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1 Extraordinary Interventions for Extraordinary Clients: Existential Sex Therapy and Open Non-
2 Monogamy

3 Open non-monogamy is an important and sensitive area for psychotherapists and
4 counsellors, as it can challenge the practitioner's personal values, and
5 professional assumptions about dyadic sexual relationships. Additionally, the
6 increased attention to non-monogamy in popular culture, and the sometimes-
7 ambiguous distinction between 'monogamy' and 'non-monogamy' make
8 understanding the potentials and challenges of non-monogamy a priority for sex
9 therapy specialists. We recommend existential sex therapy as a useful, non-
10 pathologizing model for addressing the needs of openly non-monogamous
11 clients. Both therapists with limited experience working with non-monogamous
12 clients, and those seeking new theoretical frameworks, may benefit from the use
13 of existential sex therapy. We identify core existential therapy principles,
14 including bracketing (i.e. reflectively identifying, and endeavouring to separate
15 out one's own prejudices and values) and horizontalizing (i.e. working to
16 situate the client's sexual identity within the wider context/horizon of their life
17 experience), as methods for affirming the importance of freedom and belonging
18 in light of the client's subjective, lived experience.

19 Keywords: sex therapy; existential psychotherapy; non-monogamy; polyamory

20 Aside from being heteronormative, love stories are historically dyadic: boy meets girl,
21 they fall in love, and triumph or tragedy ensues as they live happily ever after, or not.
22 The contemporary proliferation of LGBTQ-oriented art and activism has helped to
23 challenge the heteronormative framework of love narratives. Also, within the discipline
24 of psychotherapy, growing attention to LGBTQ issues has helped show that people
25 rarely, if ever, fit precisely into sexual binaries, and "straight or gay" is an untenably
26 reductive way to view sexual identity. Despite the progress made in issues of sexual
27 diversity overall, and LGBTQ issues specifically, the one-to-one assumption of sexual
28 partnership seems to still be commonplace in the sex therapy field, necessitating the
29 question: how can we effectively and appropriately work with openly non-monogamous

1 and polyamorous clients?

2 It is important to acknowledge that clinicians have varying degrees of
3 experience, and varying levels of comfort, working with non-monogamous clients. This
4 article is intended primarily for clinicians with a lower level of experience in this area,
5 and clinicians looking for new strategies and approaches in dealing with non-
6 monogamous clients. We recommend existential therapy as a framework well-equipped
7 to deal with both the common elements of human experience—the day-to-day
8 challenges in one’s professional or personal life associated with leading a less socially
9 conventional life—and the unique challenges of open non-monogamies—associated
10 with the need to define and establish a framework of personal meaning in relationships
11 that may fall outside many people’s (and many psychotherapists’) conceptual
12 frameworks. Below, we outline the core principles of existential sex therapy, including
13 the focus on the multiple meanings the client may have surrounding sex, emphasis on
14 the client’s unique lived experience, and the importance of considering the client’s
15 sexual identity, behaviours and choices within the context of wider, unique lived
16 experience.

17 Existential sex therapy is grounded in a *non-pathologizing* model of sexuality,
18 which views human sexual behaviours as existing within a broad and diverse spectrum.
19 This non-pathologizing approach rejects a binary view of ‘healthy’ and ‘pathological,’
20 or ‘normal’ and ‘abnormal’. Instead, the existential sex therapist sees sexuality and
21 sexual behaviour as subjectively situated within the context, or horizon, of one’s
22 individual life. An underlying core objective of the existential approach is to confront
23 and problematize the non-reflexive assumptions that may be reflected in socially
24 conventional scripts of sexual health and normality. In this regard, our model of
25 existential sex therapy is influenced by the work of contemporary researchers who seek

1 to challenge traditional and non-reflexive notions of sexual health and pathology, (e.g.
2 Kleinplatz, 2012; Tiefer, 1995). This non-pathologizing psychotherapeutic model, we
3 contend, provides an extraordinary means for addressing the extraordinaryⁱ experiences
4 openly non-monogamous clients may bring into the consulting room.

