



# What Psychology Professionals Should Know About **Polyamory**



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Geri Weitzman, Ph.D., Joy Davidson, Ph.D. and Robert A. Phillips, Jr., Ph.D.  
James R. Fleckenstein, B.A. and Carol Morotti-Meeker, M.S., M.L.S.P., editors



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*Written by:*

Gerri Weitzman, Ph.D.

Joy Davidson, Ph.D.

Robert A. Phillips, Jr., Ph.D.

*Edited by:*

James R. Fleckenstein, B.A.

Carol Morotti-Meeker, M.S., M.L.S.P.

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## Foreword

I wrote “What Psychology Professionals Should Know About Polyamory” in 1999 for my psychology grad school department’s Diversity Week. I was four years into my training, and there was no mention of how to work with poly therapy clients in our course materials – or, for that matter, anywhere. So I wrote up a speech that covered poly demographics, reviewed research on the psychological health of poly folks and poly relationships, and noted what issues are of most common concern to poly people and how some of those issues might be addressed in the therapeutic setting. (I also made sure to note that most commonly, poly people who seek therapy are doing fine with respect to their polyamory, and would simply like to focus on the usual kinds of life issues with a counselor who won’t negatively judge their lifestyle.) After delivering my speech to 30 classmates who worked hard to open their minds to the topic, I decided to put a copy of my lecture up on the web so that other poly people could share it with their therapists. Over the years, I’ve been honored to learn that this resource is now in wide circulation around the globe.

More than ten years later, there is still very little education about polyamory in graduate psychology departments. Grad schools are ahead of the curve if they even include mention of polyamory in their human sexuality unit – and very few do. Even then, there is little training on what one actually does in the therapy setting with said clients. Hence, very few mental health professionals are truly equipped to work with poly clientele. While the Poly Friendly Professionals List ([www.polychromatic.com/pfp/](http://www.polychromatic.com/pfp/)) and the Kink-Aware Professionals Directory (<https://ncsfreedom.org/resources/kink-aware-professionals-directory/kap-directory-homepage.html?catid=14>) offer referrals in many major cities, a lot of geographic areas still go unserved. This booklet, which combines the knowledge contained in a few different authors’ articles into one handy source, is the next step toward reaching out to those professionals who are new to the concept of polyamory, and who wish to learn how to work in an informed, open-minded way with their poly clientele. I am very happy to be a part of this important project.

*Dr. Geri Weitzman  
San Francisco, CA  
September 2009*

## Foreword

I moved to Seattle back in 1998 – a city that, like a few other key spots on the east and west coasts, seemed always at the forefront of cultural change. Consequently, I wasn’t surprised to discover that my new home had become quite a hotbed of sex-positive activism. As a therapist also relocating my practice there, I had the good fortune to be introduced to a colorful and vital community of men and women who were exploring a relationship style known as “polyamory”— a word that means, literally, “many loves.” An exception to the time-honored but dubiously successful standard of monogamy, polyamory is the practice of ethically and consensually embracing more than one intimate relationship at a time.

Individuals and couples choosing polyamory often find themselves speeding along an unfamiliar emotional highway that is as difficult to navigate as it is exciting. In the best of all worlds, a range of supportive resources would be available to them, starting with non-poly friends and families, and extending to medical, legal and counseling professionals. Sadly, that kind of support was sorely lacking then. Few psychologists were conversant with polyamory, and virtually none was trained to work with poly clients. As for me — well, I was initially intrigued and curious. I wanted to understand polyamory far better than I did — both for my own sake and for the sake of clients who sought my help.

I began educating myself by reading everything available on the subject of consensual non-monogamy, though there wasn't much back then—just a few research studies and a handful of books, including the now-classic *The Ethical Slut*. I attended workshops by poly mentors and spent time with poly friends; I conducted interviews and attended groups. In short, I slowly learned about the joys and perils, the satisfactions and challenges of being polyamorous. All of my experiences — research, clinical, observational and personal — made me an informed and, hopefully, wise resource for my clients, as well as other professionals seeking insights about working with poly clients. I shared some of my hard-won knowledge in a presentation originally made to the Society for the Scientific Study of Sexuality – Western Region – in 2002. Those remarks have been incorporated into this text.

While there was originally only a small circle of poly-friendly therapists, since then the base of poly-aware counselors has expanded. However, the availability of resources still hasn't kept pace with the increasing numbers of adults who find themselves dissatisfied with traditional relationship options and choose to explore consensual non-monogamy in any of its varied flavors. This booklet is an expression of the ever-growing need for trained psychologists, psychotherapists, sex therapists and medical professionals who can address the diverse poly population.

