structure that remains comparatively novel and stigmatized. Thus, we aimed to identify whether inclusive pedagogy in an elective psychology course, Relationship Science, would promote positive outcomes, including a reduction in stigma toward CNM and LGBTQ+ individuals, higher sense of belonging in the classroom, and increased relationship skills. We included these additional outcome measures (i.e., belonging, relationship skills) to evaluate whether there are other downstream consequences of inclusive pedagogy that broadly benefit students. A robust body of evidence indicates that belonging is a central domain linked to a wide range of positive academic, social, and psychological outcomes, making it an important construct to assess in the context of inclusive curricula (Poteat et al., 2013; Proulx et al., 2019; Saewyc et al., 2014). Furthermore, relationship education research indicates that structured, relationship-focused curricula can improve interpersonal competencies (e.g., communication skills, conflict management), illustrating the potential for this type of coursework to enrich students' overall

well-being (Cottle et al., 2014). Accordingly, relationship skills represent a valuable outcome to assess alongside classroom belonging. Therefore, we measured self-reported classroom belonging and relationship skills to determine whether inclusive relationship science pedagogy confers broader benefits alongside reductions in CNM-related prejudice across the student body.

Aims and Hypotheses

Given the absence of prior work examining CNM-inclusive pedagogy, we tested a series of hypotheses assessing: (1) overall mean-level change across time; (2) variation in outcomes across social identity groups with theoretically differing levels of CNM overlap or exposure; (3) mean-level differences in CNM acceptance compared to LGBTQ+ acceptance; (4) associations between attitudinal and psychosocial outcomes; and (5) whether attitudinal or psychosocial changes across time covaried.

Mean-Level Changes Across Times

First, we considered within-variable associations and changes over time to establish whether any overall shifts occurred following exposure to inclusive pedagogy. Based on a wealth of prior work demonstrating that parallel LGBTQ+-inclusive pedagogy was linked to meaningful shifts in prejudice reduction, belonging, and safety (Poteat et al., 2013; Proulx et al., 2019; Saewyc et al., 2014), we hypothesized that all outcome variables (i.e., CNM dysfunctional stigma, CNM immoral stigma, CNM unhealthy stigma, CNM acceptance, LGBTQ+ acceptance, relationship skills, and classroom belonging) would significantly shift from pre-course assessments at time point 1 (T1) to post-course assessments at time point 2 (T2).

Mean-Level Differences Between Social Identity Groups

Second, we strove to extend prior work demonstrating that while LGBTQ+ individuals are more likely to engage in CNM than heterosexual individuals, CNM engagement does not

differ meaningfully across racial or socioeconomic groups (Haupert et al., 2017). However, little research has examined whether attitudes toward CNM vary across these social identities. Moreover, no work to our knowledge has meaningfully assessed how disability status or neurotype may shape CNM-related attitudes. Therefore, we examined whether six social identity dimensions (i.e., gender, sexuality, race, income, neurotype, and disability status) were associated with variation in students' attitudes and outcomes. Based on prior work demonstrating that inclusive pedagogy benefits both majority and minority groups (Poteat et al., 2013; Proulx et al., 2019; Saewyc et al., 2014), we predicted that no group differences would emerge in classroom belonging or relationship skills at T2. However, we expected to find significant group differences in CNM and LGBTQ+ attitudes. Prior research demonstrates that gender minorities are more likely to identify as sexual minorities, express greater acceptance of CNM, and engage in CNM (Cohen & Wilson, 2017; Levine et al., 2018; Reisner et al., 2023; Rossman et al., 2019; Szoko et al., 2023). Accordingly, we predicted that gender-diverse students would report significantly lower levels of CNM-related stigma and higher levels of CNM acceptance and LGBTQ+ acceptance at both time points. Similarly, given that sexual minority individuals tend to hold more affirmative attitudes toward CNM (Haupert et al., 2017; Levine et al., 2018), we expected LGBTQ+ participants to report lower CNM stigma and higher CNM and LGBTQ+ acceptance at both time points. Conversely, prior work suggests that CNM engagement does not differ across racial or socioeconomic groups (Haupert et al., 2017); thus, we did not anticipate significant group differences by race or income. Moreover, neurodivergent (i.e., an umbrella term referring to various neurodevelopmental conditions, such as ADHD or autism, in which cognitive or behavioral functioning diverges from neurotypical norms) individuals are more likely to identify as LGBTQ+ (Loy-Ashe, 2023; Strang & Fischbach, 2023). Population-based

estimates also show bidirectional associations between disability status and LGBTQ+ identity. LGBTQ+ adults are more likely than heterosexual adults to report a disability, and disabled adults are more likely than non-disabled adults to identify as LGBTQ+ (Fredriksen-Goldsen et al., 2012; Suryavanshi et al., 2025). Therefore, we expected neurodivergent and disabled students to report lower CNM stigma and higher CNM and LGBTQ+ acceptance.

Mean-Level Differences in LGBTQ+ and CNM Acceptance

Third, despite conceptual overlap (McConnell et al., 2024), little prior research has directly compared levels of acceptance toward LGBTQ+ individuals and CNM relationships. One study found that heterosexual adults attributed fewer human emotions to individuals in CNM relationships than to individuals in monogamous relationships, yet attributed similar levels of emotions to same-sex and different-sex romantic partners (Rodrigues et al., 2018). Therefore, while we hypothesized that our Gen Z participants would report high levels of acceptance toward both LGBTQ+ and CNM individuals, we anticipated that rates of LGBTQ+ acceptance would surpass CNM acceptance. We anticipated this difference would reflect CNM's relative novelty and lower visibility within legal, social, and cultural domains (Rhoten et al., 2024), compared to the heightened public awareness and sociopolitical recognition of LGBTQ+ identities following decades of advocacy beginning with the mid-20th-century gay rights movement (Hall, 2010; Lee & Mutz, 2018; Twenge & Blake, 2020).

Cross-Variable Associations

Fourth, this exploratory aim expands prior work by examining whether attitudinal outcomes (i.e., CNM stigma/acceptance and LGBTQ+ acceptance) are linked to broader pedagogical outcomes (i.e., relationship skills and classroom belonging), thereby informing whether inclusive curricula are associated with domain-specific benefits (e.g., prejudice

reduction) or psychosocial benefits (i.e., classroom belonging, relationship skills). We expected that students reporting greater acceptance of CNM relationships and lower levels of stigma at both T1 and T2 would report higher levels of LGBTQ+ acceptance at T1 and T2. Second, CNM acceptance and LGBTQ+ acceptance at T1 and T2 would be positively associated with relationship skills at T2. Finally, all CNM stigma subscales, CNM acceptance, and LGBTQ+ acceptance at T2 would be significantly associated with classroom belonging at T2.

Change-Score Associations

Finally, we assessed whether shifts in CNM attitudes, LGBTQ+ acceptance, relationship skills, and classroom belonging covaried over time. Examining coordinated change across domains is critical for evaluating whether these constructs reflect partially overlapping attitudinal processes, rather than independent outcomes that shift discretely. To our knowledge, no prior work has examined whether changes in CNM-related attitudes co-occur with gains in LGBTQ+ acceptance or psychosocial outcomes. Thus, these hypotheses test potential conceptual overlap across domains of stigma and acceptance, classroom belonging, and relationship skills. We hypothesized that increases in CNM acceptance would be positively linked to LGBTQ+ acceptance. Moreover, shifts in CNM and LGBTQ+ acceptance would be negatively associated with concurrent changes in CNM stigma dimensions (i.e., dysfunctional, immoral, and unhealthy). We further expected that gains in relationship skills and belonging would be associated with increases in CNM acceptance and reduced CNM stigma across all subscales.

Methods

Participants

This study recruited from a population of 519 undergraduate students enrolled in an asynchronous elective psychology course entitled Relationship Science at a large R1 institution

on the West Coast. The mean age was 21 years old; see detailed demographic information in **Table 8** and **.**

Table *9*. This sample includes the 297 students who completed both T1 and T2 survey measures and indicated they provided honest answers. Sample sizes varied slightly across outcome measures due to missing data on some survey items. Analyses used the lowest available subsample size ($N = 209$) to ensure a conservative estimate of statistical power. A post hoc G*Power analysis (Faul et al., 2007) found that our sample of $N = 209$ provided 94% power ($\alpha = .05$, two-tailed) to detect small-to-medium within-subject effects ($d_z = .25$).

Procedure and Course Description

This Relationship Science course was designed to provide an inclusive, anti-mononormative perspective on the psychology of attraction, love, and close relationships. This course offered a comprehensive overview of relevant theories, methodologies, and empirical work in relationship science. The curriculum was rooted in an intersectional, anti-mononormative (i.e., objections to the prevailing belief that monogamy is inherently superior to all other relationship configurations) framework that emphasized diverse relationship structures (e.g., LGBTQ+, CNM) across underrepresented minority identities (e.g., race, class, disability, etc.).

While all lectures integrated understudied perspectives (e.g., cross-cultural, LGBTQ+ experiences), approximately a quarter of all lectures were explicitly dedicated to diversity in relationship science. Specifically, four out of 14 lectures focused on relationship diversity, sexual and gender diversity, and disability and neurodiversity. For detailed information about readings, assignments, and assessments, please view **Table 10.** For a breakdown of lecture content, please see

Table 11. Given the asynchronous classroom model, students were not required to attend any live lectures and could review materials at their own pace. Four live, recorded lectures were hosted on Zoom to provide engagement opportunities for students. The classroom climate was intentionally structured to be inclusive, supportive, and conducive to open dialogue, with an emphasis on respectful engagement with diverse perspectives. For instance, during an optional live and recorded Zoom lecture on the first day of class, the instructor outlined clear classroom values to foster a supportive environment (e.g., "This class aims to function as a space where we can explore these topics with compassion and care").

This study was conducted from January to March 2025 (the length of a 10-week quarter). After receiving IRB approval, a pre-test survey was administered to enrolled students at time point 1 (T1) in the first week of the quarter and a post-test survey at time point 2 (T2) in the last week of the quarter. Students earned 1% extra credit toward their final grade for each survey completed, resulting in a total of 2% points. Students who only completed the T1 survey received 1% extra credit; however, students who did not complete the T1 survey were not permitted to participate in the survey at T2. In lieu of survey participation, students were offered two alternative extra credit written reflection assignments worth the same number of points.

Measures

CNM Stigma Scale

The Multidimensional Attitudes Towards CNM (MACS) Scale (Skakoon-Sparling et al., 2024) is a 16-item measure with responses provided on a 7-point scale (1 = *Strongly disagree* to 7 = *Strongly agree*), with higher scores indicating more prejudiced beliefs. The MACS measures stigma across three subscales: dysfunctional, immoral, and unhealthy stigma. First, *CNM dysfunctional stigma* is a 7-item subscale (e.g., "Most non-monogamous individuals are socially

deviant"); T1 α partners = 0.85 and T2 α = 0.89. Second, *CNM immoral stigma* is a 4-item subscale (e.g., "If you are in a non-monogamous relationship, you should not hold a career working with children or youth"); T1 α partners = 0.80 and T2 α = 0.83. Finally, *CNM unhealthy stigma* is a 5-item subscale (e.g., "Consensually non-monogamous relationships can be very fulfilling") with all items reversed so that higher scores represented higher levels of stigma; T1 α = 0.82 and T2 α = 0.86. Only 230 responses were included due to missing data across subscales in either the first or second survey. We analyzed the MACS subscales discretely to determine whether different forms of CNM stigma (dysfunctional, immoral, unhealthy) varied within this population. This approach allowed us to assess whether distinct prejudicial beliefs differentially related to other attitudes (e.g., LGBTQ+ acceptance) and to identify domains that may warrant targeted intervention.

CNM Acceptance Scale

The Consensual Non-Monogamy Attitude Scale (CNAS) assessed CNM acceptance (Cohen & Wilson, 2017). The CNAS is an 8-item scale that captures acceptance of CNM relationships. A higher score indicated higher acceptance of CNM relationships. Items included "You must be in a monogamous relationship to be in love" and "It is possible to have several satisfying intimate relationships at the same time." Responses were provided on a 7-point scale (1 = *Strongly disagree* to 7 = *Strongly agree*). Only 209 responses were included due to missing data in either the first or second survey. T1 α = 0.85 and T2 α = 0.86.

LGBTQ+ Acceptance Scale

The Modern Homonegativity Scale (MHS) assessed attitudes toward LGBTQ+ individuals (Morrison & Morrison, 2003). We used an adapted version of this scale that replaced the original language (i.e., gay, lesbian) with "LGBTQ+ individuals" to capture attitudes toward

the broader queer community. Items included "LGBTQ+ individuals should have the same rights as straight individuals" and "LGBTQ+ individuals who are 'out of the closet' should be admired for their courage." Responses were provided on a 7-point scale (1 = *Strongly disagree* to 7 = *Strongly agree*), with higher scores indicating greater acceptance of LGBTQ+ people. Only 209 responses were included due to missing data in either the first or second survey. T1 $\alpha = 0.84$ and T2 $\alpha = 0.85$.

Relationship Skills

Because no existing validated instrument assessed self-perceived competence and efficacy in healthy relationship skills, we developed the Relationship Competence and Skills Scale (RCSS). The RCSS draws from relational competence (Spitzberg & Hecht, 1984), social competence (Rubin et al., 2006), interpersonal effectiveness (Kunnanatt, 2004), and marital communication (Gottman et al., 1998) theories, which posit that one's capacity to cultivate satisfying relationships relies on a constellation of learned skills. As such, the RCSS is a 10-item measure designed to assess perceived skills, confidence, and understanding of healthy relationship dynamics. Items reflect foundational domains identified within relationship science (e.g., communication skills, conflict resolution). Items included "I feel confident in my ability to communicate effectively in relationships" and "I am knowledgeable about conflict resolution strategies in relationships." A confirmatory factor analysis supported a two-factor model of the RCSS, demonstrating significant standardized factor loadings ($p < .001$), strong covariance between the Skills and Knowledge factors ($r = .86$, $p < .001$), and acceptable incremental fit [$\chi^2(34) = 156$, $p < .001$]. Responses were provided on a 7-point scale (1 = *Strongly disagree* to 7 = *Strongly agree*), with higher scores indicating greater perceived competence in relationship

skills. Only 223 responses were included due to missing data in either the first or second survey. T1 $\alpha = 0.92$ and T2 $\alpha = 0.85$.

