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Examining the role of Mononormative Beliefs, Stigma, and Internalized Consensual Non-Monogamy Negativity for Dehumanization

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Mononormativity, Internalized Negativity, and Dehumanization

2

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Abstract

Interest in consensually non-monogamous (CNM) relationships has been increasing in the general population in recent years. However, given the cultural dominance of monogamy and the normative expectations often imposed through socialization (i.e., mononormativity), people in CNM relationships may experience negativity, which can become internalized and harm their individual and relationship health. The present study investigates if mononormativity beliefs and CNM relationship stigma were associated with more dehumanization and if internalized CNM negativity was an underlying mechanism for these associations. Results showed that participants who endorsed more mononormative beliefs and CNM relationship stigma also reported more internalized CNM negativity. In turn, participants who experienced more internalized CNM negativity attributed more negative (vs. positive) emotions to themselves and treated their partners as more immature, unrefined, exploitable, and emotionless. These results show that mononormativity and internalized negativity can shape the attitudes, perceptions, and behaviors of CNM individuals toward themselves and their partners.

Keywords: Consensual non-monogamy; Monogamy; Stigma; Internalized Negativity; Dehumanization

Examining the Role of Mononormative Beliefs, Stigma, and Internalized Consensual Non-Monogamy Negativity for Dehumanization

In most contemporary societies, romantic relationships are expected to occur only between two partners who are sexually and emotionally exclusive to each other (Conley et al., 2012). These normative expectations attached to monogamy regulate perceptions of what relationships should look like and how partners should behave. Mononormative beliefs are often imposed implicitly through socialization (Conley et al., 2013; Henrich et al., 2012) and tend to be assumed in romantic relationships (Muise et al., 2021).

Contrasting with this mononormative view is consensual non-monogamy, which includes diverse relationship configurations in which partners mutually agree to have multiple sexual and/or emotional relationships simultaneously (Conley et al., 2017). There has been increased interest in consensually non-monogamous (CNM) relationships (Moors, 2017) and a non-trivial number of people have reported past experiences in CNM relationships (up to 25% in the U.S. and Canada; Fairbrother et al., 2019; Haupert et al., 2017; Moors, Gesselman, et al., 2021). Research has consistently shown similar relationship quality and functioning when comparing CNM and monogamous individuals (see Mogilski et al., 2023). Through social comparison and social categorization processes, however, individuals who depart from the normative script prescribed by monogamy (i.e., mononormativity) tend to be met with negativity. Indeed, studies have shown that individuals who engage in CNM are targets of stigmatization and discrimination (see Balzarini & Muise, 2020). Being continuously exposed to mononormativity and CNM stigmatization can lead to internalized negativity and have detrimental effects on how individuals perceive themselves and their partners, and how they behave in relationships (Mahar et al., 2022; Moors, Schechinger, et al., 2021; Witherspoon & Theodore, 2021). Using both minority stress (Meyer, 2003) and psychological mediation frameworks (Hatzenbuehler, 2009), we

examined if endorsing more mononormative beliefs and CNM stigma were associated with worse personal and partner perceptions and behaviors, and whether such associations were explained by more internalized CNM negativity.

Social Stigmatization

Individuals from different minority groups are often targets of explicit or subtle discrimination (Frost, 2011; Nadal et al., 2016; van Veelen et al., 2020). For example, transgender individuals tend to face limited or unequal access to healthcare or employment opportunities (Hsieh & Ruther, 2016; Hughto et al., 2015). Being a target of stigmatization and minority stress has repercussions for health and well-being (Meyer, 2003; Meyer & Frost, 2013). For example, Baams and colleagues (2013) found that gender non-conforming individuals experienced more social stigmatization (e.g., being called names), which was then associated with worse psychological well-being (e.g., loneliness). Likewise, sexual minority individuals who endorsed more internalized negativity reported more stress one year later (Tatum & Ross, 2022), and those who were targets of stigmatization were more likely to report physical health problems one year later (e.g., flu, hypertension; Frost et al., 2015).

