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Counseling the Polyamorous Client: Implications for Competent Practice

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Abstract

The self-reports of polyamorous clients regarding therapeutic experiences raise concerns for the counseling field. Many poly individuals are not receiving quality mental health care or relationship counseling because of valid fears regarding professional bias and condemnation of their lifestyle choices. The unique issues and concerns of polyamorous clients is an emerging interest in the mental health field and counselors have an ethical obligation to understand, explore, and address the unique needs of this population.

Introduction

The current culture in the United States has historically promoted heterosexual monogamy as the most widely accepted and advocated ethical/moral relationship option available, and clients identifying as polyamorous often practice covertly and with great stress “due to the cultural pressure, social stigmas, or fear of legal ramifications” (Black, 2006, p. 1). Polyamory is a lifestyle in which a person may have more than one romantic relationship with consent and support expressed for this choice by each of the people concerned (Weitzman, 2006, p. 139).

Polyamorous people face stigmatization, stereotypes, negative bias, and marginalization in both the mainstream society and in the offices of counseling professionals. This is due both to the current societal monogamist values and the polyphobia that condemns relationships consisting of anything more than two individuals, as well as the lack of training and exposure about polyamory in graduate programs and post-graduate work.

The self-reports of polyamorous clients regarding therapeutic experiences raise concerns for the counseling field. Many poly individuals are not receiving quality mental health care or relationship counseling because of valid fears regarding professional bias and condemnation of their lifestyle choices. Others find it necessary to use expensive counseling sessions to educate their counselors about what polyamory is and to convince

them that a polyamorous lifestyle in itself is no more pathological than an LGBT lifestyle. There is a perception within the polyamorous community that counselors are not well informed about their lifestyles and needs, and many members of the polyamory community have reported encounters with counselors who are uninformed at best, or biased at worst, about the non-monogamous partner lifestyle (Weitzman, 2006). This limits the extent to which polyamorous individuals feel that they have access to quality mental health services (Roman, Charles, & Karasu, 1978).

The unique issues and concerns of polyamorous clients is an emerging interest in the mental health field. While there are not a ubiquitous number of poly-friendly counselors advertised, research suggests that the base of poly-aware counselors has expanded over the last decade. However, the availability of resources have not kept pace with the increasing numbers of adults who find themselves dissatisfied with traditional relationship options and choose to explore consensual non-monogamy in various ways. Not much is known by the counseling field concerning polyamory and few multicultural courses in counseling programs include polyamory as a topic in curricula. There is a paucity of recent counseling-related research dedicated to this population, and there are few published works regarding counseling applications with polyamorous clients in educational, multicultural, and relationship counseling contexts.

Definitions

‘Polyamory’ is an umbrella term to encapsulate the main patterns upon which specific relationships are typically negotiated. However, polyamory can take a variety of forms, all adaptable to the particular desires, needs, and agreements of the individuals involved. What these relationships have in common is a rejection of the expectation that one partner can meet all of the other’s relationship needs—emotional, social, sexual, economic, and intellectual (Peabody, 1982). Polyamory is seen as enhancing both personal and interpersonal growth, as closer associations with people who have among them a wide variety of personality traits and personal strengths are formed. Counselors should be familiar with the differences between polyamory and distinguishing characteristics of other lifestyles.

What Polyamory Is

Polyamory is a relationship structure that allows for multiple partners and may be considered as committed non-monogamy. It is an umbrella term that encompasses many individualized styles of multi-partner relating, but is distinct from infidelity, swinging, and polygamy. In literature, polyamory is often described as a correlate of the LGBT population due to the shared issues regarding discrimination, though in fact it is a distinct relationship style with definable characteristics. Polyamory can take many forms of relationship configurations, based on the desires, needs, and agreements of all the members involved. Polyamory has been defined as the practice of having multiple relationships in a form of “responsible nonmonogamy” (Black, 2006, p. 1), wherein all parties abide “within an ethical, consensual, agreement-based context” (Davidson, 2002, p. 3). There is debate within the polyamorous community about when the label “polyamorous” is appropriate to use, as it is more difficult than with homosexuality to state with certainty whether or not some people are “born” polyamorous, or if it is a

choice. Some, who say that polyamory is the “innate capacity” to love more than one simultaneously, claim that self-identification is enough to claim the label, while others assert that only those who are actively living in a polyamorous lifestyle can legitimately claim to be polyamorous (Emberger, 2008).

