

Social and Therapeutic Challenges Facing Polyamorous Clients

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May 16, 2016

The Version of Record of this manuscript has been published and is available in
Sexual & Relationship Therapy

<http://www.tandfonline.com/doi/full/10.1080/14681994.2016.1174331>

Abstract

This article explores the social and therapeutic challenges facing polyamorous clients. It begins by reviewing literature related to polyamory and therapy, includes a description of the authors' polyamorous family and therapeutic practice serving polyamorous clients and then, explains the autophenomenological research methods Henrich used to conduct the interview study as well as the participants, data analysis methods, and researcher bias. Next, this article details findings from the study, focusing on social obstacles like internalized and institutionalized marginalization, disclosure, and personal identity, as well as therapeutic challenges such as marginalization in treatment and lack of therapist education and knowledge. Finally, the article closes with a discussion of therapist bias.

Keywords: polyamory, non-monogamy, open relationships, psychotherapeutic bias, marginalization

This article is a hybrid. It is at once our personal relationship story, a scientific research study on polyamorous lifestyles, and insights gleaned from years of therapeutic practice with polyamorous clients. At first, these differing approaches appear strange bedfellows: there is the storyteller, researcher, and process worker all mixed together. Much of our lives and practice is about freedom and following a path of hearts that choose two or three primary relationships when choosing only one would have been easier. So, it is fitting that we found the inner and outer freedom to let this article express its diverse nature as well as our own, using the voices of the storyteller, researcher, and process worker throughout.

Polyamory, a form of consensual non-monogamy (CNM) in which adults negotiate multiple loving relationships with their partners' consent, has been gaining public attention. This article encompasses aspects of the authors' personal lives and data from Henrich's research on polyamorous relationships. First we review literature about therapy for polyamorous clients, then explain autophenomenology and explore our relationships to polyamory. Next we detail Henrich's findings, focusing primarily on the social and therapeutic challenges respondents reported. Finally, we challenge therapists to confront their biases about consensual non-monogamy.

Polyamory and Therapy

Among a range of sexually non-exclusive (Fleckenstein & Cox, 2014) or consensually non-monogamous (Sheff & Tesene, 2015) relationships, polyamory most emphasizes love and emotional intimacy over sexual variety (Berry & Barker, 2014; Sheff, 2014). For some polyamory is "a lovestyle which arises from the understanding

that love cannot be forced to flow, or not flow, in any particular direction,” (Anapol, 1997, p. 179) while others see it as: “the desire for/practice of maintaining multiple significant, intimate relationships simultaneously... encompass[ing] many elements, including love, friendship, commitment, flirting, romance, spiritual connection” (Taormino, 2008, p. 71). We define polyamory as an honest and transparent agreement among partners to love more than one person.

Scholars have identified a significant gap in therapist and counselor training regarding CNM. Weitzman (2006, p. 4) first broached the almost complete lack of “education about polyamory in graduate psychology departments, very few of which even mention polyamory, much less provide adequate training ... Very few mental health professionals are truly equipped to work with poly clientele.” Conventional training about non-monogamy usually affirms that “infidelity” is adultery and inherently corrosive to marriage. The appropriate response is to stop, not accommodate, the non-monogamy (Berry & Barker, 2014). However, infidelity is non-consensual and therefore not equivalent to polyamory. Research indicates that CNM has benefits like greater protection from sexually transmitted infections (STIs) (Conley et al., 2012), increased happiness and health among older adults (Fleckenstein & Cox, 2014), and increased sexual passion in lesbian relationships (Nichols, 2004). Cheating or infidelity, in contrast, is associated with lower self-esteem and higher anxiety (Lehmiller, 2009), as well as increased risk for transmitting STIs (Conley et al., 2012).

Mental-health practitioners and academic researchers have published advice for practitioners to better serve polyamorous clients. Berry and Barker (2013, p. 1) advised practitioners to “bracket” their personal values or judgments with existential sex therapy

to focus on the client’s sexual identity within their social context and affirm: “the importance of freedom and belonging in the light of the client’s ... experience.” Barker explained varieties of non-monogamies and encouraged therapists to treat non-monogamous clients with empathy and respect (2011), and explore their own assumptions about relationships and sexuality (2013). Finn, Tunariu, and Lee (2012) interviewed counselors who were CNM affirming and concluded that inclusive therapeutic practices that avoid pathologizing with “mononormativity” are best suited to serve CNM clients. Weitzman, Davidson, and Phillips (2010) created the National Coalition for Sexual Freedom compendium detailing what psychology professionals should know about polyamory. Girard and Brownlee (2015) discussed the role of therapists in treating sexually open marriages, and Moors and Schechinger’s (2014) explained how therapists can avoid pathologizing clients by challenging the “charmed circle” or privileged status of monogamy in western cultures.