Classroom Belonging

The Class Belonging scale assessed sense of belonging in the classroom (Cwik & Singh, 2022). This 4-item scale included the items, "I feel like I belong in this class," "I feel like an outsider in this class," "I feel comfortable in this class," and "Sometimes I worry that I do not belong in this class." Higher scores reflected a stronger sense of belonging in the classroom. Responses were provided on a 7-point scale (1 = *Strongly disagree* to 7 = *Strongly agree*); T1 $\alpha = 0.94$ and T2 $\alpha = 0.94$.

Results

The open-source statistical software, Jamovi, was used to conduct t-tests, Pearson correlations, and linear regression. R.5.0 was used to conduct linear mixed modeling.

Mean-Level Changes Across Times

We examined changes in multiple social and stigma-related outcomes from Time 1 (T1) to Time 2 (T2) using a linear mixed-effects model fit with restricted maximum likelihood (REML) in R. The model included fixed effects for gender, race, income, sexual orientation, disability status, neurodivergence status, and outcome type (CNM dysfunctional stigma, CNM immoral stigma, CNM unhealthy stigma, CNM acceptance, LGBTQ+ acceptance, relationship knowledge, and classroom belonging), with random intercepts for participants. The model demonstrated good fit with a marginal $R^2 = 0.701$ and a conditional $R^2 = 0.728$, indicating that fixed effects explained 70% of the variance and the full model, including random effects, explained 72.8%. To assess time-related changes for each outcome, estimated marginal means

(EMMs) were calculated using the `emmeans` package (Lenth, 2025), with pairwise comparisons between T1 and T2 conducted for each scale; see

Table 12 for a list of all means and

for a visualization of changes over time across all variables. Due to the large number of observations (N > 3,000), degrees of freedom were estimated using asymptotic methods, and results were averaged over demographic covariates.

Due to small sample sizes for Black (*n* = 3), Native American (*n* = 1), and Middle Eastern (*n* = 3) participants, these racial groups were excluded from the race covariate in inferential analyses to prevent unstable estimates. Moreover, while sexual orientation was assessed using a multiple-response format, all individuals who endorsed any sexual minority identity were combined into a single category due to insufficient sample sizes in subcategories. This statistical practice aligns with prior research indicating that sexual minority individuals, as a group, are more likely than heterosexual individuals to engage in consensual non-monogamy (Haupert et al., 2017; Moors et al., 2014). While gender was also assessed using a multiple-response format, participants who identified as nonbinary (*n* = 15), genderfluid (*n* = 5), genderqueer (*n* = 9), agender (*n* = 2), or Two-Spirit (*n* = 1) were aggregated into a single gender-diverse (GD) category (*n* = 22) for analysis due to small sample sizes across discrete subgroups. Individuals were coded as gender-diverse if they endorsed at least one gender-diverse identity; 63.6% of individuals (*n*=14) coded as GD selected more than one gender identity.

Overall, our hypotheses were generally supported by our findings. CNM dysfunctional stigma and CNM unhealthy stigma significantly decreased from T1 to T2, but CNM immoral stigma did not significantly change over time. Participants reported moderate levels of CNM acceptance at both time points, with acceptance increasing significantly from T1 to T2. Contrary

to our hypothesis, no significant difference emerged in LGBTQ+ acceptance across time points. However, aligned with our hypothesis, participants reported significantly higher levels of relationship skills and classroom belonging at T2, with modest increases observed across time for both variables. Among covariates, heterosexual participants reported significantly higher scores overall ($b = 0.17$, $p = .006$) across all variables. No other significant effects were found for gender, race, income, neurotype, or disability status in this overall model. It is important to note that this covariate model reflects an aggregated average across all outcome variables, which represent distinct theoretical domains; therefore, we later assessed group differences in domain-specific prejudice or attitudinal change using nonparametric tests.

Mean-Level Differences Between Social Identity Groups

To examine differences in key study outcomes, we conducted a series of outcome-specific Kruskal–Wallis tests. This analytic approach allowed us to precisely determine whether these fixed covariates were independently associated with each outcome variable, rather than relying on an aggregated score across discrete domains. Post-hoc Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons examined whether these fixed covariates were independently associated with each outcome variable, including the magnitude of participant-level change scores (ΔM = T2 – T1).

Gender

Consistent with our predictions, significant group differences emerged for CNM acceptance at T1 and T2; see **Table 13**. DSCF pairwise comparisons indicated that gender diverse participants reported significantly higher CNM acceptance than both men and women at both time points. All three dimensions of CNM-related stigma (dysfunctional, immoral, and unhealthy) showed significant group differences across both time points. For dysfunctional

stigma at T2, men reported significantly higher stigma than women, who in turn reported higher stigma than gender-diverse participants. Δ*M* scores did not differ by gender, $p > .05$. LGBTQ+ acceptance also varied by gender at T1 and T2, with women and gender diverse individuals expressing significantly higher acceptance than men. In general, gender diverse participants reported lower levels of stigma than men and women, with the largest effects observed for the unhealthy dimension at T1. No significant gender differences were found in relationship skills or in classroom belonging at either time point; $p > .05$.

Sexuality

Consistent with our hypotheses, significant group differences in sexual identities emerged across nearly all CNM-related outcomes; see

Table 14. LGBTQ+ students reported significantly higher CNM acceptance and lower CNM stigma across all three dimensions (i.e., dysfunctional, immoral, and unhealthy) at both T1 and T2, compared to their heterosexual peers. Furthermore, Δ*M* scores did not differ by sexuality; $p > .05$. As predicted, LGBTQ+ participants demonstrated significantly higher LGBTQ+ acceptance at both T1 and T2. Furthermore, LGBTQ+ participants showed a significantly greater increase in LGBTQ+ acceptance from T1 to T2 relative to heterosexual peers. As expected, no significant differences in sexuality were observed for relationship skills or classroom belonging at either time point; $p > .05$.

Race

Contrary to our predictions, several significant racial differences emerged; see

Table 15. Asian students reported significantly lower levels of CNM acceptance and higher levels of total stigma (T1–T2) and immoral stigma (T1–T2) than White students. Additionally, Asian students reported significantly higher CNM dysfunctional stigma at T2 than

White students. Δ*M* scores did not differ across racial groups. Aligned with our predictions, there were no racial differences in CNM acceptance scores. Significant group differences also emerged for LGBTQ+ acceptance at both time points. Latinx, Multiracial, and White students reported significantly higher LGBTQ+ acceptance than Asian students at T1 and T2. No racial differences in LGBTQ+ acceptance were observed in Δ*M* scores. For classroom belonging, White students reported significantly higher belonging than Asian students at T1; however, no group differences emerged at T2 or for Δ*M*. As expected, CNM acceptance and relationship skills did not differ significantly by race at either time point; $p > .05$.

Income

In line with our predictions, no significant group differences emerged across any CNM stigma dimensions, CNM acceptance, LGBTQ+ acceptance, or classroom belonging; see **Table 16**. The only outcome demonstrating a significant omnibus effect was relationship skills at T1. However, follow-up DSCF comparisons did not identify any significant pairwise differences between income groups, suggesting the omnibus effect reflected small variation.

Neurotype

Aligned with our hypotheses, we found significant group differences for all CNM-related T1 and T2 outcomes; see **Table 17**. Neurotypical students reported significantly higher CNM stigma across all subtypes (i.e., dysfunctional, immoral, and unhealthy) at both T1 and T2. Δ*M* scores were non-significant for all stigma outcomes except for dysfunctional stigma, in which neurodivergent students reported a greater reduction across time. Furthermore, as expected, neurodivergent participants reported significantly higher CNM acceptance and LGBTQ+ acceptance at both time points. Δ*M* values for acceptance variables did not differ by neurotype; $p > .05$. No neurotype differences were detected for relationship skills at either time point. For

classroom belonging, no differences were observed at T1; neurodivergent students reported significantly higher belonging than neurotypical students at T2. Moreover, neurodivergent students reported a higher increase in belonging (ΔM) by course completion.

Disability Status

Significant group differences emerged across nearly all CNM stigma variables as expected; see **Table 18**. Non-disabled students reported significantly higher CNM stigma across all forms (i.e., dysfunctional, immoral, unhealthy) at both T1 and T2 compared to disabled students. Moreover, disabled participants reported significantly higher CNM acceptance at both T1 and T2. ΔM indices did not differ across groups for any of the CNM variables; $p > .05$. LGBTQ+ acceptance did not differ by disability status at T1, but at T2, disabled students reported significantly higher acceptance than non-disabled peers. ΔM scores for LGBTQ+ acceptance did not significantly differ. As expected, no significant differences were observed for relationship skills or classroom belonging at either time point.

Mean-Level Differences in LGBTQ+ and CNM Acceptance

After establishing patterns of change across groups, we next compared mean-level acceptance of LGBTQ+ and CNM individuals to situate CNM attitudes relative to a more historically visible stigmatized identity. Aligned with our hypothesis, participants reported relatively high levels of CNM acceptance and low levels of CNM stigma across all subscales at both time points. Compared to prior research, participants in the present study ($M_{T1} = 2.51$, $SD_{T1} = .74$) reported higher CNM acceptance at baseline than a monogamous adult sample ($M = 2.72$, $SD = 1.28$; Stephens & Sommer, 2020). We further compared participants' aggregated CNM stigma score at the beginning of the course ($M_{T1} = 2.53$, $SD_{T1} = .74$) with benchmark estimates reported in two large samples of Canadian undergraduates (Skakoon-Sparling et al., 2024). Our

sample's score was comparable to one sample (M = 2.33, SE = 0.73) but higher than another sample (M = 1.64, SE = 0.68; Skakoon-Sparling et al., 2024).

As expected, participants reported very high levels of LGBTQ+ acceptance at T1 (M_{T1} = 5.61, SD_{T1} = 1.05), exceeding prior estimates based on the original measure assessing attitudes only toward lesbian and gay individuals (M = 4.80, SD = 1.25[2]; Rye & Meaney, 2010). Together, these patterns are consistent with prior evidence suggesting that Gen Z individuals express greater openness toward sexual and relationship diversity relative to older cohorts (Fairbrother et al., 2019; Gallup, 2025; Morris et al., 2024). Finally, as predicted, participants reported higher levels of LGBTQ+ acceptance than CNM acceptance at both time points; see

Table 12 for a list of means.

Cross-Variable Associations

Next, we explored cross-variable associations to better understand how CNM acceptance and stigma intersected with LGBTQ+ acceptance, relationship skills, and classroom belonging; see **Table 19** for correlations. Our hypotheses were partially confirmed by our findings. All CNM stigma subscales (i.e., dysfunctional, immoral, and unhealthy) strongly and negatively correlated with CNM acceptance.

LGBTQ+ Acceptance

Partially aligned with our hypothesis, both T1 and T2 CNM acceptance were positively linked to LGBTQ+ acceptance at T2, such that students reporting more affirming views of CNM also endorsed more positive attitudes toward LGBTQ+ people. Furthermore, as predicted, all CNM stigma dimensions strongly and negatively correlated with LGBTQ+ acceptance across

[2] This mean score was reverse-coded so that a higher value would reflect greater acceptance; in the original measure, a higher score reflected greater stigma (M = 3.20).

both time points. CNM acceptance was uniquely negatively associated with higher acceptance toward LGBTQ+ identities, but only at T2.

Relationship Skills

Contrary to our hypothesis, CNM acceptance was not associated with relationship skills or classroom belonging at either T1 or T2. Partially confirming our predictions, some CNM stigma dimensions modestly negatively correlated with students' self-reported relationship skills. Specifically, dysfunctional stigma at both T1 and T2 negatively correlated with relationship skills at T2. Immoral stigma at T1 also negatively correlated with relationship skills at T2. Conversely, unhealthy stigma was not significantly associated with relationship skills. Furthermore, LGBTQ+ acceptance at both time points only weakly positively correlated with relationship skills at T2, which suggests that students with more affirming views of LGBTQ+ individuals at the beginning of the course tended to report a modest increase in relationship skills at the end of the course.

Classroom Belonging

Contrary to our hypothesis, CNM acceptance was not significantly linked to classroom belonging at either T1 or T2. Partially aligned with our hypothesis, dysfunctional and immoral CNM stigma were negatively related to classroom belonging across both time points. In contrast, unhealthy stigma was negatively linked to classroom belonging only at T2. Finally, as predicted, LGBTQ+ acceptance was positively associated with classroom belonging across both time points.

Change-Score Associations

We next calculated participant-level change scores (Δ = T2 – T1) for all variables and tested whether changes in one domain (e.g., CNM acceptance) were associated with concurrent

changes in others (e.g., LGBTQ+ acceptance, relationship skills, belonging); see **Table 20Error! Reference source not found.**. That is, we examined whether increases or decreases in attitudes and skills tended to move together within the same students across the quarter. This approach allowed us to disentangle true co-movement between variables from static, between-person differences (e.g., students who were already more skilled or more affirming at baseline T1). As predicted, change-score correlations indicated increased CNM and LGBTQ+ acceptance corresponded with score reductions across all CNM stigma dimensions (i.e., dysfunctional, immoral, and unhealthy). However, contrary to our expectations, LGBTQ+ acceptance did not shift in tandem with CNM acceptance. Moreover, neither change in relationship skills nor classroom belonging was associated with shifts in CNM stigma reductions or increased CNM acceptance.

