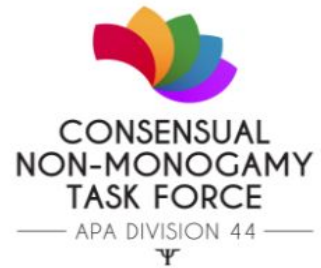


Psychology Today:
Request for Making CNM and Kink/Diverse Sexualities Directly Searchable

May 9, 2019

Dear *Psychology Today* leadership:

We are writing to you on behalf of the [APA Division 44 Consensual Non-monogamy Task Force](#) to advocate for updating the searchable categories on your Find-A-Therapist directory. *Psychology Today* is an organization that was once owned and managed by the American Psychological Association and is currently endorsed by the National Board for Certified Counselors, and we are encouraged by the prospect that issues of diversity and inclusion are core values shared among us all. We are hopeful that this letter will be well received as an invitation to gather information and improve access to mental healthcare for two stigmatized communities, all while increasing traffic to your directory. We have included our suggested recommendations and a summary of current research addressing the discrimination and clinical treatment of individuals engaged in consensual non-monogamy (CNM) and kink/diverse sexualities justifying our proposal. This letter has also been endorsed by Drs. Margaret Rosario, Gary Howell, David Pantalone, the Current, Incoming, and Past Presidents of APA Division 44, as well as Drs. Laurel Watson and Christopher Davids, and Co-chairs of the Bisexual Issues Committee of APA Division 44.



Several months ago we started a [petition](#) and 700 individuals have already endorsed their support for including consensual non-monogamy on healthcare provider directories. We also have a nine-member team leading our Healthcare Provider Locator Campaign, which is designed to bring attention to this issue and advocate for inclusion on healthcare provider locator directories. They are working with our marketing team to help promote this issue and anticipate that once we start our awareness campaign, support will continue to grow.

We have also received confirmation from [GLMA](#), a national organization committed to ensuring health equity for lesbian, gay, bisexual, transgender, queer (LGBTQ) and all sexual and gender minorities, that they will be adding consensual non-monogamy and kink/diverse sexualities as searchable terms when they launch their updated [provider directory](#). A number of other directories have already included CNM and kink/diverse sexualities as searchable options (e.g., [Therapy Den](#), [Bay Area Open Minds](#), [Poly-Friendly Professionals](#)). [APA Psychologist Locator](#) also recently invited the CNM Task Force to propose CNM and kink-inclusive categories for their directory that is being reviewed by the APA's Committee on Sexual Orientation and Gender Diversity. A copy of this letter can be found here: <http://bit.ly/APAPsychologistLocator>.

We were pleased with your recent decision to add *Open Relationships Non-Monogamy*, *Sex-Positive Kink Allied*, and a number of other inclusive categories (e.g., *Transgender Allied*, *Racial Justice Allied*, *Sex Worker Allied*) under your *Client Focus Categories*, which allow clinicians to indicate that they are experienced with providing support to clients in these groups. This is an important step toward inclusion, as many will benefit from being able to clarify whether their prospective therapist/psychiatrist has experience in these areas. We truly do appreciate your decision to add these categories. We also applaud your recent decision to no longer allow therapists to advertise conversion therapy in your directory.

In light of this, we also want to express our concern about the *Client Focus Categories* not being directly searchable/filterable on your directory, forcing those seeking a therapist with experience in these areas to review each therapist/psychiatrist profile individually.

To help ease the burden of finding a CNM- or kink-affirming therapist, we would like to formally request your making *open relationships non-monogamy* and *sex positive, kink-allied*, or all of the *Client Focus*

Categories directly searchable on your find a therapist directory. While almost certainly unintentional on your part, restricting these categories as functionally searchable terms implies that these communities are not legitimate or important enough to be included in the searchable section of your directory. It also re-enforces the pervasive stigma and erasure of these communities, creating an additional barrier for these populations to access the healthcare providers that are best equipped to support them. We highlight below how these populations are large, and despite the stigma, public support is growing.