Autophenomenology: Experience and Research Method

Here we discuss experiences that encouraged Henrich to study polyamorous people, and her research methods.

Polyamorous Family and Practice

For over 30 years Henrich has been in a polyamorous family (see Henrich, 2015 for more details) composed of her legally-married (in 1976) husband and Trawinski, her partner since 1983. The three adults lived together and raised two children in what Sheff (2014, p. 215) calls a polyaffective triad with “the devotion and degree of seriousness that most people associate only with marriage” among multiple people, some with platonic

relationships. Trawinski and Henrich's husband have a close, supportive relationship involving more than friendship, in part, because they have Henrich in common. Their polyaffective intimacy differs from other friendships yet they are not sexually involved.

When we three decided to live together as family, we hadn't thought it out, had no map, and knew no one living polyamorously. Lacking role models, we barely dared to speak with anyone in our community, fearing their reactions to our lifestyle. Slowly, we found our own way, made our own rules, and confided in people we hoped would not condemn us and might even embrace our relationship.

After over 30 years of paving our own way, we find ourselves counseling others exploring polyamory. Henrich and Trawinski facilitate polyamorous support groups, workshops and presentations, and have counselled polyamorous clients for 15 years. Given our triad's beginnings, we often advise our clients to move forward slowly. Issues evident in our practice with polyamorists mirrored many that we confronted personally over 30+ years of polyamorous family life. Clients consistently report difficulty finding therapists who are knowledgeable and accepting of polyamory. Trawinski has sought counseling in the past and experienced therapist anti-poly bias first hand.

Phenomenological Research Methods

Using a phenomenological research approach, Henrich interviewed 12 people to explore comprehensive descriptions of their lived experiences of polyamory. The interview questions were semi-structured. With a prepared list of questions, Henrich informally guided interviews, using structured questions to prompt further questions, in-depth conversations, and candid reflections. Thus Henrich gained insight into how

polyamorous people “experience their world, what people say about their experiences, what their world is like for them, and how to understand them” (Spark, 2005, p. 30). Interviews lasted approximately 90 minutes and were usually conducted in Henrich’s psychotherapy office.¹ Interviews were audio recorded and transcribed. Participants read and signed consent forms and received information outlining the study’s intention.

Participants

Participants were selected on the basis of their involvement in a polyamorous relationship and their consent to talk about their relationship experiences. Twelve participants volunteered, representing six different relationship configurations (i.e., Henrich interviewed multiple partners within relationships). All participants resided in the Midwestern US and were participants in the Authors’: 1) polyamory support group, or 2) psychotherapy practice (former clients), or 3) the partners of people in these two groups. Except for the two authors, all participants’ names used in this article are pseudonyms.

Data Analysis

Data analysis entailed reading and re-reading transcripts to identify common themes and variations. Initial readings focused on understanding the content of each interview, and second readings emphasized identifying specific themes. As she identified and collected themes, Henrich organized them into groupings that constitute the current findings.

Researcher Bias

In phenomenological research, the researcher aims not for objectivity but rather subjectivity informed by self-reflection accounting for personal biases capable of influencing research. An integral part of the investigation, subjectivity provides advantages like increased access and richer data (Spark, 2005). Acknowledging biases allows researchers to highlight personal history, belief systems, and perspectives from which inevitably influences research processes and findings.

Our most obvious biases result from our polyamorous relationship and having our own experiences and beliefs about polyamory. We are biased as a result of our personal value system in which freedom of self-expression and freedom to love and live with whom we choose are held in high regard. We neither promote polyamory nor see it as a good fit for everyone, instead we endorse consensual freedom of expression.

