

Exploring the experiences of stigma among South African gay men who practice consensual non-monogamy

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Abstract

Consensual non-monogamy (CNM) refers to an intimate relationship arrangement in which all the parties involved consent to having multiple romantic or sexual partners simultaneously, with the full knowledge and agreement of everyone involved. Although CNM is becoming increasingly more visible in mainstream media and social discourse, it remains a largely non-normative relationship configuration that can elicit stigma directed at those who practice it. The culture of mononormativity, whereby monogamous relationships are held as the ideal or default way for people to structure their intimate connections, may imply that even in the gay community, where a history of openness towards, and experimentation with, alternative relationship configurations exists, affirmative attitudes towards CNM cannot be guaranteed. This qualitative study explored the experiences of stigma among South African gay men who practice CNM, with a particular focus on stigma reported by CNM practitioners from within the gay community. Seven self-identified gay men who practice CNM were recruited to participate. Each participant took part in an unstructured individual interview which was then transcribed and subject to a thematic analysis. Analysis of the data revealed three main themes: creating CNM as homonormative; interpersonal (in)significance of CNM, and stigmatising narratives of CNM. Together, the findings highlight that while gay men who practice CNM may experience stigma from within the gay community, they adopt different approaches at managing this stigma, such as, by constructing CNM as a cultural norm for gay men and by interpreting their participation in CNM as a personally meaningful and fulfilling alternative to monogamy.

Keywords: consensual non-monogamy, extradyadic, gay, mononormativity, relationships, stigma

Introduction

In recent years, family structures and relationship arrangements have diverged from the dominant conventions of monogamous coupledness (Barker & Langdridge, 2010). However, monogamy remains a powerful norm in many societies and cultures (Blow & Hartnett, 2005), and deviations can still be subject to social sanction and stigma (Mahar et al., 2024). This study explores the experiences and understandings of stigma among South African gay men who practice consensual non-monogamy (CNM). CNM is an umbrella term for a diverse array of relationship configurations that diverge from the traditional monogamous two-partner pairing. CNM includes varying relationship arrangements, such as in polyamorous relationships which involve multiple long-term romantic and/or sexual partners, or open relationships which typically consist of a primary romantic dyad that engages in casual sex with outside partners. A couple's CNM configuration is negotiated and dependent upon the partners' agreement of 'rules' within a given relationship (Groves et al., 2014; Philpot et al., 2018). While relationship rules vary, they are typically formulated to maintain the health and primacy of the core dyad while allowing the fulfilment of their sexual and emotional needs (Hoff et al., 2010). Sexual and emotional health is thus a key consideration, with STI and HIV risk mitigation an essential feature in the extradyadic sex rules that couples select (Mitchell, 2014). CNM relationships are also regularly associated by practitioners with increased need fulfilment, a greater variety of nonsexual activities, and personal growth and development, suggesting that they may also promote partners' psychological wellbeing (Moors et al., 2017).

Despite such emphasis on ensuring partner and relationship health, individuals in CNM relationships are exposed to considerable stigma. CNM practitioners are stereotyped as promiscuous, likely to have sexual infections, immature, less moral, and their relationships are regarded as failed (Balzarini et al., 2018; Rodrigues et al., 2018; Willis, 2019). The halo effect surrounding monogamy also results in CNM practitioners being devalued on relationship-irrelevant variables such as tipping generously and recycling consistently (Balzarini et al., 2018). Within mental healthcare, clinicians frequently pathologise CNM practitioners, over-diagnose them with personality disorders, and select conversion to monogamy as the therapeutic goal (Grunt-Mejer & Łyś, 2022; Trexler, 2021). Some psychologists within South Africa have demonstrated similar stigmatising attitudes, characterising CNM clients as compulsive and childish, 'damaged', and likening the inclusion of an additional partner to "undeclared divorce" (Spilka, 2018, p. 58).

No data on the prevalence of CNM within the South African population and among South African gay men specifically can be found, although there is some evidence that CNM is practiced locally by members of various sexualities (for example, Basson, 2023; Molefi et al., 2022; Moodley & Rabie, 2020). The dearth of information on the practice of CNM within South Africa in comparison to international populations suggests that more research must be undertaken to gain a comprehensive understanding of this understudied segment of the population. While limited data therefore presently exists within the South African context, the prevalence of CNM within some societies appears to be growing, with nationally representative studies conducted in the USA and in Canada both indicating that approximately 20% of the respective populations had ever engaged in a CNM relationship (Fairbrother et al., 2019; Hauptert et al., 2017).