Discussion

The purpose of the current research was to investigate whether inclusive pedagogy meaningfully shifts attitudes toward CNM relationships. Although relationship science seeks to represent the full breadth of human behavior and experience, the prevailing WHAM (White, heterosexual, affluent, monogamous) methodological paradigm offers a reductive lens of human relationships (Junkins et al., 2024; McGorray et al., 2023; Randall & Curran, 2023). Ultimately, this bias thwarts the field's collective goal of producing generalizable science. Within educational contexts, instructors can play a pivotal role in advancing inclusion by espousing pedagogical practices that actively integrate diverse relationship structures, identities, and cultural frameworks. Prior research has demonstrated that inclusive pedagogy fosters a sense of belonging and psychological safety, enhances mental health, and reduces stigma toward marginalized groups (Kesler et al., 2023; Pettijohn & Walzer, 2008; Poteat et al., 2013; Proulx et

al., 2019; Saewyc et al., 2014; Snapp et al., 2015). The present study extends this work by providing the first empirical evidence that an inclusive relationship-science curriculum can both reduce stigma toward CNM individuals while enriching students' relationship skills and sense of belonging.

Consistent with our hypotheses regarding within-variable associations and changes, students reported reductions in CNM stigma across two dimensions (i.e., dysfunctional and unhealthy); see

Table 12. They further reported increased CNM acceptance by the end of the course, suggesting that inclusive course content may effectively contribute to stigma reduction. Interestingly, students reported the lowest levels of CNM immoral stigma at both T1 and T2; although this subscale showed a modest decline over time, this change was not significant. This pattern indicates that certain forms of CNM stigma may be more entrenched than others, underscoring the need for tailored educational interventions targeting more pervasive dimensions of stigma.

Emergent group differences across various social identity categories further complicate the overall pattern of results, underscoring how social identities may shape receptivity to inclusive curricula. Specifically, gender diverse students generally reported lower levels of CNM stigma and higher levels of CNM acceptance relative to both cisgender men and women; see **Table 13**. Moreover, gender diverse individuals and cisgender women reported higher levels of LGBTQ+ acceptance than cisgender men. Although these differences were modest in magnitude, they suggest that responsiveness to curricular interventions may be, at least partially, shaped by students' identities and lived experiences. These gender differences are notable because prior research has demonstrated that both cisgender men and gender minority individuals are more

likely to engage in CNM practices (Haupert et al., 2017; Rossman et al., 2019). If behavioral engagement alone were driving attitudinal orientations toward CNM, we would expect cisgender men and gender diverse participants to exhibit comparable levels of CNM stigma and acceptance. One plausible explanation underlying these observed differences is that gender diverse students may be more acutely aware of structural inequality due to their marginalized gender statuses (Clark et al., 2025). Their social location may magnify their acceptance of alternative relational configurations that may simultaneously interrogate oppressive gender scripts (Rossman et al., 2019). Furthermore, LGBTQ+ students reported significantly greater acceptance and lower stigma toward CNM than their heterosexual counterparts; see **Table 14**. This finding is aligned with prior research demonstrating that LGBTQ+ individuals are more likely to practice CNM, and thus, may exhibit greater CNM acceptance (Haupert et al., 2017; Stults et al., 2023).

Additionally, contrary to our predictions, several racial group differences in CNM stigma and LGBTQ+ acceptance emerged; see

Table 15. Asian participants reported higher levels of CNM total stigma and CNM immoral stigma than their White counterparts. It is important to contextualize these findings in light of prior research demonstrating no racial differences in CNM engagement (Haupert et al., 2017). Accordingly, race may constitute a distinct axis of social stratification that does not inherently confer shared experiential exposure to CNM, in contrast to identities such as sexual orientation, gender diversity, or neurodivergence. Therefore, the emergence of modest racial differences does not necessarily indicate a failure of generalized prejudice reduction across parallel domains; rather, it may illustrate the limits of attitudinal generalization in the absence of overlapping experiential frameworks.

However, it is plausible that some racial minority groups may perceive CNM as a predominantly White relationship structure due to White-centered media representation (Clardy, 2024). However, these findings should be interpreted cautiously, as no racial differences emerged for CNM acceptance; therefore, the identified patterns may not reflect stable or substantively meaningful differences in prejudice across racial groups. Moreover, the racial composition of our sample may have introduced power imbalances that warrant careful consideration, as Asian students (n = 134) comprised the largest group relative to White (n = 68), Latinx (n = 55), and Multiracial (n = 30) students. We also found significant racial differences in LGBTQ+ acceptance, with Latinx, Multiracial, and White students reporting higher acceptance than Asian students at both time points. Although Asian American attitudes toward LGBTQ+ communities remain understudied, emerging research counters stereotypes depicting Asian communities as uniformly conservative. For instance, Yang and Charles (2021) found that Asian Americans are equally supportive of LGBTQ+ legal protections as their White counterparts. Generational differences may play a role in attitudinal differences as second-generation Asian Americans report higher LGBTQ+ acceptance than first-generation individuals, suggesting the relevance of acculturation processes (Ju, 2022). Thus, our findings may be shaped by generational or acculturation-related factors, given that this student sample may have reflected the high number of Asian international students at UC Davis (Young, 2022). However, because the present survey did not assess acculturation, immigration status, or generational background, we were unable to control for these variables. Future research can incorporate these variables to better clarify the extent to which cultural, generational, or migration-related experiences influence attitudes toward CNM and LGBTQ+ communities across diverse racial groups.

Our findings indicate that neurodivergent and disabled students reported lower CNM stigma across all subscales, alongside higher CNM and LGBTQ+ acceptance; see **Table 17** and **Table 18**. This work offers a novel contribution to relationship science, as prior work has rarely examined intersections between neurodiversity, disability, and relationship diversity. However, a growing body of evidence has attended to the substantial overlap across neurodivergent, disabled, and LGBTQ+ communities (Kempapidis et al., 2023; Strang & Fischbach, 2023; Weir et al., 2021). Prior research has estimated that upwards of 70% of autistic individuals may identify as LGBTQ+ (George & Stokes, 2018). These estimates align with prevalence rates in our sample, as 51.7% of neurodivergent students identified as a sexual minority and 68.2% identified as a gender minority. Additionally, the 2021 UK Census reported that 6.4% of disabled adults identified as a sexual minority compared with 2.6% of non-disabled adults (Office for National Statistics, 2023). Our subsample of disabled students exhibited notably higher rates of LGBTQ+ prevalence, with 50% identifying as a sexual minority and 54.5% identifying as a gender minority. These elevated rates of LGBTQ+ identification likely reflect the overlap between disabled and neurodivergent communities in our sample. Sixty-six percent (n = 33) of disabled individuals also identified as neurodivergent, who also overwhelmingly identified as LGBTQ+. It is also important to note that while high rates of co-occurring disabilities among neurodivergent individuals are commonplace (Khachadourian et al., 2023; Mosner et al., 2019; World Health Organization, 2025), our disability item did not capture whether students who identified as both neurodivergent and disabled were reporting a secondary, co-morbid disability. Many students may have conceptualized their neurodivergence as a disability and selected both options, especially given the ADA's legal classification of many neurodevelopmental conditions as disabilities (U.S. Department of Justice, n.d.). Thus, the observed disability effects may

instead signal neurodivergent LGBTQ+ student experiences rather than a distinct effect attributable solely to disability status. These patterns underscore the need for future work to determine whether neurodivergent and disabled individuals also report higher engagement in CNM, and whether neurodivergence and disability uniquely shape attitudes toward relationship diversity while controlling for sexual and gender identity. One additional unexpected finding was that neurodivergent students reported significantly higher classroom belonging at T2. This finding may reflect the positive impact of a dedicated, identity-affirming lecture on neurodiversity. Neurodiversity is rarely centered in pedagogical practices and, when addressed, is often framed through deficit-based, medicalizing paradigms such as "Abnormal Psychology" curricula (Cook, 2024; Rudkin et al., 2025). This unique finding suggests that exposure to inclusive, identity-affirming content may have meaningfully enriched belonging for neurodivergent students, echoing broader evidence that inclusive curricular representation improves belonging among marginalized student groups (Fairlie et al., 2014; Falco & Sparrow, 2023; Jackson et al., 2024; Jaekel, 2017).

Furthermore, as expected, students endorsed substantially higher acceptance toward LGBTQ+ individuals than CNM relationships at both the beginning and end of the course; see **Table 19**. Despite conceptual overlap, this pattern highlights the persistence of comparatively greater stigma toward CNM relationships within this student population. This finding is aligned with prior research indicating higher levels of dehumanization toward CNM relationships than same-sex relationships (Rodrigues et al., 2018). Notably, LGBTQ+ acceptance at course completion was positively associated with CNM acceptance at both time points, which may reflect heightened awareness of parallels between these stigmatized identities following course discussions.

Additionally, cross-variable associations found that higher unhealthy and immoral CNM stigma scores were linked to lower relationship skills and belonging. This association illustrates how discrete stigma dimensions may differentially shape both interpersonal competencies and classroom climate. These findings emphasize that CNM stigma is multidimensional; dysfunctional and immoral CNM stigma were modestly tied to perceived relationship skills, whereas unhealthy CNM stigma uniquely related to classroom belonging at the course endpoint. This pattern suggests that endorsing stereotypes portraying CNM as "unhealthy" may be incongruent with an inclusive classroom curriculum that deliberately integrates empirical evidence debunking stigmatizing myths. Students who maintained these beliefs may have experienced dissonance, which could have manifested in lower classroom belonging by course completion. Notably, while greater relationship skills were associated with lower CNM stigma overall, they did not predict reductions across the quarter. This pattern indicates that students who began the course with stronger perceived relationship skills may have already held more affirming views toward CNM relationships.

Finally, analyses of change-score associations indicated that increases in CNM and LGBTQ+ acceptance were each associated with reductions across all dimensions of CNM stigma. However, changes in CNM acceptance were not significantly associated with changes in LGBTQ+ acceptance, suggesting that attitudinal shifts in these domains may operate independently over time. This pattern should be interpreted cautiously, given the uniformly high levels of LGBTQ+ acceptance observed in the sample, which may have constrained variability in change. Future research recruiting samples with greater heterogeneity in LGBTQ+ attitudes will be better positioned to evaluate whether changes in these domains covary over time. Notably, changes in CNM stigma and CNM acceptance were not associated with changes in relationship

skills or classroom belonging, suggesting that attitudinal shifts may operate independently from psychosocial outcomes within this pedagogical context. At the same time, these findings may indicate that students can derive psychosocial benefits from inclusive curricula even in the absence of parallel changes in attitudes toward CNM or LGBTQ+ populations.

Collectively, these findings illustrate how inclusive educational contexts may attenuate prejudice, boost belonging, and strengthen interpersonal skills while also illuminating how social identities uniquely shape these outcomes. Research indicates that inclusive pedagogy reliably improves belonging, perceived safety, and mental health for all students (Proulx et al., 2019; Snapp et al., 2015) but yields larger benefits for minority students who have endured prejudice, stigma, and alienation (Alhassan et al., 2025; Dewsbury et al., 2022; Yu, 2018). Prejudice is linked to poorer academic achievement and attrition, eroding students' ability to thrive in rigorous educational settings (Fogilati & Bussey, 2013; Woodcock et al., 2012; Yosso et al., 2009). Therefore, inclusive pedagogy importantly functions as a universal design framework that strengthens the overall climate for all students while mitigating structural barriers for marginalized students (CAST, 2018).

Limitations and Future Directions

There are several limitations that warrant consideration, along with directions for future research. First, the compressed nature of the 10-week quarter system may have limited the degree of change observed. This study incorporated two time points, which constrains the ability to assess when specific changes occurred. Future longitudinal research could examine whether longer, semester-based courses facilitate more substantial or sustained shifts in attitudes and stigma compared to shorter, quarter-based formats. Moreover, semester systems may offer greater flexibility for incorporating additional measurement points, allowing researchers to more

precisely identify which curricular components are most effective in reducing stigma and promoting inclusive attitudes. We also recommend that future studies administer post-tests after the course completion to examine whether attitudinal shifts persist over time. We recognize that post-course data collection may introduce significant logistical challenges, but these study designs would strengthen inferences about the durability of observed change. Additionally, because only one section of this course is offered in a given quarter, it was not feasible to include a control condition (e.g., a comparable relationship psychology course without CNM or LGBTQ+ content). Although a control condition would have strengthened causal claims, this structural constraint is common in pedagogical research conducted within single-course contexts (Bartsch, 2013). Future studies could address this limitation by utilizing multi-section courses or cross-instructor collaborations to implement experimental or quasi-experimental designs.

Our sample was diverse with respect to race, income, and sexual orientation, which enhances the generalizability of our conclusions (McGorray et al., 2023). While our sample was majority Asian with moderate representation from White and Latinx students, we lacked sufficient statistical power to examine attitudes and psychosocial outcomes among Black, Middle Eastern, and Native American students. Given evidence that inclusive pedagogy may buffer structural barriers disproportionately faced by these minority groups in academic settings, future research should prioritize targeted recruitment of these populations (Chanicka & Logan, 2021; Haynes, 2023).

We also want to acknowledge that our use of an aggregated Multiracial category due to insufficient sample sizes constrains nuance. To promote transparency, we provide detailed information on participants' specific multiracial identities in **Table 8**. Future research can both transparently report racial demographic information while avoiding homogenizing minority

racial groups. Additionally, future work should employ larger, more representative, and demographically diverse samples to determine whether racial or ethnic differences in CNM and LGBTQ+ stigma reliably emerge when adequately powered group comparisons are possible. This work is essential because prior work has predominantly compared LGBTQ+ attitudes using broad racial categories (e.g., Black, White, and aggregated "Other"), finding lower acceptance among "Other" groups (Yang & Charles, 2021). However, these monolithic racial categories limit meaningful interpretation because they mask considerable heterogeneity within racial minorities.

Furthermore, while our sample overrepresented cisgender women and underrepresented cisgender men, it included modest representation from gender diverse participants (7.4%), a group frequently overlooked in psychological research (Junkins et al., 2024). These unbalanced sample sizes may have attenuated the power of the Kruskal–Wallis tests and post-hoc comparisons, particularly for detecting more subtle group differences. Additionally, the aggregation of all gender diverse identities into a singular group may have cloaked meaningful within-group differences among gender diverse individuals. By proactively recruiting gender diverse participants, researchers can eschew data aggregation or dichotomization practices that obscure nuanced expressions of gender diversity (Lowik et al., 2022a; Lowik et al., 2022b). By ensuring adequate representation of gender diverse individuals, researchers are better equipped to accurately assess how educational interventions differentially impact gender minority subgroups.