Another bias, is our use of personal insights and experiences to help inform readers about polyamory and demonstrate findings emergent from interviews. Most significantly, Henrich knows all of the participants personally and included her partners, Ted and Trawinski, as participants in the study due to the longevity of their relationships and insights they offer. Henrich's in-depth knowledge of participants may have influenced respondents' answers and that Henrich's interpretations of responses could be influenced by her prior knowledge.

Findings

Henrich's findings indicate six major areas of importance: jealousy, benefits of poly relationships, disclosure and identity challenges, and the importance of negotiation. This article focuses on findings most germane to therapists: marginalization and social

obstacles, and the challenges polyamorists often experience when considering their own identities, disclosing to others, and seeking compassionate and effective therapy. The utilitarian focus on challenges does not indicate there were no benefits. In fact, respondents reported polyamory can offer some significant advantages, including deepened communication, expanded sense of family, and opportunities for personal growth, addressed elsewhere (Henrich, 2011).

We focus here on polyamory as a lifestyle and identity – rather than sexual orientation -- for three reasons. First, space constraints prohibit a sufficient discussion of sexual orientation.ⁱⁱ Second, participants themselves phrased their responses with a language of identity, more so than sexual orientation. Third, identity is a construct in Process-oriented Psychology, which emphasizes clients' awareness and perceptions from which identity emerges as the fluid expression of experience that is the immediate result of environment, social context, inner states and personal history (Diamond & Jones, 2004). Thus identity provides the lens through which the participants view and the authors understand marginalization. In the following sections we use participant statements and the authors' personal experiences to explore these themes.

Personal Identity

Participants frequently expressed challenges related to their polyamorous identities. Interviews showed that “Do you identify as a polyamorist?” was rarely a simple “yes” or “no” question. Respondents routinely reflected on the meaning of polyamory, who does and doesn't identify as polyamorous, and why. Three participants identified as polyamorous, three as monogamous, and six were unsure and drew a

distinction between being in a polyamorous relationship and having a polyamorous identity.

In some polyamorous relationships all partners identify as polyamorous, and in others only some do so. Partners in asymmetrical poly relationships often wonder if polyamory is circumstantial for them (i.e., they are only in a polyamorous relationship because they love a polyamorist), or if polyamory is something they identify with beyond their current relationship.

Crystal and Wanda were in a committed polyamorous relationship. Although Crystal did not have another girlfriend at the time of the interview, she was open to the possibility in the future. Her answer to the question “Do you identify as a polyamorist?” is complex:

I don't consider myself polyamorous, but I am a part of a polyamorous triangle. I am in a loving relationship with one person but she is also in a loving relationship with someone else. I am in a polyamorous relationship because the person I love loves someone else...not because I love more than one person. If you ask me if I were polyamorous, I would say “No?” with a question mark at the end.

Crystal considered polyamorous identity as a process and explained that if or when she has a girlfriend in addition to her primary relationship with Wanda, then she would identify as polyamorous.

Several other participants viewed polyamorous identity development as an unfolding process. Anna, who was in the process of getting divorced and in a polyamorous relationship with Paul, responded:

I think [I'm polyamorous] but I'm not sure.... I am dating a married man and it is all open and honest... I think that, had my husband been able and willing to be open to my relationship with Paul, I would have continued on with both of them.

Polyamorists debate whether polyamory is a lifestyle choice or “hard-wired” or innate (Klesse, 2014; Tweedy, 2011). Some report a deep sense of self-as-poly that pre-existed their contemplation of relationship constructs other than monogamy. Sue viewed her identity from 18 years of polyamorous marriage, concluding that it was not a choice but more a recognition of a pattern in her own experiences:

I don't have an identity beyond noticing what happens to me... I have this pattern. Every three to five years somebody will show up where I need to pursue this thing of the heart, this very strong uncontrollable attraction. I need to be with that until it resolves itself in some way, and that seems to be my nature, who I am.

Like others who characterized polyamory as a deep identity and not a choice, both Sue and Helen saw polyamory as an essential identity superordinate to others. For Helen, polyamorous identity was political and defined her place in the world because she could not “squash” her polyamorous nature:

There is a distinction between someone who *is* polyamorous and someone who *chooses* to be polyamorous. It is different ... in the sense that you have people who are gay, lesbian, or ... honestly bisexual. But if you are bisexual and monogamous, you will end up being straight or queer... Monogamy trumps [bisexuality]. In my life, polyamory trumps everything else, it's... the first for me.