CNM individuals are also targets of stigmatization. Moors and colleagues (2013) found that CNM individuals were negatively appraised in various personal (e.g., less likely to floss their teeth every day) and relational (e.g., less sexually satisfied and lonelier) attributes when compared to monogamous individuals. And yet, not all sexual minority groups seem to be perceived or treated similarly, and stigma toward people who are in CNM relationships seems to be particularly robust. To illustrate this point, Rodrigues and colleagues (2018) found that romantic partners described as having a committed CNM relationship were perceived as experiencing more low-order emotions such as desire and fear (i.e., primary emotions that are shared with non-human animals) and fewer high-order emotions such as

happiness and guilt (i.e., secondary emotions that are exclusive to humans; for a review on the dehumanization phenomenon, see Haslam & Loughnan, 2014).

Researchers have argued that CNM stigmatization occurs because non-normative relationship configurations threaten the social conventions surrounding monogamy (e.g., nuclear families) and because CNM partners are perceived to have riskier and morally questionable practices and to be dishonest and promiscuous (Balzarini et al., 2018; Mogilski et al., 2020; Rodrigues et al., 2022; Sheff, 2020). Aligned with this reasoning, Rodrigues and colleagues (2021) found that romantic partners in a committed CNM relationship were dehumanized because they were perceived as immoral and uncommitted to their relationships. Even though these studies offer important insights into social stigmatization, we must also examine this phenomenon from the perspective of the stigmatized group and understand its implications.

Norms and Internalized Negativity

Individuals are constantly exposed to exemplars of social norms (e.g., characters in TV shows), including sexual and relationship norms (Reysen et al., 2015). This exposure can lead to the internalization of these views and cause internal conflicts, particularly during identity formation or questioning phases. For individuals who deviate from the socially prescribed normative views, such internalization can have negative consequences for relationships, as well as downstream consequences on health and well-being. For example, Boyer and Lorenz (2020) found that sexual minority individuals who were exposed to and adhered to more heteronormative views reported having felt more distress when questioning their sexual orientation. Other studies have shown that internalized negativity was associated with worse relationship functioning (Doyle & Molix, 2021) and more sexual risk behaviors (Burton et al., 2020).

The minority stress model (Meyer, 2003) postulates that individuals from sexual minorities face unique stressors in response to context cues, which is then associated with internalized stigma (see Rostosky & Riggle, 2017) and poorer health (see Dürrbaum & Sattler, 2020). Aligned with this reasoning, Torres and Rodrigues (2022) found that gay men who endorsed more heteronormative beliefs (i.e., normative views about sexuality and sexual behavior) reported more internalized homonegativity (i.e., negative views about gay men). Internalized negativity, on the other hand, has been associated with personal and relational outcomes. For example, individuals with more internalized negativity have a more negative self-identity (Riggle et al., 2014), greater discomfort with their sexual orientation (Dyar et al., 2018), and less relationship satisfaction (Guschlbauer et al., 2019). Internalized negativity has also been associated with dehumanization among sexual minority individuals, through the form of self (Haines et al., 2008; see Haslam, 2006) and partner objectification (Szymanski et al., 2019). Following the psychological mediation framework proposed by Hatzenbuehler (2009), internalized negativity is one of the mechanisms explaining why sexual minority individuals are likely to experience worse psychosocial outcomes. Indeed, Sattler and Zeven (2021) found that experiencing stigma was longitudinally associated with internalized stigma, which was then associated with higher identity conflict later on.

CNM individuals are also met with stigmatization on a daily basis (Valadez et al., 2020) and are at risk of experiencing psychological distress (Witherspoon & Theodore, 2021). This may occur because these individuals are constantly confronted with their non-adherence to monogamy and exposed to the expectations of monogamy. As argued by Moors, Schechinger, and colleagues (2021), normative views about sex and relationships shared through socialization are likely to become internalized and attached to self-image and have consequences for health and well-being. Aligned with their reasoning, the authors found that individuals in polyamorous, swinging, and open relationships who reported more internalized

CNM negativity were less satisfied with their relational agreement and reported worse relationship quality (e.g., relationship and sexual satisfaction). In another study, Mahar and colleagues (2022) found that CNM individuals often experience stigma in the forms of disapproval (e.g., negative reactions from others), threats (e.g., being insulted), or devaluation (e.g., negative assumptions about oneself). The authors also found such experiences to be associated with internalized stigma which, in turn, was associated with psychological distress. Following these assumptions and evidence, we argue that internalized CNM negativity can be one of the mechanisms under which mononormativity endorsement and CNM stigma shape negative perceptions about oneself (i.e., self-dehumanization) and the partner (i.e., partner dehumanization).