It is also crucial to consider whether selection effects may have influenced the present findings. Students who elected to enroll in Relationship Science may have self-selected based, at least in part, on pre-existing openness to topics such as LGBTQ+ inclusion. Consequently, these observed increases in relationship skills or acceptance toward CNM individuals may reflect pre-

existing motivational or attitudinal profiles rather than course-induced change. Within this framework, the documented gains and reductions may have captured predisposition toward inclusive attitudes, rather than evidence of causal attitude change. Moreover, this study may have also been impacted by ceiling effects on CNM stigma. Participants who entered the course with already low levels of prejudice had limited room for improvement, which could have masked potential curriculum effects. While relationship skills scores increased across the sample, stigma scores remained relatively stable because participants generally held affirming beliefs toward LGBTQ+ and CNM populations. This pattern indicates that this curriculum may have reinforced students' pre-existing inclusive values. To more precisely disentangle these possibilities, future research could administer pre-enrollment screening measures to account for these potential confounds.

It is also important to distinguish between cognitive learning and affective prejudice reduction. While the course effectively taught models of healthy relationships, deep-seated attitudes toward marginalized relationship structures may require interactive, interpersonal, or experiential learning approaches that are difficult to implement in an asynchronous environment. Future curricula might consider incorporating empathy-building activities, dissonance-inducing content, or direct intergroup contact (e.g., inviting an expert on CNM relationships) to more fully activate the mechanisms underlying meaningful stigma reduction.

Additionally, the present study did not assess associations between course performance and attitudinal change. Such analyses were not conducted due to ceiling effects in course grades and near-universal completion of course assessments (completion averages of 97.1% for quizzes and 98.8% for exams), which limited meaningful variability in engagement and performance. Future research could extend this work by examining whether the depth of student engagement with

course materials (e.g., assignment completion, assessment performance, class participation) moderates attitudinal change in response to inclusive curricula. This association may be more readily tested within multi-section courses or across instructional contexts, which would allow more precise estimates of how student engagement may shape attitudinal change.

Finally, this study intentionally recruited a population of Gen Z students, who are more likely to identify as LGBTQ+ and express higher levels of acceptance toward nontraditional relationship structures (Gallup, 2025; Morris et al., 2024; Skakoon-Sparling et al., 2024). While student samples can be reflective of the general population (e.g., Lupton, 2019), it is important for future researchers to examine inclusive pedagogical interventions across diverse age cohorts due to modest generational effects (Twenge & Blake, 2020).

Future research should further explore the applicability of these findings to other domains, including workplace, clinical, and healthcare trainings. A rich corpus of work has demonstrated that workplace cultural competency trainings reduce prejudice toward racial and sexual minorities, although discrepancies may arise based on organizational culture, training modality (e.g., online), and institutional accountability mechanisms (Ben et al., 2020; Hassen et al., 2021; Oloo, 2023; Yu et al., 2023). While no intervention to our knowledge has systematically evaluated the efficacy of culturally competent CNM trainings for clinical practitioners, a growing body of scholarship illustrates the importance of disseminating clinical resources that enrich the quality of care for CNM populations (Duke et al., 2022; Moors & Schechinger, 2014; Moors et al., 2023; Moors et al., 2025). Many CNM patients seeking mental healthcare have reported negative experiences with clinicians, characterized by mononormativity, inappropriate therapy interventions, and stigmatizing comments (Finn et al., 2012; Schechinger et al., 2018). More broadly, CNM individuals have also reported a lack of

trust in their sexual healthcare providers (Campbell et al., 2023; Vaughan et al., 2019). Future studies could implement similar pre- and post-intervention designs to evaluate trainings across diverse environments. Furthermore, given the breadth of research targeting stigma reduction toward LGBTQ+ populations (Bartos & Hegarty, 2014), future LGBTQ+ interventions could extend this work by incorporating CNM measures due to the overlap between LGBTQ+ and CNM communities. Ultimately, our study underscores the potential for educational measures to operate as a powerful vehicle for positive change across diverse settings by reducing stigma, broadening awareness of human diversity, and cultivating understanding of marginalized groups' experiences.

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Table 1. Demographic Table

Baseline Characteristic	%	*N*
Gender		
Woman	77.4	230
Man	18.5	55
Gender Diverse Umbrella	7.4	22
Nonbinary	5.1	15
Genderfluid	1.6	5
Genderqueer	2.6	9
Agender	<1	2
Two-spirit	<1	1
Transgender (Transmen/Transwomen/Gender Diverse)	3.0	9
Sexuality		
Heterosexual	71.7	213
Polysexual Umbrella	21.5	64
Bisexual	16.5	49
Pansexual	5.1	15
Gay	2.7	8
Lesbian	3.0	9
Asexual Umbrella	7.1	21
Asexual	3.4	10
Graysexual	2.0	6
Demisexual	<1	2
Ace Flux	<1	1
Queer	<1	2
Race/Ethnicity		
Asian	45.6	134
White	23.1	68
Latinx	18.7	55
Multiracial	10.2	30
Asian and White	3.1	9
Latinx and White	2.0	6
Multiracial	1.0	3
Asian and Latinx	<1	2
Asian and Black	<1	2
Black and Latinx	<1	2
Latinx, Native American, and White	<1	2
Asian, Black, and White	<1	1
Asian, Latinx, and White	<1	1
Black and White	<1	1
Latinx and Native American	<1	1
Black	1.0	3
Middle Eastern	1.0	3
Native American	<1	1
Annual Income		
<$30,000	26.3	78
$30,000–$49,999	10.8	32
$50,000–$69,999	7.4	22
$70,000–$89,999	7.4	22
≥$90,000	25	74
Declined to share	22.9	68
Neurodivergent		
Yes, self identity	13.6	40
Yes, formal diagnosis	6.8	20
Prefer not to answer	5.7	17
Disabled		
Yes, self identity	6.4	19
Yes, formal diagnosis	10.5	31
Prefer not to answer	5.4	16

Note. Because gender and sexual identity used a multiple-response format, some individuals are represented across multiple categories. As such, aggregated percentages may not sum to 100.

Table 2. Demographics for Relationship Status

Baseline Characteristic	%
Current Relationship Status	
In a romantic relationship	38.7
In a monogamous relationship	94
In a CNM relationship	6
Single	61.3
No prior relationship	44
Previous relationship	56
Previous monogamous relationship	71.3
Previous CNM relationship	28.7

Table 3. Teaching Methods and Course Material

Curriculum Item	Content
Readings	Nineteen peer-reviewed articles were required with approximately 2-3 articles assigned on a weekly basis. Sixteen articles explicitly addressed diversity in science and/or emphasized a minority group's lived experiences (i.e., LGBTQ+, black women).
Lectures	This course included fourteen recorded lectures, including ten prerecorded lectures. All lectures were uploaded to the interactive, digital platform, PlayPosit, which provides students with engagement opportunities via embedded multiple choice practice questions.
Guest Lectures	Four guest lectures were given on a range of topics that centered diverse perspectives.
Assessment Methods	Students were assessed through 10 weekly quizzes in addition to three exams.
Extra Credit Opportunities	Five extra credit opportunities were provided, including survey participation and reflection assignments instructing students to critically apply material to personal experiences.

Table 4. Overview of Lecture Structure and Content

Lecture Topics	Content
Introduction to Relationship Science*	This lecture highlighted guiding theories, early studies, and diverse relational perspectives across gender, sexuality, race, cultural contexts, etc. in relationship science.
Research Methods*	This lecture explored the scientific process, qualitative and quantitative approaches, and equity-centered strategies to address biases in psychological methodologies (e.g., community based participatory action research).
Attachment Theory	This lecture traced attachment from infancy to adulthood, emphasizing secure base processes, adult attachment styles, multi-partner (i.e., polyamorous) attachment bonds, and cross-cultural perspectives.
Love and Attraction	This lecture explored major theories of love, historical shifts in marriage, and cross-cultural variation in passion/attraction.
Guest Lecture: Relationship Maintenance	This lecture covered relationship maintenance strategies, conflict management, and the unique dynamics (e.g., jealousy) of CNM and queer partnerships.
Intimate Partner Violence (IPV)	This lecture discussed types of IPV, global prevalence, and systemic inequities contributing to IPV in racial minority communities.
Friendships	This lecture explored friendship across the lifespan, psychological and physical benefits, technological shifts, and nontraditional social networks (e.g., queer chosen family).
Singlehood	This lecture examined demographic trends, stigma, and wellbeing, while critiquing cultural narratives glorifying romantic relationships.

Modern Dating Experiences	This lecture discussed the history of dating, technological shifts in dating, effects of dating apps, and experiences in dating across gender, race, and sexuality.
Sexual and Gender Diversity	This lecture discussed sexual minority experiences, sexual fluidity, and inclusive sexual identity frameworks (e.g., sexual configurations theory).
Relationship Diversity*	This lecture provided an in-depth discussion of relationship structures (i.e., types of CNM), patterns of CNM engagement across gender, sexuality, race, and income, and motivations underlying CNM engagement. Moreover, lecture content debunked CNM myths (e.g., CNM is unsafe due to increased risk of STIs).
Guest Lecture: Relationships and Neurodiversity	This lecture examined disability and neurodiversity in relational contexts while challenging ableist stereotypes, contrasting medical vs. social models, and highlighting an intersectional approach to accessibility.
Guest Lecture: Nature, Awe, and Relationships	This lecture examined how nature and awe experiences shape wellbeing and close relationship processes. Additionally, it critiqued WEIRD biases underpinning nature-connectedness research while underscoring cross-cultural connections to land and spirituality.
Guest Lecture: Discussion with CNM & LGBTQ+ Affirming Therapist*	Open discussion about therapy modalities, cultural competency in practice, and diverse relationship dynamics (e.g., CNM, LGBTQ+).

Note. An asterisk* indicates that this class was a live, recorded lecture that students were encouraged to attend via Zoom. All other lectures were prerecorded.

Table 5. Means and Pairwise Comparisons Across Time Point 1 (T1) and Time Point 2 (T2)

	N	M_{T1}	M_{T2}	$\Delta M_{estimate}$	*SE*	*z*	*p*
CNM Aggregated Stigma*	230	2.53	2.28	-.25	.08	-3.13	.005
CNM Dysfunctional Stigma*	230	2.56	2.29	-.27	.08	-3.38	.003
CNM Immoral Stigma	230	2.33	2.19	-.14	.08	-1.75	.13
CNM Unhealthy Stigma*	230	2.65	2.33	-.33	.08	-4.13	<.001
CNM Acceptance*	209	3.11	3.70	.59	.09	6.56	<.001
LGBTQ+ Acceptance	209	5.61	5.56	-.05	.09	-0.55	.64
Relationship Skills*	223	5.42	5.63	.21	.09	2.33	.02
Classroom Belonging*	297	5.52	5.73	.21	.08	2.63	.01

Note. Means and pairwise comparisons from T1 to T2 for all outcome variables while controlling for race, gender, sexual identity, income, disability, and neurodivergence. Asterisks (*) indicate outcome variables for which there was a significant change over time.