Issues of disclosure and personal identity were important to all participants. Many identified connections with others in polyamorous communities as crucial support to navigate the complex issues. In addition to disclosure and marginalization, therapists serving polyamorous clients should be prepared to address issues related to personal, sexual, and relational identities.

Social Challenges

Nine of the 12 participants reported struggling with experiences of marginalization directly associated with their polyamorous lifestyles. Polyamorists may experience marginalization from inside their relationships, extended family members, and mainstream society. Contemporary US culture valorizes monogamy and often overlooks relationship structures that diverge from conventional forms (Mint, 2006). From health clubs that provide family memberships only to conventional families or teachers who squirm when three adults attend parent-teacher meetings, to laws that recognize only married couples as legitimate family members, contemporary US culture rewards and reinforces (ostensible) monogamy.

Internalized Marginalization

Such forms of marginalization frequently surfaced during the interviews. Nine of 12 participants reported feeling social pressure to choose monogamy over having multiple committed partners. Kelly, a 32-year-old divorced mother of three, reflected on her attempts to reconcile her early pull towards polyamory with social expectations that she embrace monogamy. While Kelly knew from experience she could “have strong emotional connections to more than one person at the same time” without cheating:

It became something that I put aside... if I am in a relationship, there is a possibility that I could ... fall in love with [someone else] and that is a problem. Society says I am not supposed to do that. [It was easiest to avoid talking] to other people that I found interesting and attractive when I was in a relationship.

K highlighted the difficulty individuals face upon becoming aware of polyamorous inclinations or considering non-monogamy. As a teenager, K wrestled with mainstream expectations and her impulses toward loving multiple people. The pressure to disavow her feelings reflected marginalizing forces in the community around her. Her resolution to avoid talking with other men she found attractive reflected an inner marginalizer that reflected internalized polyphobia and shame about her polyamorous attractions.

Institutionalized Marginalization

Two participants reported discrimination and a lack of legal protections related to shared property, inheritance, child custody and hospital visitations. Lisa, a 50-year-old woman, described the impacts of a culture of non-acceptance:

The culture ... does not accept us [which] takes some joy away from our life together ... the most insidious way is the ... pervasive subtleties that ... keep a kind of exuberance out of our relationship. ...It is a big obstacle. . . Without that really deep acceptance from the culture, we are just not free.

Participants routinely described a larger culture from which they were marginalized and struggled to reconcile their desire for full privileges with their wish to honor unconventional parts of themselves.

Ted. Henrich's husband, identified legal ambiguities related to children and property as a significant challenge:

The law revolves around precedent and there is no precedent here. . . . [our] society . . . is based on family life . . . so I think that anything - polyamory or communal living - does not threaten it [the culture] but it treads around the perimeter where the boundaries are vague. Society has a hard time interacting with it [polyamory] . . . there is a lot of havoc that can be caused by seemingly innocent stepping outside of convention . . . [polyamory] is one of those cases. It is a social experiment in progress and . . . could get messy.

Ted spoke of explicit marginalizations that are codified or unaddressed by the law, and "messy" areas with vague boundaries. In such lawless places, there are no clear precedents.

Respondents' compromises, fears, and losses illustrate three manifestations of marginalization: implicit cultural messages, institutionalized discrimination, and internalized oppression. Navigating mazes of explicit and subtle marginalization is very challenging, and it is easy to internalize cultural messages and believe that something is wrong with individual or relationship, when institutionalized marginalizations and subtle cultural conditioning are at play. Unconscious internalizations of societal marginalization have been an ongoing challenging for many of the participants in this study.

Disclosure

Eleven of the 12 participants found disclosing their polyamorous identity or relationships to family, friends, and community to be challenging. Disclosure implies that

a person has both a public and private identity. When members of a marginalized group are not readily visually identifiable, they inevitably face questions about disclosure (Goffman, 1963). Rather than a single decision, announcement, or event, disclosure is an ongoing process of decisions across the lifespan. For polyamorists, disclosure is a process that includes coming out to oneself, potential or current partners, friends and family, and a myriad of people in public life where the question of one's relationship status is relevant for legal, institutional, commercial, vocational, social, or other reasons.