Current Study

Past studies have shown that socialization and exposure to heteronormative views can increase minority stress, and lead to the internalization of norms and stigma (Boyer & Lorenz, 2020; Meyer, 2003; Rostosky & Riggle, 2017). Internalized negativity, in turn, has been associated (and in some cases mediate associations) with negative identity, worse psychosocial outcomes, and dehumanization (Haslam, 2006; Hatzenbuehler, 2009; Szymanski et al., 2019; Torres & Rodrigues, 2022). Extending recent research focused on CNM individuals (Mahar et al., 2022; Moors, Schechinger, et al., 2021; Witherspoon & Theodore, 2021), we expected higher endorsement of mononormative beliefs and CNM relationship stigma to be associated with higher internalized CNM negativity (H1), which should then be associated with the attribution of more primary and less secondary emotions to oneself (i.e., self-dehumanization; H2) and more negative perceptions of the partner (i.e., partner dehumanization; H3).

Method

Participants and Procedure

This study followed the Ethics guidelines of [host institution]. Data were collected between April and July 2021, by recruiting a community sample of participants who identify as CNM on social networking groups and Reddit. Permission to post the study advertisement in specific groups was requested beforehand. After indicating their agreement to be enrolled in the study, participants were asked to complete the survey. In the end, participants were thanked and debriefed.

A power analysis indicated that 418 participants would be needed to estimate a linear regression model with two predictors with a small effect size ($f^2 = .05$) and 95% power (using G*Power 3.1; Faul et al., 2009). A total of 761 individuals accessed the survey. We excluded individuals who did not provide informed consent (n = 3), provided only demographic information (n = 105), had a monogamous relationship (n = 60), failed to complete any of the measures under examination (n = 76) or failed to complete at least one of the outcome variables (n = 79). The final sample included 438 individuals from 30 countries. As detailed in Table 1¹, most participants were from the American continent (64.6%), identified as White (82.0%), identified as bisexual (42.5%), identified as female (54.8%), were university graduates (35.2%), and were currently employed (70.3%). Most participants resided in suburban areas (44.1%) and were living comfortably on their present income (46.3%). As for their relationship configuration, most participants were polyamorous (55.9%) and had two partners (37.2%).

Measures

We adapted an existing measure to assess mononormative beliefs among CNM individuals. This measure was the object of psychometric analysis, through an Exploratory Factor Analysis (EFA) with principal axis factoring and promax rotation, and reliability. We also used three previously validated measures to assess internalized CNM negativity, self-

¹ Due to programming error, we were unable to collect participants' age.

dehumanization, and partner dehumanization. These measures were the object of a Confirmatory Factor Analysis (CFA) with robust maximum likelihood estimation using Mplus 7 (Muthén & Muthén, 2012). We considered the normed chi-square (χ^2/df), comparative fit index (CFI), Tucker–Lewis index (TLI), standardized root-mean-square residual (SMSR), and root-mean square-error of approximation (RMSEA), and compared the fit indexes of our models to the standards established in the literature (Byrne, 2005). The final version of the measures and the overall correlation between factors is detailed in the Supplemental Materials.

Mononormative Beliefs

We adapted the 8-item Normative Behavior subscale from the Heteronormative Attitudes and Beliefs Scale (Habarth, 2015) to assess expectations about monogamy (e.g., "In intimate relationships, partners should act according to what is traditionally expected"). Responses were given on 7-point scales (1 = Strongly disagree to 7 = Strongly agree). The EFA analyses yielded a 5-item scale with a 2-factor structure that explained 43.83% of the total variance. Both factors were correlated, r(420) = .29, p < .001, and items were mean aggregated ($\alpha = .65$). Higher scores indicate more normative beliefs.