5 **Sex and Subjectivity: The Heuristic Value of Labels**

6 Most sexual and relationship therapists are likely to encounter non-mainstream
7 sexualities in their clinical practice. The capacity to deal with evolving normative
8 frameworks, and widely variant client identities, is an essential skill for
9 psychotherapists. Especially when working with diverse clients, even something so
10 familiar as the language that we use has powerful implications. For instance, while
11 terms like “straight” and “gay,” or “monogamous” and “non-monogamous” or even
12 “her” and “him” have a heuristic value, they inevitably restrict the ways in which we
13 communicate about—and the ways we conceive of—ourselves and our clients. We
14 might say that such terms are both enabling and constraining, as they enable us to
15 communicate, but they never fully capture the client’s subjective experience and
16 identity. This linguistic issue is a clear illustration of the challenges we face when
17 working from an existential framework: our concepts, and the labels we apply, are often
18 inadequate in describing the complex world of sexuality. The very language we use in
19 this paper provides a clear example. Throughout this paper we use the pronoun “they”
20 in favour of the gender dichotomous singular pronouns “she” and “he,” in discussing
21 individuals, and in referencing individual clients (in effect, we use “they” as both a
22 singular and plural term). Our hope is that this inclusive language may create a space
23 for clients, and our readership, to self-identify according to their terms of preference,
24 and in accordance with their subjective, lived identities.

25 Clients may define their identities and sexual practices in reference to particular

1 categories; lesbian, gay, bisexual, queer and trans being common terminology. The
2 burgeoning popular interest in open non-monogamies (Barker & Langdridge 2010), the
3 increasingly hazy distinctions between monogamy and non-monogamy (Barker, 2011),
4 the problematizing of traditional language and conceptualizations of sexuality, and the
5 increasingly salient presence of such non-heteronormative sexualities in western society
6 make clinical competence in these areas an important priority. As many clinicians attest:
7 a language for discussing the client's sexuality, shared between client and therapist, is
8 essential. Below, we provide a brief overview of the non-monogamous relationship
9 patterns therapists may encounter amongst their clients, before illustrating the relevant
10 key principles of existential psychotherapy, and showing how they may be of particular
11 use in working with non-monogamous clients.

12 **Non-monogamies**

13 Recent research indicates that non-monogamy is a heterogeneous category, which
14 includes a number of variant relationship arrangements. These arrangements differ with
15 respect to: 1) the kinds of relationships engaged in; 2) the degrees of transparency and
16 disclosure involved, and 3) specific terms of mutually-agreed conduct (behavioural
17 'contracts') or the lack of them. In the academic and research sphere, a number of
18 articles and books have begun to explore the issue of non-monogamy (Adam, 2006;
19 Barker & Langdridge, 2010; de Visser and McDonald, 2007; Rubin, 2001; Sheff, 2005;
20 McLean 2004). Additionally, there is an expanding range of books and publications for
21 individuals involved in, or considering, non-monogamous relationships (Benson, 2008;
22 Matik, 2002; Ravenscroft, 2004; Taormino, 2008). Taken together, these bodies of
23 work seek to disambiguate the high levels of flexibility and variability seen in openly
24 non-monogamous ways of relating.

25 The most common forms of non-monogamy in western culture are: swinging

1 and open relationships (both of which involve the possibility of sexual encounters
2 outside a primary relationship), and polyamory (which entails being open to a
3 multiplicity of simultaneous love-relationships) (Barker & Langdrige, 2010).
4 Swinging and open relationships involve a primary and enduring partnership, with
5 acceptance of additional sexual encounters or relationships. In both, the primary couple
6 may engage in encounters together or separately from their partner, although swinging
7 implies a shared experience involving both members of the couple, while open
8 relationships do not necessarily connote a shared experience, and may imply more
9 separate/individual extra-relationship activities (Easton & Hardy, 2009; Barker &
10 Langdrige, 2010). It must be noted, however, that the way couples conceive their
11 sexual relationships, and negotiate conduct agreements, can vary widely between
12 couples, and within a single couple, over time (McLean, 2004). Equally, polyamorous
13 relationship arrangements, which can involve multiple concurrent sexual and love
14 relationships, vary significantly. As such, the existential psychotherapist must be
15 prepared to deal with non-monogamous clients phenomenologically, on a case-by-case
16 basis, taking into account the individuality and subjectivity of particular clients.