Society in the US is based on a system of institutionalized compulsory monogamy (Emmens, 2004), so most people grow up thinking that they will be monogamous and heterosexual. This is an often-circuitous process complicated by society's lack of awareness and confusion about non-monogamies that takes place over time. Participants reported wondering what being polyamorous would say about them, what others would think, and how others would respond. Participants reported a range of responses to disclosure of polyamorous identity, spanning from warm acceptance through confusion or indifference to condemnation. For many, telling others that they are actively involved in or considering a relationship that runs counter to mainstream expectations and values means having to move away from their presumed identity of "normalcy" and the social safety it affords.

Sue, a 42-year-old woman, described her attempts to conceal her polyamorous relationship, and the rejection that can follow a disclosure. A second-generation polyamorist, Sue remembered when her uncle rejected her mother (his sister) for her involvement in a polyamorous marriage, and her own difficulties at school when classmates discovered her parent's polyamorous relationship:

It has been quite a... painful [journey], even before I heard the word polyamory. .
. My uncle said, "This is unacceptable, you can't do that!" [He] took the stance that my father was an abusive, bad man, and if my mother was going to stay with him, he was going to have nothing to do with any of us.

When Sue was 13 she broke the family's unspoken rule not to tell others and Sue told a friend, who then began telling other friends, and word about Sue's unusual family spread throughout the school. When Sue told her mother, mom got upset:

They were doing their thing, and I was NOT supposed to talk about it, it was none of my business... Their discomfort with the situation made it uncomfortable for me. They basically said it was nobody's business outside the family, ... So [dad's other partner] was [described as] a friend of the family, and if anybody poked or said "I don't understand" they were considered rude.

Sue's family story illustrates some of the complexities related to disclosure. Adults in Sue's family decided to conceal their relationship beyond the immediate family. Perhaps in an effort to protect Sue, her mother forbade her to share the details of their family life with others, a move that left Sue feeling isolated and lacking in parental support. Sue's parents' attempts to avoid discrimination and conceal their relationship lead them to preemptively criticize or reject others, potentially increasing their isolation and reducing social support.

Disclosure can pose difficult challenges for long-married couples exploring polyamory and telling their grown children and longtime friends. After a year and a half exploring a polyamorous lifestyle, Fred (in his sixties) identified as polyamorous, while

his wife, Nancy, did not. Each reflected on what it was like to reveal their polyamorous explorations. After Fred's first relationship with another woman, he worried that disclosing his polyamorous identity to his oldest son might damage their close relationship.

My children were raised Jewish.... My eldest son is now an Evangelical Christian. My fear would be that if I told [my son] that I was polyamorous, he probably would never talk to me again. This is our [Fred and Nancy's] relationship. I see no need to out us to the kids.

Nancy reported that her attempts to accept and support her husband's exploration of polyamory were very challenging for her friends. Nancy feared that her friends' monogamous identities may keep them from being able to accept her choices.

Some of my girlfriends are... totally anti because it was a "don't ask/don't tell" . . . which in hindsight was not a healthy decision. We can be understanding of GLBT and [my friends] can too, but polyamory is something that I think the "normal" monogamous couple can't grasp... First thing they ask "Is that swinging?" and I could see the disgust in her face.

Because most people in the US are unfamiliar with polyamory and socialized in a culture founded on compulsory monogamy (Emmens, 2004; Mint, 2010), they can be quick to reject and harshly judge polyamorous people. Anna's experience exemplifies this often challenging process of disclosure. Anna's 15-year marriage to James ended painfully when James was unable to accept exploration of polyamory. For three years

Anna has been with Paul, who has been married to Rita for 26 years. Paul reported that Rita was aware of and open to his polyamorous arrangement with Anna.

[Disclosing] has been the most shattering, horrible part. I have no relationship with my siblings except for my younger brother, who does not know... because they have been extremely judgmental and condescending and horrible... I don't know which has been worse, the separation from my husband or being rejected and abandoned by my older brother, sister, by friends.

Anna's brother yelled at her and Anna's sister made it clear she never wanted to meet Paul. While some of Anna's friends were supportive, two of her closest friends of 20 years "dropped" her. They saw her relationship with Paul as an affair, an illegitimate relationship, and accused her of infidelity and narcissism.

I got nothing but judgment, condescension, and finally they stopped calling – no explanation. There have been friends on the periphery who have backed away... There are days when I wonder if it was worth it. Then, I think about Paul and of course, it was worth it. I cannot imagine not having him in my life in an important way. But, boy, it came with such a price, and it is still unfolding.