However, research on CNM has tended to focus on samples of gay men often to the near exclusion of other sexualities (Moors et al., 2014). Participation in CNM appears higher among gay men in than the general population, with roughly a third of gay men reporting past engagement in CNM (Hauptert et al., 2017), though this increased prevalence extends across other sexual and gender minorities (Moors et al., 2014). In a study conducted by Træen and Thuen (2022) in Norway, current engagement in CNM was higher amongst LGBT+ individuals at 16.2% compared to 1.2% for heterosexual participants. Some research findings may suggest that this increased prevalence amongst sexual minorities may relate to their divergence from heterosexuality and thus a heteronormative framework for intimate relationships (Moors et al., 2017). For example, Currin et al. (2016) found that heterosexual individuals who endorsed having non-heterosexual impulses reported greater acceptance of non-monogamy, suggesting that a minor departure from heteronormativity may lead to divergence from mononormativity. In this way, CNM may represent a queerer form of relationship arrangement not only in its prominence amongst sexual and gender minorities, but also in its rejection and reformulation of traditional ideals.

Given this indication, one may expect that queer people, broadly, and members of the gay community, in particular, might accept divergences from hetero- and mono-normative ideals. However, in Duncan et al.'s (2015) qualitative study of young gay Australian men's relationship ideals, nearly all participants endorsed a preference for monogamy. This may be reflective of how more dominant value systems traditionally organising heterosexual relationships have been assimilated and reproduced in some contemporary communities of gay men (Duncan et al., 2015). While gay men may thus adopt monogamous ideals, many express a tension between such an ideal and their seeming ability to pursue it due to

subcultural features of the gay community, with some expecting that gay relationships will transition to CNM over time (Duncan et al., 2015; Philpot et al., 2018), and heteronormative ideals as a relationship standard may therefore be obfuscated within the gay community.

Given that adherence to hetero-and mono-normative relationship ideals is not guaranteed within the gay community, attitudes and stigma towards CNM within this population remains relatively understudied. Research has typically utilised samples from the general and/or heterosexual population (for example, Balzarini et al., 2018; Conley et al., 2013; Rodrigues et al., 2018; Rodrigues et al., 2021), though this may not be representative of sexual minorities. While it may be assumed that gay men may espouse hegemonically constructed attitudes towards and perceptions of CNM, this cannot be taken for granted, given CNM's prevalence amongst gay men and their potential normative divergence. Consequently, this study set out to explore how gay men in CNM relationships experience and understand stigma towards their relationship configuration from within the gay community in South Africa.

Method

Research design, authorship, and ethical considerations

The present study employed an exploratory qualitative design. Accordingly, we sought to recruit gay men who had practiced CNM and, through the use of unstructured individual interviews, could describe first-hand their experiences of stigma from within the gay community. The study was conducted between January 2022 – December 2023 as part of the research component for a professional Masters-level degree in Clinical Psychology, at the University of Pretoria, in which the primary author was enrolled. Consequently, the primary author (LPE) was responsible for designing the study and conducting the data collection and analysis, under the supervision of the second author (JHM). Both authors were involved in the write-up of this article for publication.

Prior to commencing recruitment, ethical approval was received from Faculty of Humanities Postgraduate Research Ethics Committee at the University of Pretoria (reference number: HUM002/0522). Informed consent was obtained by supplying each participant with detailed information about the study, their rights regarding participation, and the authors' responsibilities in an information leaflet and informed consent letter. Participant confidentiality was ensured by using pseudonyms.

Recruitment and participants

To recruit participants for this study, purposive snowball sampling was used. The inclusion criteria required that each participant: (1) be at least 18 years of age; (2) self-identified as a cis-gay man, and (3) had participated in a CNM relationship. The number and duration of CNM relationships were not specified. Recruitment proceeded following a snowballing strategy in which the primary author initially approached existing gay and CNM contacts. These contacts were asked to help identify prospective participants from within their social and relationship circles. Where prospective participants indicated interest, the primary author contacted and furnished them with the information leaflet and consent letter. Although snowballing relies heavily on the willingness of the research contacts and participants to build a sample, Martin (2023) has argued that it proves especially useful in accessing close-knit communities with alternative and non-normative sexualities where these intimate connections and networks help to enhance recruitment.