CNM Relationship Stigma

We adapted two items from the Internalized Sexual Stigma for Lesbian Women and Gay Men (Lingiardi et al., 2012) to assess pessimistic views of CNM relationships: "I do not believe in love between non-monogamous partners" and "Non-monogamous people can only have flings/one-night stands". Responses were given on 7-point scales ($1 = Strongly \ disagree$ to $7 = Strongly \ agree$). Items were mean aggregated, Spearman's rho = .46, p < .001, with higher scores indicating more CNM relationship stigma.

Internalized CNM Negativity

We used the 7-item Internalized CNM Negativity scale (Moors, Schechinger, et al., 2021) to assess personal discomfort (e.g., "I feel comfortable having a consensual non-monogamy lifestyle"), social discomfort (e.g., "I feel comfortable in consensual non-monogamy-friendly communities/locations"), and public identification with CNM (e.g., "I feel comfortable being seen in public with consensually non-monogamous individuals"). Responses are given on 7-point scales (1 = Strongly disagree to 7 = Strongly agree). The CFA analysis showed a good fit to a 3-factor structure with a higher-order factor: $\chi^2(11) = 27.38$, CFI = .97, TLI = .94, SMSR = .03, and RMSEA = .06 [.03, .09]. Items were mean aggregated ($\alpha = .75$), with higher scores indicating more internalized CNM negativity.

Self-Dehumanization

Based on studies examining emotion-based dehumanization (Haslam & Loughnan, 2014), we asked participants to indicate their ability to experience 16 different emotions (Martínez et al., 2017), including negative (e.g., "sadness") and positive (e.g., "cheerfulness") primary emotions, and negative (e.g., "shame") and positive (e.g., "love") secondary emotions. Emotions were presented in random order and responses were given on 7-point scales (1 = I rarely feel this emotion to 7 = I often feel this emotion). The CFA analyses showed a good fit to a 4-factor structure: $\chi^2(98) = 289.96$, CFI = .92, TLI = .90, SMSR = .07, and RMSEA = .07 [.06, .08]. Items were mean aggregated in each factor, with higher scores indicating a more frequent experience of negative ($\alpha = .72$) and positive ($\alpha = .83$) primary emotions, and negative ($\alpha = .72$) and positive ($\alpha = .80$) secondary emotions.

Partner Dehumanization

We used the 12-item Dehumanization in Romantic Relationships Scale (Pizzirani et al., 2019) and asked participants to indicate how they generally treat the partner they spend the most time with. Items include treating the partner as immature (e.g., "As if they are immature"), unrefined (e.g., "As if I am ashamed of them"), exploitable (e.g., "As a means to

an end"), and emotionless (e.g., "As if they are heartless"). Responses were given on 7-point scales (1 = *Strongly disagree* to 7 = *Strongly agree*). The CFA analysis showed a good fit to a 4-factor structure: $\chi^2(48) = 68.61$, CFI = .97, TLI = .96, SMSR = .05, and RMSEA = .03 [.01, .05]. Items were mean aggregated in each factor, with higher scores indicating being more likely to treat the partner as immature (α = .81), unrefined (α = .85), exploitable (α = .74), and emotionless (α = .86).

Data Analytic Plan

We computed descriptive statistics and overall correlations between variables. For illustrative purposes, we tested mean scores against the mid-point of the response scales using one-sample *t*-tests. We also compared primary (negative vs. positive) and secondary (negative vs. positive) emotions using paired-sample *t*-tests. Then, we computed a single mediation model using Mplus 7 (Muthén & Muthén, 2012) with maximum likelihood robust estimation (Li, 2021). Mononormative beliefs and CNM relationship stigma were the predictor variables, and internalized CNM negativity was the mediator variable. Outcome variables were each factor from the self-dehumanization and partner dehumanization measures. Lastly, we re-tested these models while controlling for all demographic variables. Materials, anonymized data, and syntaxes that support our findings are available on OSF.