17 Within the sphere of open non-monogamies, specialized terms help provide a
18 conceptual framework for understanding the nature of sexual and romantic
19 relationships. Newer terms—such as ‘metamour’ (the partner of one’s partner),
20 ‘monogamish’ (a relationship defined by some degree of openness to sexual/emotional
21 relationship outside the couple), and ‘frubbly’ (the sense of pleasure one derives from
22 knowledge of a partner’s satisfaction and pleasure with other partners)—have been
23 added to more familiar terms such as ‘polyamory’, ‘swinging’, ‘dogging’, etc. (Richards
24 & Barker, 2013; Ritchie & Barker, 2006).

25 These types of sexual labels have the potential to be both enabling and

1 constraining: while they offer a conceptual and heuristic value, they are hardly tidy
2 categories. Though such terms enable us to discuss clients' unique, subjectively
3 experienced sexual identities (and therefore it behooves the therapist to inform
4 themselves about open non-monogamies and the common terminology involved prior to
5 working with such clients, (Richards & Barker, 2013)), clients are unlikely to fit exactly
6 within a categorical prototype. Just as no client is 'just gay', or 'just straight', no client
7 is 'just polyamorous'. As experienced clinicians often observe, clients may self-identify
8 (comfortably or uncomfortably) in relation to particular sexual categories, but what
9 these terms mean, and how they relate to the client's subjective experience of personal
10 identity, will vary—often significantly—from one individual to the next, and within a
11 given individual over time. Thus, clinicians require a psychotherapeutic framework that
12 enables an effective, meaningful understanding of the client's sexuality, as the client
13 lives and experiences it: *phenomenologically* and *subjectively*. Like the subjectivist
14 interpretation of the client's lived experience, a phenomenological understanding of the
15 client's experiences, which we discuss at greater length below, allows the therapist to
16 understand the client's experience in itself, as it is lived by the client (Spinelli, 1989).
17 Existential sex therapy, which draws on the philosophical work of thinkers such as
18 Simone de Beauvoir and Jean-Paul Sartre, and on the psychotherapeutic work of Irvin
19 Yalom (1989), Emmy van Deurzen (1997), and others, is a highly useful method for
20 approaching non-monogamous clients (Barker, 2013b).

21

22 **Existential Sex Therapy and Non-monogamies: An Extraordinary** 23 **Framework for an Extraordinary Client Group**

24 Existentialism is grounded in the principle that “existence precedes essence” (Sartre,
25 1945, p. 20). Philosophically, this means that the individual is thrust into existence, and

1 must develop a personal identity (i.e. essence) by making real, individual choices. The
2 implication, Sartre states, is that, “subjectivity must be our point of departure” (1945, p.
3 20). Consequently, choice and meaning-making are central to the philosophical views
4 developed by Sartre and his intellectual companion and lover, Simone de Beauvoir
5 (1953), and to the existential psychotherapy model. “Because human beings have no
6 predetermined essence” Van Deurzen & Kenward emphasize, “we need to constantly
7 choose our lives, and it is our choices that define us, and our choices that constitute our
8 ever-changing identity” (2005, p. 35). In effect, the therapist must recognize that the
9 client is not reducible to some essential, or fundamental nature, but must be understood
10 in light of these subjective choices, and the meanings of the client’s lived experience.
11 To create this existential framework in a sexual therapy session, the therapist might
12 foster a joint exploration of the client’s sexual choices in relation to existential themes,
13 in particular meaning-making, and the client’s subjective experiences of
14 interconnectedness.