For Anna, disclosure meant significant losses and unanticipated reactions to her relationship with Paul. This complexity and unpredictability of others' reactions proves a heavy social and emotional burden for some polyamorists. Family and friends' sometimes expressed harsh or disturbing reactions, and even close friends formerly perceived as tolerant sometimes proved unable to expand coupled relationships. In

addition to fears of rejection or public scrutiny, internalized oppression may cause some polyamorists to remain closeted or to disclose sparingly.

Therapeutic Challenges

Issues from the external social world can be complicated by issues specific to the therapeutic environment. Half of the respondents reported dissatisfactory or negative experiences while working with conventional therapists. Three participants with polyamory-aware therapists reported positive therapeutic experiences, especially regarding polyamorous relationship issues. Three participants did not seek therapy for polyamory issues. In this section we identify three primary problems in therapeutic settings: lack of knowledge, client marginalization, and therapist bias.

Insufficient Knowledge

These excerpts demonstrate how therapists who are uninformed about polyamory are unprepared to serve poly clients adequately. Conversely, polyamorous clients can have positive and empowering therapeutic experiences with therapists who learn about polyamory and show compassionate support. Participants detailed what therapists needed to understand when working with polyamorous clients. Helen asserted that therapists need to know:

...that you *love* more than one person...and to consider that the relationship problem is not that we are in love with other people. The problem is something else . . . Telling a poly person not to be polyamorous doesn't work. Therapists should allow that the norms for poly relationships may be unique and distinct from what is considered typical for couples ... [and] strive for sensitivity to the

importance of communication of individual needs in poly relationships ...

Therapists can learn to recognize the pluses and minuses that multiple partners bring to conflict and its resolution, decision-making, time management and communication.

Sue said she felt polyamorous clients have a range of unique needs to: explore and address commitment issues; be loved for their deepest selves rather than who they are supposed to be; develop and connect with their experiences of authenticity; and be transparent with regard to conforming or not conforming to societal dictates. Paul expressed his concerns about the potential for a therapist who is not educated about polyamory to get distracted by irrelevant issues and miss the real important things.

There is a strong focus on sex. If I am interested in having sex with someone outside my marriage, that is wrong. Get back in the box... [Sex outside of marriage] is viewed as betrayal, infidelity; it is an affair... wrong by definition. ... If that judgment [about sex] could be lifted from a therapeutic relationship, that would be a great thing. It would behoove a therapist to look at the motives for why people choose polyamory.

Paul also acknowledged the importance of considering clients' stage in the life cycle. A 40-year-old man with a wife and several children would have different issues with polyamory, Paul explained, than would an unmarried 20-year-old woman who was considering polyamory. Finally, Paul highlighted issues of jealousy, envy, and boundaries as important to polyamorous client, as well as the challenge of pioneering new paths and broadening relationship structures

Similar to the experiences of other marginalized groups, like lesbian and gay clients (Van Den Bergh & Crisp, 2004), stigma and judgment based on misunderstanding non-monogamy as inherently negative often influence therapists' treatment of polyamorous people (Weitzman, 2006). This disadvantage is borne of a lack of cultural competency (Van Den Bergh & Crisp, 2004), not an inherent problem with polyamory itself. There is a problem when therapists inappropriately (possibly inadvertently) stigmatize poly clients by misunderstanding polyamory as cheating or sex addiction while overlooking the non-poly issues their clients identify.

Client Marginalization

These data (and our experiences) indicate that therapists frequently minimize, deny or overlook polyamorous relationship issues and instead focus on CNM as the client's core issue. In Henrich and Trawinski's therapy practice, polyamory support groups, and Henrich's interviews, poly clients reported repeated difficulties interacting with conventional therapists. Participants identified two primary reasons for negative experiences as therapists' 1) biases towards monogamy, and 2) unfamiliarity with polyamorous relationships. Paul, married to Rita and partnered with Anna, explained his painful therapy experiences.

Twenty minutes into the interview . . . it was clear that . . . [The therapist did not believe] that I was interested and committed to staying in relationship with my wife. The therapist did not believe my wife [when she said], "I am OK that he has sex." She stared down her nose at us, condescending almost . . . [and said] "I

would be happy to take you as a couple, *but* no drug use, (there never was any) no physical abuse, (there never was any), and the affair has to stop!”