Results

Preliminary Analyses

Descriptive statistics and correlations are presented in Table 2. Overall, participants scored low on mononormative beliefs, CNM relationship stigma, internalized CNM negativity, primary and secondary negative emotions, and treating the partner as immature, unrefined, exploitable, and emotionless, all p < .001. In contrast, participants scored high on primary and secondary positive emotions, both p < .001. Also, participants attributed

themselves more primary (vs. secondary) negative emotions, t(431) = 15.27, p < .001, d = 0.73, and more secondary (vs. primary) positive emotions, t(431) = -6.76, p < .001, d = 0.33.

Mediation Analysis

Standardized results are depicted in Figure 1. As expected, mononormative beliefs and CNM relationship stigma were associated with more internalized CNM negativity, both p < .001. Unexpectedly, internalized CNM negativity was associated with more primary, p = .002, and secondary, p < .001, negative emotions, but also with less primary, p < .001, and secondary, p < .001, positive emotions. As expected, internalized CNM negativity was associated with treating the partner as more immature, p = .016, unrefined, p = .006, exploitable, p = .001, and emotionless, p = .001. The indirect effects were significant in the model, all $p \le .035$, although CNM relationship stigma was still positively associated with treating the partner as more unrefined, p = .011, exploitable, p = .024, and emotionless, p = .026 (see Table 3). Additional analyses showed that significant results remained unchanged after controlling for all demographic variables.

Discussion

In a cross-sectional study, we examined if mononormative beliefs and CNM stigma were associated with self and partner dehumanization, and whether internalized CNM negativity was one of the mechanisms explaining these associations. Results largely supported our hypotheses. Indeed, CNM individuals who endorsed more negative social views about consensual non-monogamy also report having more internalized CNM negativity and were more apt to have a more negative view of themselves and their partner. Overall, these findings corroborate research under the minority stress framework (Meyer, 2003), which has consistently shown that individuals in sexual minority relationships can develop self-directed stigma via the unique stressors faced by living outside of heteronormativity (Dürrbaum & Sattler, 2020; Rostosky & Riggle, 2017; Torres & Rodrigues, 2022). Our

findings also corroborate research under the psychological mediation framework (Hatzenbuehler, 2009), by suggesting internalized negativity as one of the variables explaining the negative consequences of normativity endorsement to the health and wellbeing of sexual minority individuals (Sattler & Zeyen, 2021). Extending recent studies focused on the experiences of stigma and internalized negativity among CNM individuals (Mahar et al., 2022; Moors, Schechinger, et al., 2021; Witherspoon & Theodore, 2021), we showed for the first time that internalized CNM negativity helped explain why endorsing mononormative beliefs and CNM stigma was associated with the perception of oneself as experiencing more negative emotions and fewer positive emotions) and with worse partner interactions (i.e., dehumanizing the partner and treating them as more immature, unrefined, exploitable, and emotionless). Note that results on the self-dehumanization measure were not aligned with the typical results found for dehumanization (i.e., attribution of more primary and less secondary emotions). Instead, we found that CNM individuals attributed more negative and less positive emotions to themselves (both primary and secondary), possibly indicating a generalized negative self-image that is shaped by mononormative beliefs and internalized negativity. Still, our current findings show that stigma born out of social norms that exclude others and police their behavior can damage individual functioning and interpersonal relationships.

Our participants reported overall low levels of mononormativity endorsement, CNM stigma, and internalized CNM negativity. This was not particularly surprising when considering that CNM individuals report that their relationship configuration prioritizes freedom, and open communication, and allows them to meet their needs (Cohen, 2016; Mogilski et al., 2021; Moors et al., 2017; Muise et al., 2019). These individuals also tend to report high levels of relationship functioning, sexual satisfaction, and constructive conflict resolution styles (Brooks et al., 2022; Conley & Piemonte, 2021; Rodrigues et al., 2017,

2019; Wood et al., 2018). This is aligned with research showing that individuals who are in sexual minority relationships can combat or deter the negative effects of stigma and lead positive and healthy lives in many ways. For example, individuals in stigmatized relationships can reinvent the meaning and functioning of relationships to avoid comparisons to prototypical relationships (Frost, 2013). Thus, one explanation for the low levels found in our sample could arise out of the contextual features of the social networks in which individuals were, both outside and within their relationships. This evidence notwithstanding, our findings underscore that being exposed to mononormativity and monogamy-based stigmatization can take a toll on the lives and relationships of CNM individuals.