Recruitment proved to be challenging, both in terms of obtaining a sufficient number of participants and in obtaining a diverse sample group. Several rounds of recruitment were conducted, and while prospective participants of various racial groups were contacted, many seemed reluctant to participate due to the expectation that the discussion would involve the disclosure of intimate aspects of their lives. In total, seven participants were recruited. Six participants were 'White' while one identified as 'Coloured.' Six participants described their relationship configuration as 'open' while one identified as 'polyamorous.' Four participants lived in Johannesburg, one in Cape Town, and two in the Ugu District Municipality (the KwaZulu-Natal South Coast). The mean age of the sample was 30 years.

Data collection

Interviews provide a means of accessing how people construct an understanding of themselves and their relationships as they articulate their experiences within the interview exchange (Soss, 2006). For the present study, an unstructured interview approach was employed, as this enables participants to retain autonomy over how much they disclose about their sexual and intimate relationships (Martin, 2020). Furthermore, given that the interviewer's primary role in unstructured interviews is to position themselves as listener (Brinkman, 2020), the interviews were not guided by a structured questioning protocol, but a standard opening question was used to framework and initiate the discussion, i.e.: "Can you tell me about an incident where a gay man behaved negatively to you because of your relationship arrangement?". All the interviews were conducted virtually by the primary author

and lasted approximately 60 minutes. Zoom was utilised as the virtual interview platform due to its use of end-to-end encryption and other security protocols, including the use of an access key and waiting room which served to aid in protecting participant's confidentiality. Each interview was audio recorded and thereafter transcribed verbatim for analysis.

Data analysis

The data was analysed by means of a thematic analysis (TA) following guidelines outlined by Braun and Clarke (2006). This involved multiple re-readings of the interview transcripts alongside the audio recordings to ensure familiarity with the data. A line-by-line approach was used to label different features of each transcript. An initial list of codes was then generated by extracting data excerpts from the annotated transcripts. These codes were combined and consolidated to form the final set of main themes. Before finalising the analysis, a saturation assessment was conducted by tracking the repetition of themes across each transcript. A saturation grid was created to map the themes identified in each interview. Once the grid was complete and no new themes emerged, saturation was deemed to have been reached with the present sample of participants. Although the saturation grid proved useful in determining the final set of themes that emerged across this dataset, no participant validation (or member checking) was conducted to enhance credibility of the final themes presented here.

The analysis balanced an inductive approach, derived from participants' accounts, with a deductive approach, guided by the study's aims. This is in line with Braun and Clarke's (2012) assertion that a purely inductive approach is unattainable, and allowed the aims of the study to be satisfied while minimising the preclusion of other experiential data capable of enriching the analysis.

A key consideration throughout the first author's engagement with the data was the need to maintain a reflexive approach, given the co-constitutionality involved in theme construction and the potential influence of the researcher's own values, biases, and assumptions on the interpretation and portrayal of participant experiences (Crother & Thomson, 2020). Interaction with the data required confrontation of the researcher's own (heteronormative) relationship ideals and subjective experiences within the gay community, wherein significant stigma was perceived to exist. However, this contradicted with the participants' portrayal thereof, leading to questions surrounding the validity of their portrayals. This conflict created a need for greater emphasis in the analysis regarding participants' meaning-making of stigma and acceptance rather than a sole focus on reporting

on the manifestations of stigma in order to avoid undermining participants' experiences of the (potentially accepting) gay community/ies they inhabit. This ultimately led to the creation of the first two themes (*Creating CNM as Homonormative* and *Interpersonal (In)Significance of CNM*).

Furthermore, in acknowledging that the sampling method incorporated recruitment from within the first author's social networks, navigating boundaries presented an ethical issue, given the focus of the discussion on intimate aspects of the participants' personal lives. Where the researcher was personally familiar with the participants prior to recruitment, any privileged information the researcher had as a result of such personal familiarity was not actively incorporated into the discussion unless directly and explicitly brought into the discussion by the participants themselves. This served to promote participants' autonomy regarding the experiences they were comfortable with disclosing for the research purposes and in their self-determination of what experiences they considered relevant.