Figure 1. *Plot of Means at T1 and T2 for All Outcome Variables*

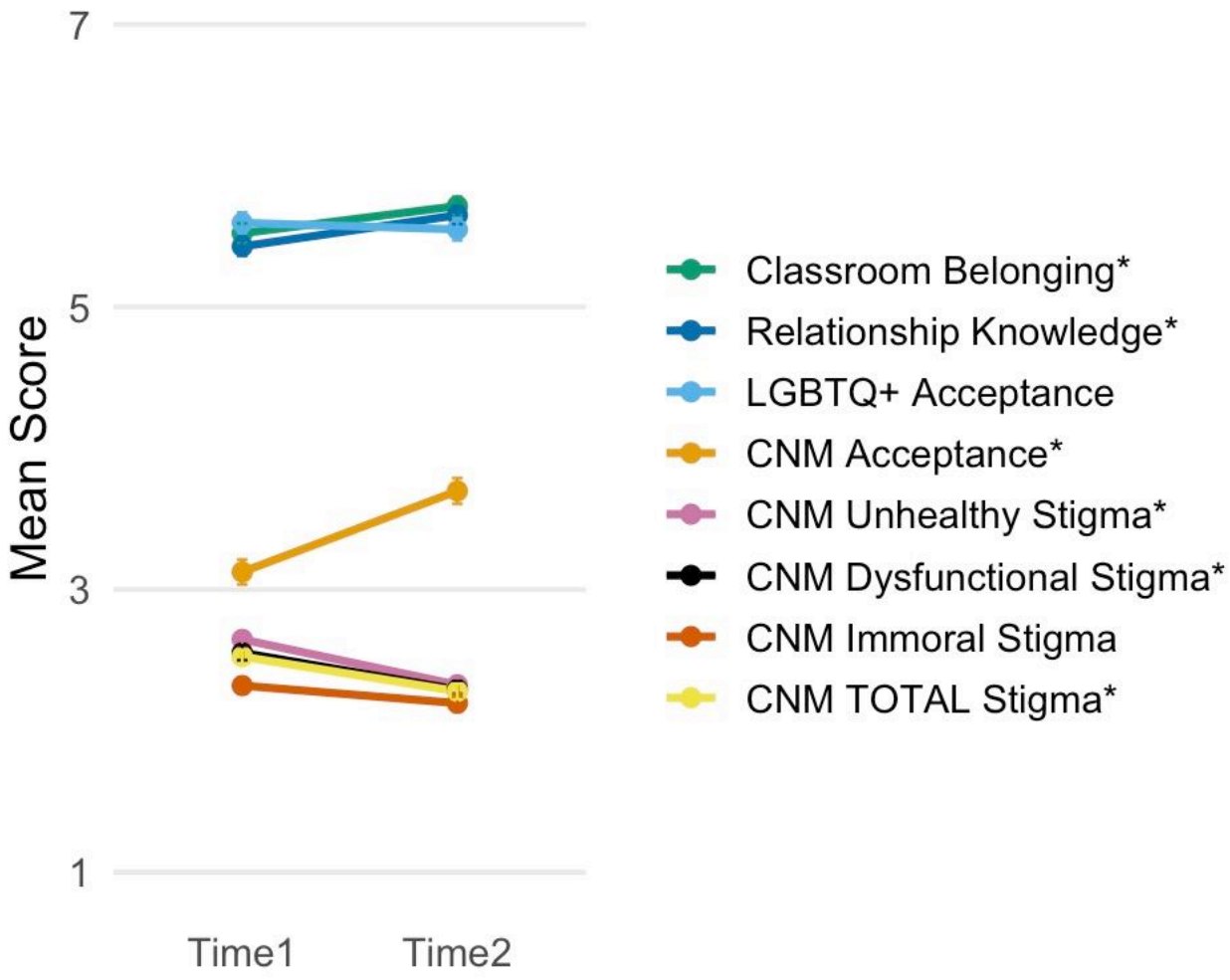


Table 6. Kruskal–Wallis Tests of Outcome Variables by Gender

Variable	Chi-Square (χ^2)	df	*p*	ε^2	Sig. Group Differences (DSCF)
CNM TOTAL Stigma (T1)	18.25	2	<.001	0.08	M = W > GD
CNM TOTAL Stigma (T2)	15.77	2	<.001	0.07	M = W > GD
CNM TOTAL Stigma (*ΔM*)	.26	2	0.879	0.001	None
CNM Dysfunctional Stigma (T1)	16.86	2	<.001	0.07	M = W > GD
CNM Dysfunctional Stigma (T2)	15.16	2	<.001	0.07	M > W > GD
CNM Dysfunctional Stigma (*ΔM*)	.47	2	0.792	0.002	None
CNM Immoral Stigma (T1)	13.77	2	0.001	0.06	M = W > GD
CNM Immoral Stigma (T2)	12.88	2	0.002	0.06	M = W > GD
CNM Immoral Stigma (*ΔM*)	.24	2	0.886	0.001	None
CNM Unhealthy Stigma (T1)	16.96	2	<.001	0.07	M = W > GD
CNM Unhealthy Stigma (T2)	13.2	2	0.001	0.06	M = W > GD
CNM Unhealthy Stigma (*ΔM*)	.30	2	0.860	0.001	None
CNM Acceptance (T1)	26.05	2	<.001	0.13	GD > M = W
CNM Acceptance (T2)	33.69	2	<.001	0.16	GD > M = W
CNM Acceptance (*ΔM*)	4.38	2	0.112	0.02	None
LGBTQ+ Acceptance (T1)	21.65	2	<.001	0.10	GD = W > M
LGBTQ+ Acceptance (T2)	12.50	2	0.002	0.06	GD = W > M
LGBTQ+ Acceptance (*ΔM*)	1.23	2	0.540	0.006	None
Relationship Skills (T1)	0.24	2	0.887	0.001	None
Relationship Skills (T2)	3.07	2	0.215	0.01	None
Relationship Skills (*ΔM*)	3.16	2	0.206	0.01	None
Classroom Belonging (T1)	5.14	2	0.077	0.02	None
Classroom Belonging (T2)	5.48	2	0.065	0.02	None
Classroom Belonging (*ΔM*)	1.99	2	0.371	0.007	None

Note. M = Man; W = Woman; GD = gender diverse. The GD category includes diverse gender identities, such as nonbinary, genderqueer, genderfluid, and other self-identified gender diverse participants. > indicates statistically significant differences based on Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons.

Table 7. Kruskal–Wallis Tests of Outcome Variables by Sexuality

Variable	Chi-Square (χ^2)	df	*p*	ε^2	Sig. Group Differences (DSCF)
CNM TOTAL Stigma (T1)	38.00	1	<.001	0.17	H > L
CNM TOTAL Stigma (T2)	39.53	1	<.001	0.17	H > L
CNM TOTAL Stigma (*ΔM*)	0.40	1	0.528	0.002	None
CNM Dysfunctional Stigma (T1)	30.37	1	<.001	0.13	H > L
CNM Dysfunctional Stigma (T2)	30.27	1	<.001	0.13	H > L
CNM Dysfunctional Stigma (*ΔM*)	0.38	1	0.537	0.002	None
CNM Immoral Stigma (T1)	30.15	1	<.001	0.13	H > L
CNM Immoral Stigma (T2)	31.17	1	<.001	0.14	H > L
CNM Immoral Stigma (*ΔM*)	0.96	1	0.328	0.004	None
CNM Unhealthy Stigma (T1)	38.33	1	<.001	0.17	H > L
CNM Unhealthy Stigma (T2)	37.00	1	<.001	0.16	H > L
CNM Unhealthy Stigma (*ΔM*)	0.03	1	0.865	<.001	None
CNM Acceptance (T1)	27.60	1	<.001	0.13	L > H
CNM Acceptance (T2)	42.00	1	<.001	0.20	L > H
CNM Acceptance (*ΔM*)	2.25	1	0.134	0.011	None
LGBTQ+ Acceptance (T1)	13.42	1	<.001	0.06	L > H
LGBTQ+ Acceptance (T2)	18.35	1	<.001	0.09	L > H
LGBTQ+ Acceptance (*ΔM*)	4.44	1	0.035	0.02	L > H
Relationship Skills (T1)	1.70	1	0.192	0.008	None
Relationship Skills (T2)	0.03	1	0.874	<.001	None
Relationship Skills (*ΔM*)	0.75	1	0.388	0.003	None
Classroom Belonging (T1)	0.78	1	0.376	0.003	None
Classroom Belonging (T2)	1.74	1	0.187	0.006	None
Classroom Belonging (*ΔM*)	3.29	1	0.070	0.01	None

Note. H = heterosexual; L = LGBTQ+. > indicates statistically significant differences based on Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons. *ΔM* = mean difference from Time 1 to Time 2. ε^2 = effect size estimate for non-parametric tests.

Table 8. Kruskal–Wallis Tests of Outcome Variables by Race

Variable	Chi-Square (χ^2)	df	*p*	ε^2	Sig. Group Differences (DSCF)
CNM TOTAL Stigma (T1)	12.781	3	0.005	0.0576	A > W
CNM TOTAL Stigma (T2)	11.719	3	0.008	0.0528	A > W
CNM TOTAL Stigma (*ΔM*)	0.623	3	0.891	0.0028	None
CNM Dysfunctional Stigma (T1)	10.041	3	0.018	0.0452	None
CNM Dysfunctional Stigma (T2)	12.559	3	0.006	0.0566	A > W
CNM Dysfunctional Stigma (*ΔM*)	4.300	3	0.231	0.0194	None
CNM Immoral Stigma (T1)	13.705	3	0.003	0.0617	A > W
CNM Immoral Stigma (T2)	9.776	3	0.021	0.0440	A > W
CNM Immoral Stigma (*ΔM*)	2.203	3	0.531	0.0099	None
CNM Unhealthy Stigma (T1)	7.758	3	0.051	0.0350	None
CNM Unhealthy Stigma (T2)	7.908	3	0.048	0.0356	None
CNM Unhealthy Stigma (*ΔM*)	4.762	3	0.190	0.0215	None
CNM Acceptance (T1)	3.875	3	0.275	0.0194	None
CNM Acceptance (T2)	3.941	3	0.268	0.0197	None
CNM Acceptance (*ΔM*)	0.799	3	0.850	0.0040	None
LGBTQ+ Acceptance (T1)	25.304	3	<.001	0.1273	L = M = W > A
LGBTQ+ Acceptance (T2)	32.521	3	<.001	0.1634	L = M = W > A
LGBTQ+ Acceptance (*ΔM*)	7.085	3	0.069	0.0356	None
Relationship Skills (T1)	5.591	3	0.133	0.0260	None
Relationship Skills (T2)	4.798	3	0.187	0.0223	None
Relationship Skills (*ΔM*)	0.146	3	0.986	0.0007	None
Classroom Belonging (T1)	10.270	3	0.016	0.0359	W > A
Classroom Belonging (T2)	2.202	3	0.531	0.0077	None
Classroom Belonging (*ΔM*)	6.230	3	0.101	0.0218	None

Note. Test assessed racial differences across Asian (A), Latinx, Multiracial (M), and White (W) groups. Black, Middle Eastern, and Native American racial groups were excluded due to small samples. > indicates statistically significant differences based on Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons. ΔM = mean difference from Time 1 to Time 2. ε^2 = effect size estimate for non-parametric tests.

Table 9. Kruskal–Wallis Tests of Outcome Variables by Income

Variable	Chi-Square (χ^2)	df	p	ε^2	Sig. Group Differences (DSCF)
CNM TOTAL Stigma (T1)	7.84	8	0.449	0.045	None
CNM TOTAL Stigma (T2)	3.05	8	0.931	0.018	None
CNM TOTAL Stigma (ΔM)	4.76	8	0.783	0.028	None
CNM Dysfunctional Stigma (T1)	12.92	8	0.114	0.075	None
CNM Dysfunctional Stigma (T2)	3.10	8	0.928	0.018	None
CNM Dysfunctional Stigma (ΔM)	7.11	8	0.524	0.041	None
CNM Immoral Stigma (T1)	3.48	8	0.901	0.020	None
CNM Immoral Stigma (T2)	3.75	8	0.879	0.022	None
CNM Immoral Stigma (ΔM)	2.51	8	0.961	0.015	None
CNM Unhealthy Stigma (T1)	9.89	8	0.273	0.057	None
CNM Unhealthy Stigma (T2)	6.61	8	0.579	0.038	None
CNM Unhealthy Stigma (ΔM)	6.42	8	0.601	0.037	None
CNM Acceptance (T1)	10.91	8	0.207	0.073	None
CNM Acceptance (T2)	7.60	8	0.473	0.051	None
CNM Acceptance (ΔM)	3.22	8	0.920	0.021	None
LGBTQ+ Acceptance (T1)	8.09	8	0.425	0.049	None
LGBTQ+ Acceptance (T2)	5.52	8	0.701	0.034	None
LGBTQ+ Acceptance (ΔM)	10.99	8	0.202	0.067	None
Relationship Skills (T1)	24.53	8	0.002	0.140	None
Relationship Skills (T2)	13.07	8	0.109	0.075	None
Relationship Skills (ΔM)	17.78	8	0.023	0.102	None
Classroom Belonging (T1)	7.53	8	0.481	0.033	None
Classroom Belonging (T2)	3.48	8	0.901	0.015	None
Classroom Belonging (ΔM)	4.46	8	0.813	0.020	None

Note. Income levels range from (1) Below $20,000 to (9) $90,000 or more. > indicates statistically significant differences based on Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons. ΔM = mean difference from Time 1 to Time 2. ε^2 = effect size estimate for non-parametric tests.

Table 10. Kruskal–Wallis Tests of Outcome Variables by Neurotype

Variable	Chi-Square (χ^2)	df	*p*	ε^2	Sig. Group Differences (DSCF)
CNM TOTAL Stigma (T1)	14.14	1	<.001	0.067	NT > ND
CNM TOTAL Stigma (T2)	18.55	1	<.001	0.088	NT > ND
CNM TOTAL Stigma (*ΔM*)	2.25	1	0.133	0.011	None
CNM Dysfunctional Stigma (T1)	7.77	1	0.005	0.037	NT > ND
CNM Dysfunctional Stigma (T2)	17.12	1	<.001	0.081	NT > ND
CNM Dysfunctional Stigma (*ΔM*)	5.81	1	0.016	0.027	NT > ND
CNM Immoral Stigma (T1)	17.63	1	<.001	0.083	NT > ND
CNM Immoral Stigma (T2)	20.21	1	<.001	0.095	NT > ND
CNM Immoral Stigma (*ΔM*)	1.38	1	0.240	0.007	None
CNM Unhealthy Stigma (T1)	13.75	1	<.001	0.065	NT > ND
CNM Unhealthy Stigma (T2)	11.29	1	<.001	0.053	NT > ND
CNM Unhealthy Stigma (*ΔM*)	0.06	1	0.807	<.001	None
CNM Acceptance (T1)	11.85	1	<.001	0.061	ND > NT
CNM Acceptance (T2)	14.27	1	<.001	0.074	ND > NT
CNM Acceptance (*ΔM*)	0.52	1	0.470	0.003	None
LGBTQ+ Acceptance (T1)	7.08	1	0.008	0.036	ND > NT
LGBTQ+ Acceptance (T2)	7.26	1	0.007	0.037	ND > NT
LGBTQ+ Acceptance (*ΔM*)	0.10	1	0.754	<.001	None
Relationship Skills (T1)	0.02	1	0.888	<.001	None
Relationship Skills (T2)	0.06	1	0.808	<.001	None
Relationship Skills (*ΔM*)	0.05	1	0.816	<.001	None
Classroom Belonging (T1)	0.55	1	0.460	0.002	None
Classroom Belonging (T2)	4.35	1	0.037	0.016	ND > NT
Classroom Belonging (*ΔM*)	4.96	1	0.026	0.018	ND > NT

Note. NT = neurotypical, ND = neurodivergent based on self identification or diagnosis. > indicates statistically significant differences based on Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons. ΔM = mean difference from Time 1 to Time 2. ε^2 = effect size estimate for non-parametric tests.