Limitations and Future Research

The findings presented in this study must be taken in light of some limitations. Aligned with recent research (Mahar et al., 2022; Sattler & Zeyen, 2021), we proposed a theoretical model suggesting internalized CNM negativity as the mechanism through which mononormative views shape the functioning of CNM individuals. We also assessed our main constructs using newly developed measures and measures recently developed by other researchers (Moors, Schechinger, et al., 2021), which can raise questions about the validity of our assessments. We found empirical support for our reasoning, but we must also acknowledge that the cross-sectional nature of our data prevents us from establishing causality and that additional psychometric studies are needed to further validate our measures. Moreover, our sample included participants who identified as non-binary or from other sexual minorities (e.g., Haupert et al., 2017), even though the majority were primarily educated, U.S. participants, who were White, and had high socioeconomic status, therefore maintaining hallmarks of a WEIRD sample (Henrich et al., 2010). It would be reasonable to assume that diversity of class and race would be significant determinants with regard to the overall endorsement of mononormative beliefs and stigmatization. Future studies could seek

to replicate our findings using qualitative and longitudinal designs. For instance, researchers could examine the perceived roots of internalized negativity and its consequences over time, while also examining if individuals in unique class and race intersections cope differently with mononormativity and experience distinct outcomes resulting from the struggle between societal norms and self-identity.

Our participants were also recruited from online communities related to CNM. These individuals were arguably more motivated to take part in this study and less likely to endorse negative beliefs and views related to CNM, themselves, and their partner(s). Still, we found the expected associations between our variables even among individuals who were active and present in online communities. As even some of these individuals struggle with their identity and the way they perceive themselves, their partner(s), and their relationship configuration, then individuals who are outside of such communities are likely to exhibit a greater struggle to cope with the strains caused by the social imposition of monogamous norms. Future research could seek to determine the extent to which our findings are generalizable to a more diverse and representative sample of people who identify as CNM. Relatedly, researchers could seek to examine the consequences of identity concealment, that is, maintaining the outward appearance of monogamy while practicing non-monogamy. Maintaining a hidden identity can be detrimental to physical and psychological well-being (Dyar et al., 2018; Torres & Rodrigues, 2022), Hence, how open individuals are about their relationship configuration with their immediate and extended social network might also determine the way they cope with their minority status. Arguably, greater social support or acceptance might be a protective factor that helps to buffer the negative implications of internalized CNM negativity, when faced with social expectations and stigmatization (Witherspoon & Theodore, 2021).

Lastly, our participants primarily identified with polyamory, rather than with other CNM relationship configurations. Post-hoc analyses revealed no significant difference between relationship configurations and the variables of interest in our study. Still, Frost (2013) argued that individuals in polyamorous relationships are challenged to reconfigure their understanding of relationships outside of the monogamy paradigm, by virtue of the nature of the configuration of multiple partners within a sexual/romantic union. This imbalance might have helped to reduce the overall levels of mononormative beliefs, CNM stigma, and internalized CNM negativity. However, past research has also shown that people's attitudes toward different CNM configurations differ, with higher stigma being observed toward swingers and less stigma toward polyamory (Balzarini et al., 2018). Hence, future research could seek to replicate and extend our current sample and findings, by comparing CNM individuals who are not motivated to establish and maintain a relationship (i.e., solo polyamorous), those who have primary and secondary partners (e.g., open relationships, swingers), and those who have multiple partners without establishing hierarchies (e.g., relationship anarchy).