Findings and discussion

Creating CNM as Homonormative

Throughout their accounts, participants engaged in an act of rhetorically reformulating homonormativity. Whereas homonormativity in extant research typically refers to the widespread consumption and reproduction of heteronormative ways of being within the gay community (Allen & Mendez, 2018), for the participants of this study, the norms embraced by gay men were envisioned as adaptive to their particular identities rather than a heteronormative import. Within the context of this study, homonormativity thus came to refer to the shared values and norms held by gay men in particular that position them in opposition to or in conflict with traditional heteronormative modes of being. Through this rhetoric, participants largely positioned CNM as something accepted within their particular gay community/ies, where it was believed to occupy normative status alongside monogamy. In support of this, participants cited the visibility of CNM relationships within the gay community and their connectedness to other CNM practitioners, such that CNM appeared to be a normal feature of gay relationships. For example, as Keanu (White, 23, Open) stated, "I don't think I can even name a gay relationship that isn't open at this stage." In this instance, Keanu's assertion highlights how some CNM practitioners consider CNM an increasingly (homo)normative aspect of gay identity and sexual culture.

Homosexuality was presented as the initial gateway that allowed participants to remove themselves from dominant hetero-and mono-norms perceived to be confining them to a particular way of being sexual and intimately partnered:

“I think just being gay and growing up gay, you are kinda automatically forced into a way you have to view the world more openly, because you yourself are seen as something as, you know, not necessarily normal.” – Keanu

“We’re a community that’s not necessarily normal, so to subscribe yourself to normal standards is a bit outlandish.” – Nathan (White, 24, Open)

As part of accepting the ‘abnormal’ status given them by virtue of being gay, a necessary ideological innovation was therefore presented, requiring gay men to find their own ideals for ways of being and relating, given the perceived implausibility for adhering to normative mandates. Gay men in general were therefore portrayed as more accepting of CNM relationships as their initial normative divergence on the basis of sexuality predisposes them to considering other divergent ways of being. As such, greater acceptance and comfort in discussing CNM was depicted when amongst other gay men. Community acceptance and connections with other gay CNM peers bolstered CNM practitioners’ own comfort in engaging in CNM.

However, this rhetorically reconstructed homonormativity was depicted as dependent upon the particular construction of community that gay men inhabited, as impacted by geopolitical divisions of race, class, and culture. Thus, no singular ‘gay community’ was perceived to exist wherein norms and values were collectively embraced, and instead CNM’s acceptance within a particular gay community varied. Greater acceptance by gay men was depicted in communities within South Africa’s urban centres, with particular reference to Johannesburg and Cape Town. In other regions, homonormativity was envisioned as a heteronormative transplant, in which religious and cultural mandates of monogamy hold sway. Drivers of social change for accepting alternative sexualities have historically been urban (Brown, 2008), and CNM as a normative ideal within gay communities occupying urban centres may thus reflect racial and class-based differences in adopting and negotiating community norms.

An additional exception to CNM’s expected normative status within gay communities was the perceived attitudes of young gay men. Young gay men were positioned as assimilating to heteronormative ideals favouring monogamy:

“They all see these Netflix movies of these romantic one-on-ones and a prince finding this guy and stuff. So, I think they are all living a bit in that dream, if I can put it that way.” – Chris (White, 34, Open)

Chris’s reference to Netflix and the consumption of relational ideals is a demonstration of how contemporary and commercial representations of gay identity and relationships are shaped by longer standing hetero-and mono-normativities. Specifically, the romanticised fictional gay relationships depicted mirror traditional heterosexual models (i.e., “a prince finding this guy”) and create a commercially palatable version of the ‘good gay’ – one that subscribes and adheres to the heteronormative script. Rather than undergoing an ideological innovation that adapts dominant (hetero)normative ideals to better suit their gay identity, youth are portrayed as uncritically accepting a way of being and relating that has been transplanted onto them. CNM’s subversive approach to the heteronormative relationship ideals thus was perceived to cause ideological tensions between those embracing an assimilationist narrative and those favouring an adaptively queer approach.

Interpersonal (In)Significance of CNM

Highlighting the perception of one’s CNM status as interpersonally insignificant within their particular gay communities, some participants approached disclosing their CNM status passively, such that it was presumed to be socially irrelevant until otherwise indicated. For example, Keanu compared discussing his relationship with gay peers to “discussing the weather with someone.” This perception was reinforced by gay men’s positive responses, being either a non-noteworthy, impassive reaction, or one of genuine curiosity. This curiosity was framed as welcome, innocuous, and expected rather than invasive or critical. Genuine curiosity reflected to these participants a desire to understand and to consider personally implementing CNM:

“Because I think people are very interested with the concept, but they just- and they would like to have a life like that for themselves because it seems enticing for them.”
– Chris