15 In this regard, bracketing and horizontalization are particularly valuable tools, of
16 especial relevance with openly non-monogamous clients. Bracketing is a therapeutic
17 technique with roots in the phenomenological tradition in philosophy and psychology.
18 Phenomenology, an important foundation of existential psychotherapy, involves
19 understanding experience in and of itself (on its own terms), without deferring to
20 external theoretical frameworks (Aanstoos, 2012). Grounded in this approach,
21 bracketing consists in the suspension, or setting aside, of preconceived notions, prior
22 beliefs, and personal values, and allows the therapist to engage the client openly, a
23 capacity that is particularly important in working with openly non-monogamous clients
24 (Spinelli, 1989). We horizontalize, as Van Deurzen and Adams write, “when we
25 endeavour to place what is becoming known against a horizon, to contextualize the

1 client's worldview" (2011: 50). In addressing the sexual dimension of non-
2 monogamous clients' lives, then, the therapist will work to situate the client's sexual
3 identity and behaviours within the wider horizon of the client's life. It must be
4 emphasized that within the existential therapy model, even therapists familiar with non-
5 monogamy—and even those who have lived experience in non-monogamous
6 relationships—need to bracket their own beliefs from those of the client. In particular,
7 the many different relational arrangements and subjective experiences within the wider
8 frame of open non-monogamy make bracketing and horizontalising invaluable to the
9 therapist.

10 Bracketing and horizontalising are illustrated in the following example: when
11 working with a couple, one of whom was monogamous and one of whom was non-
12 monogamous, in relation to bracketing, the second author (Meg) needed to reflexively
13 consider both clients' preferred ways of doing relationships in relation to their own, and
14 the potential implications of this for (perceived) alignment. Meg found journal-writing
15 about different understandings of relationships to be a useful practice here. It was
16 helpful for recognising that Meg was more philosophically aligned with the non-
17 monogamous partner regarding the capacity to love more than one person at once, but
18 also more aligned with the monogamous partner regarding the responsibilities entailed
19 by having 'a relationship' with somebody. In relation to horizontalizing, the clients
20 themselves were rather fixated on the monogamy/non-monogamy tension as the issue
21 for therapy, so Meg explicitly explained to them (as with any fixation on a sex or
22 relationship problem) that it is important for good therapy for the therapist to get a sense
23 of the whole of their lives and their wider worldviews, to understand how this aspect fits
24 within them. This involved encouraging them to create a diagram of all of the important
25 people in their lives (not just romantic partners), asking them to describe a day in their

1 life in detail, and exploring what they valued most in life (both in terms of relationships
2 with others, and in terms of what they wish to achieve, how they would like to look
3 back on their life, and so on). From such explorations it was possible to explore the
4 arenas of life in which each client valued independence over sharing/belonging, and
5 vice versa. Some useful analogies were drawn between the value that the non-
6 monogamous client placed on freedom to pursue their additional relationships and the
7 value that the monogamous one placed on freedom to pursue their sporting activities. It
8 was also discovered that they both valued their shared working lives, and their
9 grounding themselves in this aspect of their lives was a helpful anchor from which to
10 explore their tensions and conflicts.

11 The client's personhood is inherently self-determined, and the client must be
12 considered in light of their subjectivity. In large measure our aim is to reveal the
13 meanings our clients associate with sexuality and relationships in general, and with the
14 particular sexual and relational choices they might make. In effect, the client may not be
15 reduced to some essential, or fundamental nature, but must be understood in light of the
16 choices and subjective meanings of their lived experience; the client's personhood is
17 inherently self-determined, and the client must be considered in light of their
18 subjectivity. With non-monogamous clients, we would be apt to inquire about the nature
19 of the client's agreements with their partners. Non-monogamous clients vary with
20 respect to the level of transparency of their sexual partnerships, ranging from a 'don't
21 ask, don't tell' agreement to complete transparency (Barker, 2013b). We might inquire
22 how the client envisions their sexual contacts on a continuum of emotional intimacy
23 (Barker, 2011). Some clients might experience a higher level of emotional intimacy
24 with one partner, and other relationships as less intimate. Other clients may experience a
25 high level of emotional intimacy with a variety of partners. From an existential vantage

1 point, it is often of particular value to link the client's sexual choices to the meanings
2 they associate with sexuality and sexual intimacy.