Implications and Conclusion

CNM is an umbrella term for diverse relationship configurations that fall outside of the mononormative expectations of mainstream society, extending beyond the prescribed two-partner monogamous relationship paradigm and embracing relationships beyond the dyad. Mononormativity is the social expectation of individuals to maintain two-partner relationships, whereby the partners maintain sexual and emotional exclusivity. This expectation is so embedded in society that when initiating relationships, most individuals assume their romantic partner is monogamous and prefers monogamy without having an explicit conversation about it. Individuals who reject this social norm and pursue other forms of relationships can be met with negativity either directly by others or through the

Mononormativity, Internalized Negativity, and Dehumanization

18

internalization of social norms. The present study showed the possible implications of

mononormative beliefs and CNM stigma for internalized CNM negativity, self-

dehumanization, and partner dehumanization. This information can be used by professionals

and policymakers in their work. For example, our findings can help inform the development

of evidence-based interventions and awareness campaigns to increase the well-being of CNM

individuals. On the other hand, our findings could also help inform the development and

implementation of sex-positive environments among professionals and social structures (e.g.,

therapists, healthcare providers, and job recruitment processes). More broadly, our results can

also help to counteract the negative effects of CNM stigmatization in the general population,

by providing knowledge about the struggles faced by CNM individuals in their daily lives

and promoting favorable discourses surrounding CNM.

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Availability of data and material: All materials, anonymized data, and syntaxes that support

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Table 1

Demographic Characteristics

	N	%
Continent		
African	3	0.7
American	283	64.4
Asian	5	1.1
European	127	29.0
Oceania	20	4.6
Race/Ethnicity		
African	1	0.2
Arab or Middle Eastern	3	0.7
Asian	10	2.3
Black or African American	3	0.7
Hispanic or Latinx	23	5.3
Mixed race/ethnicity	33	7.5
Native American, First Nation or Alaska Native	2	0.5
	4	0.9
Other (e.g., Aboriginal, Métis)		
White	359	82.0
Sexual orientation	12	2.0
Asexual/Demisexual	13	3.0
Bisexual	186	42.5
Flexible	9	2.1
Heterosexual	147	33.6
Lesbian/Gay	34	7.8
Pansexual	43	9.8
Queer	6	1.4
Gender		
Agender or gender fluid	14	3.2
Female	240	54.8
Male	139	31.7
Non-binary	45	10.3
Education level		
Less than 6 years	1	0.2
Between 6 and 12 years	4	0.9
High school graduate	33	7.6
Some university	108	24.7
University graduate	154	35.2
Master level degree	108	24.7
Doctoral degree	29	6.6
Occupation	->	0.0
Primarily student	68	15.5
Employed	308	70.3
Unemployed	49	11.2
Retired	13	3.0
Area of residence	13	3.0
	106	12.5
Urban area	186	42.5
Suburban area	193	44.1
Rural area	59	13.5
Socioeconomic status	20	4 6
Finding it very difficult on present income	20	4.6
Finding it difficult on present income	55	12.6
Coping on present income	160	36.5
Living comfortably on present income	203	46.3
Relationship configuration		
Open relationship	69	15.8
Open relationship and swinging	12	2.7

Polyamorous	245	55.9
Polyamorous and open relationship	15	3.4
Polyamorous, open relationship, and swinging	6	1.4
Solo polyamorous	49	11.2
Swinging	42	9.6
Number of current partners		
1	152	34.7
2	163	37.2
3	76	17.4
4	25	5.7
5	10	2.3
6	2	0.5
7	2	0.5
8+	8	1.8