We went to see a second therapist, [and] I did not feel any judgment. I felt confusion from this person. She really didn’t understand what was going on. We had to do all this explaining and bringing her up to speed.

Sue’s childhood in a polyamorous family with parents who concealed the family structure influenced her views. In college Sue sought therapy for anxiety and depression, and her experience with counseling center staff reinforced her shame and self-perception of abnormality.

I remember this reaction... when I was telling them about my family. They would be taking notes and kind of gasp “Oh, oh my!” Like that they didn’t quite know what to do with that... Even though they were compassionate, I think it reinforced ... that there was something abnormal about this, it was shameful.

It is unlikely Sue’s counselors had sufficient information about polyamory. Although basically supportive, their illiteracy with unconventional families expressed as bewilderment. Such reactions can increase clients’ shame and distress - counterproductive to most therapeutic goals.

Therapist Bias

Therapist bias stems from at least three sources: cultural conditioning that favors monogamy; lack of exposure to CNM; and issues with infidelity in therapists’ private lives. Most therapists in the US have been trained to favor conventional monogamy over

other options (Van Den Bergh & Crisp, 2004). Mint (2006) identified *compulsory monogamy* as a “structuring system of power” in which cultural representations idealize and enforce monogamy, making monogamy seem natural and inevitable. For Mint, monogamy only becomes problematic when “its ideology becomes hegemonic... when there is no real way to be something other than monogamous.”

In a therapeutic setting, compulsory monogamy may appear as the therapist’s assumption that monogamy is the only healthy way for families to structure their relationships (Weitzman, 2006). Paul reported concerns about therapist biases toward monogamy, and his desire for a non-judgmental therapist willing to help clients explore their motives for choosing polyamory.

Therapists will try to find ways of maneuvering, manipulating, shaming, doing whatever it takes to keep that [married] relationship functional... success is defined by keeping them legally married. . . [instead of] what would best serve them as individuals who will be in a relationship for the rest of their lives, married or not, is irrelevant.

When compulsory monogamy influences therapy, it makes all other forms of relationship appear inherently pathological. Pro-monogamy beliefs can be difficult for therapists to recognize or question because they are deeply embedded in social mores, theoretical, and clinical assumptions and appear natural, rather than socially constructed. Similarly, anti-CNM sentiments can lurk unexamined in therapists’ minds and reflect *polyphobia* (Halpern, 1999), or the unreasoned fear/hatred of polyamory.

Therapists' unfamiliarity with CNM fosters a variety of ill-advised reactions to clients' desires for polyamory that belie therapists' lack of sensitivity to issues confronting polyamorous clients. As these respondents indicate, clients note these reactions and may choose to leave therapy when the therapist's attitudes remain problematic.

Adding further complexity, therapists sometimes find non-monogamy personally threatening if it resonates with personal issues. Sheff (2014, p. 127) found that people who experienced infidelity in their personal or family lives sometimes reacted negatively because "personal issues were enflamed by hearing about polyamory." Therapists with issues around a partner's, parent's, or their own sexual infidelity are likely to have personal reactions toward polyamory and should pay special attention to their biases.

Providing therapy to polyamorous clients is often more complex than serving monogamists. Relationship conflicts among polyamorists are multi-faceted events requiring something closer to family therapy or group facilitation than traditional couple therapy. Therapy with polyamorous clients can trigger therapists' biases, tempt therapists to side with one person or group within a relationship against another, or diminish therapists' ability to recognize client marginalization. [-1]

Bias against sexual minorities in a therapeutic setting is not new. Kolmes, Stock, and Moser (2006) found that over half of the self-identified BDSM enthusiasts in their study experienced "biased care" such as being lectured about how "unhealthy" BDSM is, required to educate therapists, or discontinue kink activities as a condition of continued treatment. Because BDSM and polyamory transgress many social agreements, serving

poly (and kinky) clients requires therapists to deepen awareness of their biases, and develop sensitivity to clients and issues associated with unconventional relationships.