3 Like all human relationships, open non-monogamy is a dynamic landscape. We
4 might encounter, for example, a client who begins in a 'don't ask, don't tell'
5 relationship and shifts towards a higher level of relational transparency, or vice versa.
6 The client's experiences of emotional and physical intimacy are equally dynamic.
7 Considering the client's personal and relational evolution, an existential sex therapist
8 may use meaning as a consistent clinical theme, regularly questioning the meanings
9 (both known and unknown) that the client may associate with sexual choices and
10 behaviours, in order to foster an understanding of how the client's experience of sex and
11 intimacy might vary between partnerships, and within partnerships across time.

12 In this process of questioning and open exploration, the therapist works to set
13 aside presumptions and to accompany the client in an exploration of their world,
14 maintaining a kind of informed naivety. In dealing with openly non-monogamous
15 clients, the therapist's informed naivety is foundational to a set of therapeutic
16 techniques—bracketing, horizontalizing and verification - which allow the therapist and
17 client to address the client's subjective, lived experience.

18 This position of informed naivety necessitates that the therapist identify, and
19 bracket off, assumptions and presuppositions about sexual behaviour in general, and
20 non-monogamy in particular, to the greatest degree possible. This, as many therapists
21 are apt to note, can be easier said than done. By taking a stance of informed naivety, and
22 using the existential techniques of bracketing and horizontalizing, the therapist
23 endeavours to understand the client on their own terms, and works consciously to avoid
24 imposing presuppositions about 'normal' sexual behaviour on the client.

1 **Guidelines for Intervention**

2 There is no proprietary ‘existentialist’ method for maintaining a stance of informed
3 naivety, or implementing the techniques of bracketing and horizontalizing. Critical self-
4 awareness and reflexivity are fundamental to this process. In our own experience, the
5 use of common professional tools, such as journalling, clinical supervision and dialogue
6 with peers, and inner work practice (such as mindfulness, or one’s own psychotherapy)
7 can be invaluable in cultivating informed naivety. By helping therapists maintain a
8 critical orientation towards their clinical practice, such tools can facilitate the reflective
9 practice essential for bracketing and horizontalizing. As with the client, the therapist’s
10 professional experience is subjectively based, and inevitably the tools that work best
11 will be highly specific to the individual therapist. The core existentialist themes,
12 including an exploration of meaning *as the therapist experiences it*, can be highly
13 useful, and are applicable across modalities. Our own reflective and meditative practice,
14 for instance, is methodologically eclectic, but consistently informed and shaped by an
15 exploration of existential themes. For example, both authors of this paper draw on
16 mindful meditation practices (Barker, 2013c) prior to meeting each client in order to be
17 present to them as they are and to resist fixing them according to prior experiences or
18 assumptions (I-thou rather than I-it relating, Buber, 1937). This practices aids
19 bracketing as it is possible to check in about the ways our own assumptions and
20 experiences about relationships may be colouring our expectations of the client. Clients
21 might also be encouraged to briefly return to their breathing (mindfulness) during
22 sessions in order to be better able to empathise with partner/s positions on issues of
23 tension.

24 Maintaining a stance of informed naivety is both particularly important and
25 particularly difficult by virtue of the mononormative biases of our culture (Ritchie &
26 Barker, 2006). For instance, a therapist might struggle with biases or prejudices about

1 the 'right' kind of sexual relationships. Sexuality can be a difficult topic for clinicians to
2 broach at the best of times. Introducing non-monogamy can be additionally challenging.
3 Some therapists may be inclined to view non-monogamy itself, or particular forms of
4 non-monogamy—such as the 'don't ask, don't tell' arrangement—as inherently
5 problematic. Here, the subjective framework of existentialism can be usefully applied:
6 non-monogamy might not work for the *therapist*, but it doesn't have to. It has to be
7 healthy in the context of the client's subjective experience. The experience of non-
8 monogamy likely will not have the same meaning for the client as it might for the
9 therapist.