Table 11. Kruskal–Wallis Tests of Outcome Variables by Disability Status

Variable	Chi-Square (χ^2)	df	*p*	ε^2	Sig. Group Differences (DSCF)
CNM TOTAL Stigma (T1)	10.66	1	0.001	0.050	ND > D
CNM TOTAL Stigma (T2)	6.13	1	0.013	0.029	ND > D
CNM TOTAL Stigma (*ΔM*)	1.84	1	0.175	0.009	None
CNM Dysfunctional Stigma (T1)	7.10	1	0.008	0.033	ND > D
CNM Dysfunctional Stigma (T2)	4.46	1	0.035	0.021	ND > D
CNM Dysfunctional Stigma (*ΔM*)	0.32	1	0.575	0.001	None
CNM Immoral Stigma (T1)	7.53	1	0.006	0.035	ND > D
CNM Immoral Stigma (T2)	4.72	1	0.030	0.022	ND > D
CNM Immoral Stigma (*ΔM*)	0.63	1	0.428	0.003	None
CNM Unhealthy Stigma (T1)	12.43	1	<.001	0.058	ND > D
CNM Unhealthy Stigma (T2)	5.94	1	0.015	0.028	ND > D
CNM Unhealthy Stigma (*ΔM*)	1.05	1	0.307	0.005	None
CNM Acceptance (T1)	7.93	1	0.005	0.041	D > ND
CNM Acceptance (T2)	3.91	1	0.048	0.020	D > ND
CNM Acceptance (*ΔM*)	0.88	1	0.349	0.005	None
LGBTQ+ Acceptance (T1)	3.07	1	0.080	0.016	None
LGBTQ+ Acceptance (T2)	4.98	1	0.026	0.026	D > ND
LGBTQ+ Acceptance (*ΔM*)	0.79	1	0.375	0.004	None
Relationship Skills (T1)	0.13	1	0.716	<.001	None
Relationship Skills (T2)	1.83	1	0.176	0.009	None
Relationship Skills (*ΔM*)	0.80	1	0.373	0.004	None
Classroom Belonging (T1)	0.14	1	0.713	<.001	None
Classroom Belonging (T2)	1.99	1	0.159	0.007	None
Classroom Belonging (*ΔM*)	3.33	1	0.068	0.012	None

Note. ND = Non-disabled; D = Disabled based on self-identification or diagnosis. > indicates statistically significant differences based on Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons. ΔM = mean difference from Time 1 to Time 2. ε^2 = effect size estimate for non-parametric tests.

Table 12. Correlations for Time Point 1 (T1) and Time Point 2 (T2) Outcome Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. CNM Dysfunctional Stigma (T1)	-													
2. CNM Dysfunctional Stigma (T2)	0.72**	-												
3. CNM Immoral Stigma (T1)	0.75**	0.66**	-											
4. CNM Immoral Stigma (T2)	0.63**	0.82**	0.70**	-										
5. CNM Unhealthy Stigma (T1)	0.69**	0.60**	0.68**	0.56**	-									
6. CNM Unhealthy Stigma (T2)	0.57**	0.68**	0.51**	0.64**	0.65**	-								
7. CNM Acceptance (T1)	-0.50**	-0.43**	-0.47**	-0.38**	0.62**	-0.46**	-							
8. CNM Acceptance (T2)	-0.55**	-0.61**	-0.44**	-0.50**	-0.60**	-0.61**	0.68**	-						
9. LGBTQ+ Acceptance (T1)	-0.57**	-0.63**	-0.59**	-0.65**	-0.39**	-0.38**	0.16	0.35**	-					
10. LGBTQ+ Acceptance (T2)	-0.59**	-0.77**	-0.58**	-0.75**	-0.47**	-0.60**	0.24*	0.44**	0.83**	-				
11. Relationship Skills (T1)	0.03	0.12	0.03	0.08	0.05	0.07	0.01	0.02	0.02	0.03	-			
12. Relationship Skills (T2)	-0.20*	-0.18*	-0.19*	-0.15	-0.05	-0.11	-0.07	-0.101	0.26**	0.28**	0.42**	-		
13. Classroom Belonging (T1)	-0.24**	-0.14*	-0.15*	-0.10	-0.09	-0.06	-0.04	0.03	0.20*	0.17*	0.29**	0.35**	-	
14. Classroom Belonging (T2)	-0.20*	-0.18*	-0.19*	-0.23**	-0.13*	-0.16*	0.003	0.07	0.33**	0.35**	0.15*	0.40**	0.49**	-

Note. * $p < .05$. ** $p < .001$.

Table 13. Correlations Across Change-Scores (Δ) from T1 to T2

	1	2	3	4	5	6	7
1. CNM Dysfunctional Stigma Δ	-						
2. CNM Immoral Stigma Δ	0.51***	-					
3. CNM Unhealthy Stigma Δ	0.30***	0.39***	-				
4. CNM Acceptance Δ	-0.23**	-0.26**	-0.26**	-			
5. LGBTQ+ Acceptance Δ	-0.32***	-0.24**	-0.29***	0.06	-		
6. Relationship Skills Δ	-0.11	-0.04	-0.11	0.05	0.03	-	
7. Belonging Δ	-0.10	-0.13	-0.08	-0.02	0.10	0.17*	-

Note. Δ refers to change in score from T1 to T2. $p < .05$. ** $p < .01$. *** $p < .001$

Chapter 3

An Intersectional View on Romantic Scripts and Configurations

Abstract

This chapter focuses on the theoretical frameworks and psychological processes that describe, create, and reinforce gendered relationship scripts. By drawing from the fields of psychology, sociology, history, gender studies, and anthropology, this work contextualizes how gendered relationship scripts and configurations are socially constructed and privilege certain identities while marginalizing others. This chapter examines norms associated with men's and women's dating and sexual behavior, while highlighting "non-traditional" relationship scripts that subvert these dominant norms. Current research demonstrates that diverse relationship configurations, such as consensual non-monogamy or long-term singlehood, are widely practiced cross-culturally. These relationship types challenge the notion that heterosexual monogamous relationships are a human universal. Future research directions related to legal policy, clinical practice, education, and the advancement of relationship science are discussed at the end of the chapter.

Romantic Scripts and Configurations

"*First comes love, then comes marriage, then comes a baby in a baby carriage*."

While this nursery rhyme is catchy and often innocently used to tease friends or siblings, it also reflects an early socialization process. This rhyme distills the societal expectations and milestones we should reach: meet a partner (ostensibly in a heterosexual pairing), join the institution of marriage, and have children. From a very young age, we are taught that romantic love should culminate in marriage and reproduction, reinforcing a linear, universally desirable—if not obligatory—life trajectory.

Scripts and Master Narratives

Sexual scripts theory posits that we internalize a culturally shared set of cognitive guidelines about appropriate romantic and sexual behavior, including expectations for desire, behavior, and relationship progression (Gagnon & Simon, 1973; Simon & Gagnon, 2003). These scripts provide a gendered blueprint or "master narrative" (cultural or societal norms level) for how women and men should date and engage in romantic relationships (interpersonal level), which are internalized as an "intrapsychic" script that guides one's own behavior (Gagnon & Simon, 1973; Simon & Gagnon, 2003). In other words, this theory argues that dating and sexual behaviors are learned and scripted at the cultural, interpersonal, and individual levels.

In heterosexual dating contexts, scripts frequently position men as initiators who are expected to pursue romantic interest, plan dates, pay for expenses, and propose marriage (Cameron & Curry, 2020; Wiederman, 2015). Whereas women's scripts entail a passive role (evaluating or responding to men's advances) and serving as "gatekeepers" of sexual activity and relationship progression (Kiefer & Sanchez, 2007; Wiederman, 2015). In addition to providing different blueprints for women and men, these scripts include sequential steps for anticipated

actions in romantic contexts, such as expecting men to pursue women for dates before engaging in sexual activity (Frith & Kitzinger, 2001; Simon & Gagnon, 2003). For instance, highlighting this initiator-gatekeeper dynamic, a study of college-aged adults found that 88% of women said that they would want *their partner* to propose and, similarly, 83.1% of men indicated *they* would want to propose (Robnett & Leaper, 2013). These scripts have been embedded in historical and sociocultural frameworks for centuries, as evidenced by literary works such as William Shakespeare's romantic comedies—wherein heterosexual courtship and marriage pursuits are central narrative arcs—to modern media portrayals in films such as *Palm Springs*, *The Fall Guy*, and *Timestalker*. Moreover, these scripts privilege certain forms of intimacy as normal, moral, or legitimate for cisgender men and women (Bowleg et al., 2004). To better encapsulate how these romantic and sexual scripts are entwined with traditional gender roles, throughout this chapter, we will use the term "gender relationship scripts."

Despite contemporary feminist movements and increased public endorsement of gender equality, gendered relationship scripts remain a large part of people's current dating experiences (Cameron & Curry, 2020; Lamont, 2021; Ward et al., 2022). In one study, more than 17,000 people were asked to report on their attitudes toward dating expenses and their actual dating practices (Lever et al., 2015). Although the majority of men (74%) and women (83%) endorsed an egalitarian belief that both men and women should contribute to dating expenses, Lever and colleagues found that men contributed more financially to the relationship. In another study of 330 undergraduate students, Paynter & Leaper (2016) examined the relationship between feminist self-identification and endorsement of "heterosexual dating double standards," which describes how men are viewed positively for initiating romantic and sexual contact while women are socially stigmatized for exerting similar agency. Feminist self-identification was not

significantly linked to heterosexual dating double standards among women, indicating that women with varying levels of feminist self-identification endorsed these double standards (Paynter & Leaper, 2016). In other words, despite many people's endorsement of egalitarian values, they often follow gendered relationship scripts that appear to contradict their belief systems.

Beyond dating, gendered relationship scripts extend into long-term partnership dynamics. Women have been historically tethered to the domestic sphere, idealized as a submissive "angel of the house" who offers emotional support, coordinates all household labor, and performs all caregiving duties (Crouse-Dick, 2012; Overall & Hammond, 2018). While the cultural image of the "angel of the house" emerged from nineteenth-century Victorian ideology, its underlying gendered assumptions persist in contemporary media culture, such as the "tradwife" (traditional wife) phenomenon (Sykes & Hopner, 2024). Tradwives are social media influencers who commodify heteronormative relationship ideals, positioning their performed femininity, domesticity, and motherhood as an aspirational lifestyle. A qualitative, ethnographic analysis of 36 "tradwife" social media profiles demonstrated that this digital culture provides spaces for conservative women to connect, glorify, and perform traditional gendered scripts that predominantly cast women as domestic caretakers (Sykes & Hopner, 2024). However, a robust body of evidence suggests that traditional gendered relationship scripts often disproportionately burden women partners with more emotional, cognitive (i.e., monitoring, planning), and household labor duties relative to men (Daminger, 2019; Ferrara & Vergara, 2024; Hochschild & Machung, 2012; Strazdins & Broom, 2004). For instance, while heterosexual women often report multiple emotional support systems, heterosexual men commonly identify their romantic partner as their primary source of emotional support (Ferrara & Vergara, 2024). Even in dual–earner

households, women report performing more cognitive (i.e., monitoring, planning, and scheduling), household, and caregiving labor, exemplifying the "second shift" of unpaid labor they are expected to shoulder (Hochschild & Machung, 2012; Yavorsky et al., 2015). These asymmetries can contribute to relational strain, including lower sexual desire for women (Harris et al., 2022) and lower relationship satisfaction for both men and women (Petts et al., 2025). Moreover, they are associated with poorer individual well-being for women, including higher levels of depression, stress, and burnout (Aviv et al., 2024; Dean et al., 2022).

Gendered relationship scripts are, in part, perpetuated because violating these scripts often yields consequences. For instance, the sexual double standard is a phenomenon in which women and men are treated differently for engaging in the same sexual behavior (Bordini & Sperb, 2013; Crawford & Popp, 2003). Research has shown that women are reprimanded for engaging in sexual activities while men are encouraged to do so, especially outside of a committed relationship (e.g., casual sex and threesomes; Bordini & Sperb, 2013; Conley et al., 2011; Crawford & Popp, 2003). That is, women who report that they enjoy and engage in casual sex face stigmatization, such as slut-shaming, because these behaviors violate gendered relationship scripts for women (Conley et al., 2011; Rudman et al., 2017). Similarly, men face social consequences for not adhering to gendered relationship scripts. For instance, a study of 300 undergraduate students in the United Kingdom found that participants perceived men whose wives did not take their last names as less masculine and powerful (Robnett et al., 2018). Similarly, other research has found that men who requested family leave from their employer were perceived as less masculine and weaker (Rudman & Mescher, 2013).

Gendered Scripts and Reinforcing Inequity

Gendered relationship scripts are often framed as "natural" or romantic rather than structurally reified by sociocultural norms, obscuring how these practices reproduce inequity. By assigning fixed and asymmetrical roles, gendered relationship scripts undermine gender equity by limiting agency, reinforcing dependency, and constraining how desire and intimacy can be expressed. Moreover, endorsement of these scripts can yield negative consequences, as demonstrated by a study of 307 undergraduate students in romantic relationships in which researchers found that stronger endorsement of masculine norms (e.g., beliefs that men should exert power over women) was linked to lower relationship satisfaction among both men and women (Burn & Ward, 2005). A separate study of 297 undergraduate men highlighted the interplay between sexual violence and traditional gendered scripts, indicating that greater endorsement of traditional gender role attitudes and sexist beliefs was associated with higher rape myth acceptance, including greater tendencies to blame sexual assault victims, perceive victims as less credible, and recommend shorter prison sentences for perpetrators (Angelone et al., 2015).

While these scripts can constrain men's emotional expression and relationship possibilities, women are more frequently subordinated within heteronormative planes of desire, wherein their agency, autonomy, and self-expression are systematically restricted (e.g., Impett & Peplau, 2003; Seabrook et al., 2016; van Anders et al., 2022). Moreover, widespread lay beliefs suggest that women's self-worth is more strongly tied to their relationship status, even though empirical evidence indicates that men and women derive self-esteem from relationships in different ways (Kwang et al., 2013). For example, the term *bachelor* typically carries positive connotations of independence and desirability, whereas *spinster* frames women's singlehood as lonely, deficient, or socially deviant.

Examining Gendered Relationship Scripts: The Charmed Circle and Intersectionality

But what about individuals whose identities, desires, or relationship structures do not conform to heterosexual and/or monogamous norms? A consequence of rigid gendered relationship scripts is that relationship configurations and identities that "fall outside" are marginalized, including sexual and gender minorities and people who engage in consensual non-monogamy (McConnell et al., 2024; Moors et al., 2013; Rosenthal & Starks, 2015). In this section, we discuss two frameworks from feminist studies to better understand how gendered relationship scripts reinforce monogamous heterosexual relationships and, consequently, marginalize people who do not conform to these norms.