In the 1970s, during the early stages of the LGBTQ movement, individuals were provided opportunities to take a stand for justice and compassion by supporting a community that was misunderstood and stigmatized. Similar opportunities with regard to consensual non-monogamy (CNM) and kink/diverse sexualities are presented today. [APA Division 44](#) endorsed the legitimacy of the diverse relationship and sexualities movement through formally sanctioning the Consensual Non-monogamy Task Force. We see this as a historic opportunity for *Psychology Today* to join APA Division 44, the Consensual Non-Monogamy Task Force, and GLMA by saying *yes* to being inclusive of CNM and kink/diverse sexualities by adopting these proposed updates on your Find-A-Therapist directory.

We also look forward to engaging in dialog about this topic and learning how we may be able to support you in promoting your site as an inclusive space for our constituents. Below, we have included our two recommended updates and justification.

Suggested Changes to the *Psychology Today* Find-A-Therapist Directory:

1) Add your new *Client Focus Categories* to your current filterable categories (insurance, issue, sexuality, gender, age, language, faith, type of therapy, online therapy, and location)

or,

2) Make consensual non-monogamy and kink/diverse sexualities filterable categories under the ‘Issues’ heading.

Recommended language options for consensual non-monogamy:

- Open Relationships/Non-monogamy
- Consensual Non-monogamy
- Open Relationships/Polyamory
- Open Relationships

Recommended language options for kink/diverse sexualities:

- Kink/Diverse Sexualities
- Kink/Sex-Positivity

Background and Justification

Finding love and intimacy is a big part of most people’s lives. Relationships are often the source of people’s most fulfilling moments and, at times, most stressful moments. Intimate relationships are one of the most common topics addressed in therapy, and an increasing number of people are in or considering consensually non-monogamous relationships (e.g., Haupert, Gesselman, Moors, Fisher, & Garcia, 2017; Moors, 2017). Despite the growing interest, it is still very challenging to use available resources to search for a therapist that is educated about consensually non-monogamous relationships. Here, we provide background information on consensually non-monogamous relationships and outline five points that illustrate the need to include consensual non-monogamy as a directly searchable/filterable term in the *Psychology Today* interface.

Consensual non-monogamy is a rising issue in the field of Psychology, as highlighted by the Division 44 of the American Psychological Association establishing the first ever Consensual Non-monogamy Task Force, the entity on whose behalf we write to you. We are dedicated to addressing issues of inclusion, with improving access to culturally competent mental health services being one of our top priorities.

1. Consensual Non-monogamy is a Large and Growing Practice/Population

[More than one in five](#) people in the United States have engaged in a consensually non-monogamous relationship at some point in their life and approximately 4-5% of people are currently in this type of relationship, which is roughly the [size of the lesbian, gay, and bisexual communities combined](#) (Hauptert, Gesselman, Moors, Fisher, & Garcia, 2017; Rubin, Moors, Matsick, Ziegler, Conley, 2014). Interest in polyamory and open relationships (two types of consensually non-monogamous relationships) have also markedly increased [over the past 10 years](#) (Moors, 2017).

2. Consensual Non-monogamy is Highly Stigmatized

Despite the prevalence of consensually non-monogamous relationships, people who challenge the monogamous status quo are looked down upon. [Recent](#) experimental research point to how consensually non-monogamous relationships are judged negatively in a number of ways, such as being perceived as being less trusting, less meaningful, and less satisfying compared to monogamous relationships (Conley, Moors, Matsick, & Ziegler, 2013). People in consensually non-monogamous relationships are even judged more harshly on arbitrary characteristics such as how likely they are to walk their dog or pay their taxes on time. Notably, this stigma appears to be based on stereotypes, as research looking into presumed differences in relationship quality between people engaged in consensual non-monogamy and monogamy has generally found that people in both types of relationships report similar levels of relationship quality (e.g., trust, commitment) and well-being (e.g., [Conley, Matsick, Moors, & Ziegler, 2017](#); [Rubel & Bogaert, 2015](#); [Wood, Desmarais, Burleigh, Milhausen, 2018](#)).