The three most likely configurations to be seen in counseling include primary-plus arrangements (in which a couple is primarily committed to one another, but allow for additional, “secondary” relationships), monogamous couples interested in pursuing non-monogamy for the first time, and poly singles (in which an individual is not involved in a committed relationship of any kind, but is dating several people at once with full disclosure; Davidson, 2002). Additionally, counselors may see other types of polyamory practice, including multiple partners of equal importance (e.g., there is not a single or main partner, each person involved is given equal time and energy, but there isn’t an extremely strong bond in either instance), and the poly family, which is a family dynamic that consists of three or more people and is an inter-relationship. In this case, there is a strong relational commitment between all members (which may or may not include sex). In the poly-family, each person is a priority and they all look after each others' well-being.

What Polyamory Is Not

Because polyamory is not a broadly accepted lifestyle, it is not well understood by mainstream society and often by mental health counselors. It is generally assumed to be analogous with infidelity or swinging and is most often confused with polygamy.

Polygamy. Polygamy is a religious and/or cultural practice of allowing more than one spouse. It is most often practiced as polygamy, where one man has multiple wives, and there is a cultural imperative associated with this practice, as opposed to it being a consensual choice among equals. Polyamory, on the other hand, is a choice to allow simultaneous sexual and loving relationships between multiple adults with everyone’s knowledge and consent. Polyamory is often considered a relationship orientation, regardless of current behavioral evidence. An individual may consider him or herself to be polyamorous by nature, even if he or she is currently in a monogamous relationship or no relationship at all (Walston, 2001).

Infidelity. Polyamory is distinguished from infidelity by the presence of honest communication between partners and lovers about the existence of each of these relationships in their lives (Hymer & Rubin, 1982). Walston (2001) related that honesty between and among all partners is what distinguishes polyamory from infidelity. Serial monogamy is the practice of maintaining fidelity within a monogamous relationship and then maintaining fidelity within a second monogamous relationship, after the first dissolves. Cheating is done in ostensibly monogamous relationships, when one spouse engages sexually with someone other than his or her spouse, without the spouse’s knowledge or consent (Robbins, 2005).

Swinging. It is important to distinguish polyamory from other forms of non-monogamy, like swinging, because polyamory is primarily a relationship-oriented approach to non-monogamy rather than a sex-oriented approach (Weitzman, 2006). In swinging, a couple agrees to find sexual partners outside their dyadic relationship, but the emphasis is on recreational sex, and emotional intimacy outside the dyad is discouraged (McCullough & Hall, 2003). Polyamory differs from swinging in that in swinging the

emphasis is on couples consensually engaging in recreational sex with others, usually in a social atmosphere. While both communities share similar concerns, each is distinct in their approach to need fulfillment.

Client Issues

Despite the polyamorous community's perception of this lifestyle as one from which many benefits may be derived, this view is often generally unshared, dismissed, or advocated against by non-poly individuals. Individuals in polyamorous relationships face social disapproval and legal discrimination similar to that experienced by members of the LGBT community (Peabody, 1982), and counselors find that poly clients are struggling with certain external realities that create stress in addition to the primary presenting problem.

Poly clients may be experiencing fear of rejection by other family members whom they believe will disapprove if they discover their participation in a particular lifestyle. They may fear the reactions of coworkers and superiors and potential negative repercussions for their careers. Subsequently, polyamorous individuals choose not to reveal their multiple relationships to outsiders, as they perceive non-acceptance for their lifestyle from the wider society (Peabody, 1982). Even close family members may be excluded from this knowledge (Weber, 2002; Ziskin & Ziskin, 1975). There are significant research data that support the findings of negative physiological outcomes among sexual minority populations who remain "closeted" (Cole, Kameney, Taylor & Visscher, 1996; Cole, Kameney, Taylor, Visscher, & Fahey, 1996) and also psychosomatic symptoms that, while not physiologically damaging, may nevertheless reduce quality of life (Weinberg & Williams, 1974). When the relationship is not kept secret, however, polyamorous individuals often feel that they need to prove to others that their lifestyle is viable (Falco, 1995) and not 'deviant.' This social isolation or pressure to justify their lifestyle contributes to feelings of invalidation, anger, and fear. Counselors need to tread carefully in assisting polyamorous clients come to terms with the "coming out" conundrum. The real risks they may face when coming out must be weighed carefully and dispassionately against the documented costs of remaining closeted (Weitzman, 2006).