Mononormativity, Internalized Negativity and Dehumanization

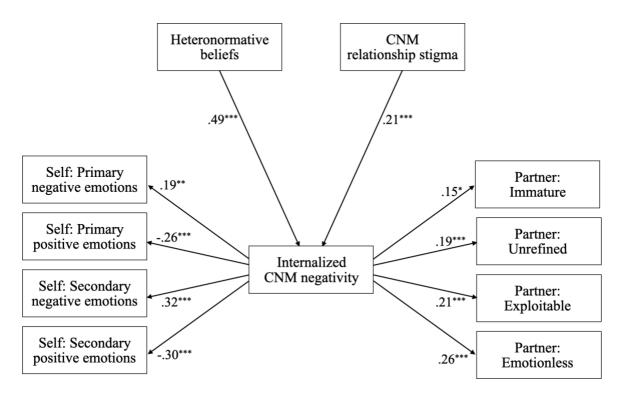
Table 2Descriptive Statistics and Overall Correlations

		riptive stics			Correlations							
	M	SD	1	2	3	4	5	6	7	8	9	10
1. Mononormative beliefs	1.98a	0.84	-									
2. CNM relationship stigma	1.35 ^a	0.93	.50***	-								
3. Internalized CNM negativity	2.13^{a}	0.95	.55***	.43***	-							
4. Self: Primary negative emotions	3.65^{a}	1.27	.03	03	.13**	-						
5. Self: Primary positive emotions	5.25^{b}	1.19	18***	12**	27***	36***	-					
6. Self: Secondary negative emotions	2.97^{a}	1.16	.06	.01	.24***	.71***	38**	-				
7. Self: Secondary positive emotions	5.53^{b}	1.18	22***	16***	33***	41***	.74***	39***	-			
8. Partner: Immature	1.48^{a}	0.89	.16***	.15***	.20***	.12*	21***	.15**	24***	-		
9. Partner: Unrefined	1.15 ^a	0.46	.26***	.32***	.31***	.08	19***	.09	20***	.41***	-	
10. Partner: Exploitable	1.20a	0.56	.23***	.27***	.30***	.05	21***	.12*	24***	.38***	.58***	-
11. Partner: Emotionless	1.35 ^a	0.85	.28***	.32***	.36***	.16***	27**	.21***	31***	.44***	.49***	.56***

Note. Superscripts denotes mean scores below (a) or above (b) the response scale mid-point, all p < .001, all $d \ge 0.27$. Self = self-dehumanization scores (i.e., own ability to experience emotions). Partner = partner-dehumanization scores (i.e., how participants generally treat the partner they spend the most time with).

$$p \le .050, p \le .010, p \le .001$$

Figure 1Regressions Coefficients for the Mediation Model



Note. Depicted are standardized regressions coefficients (β). Self = self-dehumanization scores (i.e., own ability to experience emotions). Partner = partner-dehumanization scores (i.e., how participants generally treat the partner they spend the most time with).

$$p \le .050, p \le .010, p \le .001$$

Mononormativity, Internalized Negativity and Dehumanization

Table 3

Mediation Model: Standardized Direct and Indirect Effects Through Internalized CNM Negativity

	Mononormative beliefs				CNM relationship stigma				
	Direct effect		Indirect effect		Direct effect		Indirect	effect	
	β (SE)	p	β (SE)	p	β (SE)	p	β (SE)	p	
Self: Primary negative emotions	04 (.06)	.525	.09 (.03)	.006	09 (.06)	.088	.04 (.02)	.013	
Self: Primary positive emotions	04 (.06)	.494	12 (.03)	< .001	.02 (.06)	.700	06 (.02)	.005	
Self: Secondary negative emotions	07 (.05)	.176	.14 (.04)	< .001	10 (.05)	.078	.07 (.02)	.002	
Self: Secondary positive emotions	05 (.06)	.413	14 (.04)	< .001	.01 (.05)	.931	06 (.02)	.003	
Partner: Immature	.04 (.07)	.572	.07 (.03)	.015	.06 (.07)	.353	.03 (.02)	.031	
Partner: Unrefined	.06 (.06)	.366	.08 (.03)	.004	.21 (.08)	.009	.04 (.02)	.022	
Partner: Exploitable	.03 (.06)	.619	.10 (.03)	.001	.16 (.07)	.026	.05 (.02)	.007	
Partner: Emotionless	.05 (.06)	.372	.11 (.03)	.001	.18 (.08)	.029	.05 (.02)	.005	

Note. Self = self-dehumanization scores (i.e., own ability to experience emotions). Partner = partner-dehumanization scores (i.e., how participants generally treat the partner they spend the most time with).