3. Minority Stress and Psychological Distress

People who identify as lesbian, gay, and bisexual are [disproportionately exposed to rejection, discrimination, and victimization](#) compared to heterosexually identified individuals (e.g., Balsam, Rothblum, & Beauchaine, 2005). As a consequence, these individuals tend to [experience mental health](#) issues (Cochran, 2001) and as a result, [utilize mental health services more frequently](#) (Cochran, Sullivan, & Mays, 2003). The process in which stigma and discrimination create a hostile environment that leads to increased mental health problems is known as [minority stress](#) (Meyer, 2003). Forthcoming [research](#) indicates that more than one-half of consensually non-monogamous identified individuals have experienced discrimination based on their relationship status in some form, despite frequently concealing their relationship (Witherspoon, submitted for publication). [Recent research](#) has also shown that people engaged in consensually non-monogamous relationships experience minority stress, which was positively related to psychological distress (e.g., self-reported depression and anxiety; Witherspoon, 2018).

4. Most Therapists Do Not Receive Training for Consensually Non-monogamous Relationships

Mental health providers are uniquely positioned to either help relieve or compound the impact of stigma experienced by their clients. Ideally, therapists would be trained on how to effectively recognize and counteract stigma associated with consensually non-monogamous relationships. Unfortunately, individuals engaged in consensual non-monogamy who seek psychotherapy frequently [encounter discriminatory or microaggressive attitudes](#) and [practices by mental health clinicians](#) (Witherspoon, 2012; Schechinger, Sakaluk, & Moors, 2018). Thus, it is important that those therapists who have education and experience working with people engaged in consensually non-monogamy have the ability to identify themselves. Likewise, people engaged in these

stigmatized relationships are then able to connect with mental health professionals who are inclusive of and trained on consensually non-monogamous relationships.

5. Searching for a Consensual Non-Monogamy-affirming Therapist is Linked to Better Therapy Outcomes

In the [largest study to date on consensual non-monogamy therapy](#), members of this Task Force found that nearly one-half of the CNM participants specifically looked for a therapist who was consensual non-monogamy-affirming, highlighting how important finding a therapist with experience in this area was to them (Schechinger, Sakaluk, & Moors, 2018). Those who did search for or work with a consensual non-monogamy-affirming therapist had better treatment outcomes than those who did not. Despite half our sample looking for a consensual non-monogamy-affirming therapist, one-fifth rated their therapist as lacking basic knowledge of consensual non-monogamy issues necessary to be effective. These findings highlight the importance of therapist education and creating avenues for consensually non-monogamous clients to find therapists who have been adequately educated about consensual non-monogamy. Thus, one way to improve visibility of therapists who are knowledgeable and affirming of consensual non-monogamy is to allow clients to directly search for therapists with this specialty on therapist locator directories.

BDSM/Diverse Sexualities

Much of the same issues indicated above for consensual non-monogamy also apply to kink sexualities. Kink is an umbrella term to address a wide range of erotic interests, behaviors, practices, relationships and identities. By *kink*, we are including sexual identities, sexual behaviors, sexual interests, relationship orientations, relationship identities and relationship structures not accepted by the dominant culture. Aspects of kink include eroticizing intense sensations (including but not limited to “pain”), eroticizing power dynamics and differences, enduring fascination with specific sensory stimuli including specific body parts or inanimate objects (“fetish”), role play or dramatizing erotic scenarios, and erotic activities that induce heightened or altered states of consciousness. .