Clients may also be facing legal issues based on discriminatory practices of traditional mainstream culture. Poly individuals cope with issues shared with other minority and multicultural groups; in addition to the social pressures to conform to monogamy, the current legal code also discourages alternative relationship possibilities, through "namely criminal adultery laws, bigamy laws, marriage laws, custody cases, workplace discrimination, and zoning laws" (Emens, 2004, p. 284). Many of the discriminations that the LGBT community faces are concerns for the polyamorous community as well, including the lack of spousal health benefits for one's non-married partner (Browning, Reynolds, & Dworkin, 1991). In property law, inheritance law, child-rearing and child custody, polyamorous unions are not typically recognized by church or state. For example, Cloud (1999) described a legal case in which a young child was removed from a polyamorous household after her grandparents petitioned for custody, on the grounds that the home environment was immoral according to the Bible. No evidence of child abuse or neglect was found, and mental health professionals found that the child

was well-adjusted. But the child's family endured lengthy litigation in order to have the child returned, and the child was only returned on the grounds that one of the three parents move out.

Counseling Implications

Polyamorous clients who seek out counseling "are often stigmatized and penalized by the very system of human services originally set up to help them in such crises" (Sussman, 1975). It is important when counseling polyamorous clients that the counselor include relationship styles under the types of multicultural considerations to keep in mind. Polyamorous clients often have a deep mistrust of professionals, as they expect to not be understood or accepted. Many clinicians have mistakenly attributed the source of a couple's problems to their polyamorous lifestyle, leaving the actual problematic issues unexplored and untreated (Davidson, 2002). Competent, ethical counselors must strive to accept this relationship style as a valid and valuable option for some people, because if they are negatively biased against this lifestyle, that bias will become apparent and will be detrimental to the therapeutic process.

Counselor Bias

According to Maggio (1997), biased language is "inaccurate" and includes, but is not limited to, "unwarranted assumptions," "names and labels [that individuals and groups] did not choose for themselves ... or that are derogatory," and "stereotypes" (p. 2). Schlossberg and Pietrofesa (1973) explained counseling bias as "an opinion, either unfavorable or favorable, which is formed without adequate reasons and is based upon what the bias holder assumes to be appropriate for the group in question" (p. 44). Bias is further delineated in the counseling literature. For example, Morrow and Deidan (1992) described inferential bias in the counseling process as "errors in judgment" (p. 571). Rosenthal and Kosciulek (1996) referred to clinical bias as "initial impressions that are resistant to change, even when contradictory evidence emerges" (p. 31).

A specific challenge which polyamorous individuals contend with is the label of deviance (Knapp, 1975; Mann, 1975). The traditional image of the mental health counselor as a sincere, empathic, nonjudgmental human being might lead to expectations of respectful thoughts, words, and deeds toward clients. But literature consistently suggests that mental health counselors often show annoyance with clients and engage in such linguistic behaviors as ridicule, labeling, and the use of biased terms (Dorre & Kinnier, 2006). This may result from inadequate training. A basic issue for the individual counselor is whether or not he or she is able to work effectively with persons who have chosen to explore or live in alternative types of relationships (Constantine and Constantine, 1972; Elbaum, 1981; Knapp, 1975; Macklin, 1978, 1981; Pendergras, 1975; Price-Bonham and Murphy, 1980; Riddle and Sang, 1978).

Value System Conflicts

Counselors who maintain that monogamy is inherently preferable to polyamory may be reflecting their own cultural or values-based biases, rather than considering what is best for their client's individual needs. Traditionally, counselors have reflected the major recognized value systems of the cultural groups in which they live and have seen

alternative lifestyles to be either pathological or immoral (Weitzman, 2006). Because of this bias, they are often tempted to focus on changing the lifestyle rather than on alleviating the specific problems that motivated the individual to seek counseling to begin with. In such cases, the client is likely to leave the therapeutic interaction even more conflicted, alienated, and frustrated than when she or he came. These counselors' views are not concealed from their polyamorous clients. Rubin and Adams (1986) "found that among those clients who had a sexually open marriage and sought counseling, 27% indicated that their counselors were nonsupportive of their nonmonogamous relationship (p. 533)." Sometimes this disapproval was expressed in overt ways, and other times it was more covert. While not all counselors evidenced such biases, enough did that many clients became wary of seeking mental health services. Knapp (1975) noted that "the three greatest fears facing prospective alternative lifestyle clients are: counselors' condemnation of their lifestyle, pressure to return to a 'healthier' form of marriage, and being diagnosed in terms of psychopathology" (p. 506).