10 Like the therapist, the client is encouraged to assume an open, self-questioning
11 approach, which evaluates the subjective meaning of their sexual choices, and intimate
12 relationships. As with the therapist's reflective practice, the client's process of
13 evaluative and critical questioning needn't follow an exact formula, but may be
14 grounded in exploration of existential themes. Existential principles are conducive to
15 integration, and therapists may benefit from introducing existential questioning
16 alongside an array of counselling interventions. In our own practices, we have found
17 deconstruction of social constructs and conventions to be particularly useful for many
18 openly non-monogamous clients. This social constructionist approach can be
19 particularly helpful vis-à-vis cultural mononormativity, as well as the forms of
20 polynormativity (more rigid ways of doing open non-monogamy), which inevitably
21 spring up when a community is positioned outside of the mainstream (Barker, 2013a).
22 For example, many clients who have come across books and websites on open non-
23 monogamy will get the sense that there is one 'right' way of doing this, and it will be
24 important to introduce, and hold onto, the multiplicity of non-monogamies and the
25 sense that one is being chosen at the expense of other possibilities, and that all ways of

1 relating will inevitably have both potentials and challenges attached to them.

2 The existential approach focuses on the client’s lived experience, devoting
3 particular attention to the varied meanings the client may hold regarding sexual
4 relationships and sexual behaviour. In light of the powerful stigmas surrounding non-
5 monogamies, it may at times be necessary for the existential therapist to actively affirm
6 the client’s open non-monogamy, or other non-normative aspects of sexuality. This
7 type of affirmative stance may have two aspects—deconstruction of certain social
8 constructs, and validation of subjective sexual choices. In the first instance, it may be
9 necessary for the therapist to refute or deconstruct common cultural stereotypes, and
10 problematize the stigmas that surround sexuality. In our experience, this may involve
11 critiquing some of the more prevalent biases clients may encounter, from common
12 mono-normative and heteronormative biases to anti-sexual biases in certain aspects of
13 our culture. This may be done, for example, by citing statistics on the commonality of
14 such relationships (e.g. half of gay men have openly non-monogamous relationships), or
15 problematising the idea that most people are monogamous (e.g. mentioning that half to
16 two-thirds of people who are monogamous have affairs) (Blumstein & Schwartz, 1983;
17 Vangelisti & Gerstenberger, 2004). You might discuss examples of celebrities of
18 fictional characters who are not monogamous or otherwise non-normative sexually, and
19 generally express familiarity with different modes of non-monogamy from your reading
20 in this area.

21 Our approach to existential therapy holds that a critical understanding of the
22 external sources of mononormativity can help the client attain a higher level of
23 subjective control of meaning-making in their life. The second aspect is one of more
24 direct affirmation—the therapist may legitimate non-monogamies, stating directly that
25 alternative sexualities are, fundamentally, equally legitimate to more socially normative

1 sexual arrangements. Here, the therapist may offer an authoritative-but-balanced view,
2 pointing out that both monogamous and non-monogamous people may have healthy *or*
3 unhealthy relationships, and that this is a function of their specific relationship
4 experience, rather than the number of people involved.

5 It is important that the therapist address the sexual element of the client's life in
6 a balanced way, by horizontalizing and treating sexuality as an important—but not
7 totalizing or all-encompassing aspect—of the client's life. Thus, with respect to
8 horizontalizing, the therapist must not fixate on the client's non-monogamy, or assume
9 that the non-monogamous relationship arrangement is the central concern in the
10 individual or relational sex therapy (Barker, 2013b). To focus overly on this dimension
11 of the client's sexuality puts us at risk of overemphasizing a single facet of the client's
12 life and obscuring other important issues. Further, overemphasizing the client's non-
13 monogamy puts the therapist at risk of fixating on non-monogamy as the 'problem', and
14 may distract the therapist from attending to the complexity of sexual and relationship
15 choices and behaviours. It cannot be over-stressed that our model of existential sex
16 therapy is a *non-pathologizing* approach.