The booklet is the result of collaboration among a small but dedicated group of activists and professionals – some polyamorous, some not – who believe that polyamory represents a serious relationship option deserving of respect and understanding among helping professionals and the broader public alike.

The independent work of Dr. Geri Weitzman, Dr. Robert Phillips and me, woven here into a single integrated text, provides a great introduction for the helping professional to begin educating her/himself on this form of relationship configuration. I am happy to have had my work included, and hope that every reader will find the material both enlightening and useful.

*Dr. Joy Davidson  
New York City, NY  
August 2009*

## Editors' Foreword

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This booklet is the result of several years of work. As activists, researchers and presenters in the field of non-exclusive relationships, we time and again heard stories of polyamorous individuals and couples who found themselves pathologized by the very counselors and helping professionals they turned to in times of trouble. The trauma and needless emotional distress this engendered touched our hearts and strengthened our resolve to help.

It occurred to us that an entire generation of helping professionals had come of age and entered into practice without knowledge of the insights and research into non-exclusive relationships gained in the 1970s and 1980s. A rich and diverse body of work existed but sadly had been “lost,” ignored and left unexamined for more than two decades. From this body we selected an excerpt from a well-written and thoroughly researched article by Dr. Robert Phillips, originally published as a chapter in the book, *Contemporary Families and Alternative Lifestyles*, (Sage Publications, 1983) for inclusion.

We also sought more contemporary works of suitable academic rigor that would shed light on the current manifestation of the non-exclusive relationship – polyamory. We were fortunate enough to find such material and to be in personal contact with its authors. They extended us their kind permission and full cooperation and we thank them profusely for their patience and support. Dr. Geri Weitzman's piece, “What Psychology Professionals Should Know About Polyamory,” as noted above was originally a class project published to the web. Much of its content was later incorporated into an article published in the *Journal of Bisexuality* in 2006. Dr. Joy Davidson's contribution was originally a presentation, the outline for which was subsequently published by the *Electronic Journal of Human Sexuality* in 2002.

It was our decision not to try to publish these pieces as an anthology but to integrate them into a complete text. We felt this would avoid needless overlap and duplication, allow reinforcing insights to be co-located within the text, allow us to insert new/updated material in a few strategic places, and would result in the most coherent and user-friendly product. What we failed to anticipate was the difficulty of the task we had set ourselves. The fact that we (the editors) are located in two different cities, and consequently were only able to collaborate at long distance, was a complicating factor whose impact we failed to fully apprehend.

Nevertheless, we trust that readers will find the completed product to be a valuable and useful resource. Thanks to the flexibility and goodwill of our contributors, we were able to achieve our desired results. We believe that the integration of the three original documents into one text has achieved a synergistic result – the whole is greater than the sum of the parts.

We invite and encourage helping professionals to read this material with an open mind and a renewed commitment to the best interests of clients who are seeking to live full and authentic lives through this relationship choice.

James R. Fleckenstein, B.A.  
Washington, DC

Carol Morotti-Meeker, M.S., M.L.S.P.  
Philadelphia, PA



## Introduction

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In our culture, we tend to assume that people are monogamous. People generally have relationships with only one person at a time; those who have relationships with more than one person are assumed to be “unattached and dating,” or cheating. But there exists a third alternative. *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.

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). Polyamory differs from swinging in that, in swinging, the emphasis is on couples consensually engaging in recreational sex with others, usually in a party atmosphere. Polyamory is primarily a relationship-oriented approach to non-monogamy rather than a sex-oriented approach. There is significant overlap between the two communities but each presents a slightly different set of concerns.

Many helping professionals know little, if anything, about polyamory. Our textbooks on family functioning rarely mention it, our diversity literature doesn't incorporate it, and many members of the polyamory community have reported encounters with therapists who are uninformed at best, or biased at worst, about this lifestyle. This publication seeks to provide psychology and other counseling professionals with:

- A general introduction to the lifestyle and specific concerns of polyamorous individuals
- A brief treatment of the science that supports a positive view of these individuals' choices in relationship configuration
- A brief treatment of the challenges and issues counselors may face in providing services to these clients
- An overview of some specific areas in which professionals can assist polyamorous clients

We hope that this will enhance psychology and counseling professionals' understanding of, and ability to provide services to, polyamorous clients.