Pathologizing

Individuals in nontraditional living patterns often experience great difficulty in finding counselors who will deal with their concerns in a nonjudgmental manner. For example, Knapp (1975) found that 33% of her sample of counselors believed that people who pursued a polyamorous lifestyle had personality disorders and neurotic tendencies, and 20% suggested that such people might have antisocial personalities. Knapp additionally reported that 9-17% of the counselors "stated they would use their professional skills to try to influence clients to abandon sexually open marriages (p. 509)." For example, Knapp (1975) administered a battery of standardized psychological assessment measures to a sample of polyamorous couples. The response patterns suggested a modal type of individual in a sexually open marriage who was individualistic, an academic achiever, creative, nonconforming, stimulated by complexity and chaos, inventive, relatively unconventional and indifferent to what others said, concerned about his/her own personal values and ethical systems, and willing to take risks to explore possibilities. In conjunction, Peabody (1982) suggested many polyamorous people "are in relatively stable primary relationships and do not seem to be motivated by neurotic and pathological needs" (p. 427). It is noteworthy that Knapp (1975) found that counselors considered people who were involved in secret extramarital affairs to be more "normal" than those who communicated honestly with their partners about their participation in other relationships. However, since certain nontraditional lifestyles involve behaviors that are considered in some states to be illegal, the risk of character assassination or the selective enforcement of those laws can lead to anxiety. Such fear of criticism, rejection, and recrimination may lead to attempts to keep the lifestyle participation a secret and this "pressure cooker" environment may lead to severe problems within the interpersonal realm of the client. This emotional stress is enhanced by counselors who demonstrate bias.

Recommendations

Counselors engaging in an exploration of values may discover that automatic responses and reactions are based more on their socialization to favor traditional family

forms than on a careful exploration of the lifestyle in question. Since traditional values tend to support assumptions that describe certain lifestyles as intrinsically unhealthy and indicative of disturbance, they often blind the counselor to the particular problems that may be troubling that client (Sprenkle & Weis, 1978).

If the counselor believes that his/her personal views regarding the morality of these relationships are at odds with those of the client, this should be addressed during supervision/consultation. The competent counselor must acknowledge and work to eliminate the potentially deleterious effects upon clients of even subtle negative biases (Weitzman, 2006). If a counselor cannot provide equitable and supportive counseling to a poly client, they should refer clients to others who can until their own biases have been addressed.

When a counselor does not address the ways in which predetermined values and biases are impeding the healthy therapeutic relationship, the efficacy of the counseling process is damaged and ethical practice is jeopardized. Counselors must be aware that dysfunction within a nontraditional relationship may well be due to stresses resulting from these internal/external value conflicts and not necessarily from the relationship per se. Davison (2002) pointed out that when a counselor fails to address the aspects of verbal and nonverbal bias, any one or more of the following may result:

- A client may be guarded; full disclosure is avoided and the effectiveness of counseling is compromised;
- The client misses out on the opportunity to freely examine not just polyamory but monogamy as a conscious choice (vs. cultural edict);
- The counselor's faulty attributions of personal or dyadic dysfunction to the structure of polyamory itself may misdirect her or his attention; serious issues may remain unexplored;
- Counselors may be unable to distinguish healthy, genuinely consensual polyamorous practices from subtly coercive practices;
- Counselors may be unable to provide useful tools to help clients navigate the complexities of polyamorous relationships.

It has been suggested that counselors who will be most effective with clients involved in alternative lifestyles are those who are able to focus on what is best for the client from the client's perspective rather than their own (Constantine & Constantine, 1972). To assess one's readiness to confront self-held biases requires that the counselor be willing to make a commitment to personal awareness and self-exploration. Counselors should engage in an honest examination of values, concepts of 'normality,' and basis for emotional reactions to become effective and competent in working with the poly community.

It is important for the goals of the counseling to be those of the client rather than those of the counselor. To do this requires that counselors help clients articulate their goals and facilitate the necessary communication between participants to achieve this. In the process, clients may find themselves struggling with unanticipated conflicts regarding values, motivations, and expectations. Competent counselors will possess the degree of flexibility necessary to tune into these conflicts and to work with the client to assess and actualize realistic life goals, coping mechanisms, and advocacy skills. They will seek to focus on the potential of the client's lifestyle and work to help clients develop healthy

coping skills and ways of enriching their chosen relationships. It is not necessary that counselors working with polyamorous clients be “experts” on polyamory lifestyles, nor is it important that the counselor be polyamorous as well. Counselors do however have an innate responsibility to honor the client’s autonomy and be supportive of the client as issues are explored and addressed.

Conclusion

A conscious effort to become familiar with existing information regarding the polyamorous population and their unique counseling needs demonstrates a willingness to explore the validity of one’s assumptions and to redefine one’s belief system on the basis of factual data and empathic understanding. It is critical that counselors continue to increase their knowledge about this population and their unique therapeutic needs by challenging negative stereotypes and advocating for the needs of this often marginalized population.

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