While some therefore expected acceptance and perceived that disclosure would lack social significance, others demonstrated a more reluctant and guarded approach to disclosure among gay peers driven by an awareness of and sensitivity toward the possible negative consequences thereof. These participants employed evasive tactics, such as the use of

language and euphemisms to obfuscate their CNM status, or subjected others to questioning and evaluation prior to choosing to disclose. Some participants identified criteria for disclosure, such as perceived safety, trust, and comfort. Such methods of defensive self-protection mirror other research suggesting that non-disclosure and concealment are typical tools that CNM individuals implement to forestall anticipated stigma (Füllgrabe & Smith, 2023; Valadez et al., 2020; Willis, 2019). For them, disclosing their CNM status represented a potentially adverse social encounter, which they supported through citing others' negative attitudes towards CNM encountered in the form of a complete unwillingness to engage. In these instances, attempts at discussion may be rebuffed by masked reactions and non-verbal cues signalling a lack of genuine engagement, or alternatively a directly expressed rejection and unwillingness to engage:

“I did feel a little bit judged ... it was a reaction that they, like, ‘No, this is not for me.’ They looked at it- they sort of glanced eyes together, you know?” – Marius (White, 37, Open)

“Um, they would pretty much say, ‘Um, that’s a bit weird,’ and I’m like, ‘Why is it weird?’ and then they would say ‘That’s definitely not for me.’ ... ‘I could never deal with that ...’” – Mitchell (White, 36, Open)

As opposed to genuine curiosity, questioning in such instances was understood as a demand for justification:

“I think a lot of people ask why. Like, ‘Why are you doing this? I mean, you’ve got this beautiful looking guy. Why?’ I think that’s the biggest question. And then often comes in a why- I don’t know how to explain it, but you know it’s a ‘why’ where they already judging in a way.” – Chris

The unwillingness to sincerely understand CNM reflected in the above extract evidences the potential impact that this status may have on in-group acceptance and thus its interpersonal significance. CNM may in this way represent a label that, at least for some gay men, signifies a distasteful relationship orientation that is avoided or, if engaged with, is done so with reluctance.

Stigmatising Narratives of CNM

In line with the above themes, participants often portrayed the gay community/ies they inhabit as permissive and accepting, with several participants explicitly stating that they

rarely if ever experienced stigma or struggled to recall any particular stigmatising events. Despite such a conscious conceptualisation of community, stigmatising connotations were implicit throughout their accounts. This represented a potential overemphasis on positive experiences and a discreditation or under-evaluation of the often tacit and masked nature of stigma. Indeed, participants reported various ways in which their identities may be undermined, rejected, and demeaned by other gay men based upon their relationship configuration. Interpersonal rejection upon disclosure of their CNM relationship was reported to occur in social, romantic, and sexual forms. In the first component, gay men would sever social ties or interactions with CNM practitioners after the disclosure. While this was described as infrequent, others indicated that a more common experience was that gay peers would halt their romantic or sexual pursuit of participants. Chris describes how such rejection can be accompanied by resentment and confrontation when his CNM relationship is revealed:

“Sometimes they even get angry. So, I had situations where they sort of got angry and said like, ‘But why have you not told me that you’ve got a partner?’ And then I say ‘First of all, we met five minutes ago, and for me, because- because being in an open relationship, you know, my partner’s not the first information I need to share. I mean, you approached me because you saw me, you were interested in me.’”

Another’s interest in a CNM practitioner can thus be overcome and diminished by the single criterion of their relationship configuration. Interpersonal rejection in this way not only signifies the attachment of an undesirable label to CNM practitioners but also an act of separation, a discreditation of the individual as a viable social, sexual, or romantic peer.

For others, sexual *objectification* was presented as a regular feature of their interactions with gay men, including gay CNM peers. Such sexual objectification implies an essentialising attitude toward CNM practitioners as explicitly sexual beings, negating a holistic perception of them as human peers and instead reductively circumscribing them in overly sexualised ways. Jean (White, 27, Polyamorous) goes so far as to say that this is the “most common response” from gay men upon discovery, that they “always ... just want to know if you’re available to have sex with them.” Such sexualisation is reinforced by stereotypes promoting CNM practitioners as hypersexual beings, with Tyron (Coloured, 31, Open) indicating that gay men characterise CNM practitioners as “open to sleeping with everyone,” and thus promiscuous, a stereotype that is regularly applied to CNM practitioners (Balzarini et al., 2018; Rodrigues et al., 2021; Willis, 2019). Indeed, Nathan and Jean go beyond the idea of sexual objectification and stereotyping by suggesting that gay men feel

sexually entitled. Nathan explains this by stating that “saying you’re open gives them an excuse to be like, ‘Why won’t you do it then? You’re open.’” Jean mimics this in an account of his interaction with another gay man:

“He was like, ‘Okay, cool, let’s hook up.’ And I was like, ‘Um, no thank you. I am not interested.’ And he was like, ‘But you said you’re polyamorous. Are you?’ And then I was like, ‘Yes, but that doesn’t mean I want to sleep with you.’ And he then got angry and ... he literally said, ‘But are you not polyamorous?’ ... he assumed that if I am polyamorous, I have to have sex with him.”

Gay men may consequently reduce CNM practitioners to a hyper-sexualised being upon which they project their sexual desires. As Jean puts it, CNM practitioners may become viewed as “a vessel ... to fulfil their needs,” stripped of their “different layers” and ultimately “less of a person.” This coincides with the dehumanisation of CNM practitioners found in Rodrigues et al.’s (2018) study, in which CNM practitioners were viewed as having less uniquely human emotions than monogamous individuals.

Beyond rejection and objectification, some participants reported that they at times had their social power diminished during interactions with gay men. This is done in one approach by questioning their actions in a manner that requires of them to justify their relationship. Apparently innocent expressions of concern become inflected with the power of authority, whereby others position themselves as having greater knowledge or relational expertise than the CNM practitioners. As Marius states, an outward demonstration of concern may act “as a kind of warning as well” that is coded into it.

“And with them raising their concerns of the relationship, they actually show you that they are concerned about your relationship and so you have to justify your thoughts and feelings.” – Jean

How gay men undermine CNM practitioners’ power as experts over their own experiences mimics research that indicates that friends and family of CNM practitioners may similarly invalidate their relationships and authority regarding it (Sandbakken et al., 2022; Willis, 2019). The demand for CNM practitioners to justify their relationships highlights the queer potential of CNM in its capacity to challenge traditionally acceptable notions of ‘appropriate’ sexuality and desire. While occupying the status of a ‘good gay’ requires adhering to the hetero-and-mononormative script, presenting a more fluid appreciation of partnered intimacy may represent an alternative that threatens the acceptable normative status

of other gay men by association. Rather than expressing concern as a veiled request for justification, some gay men would more directly undermine CNM practitioners and discursively position themselves as the experts by enforcing their own beliefs of CNM onto the participants:

“I think when it’s negative, they know how it works or think they know how it works and try and push how they think it works, um, and don’t give you the time of day to decide on yourself what- how you feel it is working or not working.” – Mitchell

A final component of CNM practitioners’ experiences of gay men’s stigmatising approaches towards them is in the relationship narratives to which they adhere. These often represent stereotypes about CNM relationships and practitioners, such that both are dually invalidated. One prominent element is questioning practitioners’ motives for CNM or by supplanting it with their own beliefs, such as that it is motivated by the selfishness or immoral sexual desires of one partner that has coerced the other into adopting CNM. As Tyron exhibits in his own reflection on CNM relationships, gay men may question whether CNM partners “are in love with each other” and whether this love is “genuine” or satisfactory. This questioning of the basis of CNM is reflected below:

“... the perception is that a lot of people are like, ‘Oh, so you’re just’- That was another one now that’s popped into my head. ‘It’s just another form of cheating but you know about it.’ ... And they’re like, ‘Oh, well, you’re obviously just not happy in your relationship.’ And that’s just another one that comes up ... ‘Are you not happy in your relationship? Are you not happy to just be with one person?’” – Mitchell

In this way, undermining the relationship also presents as undermining participants’ love for and satisfaction with each other, presenting CNM relationships as inferior to monogamous ones. A CNM relationship may thus be perceived as “less of a relationship”, as Jean states, or alternatively, as a relationship bound to fail due to selfishness and relational dissatisfaction. The idea that partners “can’t satisfy each other’s needs” supports the perception that CNM relationships are doomed to failure, especially as CNM is seen as harmful to the relationship and its practitioners:

“Um, well the most strongest one that people always push is that it destroys your relationship. And it will completely destroy everything.” – Mitchell