17 Existential sex therapy's non-pathologizing conceptualization of sexual
18 relationships and behaviour benefits from an emphasis on the themes of freedom and
19 belonging—which the (existential) psychotherapist may wish to explore, and return to,
20 with clients as they progress through therapy. For instance, the therapist may wish to
21 invite an exploration of how the client experiences freedom, and a sense of belonging
22 *within* the context of their intimate relationships and *outside* of their intimate
23 relationships, in the other facets of their life. According to Yalom, exploration of
24 freedom and belonging, as a core existential psychotherapy practice, may help to foster
25 an understanding of the client's subjective, lived experience, for both the client and the

1 therapist (Yalom, 1980). In the sex therapy field, we hold, this exploration can help
2 shed light on the unique subjective meanings of sexuality in the client’s life specifically,
3 and the way that sex is situated in a wider context of human experience, and
4 relationships. In effect, these conceptualizations are grounded in a broader
5 understanding of human experience, which envisions the individual’s experience of
6 ‘self’ as inherently linked to their experience of the other. The implication of this inter-
7 subjective experience is that we live in a social world where meaning already exists, and
8 the experience of defining ourselves and our sexual identities is ‘dialectical’, in that it
9 occurs in the interactions between ourselves and others. Our quest for belonging, and
10 our freedom to define our selves and our sexualities is intrinsic to our relationships with
11 others.

12 Freedom and belonging, within the existential framework, are simultaneously
13 invaluable and challenging. Yalom emphasizes that freedom is no easy thing, writing,
14 “in its existential sense ‘freedom’ refers to the absence of external structure,” with the
15 implication that “the individual is entirely responsible for—that is, is the author of—his
16 or her own world, life design, choices, and actions” (1980, p. 8-9). The consequence is
17 that we therapists as well as clients must determine our own identities, a potentially
18 liberating but also potentially frightening experience. This is particularly true for clients
19 endeavouring to forge or determine extraordinary identities, and so particularly relevant
20 in terms of open non-monogamy. Our clients seek a sense of meaning and belonging in
21 a world that offers social meanings, as determined by others, but no absolute answers.
22 Clients may choose to derive their sense of meaning, and a vital experience of
23 belonging, from embracing openly monogamous lifestyles and identities. They are free
24 to do so, even though the social world may offer meanings that challenge this process. It
25 is important to bear in mind, however, that clients may choose open non-monogamy for

1 different reasons altogether. While it may be invaluable to explore the themes of
2 freedom and belonging with the client, it is the prerogative of the existential sex and
3 relationship therapist to explore what non-monogamy means *to the client*, and to avoid
4 imposing assumptions about the client's motivation on the therapy process.

5 **Conclusion**

6 Within existential sex therapy the therapist focuses on the client's subjective, lived
7 experience, taking into account all aspects of the client's life, including those which are
8 not immediately sexual. The therapist endeavours to bracket off biases and
9 presumptions, and to control any temptation to overemphasize single aspects, a
10 technique of particular importance when dealing with openly non-monogamous clients.
11 The client's subjective process of meaning-making is a vital topic of consideration in
12 the therapy. The client is seen as an individual who happens to be in a non-
13 monogamous relationship—what this means to them simply cannot be known *a priori*.

14

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ⁱ The experiences may well not, of course, feel extraordinary to clients, but rather they are extraordinary in the mononormative context of wider culture, which many therapists will occupy. Generally, openly non-monogamous arrangements will feel rather mundane and everyday to the client, unless she/he/they are new to them (Richards & Barker, 2013).