More specifically, there is also evidence of enacted stigma, discrimination, and prejudice against people practicing kink/BDSM behaviors and identities. A 2008 survey conducted by the National Coalition for Sexual Freedom of kink- and poly-identified people found that 37.5% of over 3,000 respondents reported being discriminated against or had experienced some form of harassment or violence, once their alternative sexuality behaviors or identities were made known (Wright, 2008). Within this study, 4.5% of participants reported discrimination from mental health providers. As one respondent wrote: "The therapist refused to continue to see me until I acknowledge that I was being 'Abused'" (Wright, 2008, p. 11). Consistent with results of Kolmes et al. (2006), Hoff and Sprott's (2009) qualitative study of heterosexual couples involved in BDSM and their therapy experiences found mental health clinician bias in treatment. More specifically, Hoff and Sprott (2009) found that therapists sometimes terminated psychotherapy because they held a pathologizing view of BDSM interests and behaviors, and assumed that BDSM is associated with an unhealthy relationship dynamic.

An Opportunity

In conclusion, people engaged in diverse expressions of relationships and sexuality (consensual non-monogamy, kink, BDSM) represent a sizable portion of adults in the U.S. Moreover, people engaged in a consensually non-monogamous relationship or practice kink/BDSM frequently experience discriminatory or microaggressive practices by therapists (who typically are not trained on these issues), and appear to have better outcomes when working with therapists who are affirming of their identities (e.g., Schechinger et al., 2018; Hoff & Sprott, 2009). Without clear avenues to find therapists that are inclusive of consensually non-monogamous relationships, kink,

BDSM, and other diverse aspects of human sexuality, it can be incredibly challenging for people with these interests and identities to find the mental healthcare they may be seeking. Restricting these categories as searchable terms on healthcare provider locator directories (whether intentional or not), functionally becomes a form of discrimination, because it reinforces a harmful micro-aggression and erasure of these communities and creates an additional barrier for these stigmatized populations to access the healthcare providers that are best equipped to support them. Your team at *Psychology Today* plays a key role as gatekeepers, and you have an opportunity to help alleviate some of the additional burden these communities have to go through in order to find the culturally competent care they need and deserve.

We recognize that providing education is an important first step to promoting equity and inclusion. In light of these points, we hope we have provided ample evidence to clarify how we believe it is important to add *consensual non-monogamies* and *kink/diverse sexualities* as search terms on therapist locator websites. Thank you again for your interest in creating avenues for these stigmatized populations to access therapists who can effectively support them. Please do not hesitate to reach out with any questions you may have about our recommendations.

We are interested in partnering with you to clarify how we can adequately demonstrate the need for these updates. In a prior email correspondence, one of your Associate Editors mentioned that your team receives many requests for new search terms and that you try to include the ones that are brought up most often and seem most relevant. You also mentioned that you weren't sure you'd received enough requests to include the terms you listed at the time of our correspondence. **In the event that this letter is not convincing in isolation, we would like to request being informed on how you prefer to receive requests for new search terms.**

In the event that our requests are honored, we would be delighted to collaborate in promoting the *Psychology Today* to our expanding networks of psychologists, as well as the consensual non-monogamy and kink communities. We know that many individuals we represent feel very passionate about this issue and would be delighted to see this step toward inclusivity.

We would also be willing to collaborate with you on a piece (or multiple articles if desired) about consensual non-monogamy for your readership. We are earnestly interested in developing a working relationship and supporting each other as awareness of consensual non-monogamy grows.

Highest regards,

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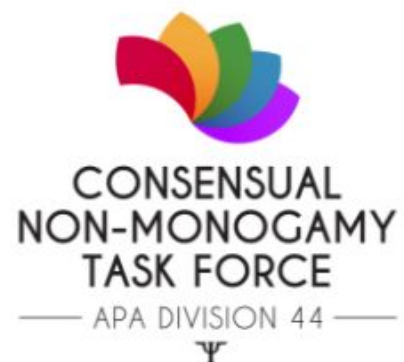
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