Cultural anthropologist and feminist theorist Gayle Rubin (1984) introduced the concepts of the "charmed circle" and "outer limits" to explain how societies hierarchically organize sexual and romantic behaviors. Rubin depicts this stratification with a drawing of two circles: a smaller inner circle, the charmed circle, nested within a larger circle representing the "outer limits." Practices deemed acceptable and "normal" are placed inside the charmed circle, including monogamy, heterosexuality, and sex for procreation, while practices labeled inappropriate or perverse are positioned at the outer limits, such as promiscuity, homosexuality, and non-procreative sex. Applying this framework to gendered dating scripts outside the charmed circle further illustrates how these behaviors are culturally and institutionally rewarded while those located outside the charmed circle (e.g., queer people, single individuals, child-free couples, and people practicing consensual non-monogamy) often face stigma, discrimination, and even violence (Denson et al., 2025; DePaulo & Morris, 2006; Frost & LeBlanc, 2023; Moors & Schechinger, 2014). In many cases, the legal system does not protect these diverse forms of sexual identities and relationships (e.g., Moors et al., 2024), and, in some cases, these populations endure violence (Herek & Sims, 2008; Piatkowska & Messner, 2022).

Another framework called intersectionality helps shed light on gendered relationship scripts and, specifically, allows for further examination of how systems of power and oppression operate simultaneously and synergistically to shape individuals' lived experiences. Nearly 40 years ago, Kimberlé Crenshaw (1989) developed intersectional feminist theory to highlight the limitations of single-axis frameworks that only focused on a specific identity, such as gender or race. Crenshaw drew on an employment discrimination case, *DeGraffenreid v. General Motors*, which involved a group of Black women whose hiring discrimination claims were dismissed by the court. The court viewed sex discrimination and race discrimination as discrete legal issues, citing that the company's employment of white women nullified their claims of sex-based discrimination. Then, the judge separately assessed the racial discrimination complaint, eventually ruling against the plaintiffs because the employer had hired Black men (Crenshaw, 1989). However, as Crenshaw observed, this logic obscured the conspicuous absence of Black women employees at the firm, rendering their specific experiences of discrimination as Black women legally and socially invisible. This led Crenshaw to advocate for new statutory protections against discrimination for specific groups belonging to *multiple* minority identities through the lens of what she coined, intersectionality.

Applying a baking analogy (also see Bowleg, 2013), imagine preparing a cake by taking out all of the separate ingredients from your pantry, such as sugar, flour, and eggs. These ingredients represent distinct identity axes (e.g., race, gender, sexuality). While each ingredient may be identifiable on its own, baking requires that they be combined. Once mixed into the batter, the ingredients cannot be separated. Similarly, intersectional theory posits that race cannot be disentangled from gender, sexuality, class, disability, or other social identities (Bowleg, 2013; Carbado et al., 2013; Crenshaw, 1989). Rather than engaging in "identity mathematics," in which

the salience of race or gender is added or subtracted from an experience, intersectionality emphasizes that these systems are co-constitutive or formed in tandem (Bowleg, 2013; Rogers et al., 2025). Their convergence produces qualitatively distinct forms of oppression that cannot be understood by examining any single identity category in isolation.

Applying an intersectional lens, the charmed circle is situated within broader, interlocking systems of structural oppression. From this perspective, individuals with identities and behaviors outside the charmed circle who belong to multiple marginalized groups (e.g., communities of color, people with disabilities) may endure compounded stigma. For example, a study of 170 Black, Latino, and multiracial sexual minority men in the United States found that intersecting forms of discrimination were correlated with greater emotional regulation difficulties, illustrating how multiple stigmatized identities can compound minority stress and health risk (English et al., 2018). Moreover, stigma is not eliminated simply by practicing "inner-circle" relationship norms; people who engage in monogamy or identify as heterosexual may experience prejudice when other aspects of their identities are stigmatized, such as race. For instance, in a nationally representative study of 7,928 Black and White individuals in interracial or White same-race relationships, researchers found that individuals in interracial relationships reported higher levels of discrimination, stress, and depressive symptoms compared to those in White same-race relationships, illustrating the heightened stigma experienced by couples whose relationships challenge dominant racial norms (Pittman et al., 2024). We encourage future research to employ an intersectional lens to examine how co-constituting power structures converge on outcomes among individuals practicing both normative and non-normative gendered relationship scripts.

Identities and Relationship Configurations "Outside of the Charmed Circle"

While gendered relationship scripts perpetuate the notion that heterosexual monogamous relationships are a human universal, population-level data indicate that diverse sexualities and relationship configurations are quite common—raising the question, what is normative? In fact, historian Stephanie Coontz argues that marriage is not a timeless romantic institution but, instead, a relatively newer socioculturally constructed arrangement designed to enforce social hierarchies and regulate inheritance. By the late eighteenth century, "enlightenment ideals" emphasizing individual happiness helped produce a cultural template that linked love to marriage (Coontz, 2016). The companionate marriage became the dominant twentieth-century norm, organizing modern courtship rituals and consolidating nuclear family ideals that embodied two married, heterosexual parents cohabiting with their biological children (Coontz, 2006). By the late twentieth century, an "age of individualism" further repositioned personal fulfillment and self-actualization as central pillars of marriage, while the digital revolution of the 2010s transformed courtship through dating applications such as Tinder, OkCupid, and Hinge.

In this section, we review research on several common forms of relationship diversity, including consensual non-monogamy, queerplatonic relationships, and singlehood, as well as how these relationship forms intersect with diverse sexual identities such as asexuality and aromanticism. Together, these relationship configurations illustrate the myriad ways individuals structure intimacy, commitment, and partnership outside of dominant monogamous norms. These relationship forms are becoming increasingly visible and, in some cases, widespread, subverting normative cultural expectations surrounding romance, sexuality, and partnership. Consequently, individuals who engage in these relationship configurations may experience unique benefits, constraints, and forms of stigma shaped by broader systems of gender, sexuality, and social inequality.

Consensual Non-monogamy and Queerplatonic Relationships

Consensual non-monogamy refers to relationship configurations in which people agree to engage in sexual, romantic, and/or intimate involvement with multiple partners, such as open relationships, swinging, and polyamory (Moors, 2023). Agreements within these relationships generally fall on two continuums, emotional/romantic and sexual, ranging from openness to exclusivity. Open and swinging relationships typically involve maintaining romantic or emotional exclusivity with one partner while engaging in sexual relationships with others (Conley et al., 2017; Moors et al., 2024). In open relationships, people often pursue sexual activity separately from their partner; in contrast, swinging relationships usually involve sexual activity as a couple, such as group sex or exchanging partners. People who engage in polyamory often center multiple emotional, romantic, and/or sexual connections; sometimes, these relationships take the form of collective partnerships (e.g., triads), several simultaneous individual relationships, and/or structured around one or two "primary" or "anchor" partners (typically those with deeper or longer-standing bonds), alongside additional partners that may vary in intimacy (Conley et al., 2017; Moors et al., 2024).

Approximately 1 in 5 people in the United States and Canada report having engaged in consensual non-monogamy at some point in their life (Fairbrother et al., 2019; Haupert et al., 2017), and a 2023 national poll found that 1 in 3 indicate that this type of relationship is their ideal (Ballard, 2020; Sanders, 2023). Put differently, prior engagement in consensual non-monogamy is comparable in prevalence to how many people have a pet cat, and interest in consensual non-monogamy is comparable to the proportion of people who name beer as their preferred alcoholic beverage (American Veterinary Medical Association, 2025; Saad, 2025). People from various backgrounds and identities engage in consensual non-monogamy, with no

differences found based on people's age, political affiliation, religion, race/ethnicity, education, geographic region, or annual income (Fairbrother et al., 2019; Haupert et al., 2017). The most consistent sociodemographic difference is sexual identity; lesbian, gay, bisexual, and queer people are approximately three times more likely than heterosexual people to report prior engagement in consensual non-monogamy, with sexual minority men and women equally likely to express interest in consensual non-monogamy (e.g., Haupert et al., 2017; Moors et al., 2014).

While engagement in consensual non-monogamy is common, it remains a highly concealed relationship configuration due to stigma (Borgogna et al., 2024; Moors, 2013; Stults et al., 2023). For instance, national U.S. survey data indicate that among people who are not personally interested in consensual non-monogamy, roughly 85% reported that they do not respect people who practice it (Moors, Gesselman, et al., 2021). The downstream consequences of stigma are not merely attitudinal, as qualitative and legal research has documented job loss, child custody threats, and rejection from family friends due to engagement in consensual non-monogamy (e.g., Witherspoon & Theodore, 2021).

Robust stigma toward consensually non-monogamous relationships has also contributed to common misconceptions, such as these relationships are used to "fix" people's problems or are low in quality. Research shows that people report a variety of reasons for why they engage in consensual non-monogamy, including values-based critiques of monogamy, practical considerations such as long-distance arrangements, community building, personal growth, and sexual exploration (Wood et al., 2021). In fact, across 540 people in consensual non-monogamous relationships, *no one* provided a reason for their engagement that indicated they did so to fix or repair their relationship (Wood et al., 2021). Moreover, in a two-month longitudinal study of people who were planning to "open up" their monogamous relationship,

Murphy and colleagues (2021) found that those who successfully transitioned to consensual non-monogamy reported higher baseline relationship quality and later greater sexual satisfaction than those who did not transition. Similarly, research has found that people in consensually non-monogamous relationships, compared to those in monogamous relationships, report more positive communication and relationship investment as well as unique benefits such as compersion (positive feelings due to a partner's other intimate relationships; Balzarini, Dharma, Kohut, et al., 2019; Mogilski et al., 2017; Flicker et al., 2022). In a meta-analysis of relationship and satisfaction among people engaged in consensual non-monogamy and monogamy (N = 24,489), Anderson and colleagues (2026) found no differences across the two types of relationships. Taken together, the research suggests that people report a wide range of reasons for engaging in consensual non-monogamy, and relationship quality outcomes look similar or, in some cases, slightly higher than people in monogamous relationships.

While large-scale national studies have found that lesbian, gay, and bisexual people are more likely to engage in consensual non-monogamy, recent research suggests that another group of sexual minorities may be particularly likely to engage in these types of relationships: asexual and aromantic individuals (Velez & Caraballo, 2024). Asexual and aromantic (aro-ace) identities fall on a spectrum of little to no sexual or romantic attraction to other people, with variation in the level of attraction individuals may experience (Glass, 2022). For instance, some aro-ace individuals may experience some attraction and engage in sexual or romantic activities, whereas others may never do so. Although romantic attraction has historically been embedded within sexual orientation, sexuality researchers have recently begun treating romantic and sexual attraction as discrete domains (de Barros et al., 2025; Ybarra et al., 2019). Although relationship science has documented a robust link between sexual satisfaction and romantic relationship

satisfaction, fulfilling aro-ace relationships troubles this assumption. While empirical research on aro-ace relationship configurations remains limited, one qualitative study of 35 asexual individuals in relationships indicated that while asexual individuals recognized their relationships subverted norms, they consistently reported being in healthy, committed relationships (Glass, 2022).

Given that consensually non-monogamous relationships allow people to navigate their intimate lives in a way that best matches their needs (or those of partners; Wood et al., 2021), it is unsurprising that people who do not align with gendered relationship scripts may find a sense of belonging within non-monogamy. For instance, consensual non-monogamy may offer unique structural benefits, such as the ability to distribute differing romantic and sexual needs across multiple partnerships (Copulsky, 2019). Thus, aro-ace individuals may enter into fulfilling relationships without conforming to gendered relationship scripts that presume sexual and romantic desires must co-occur within intimate partnerships. Yet, little research has explored non-normative relationship experiences among aro-ace individuals, which is an important future endeavor to understand how stigma on the basis of one's aro-ace identity (MacInnis & Hodson, 2012) is linked with individual and relational well-being. Activist Yasmin Benoit has drawn public attention to these inequities, highlighting widespread stereotypes, limited cultural recognition, and the absence of explicit legal protections for asexual and aromantic identities, which are often excluded from broader sexual orientation–based protections (Stonewall, 2025). We encourage future researchers to attend to intersectional minority stressors endured by the aro-ace community, while examining multilevel factors that may promote aro-ace flourishing, including individual (e.g., resilience), relationship (e.g., partner support), and structural mechanisms (e.g., non-discrimination ordinances).

Some research suggests that aro-ace individuals may be more inclined toward non-normative relationship configurations, including queerplatonic relationships (e.g., Cerankowski & Milks, 2010; Kenney, 2020). Queerplatonic relationships can be a part of consensually non-monogamous relationships but can also be distinct; these types of relationships are often described as platonic, committed, or lifelong partnerships that do not incorporate either sexual or romantic features (Linder, 2019). Quinn and colleagues (2025) conducted a thematic analysis of 149 posts by 47 TikTok users in self-described queer "platonic life partnerships" and found that people invested substantial time and emotional energy into one another, sometimes mirroring romantic relationship norms by cohabiting, sharing finances, raising children, and/or jointly owning property. Research has yet to understand whether people in queerplatonic relationships endure stigma similar to those who engage in consensual non-monogamy or other "outer limits" relationship configurations. At the same time, stigma toward sexless relationships (potentially platonic marriages) exists; for instance, in a 1978 divorce case, *Corrigan v. Corrigan*, a judge stated that a sexless marriage was "abnormal, unnatural and improbable," because the husband asserted that their marriage had never been consummated (Field, 2024).