Conclusion: Combating Therapist Bias

Absent sufficient political will to recognize polyamory as a legitimate relational form, therapists who wish to become culturally and professionally competent to serve poly clients must educate themselves about polyamory, examine their biases to avoid unconsciously projecting them onto polyamorous clients, and expand their life experiences to include people who are in CNM relationships. Therapy should provide a safe environment for polyamorous clients to explore their difficulties in meaningful ways; rather than a source of pathology and shame. Henrich's findings indicate a need for therapists to self-educate about CNM, explore their biases toward monogamy, and examine personal relationship issues that may influence therapy.

To amend the current situation polyamorous clients face, therapists must develop cultural competency and realize that polyamorists are already being judged by families, communities, and institutions. To reduce stigmatization, therapists serving poly clients can develop and use *metaskills*, which are “deeply held feeling attitudes expressed by the therapist” through how they say and do things (Mindell, 1996). Metaskills can enhance the therapist's ability to relate authentically to clinical situations that may be novel or disarming. The metaskills of acceptance, curiosity, open mindedness, celebration of diversity, and willingness to explore relationship configurations, are useful to poly clients and arguably the ethical obligation of the clinician. These metaskills build a foundation of trust, empathy, and optimism upon which other client concerns can be addressed.

Crucially, therapists must cultivate accepting attitudes towards polyamory before serving this population. Although they need not be polyamorous themselves to assist polyamorous clients, therapists must be educated about polyamory, understand their biases, and develop the appropriate metaskills and ways of relating to polyamorous clients.

It is vital for therapists to understand that some relationship issues are due, not to clients' psychological make-up, but to community and world issues, social pressures, prejudices, and discrimination that can play critical roles shaping how polyamorous (and likely all) relationships form and unfold. Therapists able to help clients understand the impacts external influences exert on their relationships provide relief to clients. Acknowledging the role of external forces can reduce pressure inside poly relationships, and reframe conflict from a manifestation of individual psychology to dynamics between the poly relationship and external social forces.

We acknowledge that others might consider us biased because we are personally related to our topic on multiple levels: we are in a polyamorous relationship, run poly support groups, counsel poly people, and Trawinski has received counseling for issues relating to polyamory. On the surface, that might seem quite prejudicial. We propose, however, that were we married, monogamous, heterosexuals who counseled monogamous heterosexuals, and had ourselves received counseling for our monogamous heterosexual marriage, none would criticize us for bias toward heterosexual monogamous marriage. Compulsory monogamy diminishes other relationship options. Therefore, a pro-monogamy bias appears as if it is not bias at all. We suggest that we are no more biased about polyamory than are monogamous people biased about monogamy, or

polyamory. In fact, we are possibly less biased because we were raised in a society based on compulsory monogamy and have had to wrestle with and transform internalized belief systems to establish and sustain our polyamorous relationship.

Biases may be obvious or hidden. They develop and grow through our experiences and cultural conditioning. It is important to consider that many commonly accepted ideas about relationship health and well-being have been socially constructed and may not have as much inherent validity as we may have been taught. Unrecognized pro-monogamy bias in therapy settings can de-legitimize non-monogamous relationships and re-wound individuals seeking support. Our data clearly indicate that anti-poly bias has a pernicious effect on polyamorous clients who seek counseling. Psychotherapists serving polyamorous clients must guard against the potential for their own biases against polyamory or in favor of monogamy to harm clients. If therapists are unable to recognize and address their own polyphobia, they should recuse themselves from treating clients in CNM relationships until they get further training to develop the metaskills to serve polyamorous populations.

It our hope that as therapists learn to recognize and challenge their own internalized polyphobia, they will be able to move beyond pathologizing aspects of their clients' relationships that differ from their own, realize the importance of agency and self-expression in their clients' development and make space for the diversity and beauty of loving relationships.

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Acknowledgements

We would like to acknowledge and thank Dr. Arnold Mindell, founder and source of Process-oriented Psychology (Processwork), and those colleagues and teachers who most closely supported Henrich's original research including Drs. Julie Diamond, Salome Schwarz, and Amy Mindell. Thank you to Brooke Noli for editing the original, unpublished paper, to Dr. Elisabeth Sheff for editing this article, and Dr. Geri Weitzman for commenting on a draft. In addition, a thank you to all participants of the Chicago Polyamory Support Group and to those who volunteered to be interviewed for this project.

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ⁱ One couple requested for the interview to be conducted in their home.

ⁱⁱ For a more complete discussion of polyamory as an identity or a sexual orientation, see Tweedy (2011) or Klesse (2014).