“The other thing [that is said] is that it's not safe. For the both of you ... because you’re now seeing all these different people, you’re opening yourself up to a potential

problem when it comes to your sexual health ... There have been instances where they're like, 'Ooh, so, you're probably, you know, walking around with an STD.'" – Mitchell

CNM thus subverts expectations about the nature of fidelity, commitment, and sexual exclusivity within relationships, and stigmatising narratives arise where others remain attached to viewing it through their own mononormative lens. Similar relationship narratives are prevalent within the literature, suggesting that the stereotypes perceived to be expressed by gay men in this study are a part of broader societally held stereotypes. Specifically, CNM practitioners' love for and commitment to each other is often undermined and invalidated (Rodrigues et al., 2021; Sandbakken et al., 2022; Séguin, 2019). They are considered immoral (Rodrigues et al., 2021; Séguin, 2019), promiscuous (Balzarini et al., 2018; Rodrigues et al., 2021; Willis, 2019), and sexually unhealthy (Balzarini et al., 2018; Conley et al., 2013), and their relationships are portrayed as failed, harmful, or inferior (Balzarini et al., 2018; Séguin, 2019). The relationship narratives thus constructed in this theme are not unique to gay men, but represent a way in which societal narratives of CNM may have infiltrated the values and perceptions of gay men.

Conclusion

This study sought to explore gay men's experiences and understanding of stigma towards their CNM relationships occurring within the gay community in South Africa. These findings are comparable to the existing body of literature that demonstrates the ways in which CNM practitioners may encounter stigma (Balzarini et al., 2018; Conley et al., 2013; Rodrigues et al., 2021; Willis, 2019). This study adds the indication that, at least for some individuals, the gay community may represent a place of relative refuge rather than a site of alienation. In doing so, this study has demonstrated the ongoing normative tensions gay men encounter due to the multiple ways in which they may find themselves diverging from the standards of heteronormativity, with inclusion and acceptance to be found amongst the homo- rather than the heteronormative. Whereas the homonormative is thus at times a place of refuge, stigma persists where ideological tensions remain.

A limitation of the present study is in the largely racially homogenous sample, which limits insights into the experiences of other racialised CNM practitioners. The findings highlight the existence of multiple gay communities wherein norms are differentially determined by factors such as geographic location, race, and culture, and a more inclusive

sample in future research would facilitate a better conceptualisation of stigma within the gay community enriched by a nuanced appreciation of varied subjectivities. Similarly, given that most participants' relationship configuration was 'open,' limited insight into the experiences of other CNM configurations such as 'polyamorous' or 'swinger' has been obtained. As such, future researchers may direct their lens to the particular stigmatising experiences and challenges faced by other CNM subgroups. Participants' portrayal of the gay community as a site of relative refuge in discussing their relationships may also lend to further investigation of how community belongingness may promote CNM's practitioners/gay men's resilience, normalisation, and relationship satisfaction. Such research may be important in understanding how gay CNM practitioners may experience and access informal systems of support. Additionally, the enactment of stigma within more rural and less urban gay communities may be important in understanding how the urban/rural divide and geographic emplacement may shape CNM practitioners' sense of and access to an affirming community and networks of partners.

Future research into practices and communities of CNM could benefit from the application of a Queer Theory lens. While the present study employed a theoretically nonspecific and inductive approach, the benefit of engaging a Queer Theory framework would be to bring the ethical and political dimensions of CNM into acute focus. CNM presents a radical alternative to monogamous paradigms of intimacy and interrogates the social and cultural institutions of marriage and law which establish norms that marginalise or stigmatise nonmonogamy (Hammack et al., 2018). Thus, while the present study highlights how CNM challenges the assumption of mononormative sexual scripts, a Queer Theory approach could extend this analysis by examining the ethical and political possibilities of CNM, framing these relationships not just as personal choices but as acts of resistance against heteronormative, patriarchal structures that constrain sexual and relational possibilities.

Lastly, having considered past research on the stigmatising narratives healthcare professionals may endorse regarding CNM practitioners, it is recommended that clinicians of CNM clients be mindful of not recreating within the therapeutic setting the social invalidation CNM practitioners may experience. Clinicians should reflexively evaluate their own narratives regarding CNM and their relationship ideals which may serve to undermine, reduce, and pathologise CNM practitioners in the ways these findings describe. Given that participants experienced being disenfranchised from the position of expert over their own relationship, clinicians are furthermore encouraged to model alternative, corrective experiences that empower rather than alienate CNM clients.

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