Given that little prior work has applied an intersectional framework to the study of consensually non-monogamous or queerplatonic relationships, future research should examine how people in these relationships may experience unique stigma and benefits. As an example, an intersectional view of consensual non-monogamy-related stigma can illustrate how stigma is not uniformly experienced; rather, it is filtered through structural hierarchies such as race, gender, sexuality, and class. Furthermore, the limited research on aro-ace relationship dynamics illustrates the need for empirical work to examine how aro-ace individuals practice consensual non-monogamy, including mechanisms influencing relationship functioning within this

understudied community (Carvalho & Rodrigues, 2022). Scholarship in this area can also draw on emerging theoretical scholarship exploring Blackness and asexuality to deepen an understanding of how race shapes aro-ace experiences (or those of sexual and gender minorities more broadly) within consensual non-monogamy contexts (Miles, 2019; Owen, 2024). At the same time, we encourage researchers to adopt a strengths-based lens that explores "positive intersectionality," whereby individuals embrace intersecting minoritized identities as sources of resilience, synergy, and thriving (Ghabrial, 2017). For example, scholars have theorized that consensual non-monogamy may provide plurisexual individuals (i.e., people attracted to two or more genders) with unique opportunities to express the full spectrum of their sexuality, which monogamous structures may constrain (Moors et al., 2017). A positive intersectional framework could examine how plurisexuality intersects with other identities, such as race (e.g., Black bisexual pride, e.g., Green et al., 2024), gender, or disability and neurodiversity (i.e., natural variations in brain function, including ADHD or autism; McGee, 2012). Notably, neurodivergent individuals are significantly more likely to identify as sexual or gender minorities (Attanasio et al., 2022; Strang & Fischbach, 2023), and emerging evidence suggests they may hold more accepting attitudes toward consensual non-monogamous relationships (Bern et al., in press). Together, these patterns point to an understudied interplay among neurodiversity, queerness, and relationship diversity that warrants further investigation.

Singlehood

Being single or not currently in a relationship can be a transitional relationship configuration (e.g., casually dating with the goal of monogamy, unpartnered due to a breakup) or may be a concerted choice (e.g., "single by heart;" DePaulo, 2023). Recent demographic trends in the United States illustrate how common singlehood is: approximately 42% of adults are not

in a committed relationship (Fry, 2025). Moreover, this percentage dramatically increases when looking at younger adults, 86% of people aged 18–24 reported being single, a pattern consistent with rising median ages of marriage (Fry, 2025**).** Moreover, nearly half of people who are currently single report *not actively* pursuing romantic partnerships (Brown, 2020).

Despite the increasing prevalence of singlehood, discrimination against single individuals, often termed singlism, remains widespread (DePaulo & Morris, 2006). For instance, one study used a nationally representative sample of more than 3,000 American adults aged 25 years and older to examine discriminatory treatment of single Americans (Byrne & Carr, 2005). The research demonstrated that both single men and women, compared to their married counterparts, reported a higher frequency of negative interpersonal interactions, including being harassed, threatened, or disrespected. Experiences of singlism are associated with lower life satisfaction and poorer well-being (DePaulo & Morris, 2006). Evidence suggests that stigma may be particularly pronounced for older people who are single, underscoring how ageism uniquely intersects with singlism (Morris et al., 2007). Structural discrimination against singles further compounds as legal, financial, and healthcare systems are organized around romantic dyads, conferring material advantages to married couples while rendering single individuals comparatively disadvantaged (DePaulo, 2026).

Despite the persistent cultural assumption that happiness is secured through romantic partnership, research suggests otherwise. Evidence suggests that the "happiness gap" between married and single individuals is shrinking, sometimes absent, and often contingent on external life circumstances (Böger & Huxhold, 2020**;** DePaulo, 2023; Mikucka, 2016). Contrary to deficit-based assumptions about singlehood, singlehood research has documented thriving across "single at heart" individuals who intentionally remain unpartnered (e.g., DePaulo, 2023). For

example, chosen singlehood is associated with autonomy, self-fulfillment, and identity development across the lifespan (Timonen & Doyle, 2013). People who are single often report more time for hobbies, interests, and skill development than their married counterparts (Apostolou & Christoforou, 2022; Lee & Bhargava, 2004). They also report higher friendship satisfaction, which may play a more central role in their overall well-being than people who are married (Ermer & Proulx, 2019; Sarkisian & Gerstel, 2016). Moreover, single individuals may maintain broader social networks than married individuals, investing more heavily in friendships across diverse gender, socioeconomic, and racial groups (DePaulo, 2023; Gerstel & Sarkisian, 2006). In fact, a well-documented phenomenon in long-term relationships and marriage is *dyadic withdrawal*, which is the tendency for individuals to deprioritize friendships after entering a committed relationship (Ermer & Keenoy, 2023).

Although marriage has been linked to certain well-being and health benefits, such as lower mortality risk, reduced cardiovascular disease, and higher well-being, these associations are often moderated by social support (Roth & Peng, 2022). Specifically, platonic (non-romantic) ties, such as friendships, can attenuate observed differences between singles and married individuals (Roth & Peng, 2022). Moreover, the benefits and costs of marriage are not uniformly distributed. Research indicates that mothers who were never married and either unpartnered or not currently cohabiting with a male partner spent less time on housework and more time in leisure activities than married mothers while reporting comparable childcare hours (Pepin et al., 2018). This research suggests that gendered relationship scripts may impose disproportionate domestic constraints on women.

Applying an intersectional framework to singlehood, research shows that race and gender play a unique role in people's experiences. For example, Black adults report higher rates of

singlehood than their White and Latinx/Hispanic counterparts, with Black women in particular reporting higher rates of singlehood than Black men (Banks, 2012; Brown, 2020). Racist public discourse has historically framed higher rates of unmarried motherhood and singlehood within Black communities as social problems, reflecting racialized moral norms that position marriage as the ideal family structure (McFerrin-Surrency & Liston, 2023). Structural inequalities, such as unequal access to education, employment opportunities, and economic mobility, have been identified as key contributors to racial disparities in marriage patterns (Moorman, 2020). At the same time, this structural lens must also concurrently interrogate gendered relationship norms, as it should not be assumed that all people, in particular, Black women, aspire to join the institution of marriage. For instance, in a qualitative interview study of 24 cisgender, heterosexual Black women, many participants described intentionally remaining single to prioritize self-growth, liberation, and personal security, suggesting important psychological benefits (Moorman, 2020). Additional research has found that single Black women cultivate robust social support networks while demonstrating high levels of adaptive coping in the face of compounded minority stressors (Layne et al., 2023; McFerrin-Surrency & Liston, 2023).

Discussion

Throughout this chapter, our goal was to explain how gendered relationship scripts operate and to challenge the notion that the desired outcomes of these scripts—heterosexual monogamous relationships—are the norm. People who adhere to gendered dating scripts receive structural advantages embedded within longstanding legal frameworks that privilege dyadic marriage, such as extending health insurance benefits to spouses and privileging married people in adoption processes (Cardoso & Klesse, 2025; Rhoten et al., 2021). However, change is underway in the United States. Recently, several municipalities have passed non-discrimination

ordinances (e.g., Cambridge, Massachusetts; Portland, Oregon) that explicitly protect people engaged in consensually non-monogamous relationships and multi-partner domestic partnerships (e.g., Somerville, Massachusetts) that allow for legal benefits across multiple partners (Kamanā, 2026; Rhoten, 2020). Such ordinances are not symbolic, as they provide meaningful protection in contexts where discrimination would otherwise remain legally permissible because relationship configuration is not a federally protected class. Similarly, other relationship configurations discussed in the chapter, such as singlehood and queerplatonic partnerships, lack formal legal protection. Due to a paucity of research in this area, we encourage researchers to investigate legislation that may benefit people engaged in consensual non-monogamy (e.g., expanding the institution of marriage) and the well-being effects of people engaged in consensual non-monogamy who utilize these policies or live in these protected areas; see Moors and colleagues (2024) for future legal research directions. Moreover, researchers should also consider that legislation aimed at multi-partner relationships may also positively impact people who engage in queerplatonic relationships or choose to remain single.

Despite growing scholarly attention to diverse relationship configurations, psychological science remains heavily concentrated on Western, educated, industrialized, rich, and democratic (WEIRD) populations (Henrich et al., 2010). Moreover, relationship research has predominantly centered monogamous, heterosexual, and White partnerships (Conley et al., 2017; McGorray et al., 2023). We argue that the psychological sciences need to expand beyond a narrow subset of relationship configurations. Given the documented prevalence of relationship diversity in the United States and globally, researchers could investigate whether non-normative relationship structures may be uniquely shaped by cross-cultural contexts. For example, queer individuals in highly collectivist cultures, such as South Korea, may engage with chosen families differently

than those in more individualistic societies, such as the United States. Ethnicity may also play a critical role in shaping relationship experiences. For instance, many Indigenous cultures in North America have longstanding traditions involving plural partnerships and kinship systems that extend beyond monogamous dyads, which may intersect with contemporary forms of consensual non-monogamy among Indigenous communities (TallBear et al., 2018). By applying an intersectional, cross-cultural lens to relationship diversity, scholars can enhance scientific generalizability while challenging hegemonic frameworks that circumscribe gendered relationship scripts.

Within the field of psychology, clinical practice is deeply rooted in dyadic, heterosexual assumptions, reflected in terminology such as "couples therapy," which implicitly centers two-person romantic partnerships (Barros & Doyle, 2025). Inclusive, intersectional, and culturally competent training is essential to ensure that clinicians are prepared to support individuals navigating diverse relational configurations (Moors et al., 2023; Schechinger et al., 2018). This need is particularly urgent given that people who engage in consensual non-monogamy, queerplatonic relationships, and intentionally remain single often face multiple stressors due to their relationship configuration and, often, in tandem with other marginalized identities (e.g., LGBTQ+, neurodivergence), and thus, may face heightened health risks (Borgogna et al., 2024; DePaulo & Morris, 2006; Quinn et al., 2025; Witherspoon & Theodore, 2021). Encouragingly, emerging clinical tools and affirmative practice guidelines are beginning to support more culturally responsive care for clients engaged in consensual non-monogamy (Moors et al., 2024) and people who intentionally remain single (Aydin, 2020), suggesting meaningful shifts within the field.

Educational institutions also have the capacity to reshape gendered relationship scripts, as there is substantial evidence that inclusive education meaningfully reduces prejudice toward minoritized groups (e.g., Bern et al., in press; Hussey & Warner, 2010). Sexual education rarely includes modules on relationship diversity, such as queer relationships or consensually non-monogamous, while further omitting meaningful discussions around pleasure, consent, and boundaries (Mark et al., 2021; Meadows, 2018). Evidence suggests that comprehensive sexual education, including content on communication, autonomy, and relational well-being, is associated with greater sexual well-being (Marí-Ytarte et al., 2020). As such, we encourage future researchers to explore educational interventions that include discussions of diverse relationship configurations, such as queer relationships, consensual non-monogamy, and singlehood, to understand the extent to which exposure to these topics is linked with health and well-being outcomes.

Ultimately, this chapter has illustrated how normative gendered relationship scripts are socially constructed, historically contingent, and institutionally reinforced. While these scripts can marginalize individuals who diverge from dominant expectations, they also reveal the malleability of relational norms. By critically interrogating the power structures that sustain the charmed circle, scholars, clinicians, educators, and policymakers alike can reshape cultural norms by visibilizing, affirming, and celebrating relationship diversity.

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Conclusion

Ultimately, this body of scholarship emphasizes why psychological theories, research, and education must incorporate diverse relationship structures, particularly CNM relationships. In the first chapter, I present novel empirical evidence that dual attachment bonds can shape cross-relationship outcomes under periods of elevated stress, underscoring the importance of transcending dyadic frameworks underpinning attachment science. This finding not only advances our understanding of dynamic multi-partner relationship processes, but may also hold important implications for family network functioning, such as the concurrent attachment bonds we form with siblings, parents, and other relatives. Furthermore, this chapter raises fundamental questions about theoretical frameworks that predominantly operationalize attachment processes as individual differences (i.e., a schema that people bring into their close relationships) rather than partner-specific (i.e., a schema that is bound to one relationship) mechanisms. This study found a moderate correlation between attachment anxiety for a cohabiting versus a separated partner, but no significant association for attachment avoidance. This finding illustrates that attachment orientations may uniquely shift across disparate relationships, extending extant theoretical individual difference frameworks. By studying multi-partner relationship structures, we can broadly advance attachment science while contributing inclusive knowledge about understudied relationship configurations.

The second chapter underscores the efficacy of pedagogical stigma reduction efforts by demonstrating that CNM-inclusive curricular content is linked to prejudice reduction. This work further reinforces that inclusive education benefits all individuals, as all students reported gains in self-reported classroom belonging and relationship skills across the quarter. Moreover, this work reported a novel finding in which neurodivergent individuals reported higher levels of

acceptance toward CNM relationships at baseline than their neurotypical peers. This finding necessitates future research as it may suggest overlap between CNM and neurodiverse communities, which are heavily understudied in psychology. Finally, one finding indicated that Generation Z may endorse lower levels of stigma toward minoritized LGBTQ+ identities than minoritized CNM relationships. Given that LGBTQ+ individuals are more likely to practice CNM relationships, this gap reflects a growing need to integrate both inclusive identity and relationship content into curricula.

Finally, the third chapter examines how mutually co-constituted power structures (e.g., heteronormativity, mononormativity, racism) shape intimate dynamics, relationships, and trajectories. Our relationship behaviors do not exist in a vacuum; rather, they are situated within a vast network of structural, sociocultural, and historical contexts. Yet, the majority of relationships fall outside the neat, glorified, and utopian ideal of the marital nuclear family, as many individuals maintain singlehood, child-free lifestyles, non-marital committed partnerships, multi-partner relationships, same-gender partnerships, step-families, non-biological kinship (e.g., adoption), or extended family networks. These social scripts evidently fail to capture the breadth of human diversity, while relegating, ostracizing, and dehumanizing a wide range of individuals. These norms have pervaded psychology, stymieing our ability to produce generalizable, accurate, and comprehensive scholarship that truly captures diverse interpersonal human behaviors. Ultimately, this corpus of work aims to interrogate, expose, and expunge these archaic frameworks; it is through this intentional process of destruction that we can then begin to construct truly inclusive scientific modalities.