## Why Is It Important That We Talk About Alternatives To Monogamy Now?

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Sweeping changes are occurring in the sexual and relational landscape. A growing number of individuals and couples, hungry for workable alternatives to traditional relationship forms, are seeking new models for intimacy. The current surge of interest in these alternatives can be traced to factors such as:

- Longer human life spans: decades of sexual/emotional exclusivity are increasingly seen as an unrealistic ideal

- High divorce and infidelity rates in ostensibly monogamous pairings
- Dissatisfaction with the limitations of serial monogamy (i.e. exchanging one partner for another in the hope of a better outcome)
- The growing economic and social equality of women, resulting in greater choice about how to arrange their intimate lives (Sheff, 2005)
- Expansion of the Internet, giving visibility and accessibility to sex-positive culture

Clinicians and counseling professionals need to be prepared to help clients navigate new relationship terrain.

## **What Do We Know About The Psychological And Social Functioning Of Polyamorous Individuals?**

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There's a great deal of empirical evidence to support the viability of polyamorous relationships and the stability of polyamorous individuals.

In 1976, Knapp administered a battery of standardized psychological assessment measures to a sample of polyamorous couples (Knapp, 1976). No significant differences were found between the couples in her sample and the general population norms. "That is, neither group was particularly neurotic, immature, promiscuous, maladjusted, pathological, or sexually inadequate... 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." Watson (1981) gave the California Psychological Inventory (Gough, 1957, cited in Watson, 1981) to 38 sexually open individuals, and these subjects also scored within normal bounds.

Twichell (1971, 1974) applied the Minnesota Multiphasic Personality Inventory (MMPI) to several samples of persons with high degrees of involvement in nontraditional sexual relationships and control groups, and found no significant differences between the "sexually liberal" group and the controls.

Additional work has been done in the area of marital adjustment. Buunk (1980) found that couples with open marriages in the Netherlands were normal in terms of marriage satisfaction, self-esteem, and neuroticism. Spanier's (1976) Dyadic Adjustment Scale was used to compare sexually open couples with sexually exclusive ones (Rubin, 1982), and no differences were found in adjustment or happiness between the two groups. "Nothing in this data argues for the view that sexual openness or exclusivity, in and of themselves, make a difference in the overall adjustment of a married couple."

A follow-up study (Rubin & Adams, 1986) found that after several years, there was no significant difference in marital stability (i.e. breaking up versus staying together) between those couples who had been polyamorous versus those whose marriages had been exclusive. Similar proportions of each group reported happiness versus unhappiness, compared to the earlier sample. Additionally, “the reasons given for breakup were almost never related to extramarital sex.” When polyamorous relationships ended, common reasons given included growing apart in general interests, feeling unequal levels of attraction to one another, and dealing with the stresses of long-distance relating (Ramey, 1975).

Another study (Peabody, 1982) found that most respondents reported feeling satisfied with their primary relationship, and felt positively about their partner having sexual relations with others. It was found that polyamorous individuals had slightly less frequent sex than the national average, emphasizing social activities, warmth, and open communication. “The continuing emphasis was a focus on warmth, acceptance, communication and friendship with the freedom to touch, caress, and have the potential for sexual activity if chosen.”

Gay male couples are noted for their practice of non-exclusive relationships (Peplau & Gordon, 1983). A study comparing the subjective feelings of men in open and closed gay relationships showed that there were no significant differences between men in either type of relationship with respect to feelings of love, satisfaction, and commitment (Blasband & Peplau, 1985). These type of findings have been repeatedly replicated (Kurdek, 1988; LaSala 2004; Shernoff, 2006; Wagner, Remien & Carballo-Díez, 2000).

As these studies show, “the alternative life styles(sic) chosen by individuals are not necessarily the cause nor the result of unhealthy personalities; in actuality, the alternative life style(sic) behavior may be supportive of the psychological health of the individuals” (Peabody, 1982). Thus, therapists should not assume that polyamory is maladaptive, or that people in polyamorous unions would improve their relationships by shifting to a traditional monogamous style. Therapists who maintain that monogamy is inherently preferable to polyamory may be reflecting their own cultural biases, rather than considering what is best for their client’s individual needs.

In sum, many polyamorous people “are in relatively stable primary relationships and do not seem to be motivated by neurotic and pathological needs” (Peabody, 1982).

## **The Benefits of Polyamory**

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There are many benefits that polyamorous people reap from this lifestyle. Many find joy in having close relationships on both sexual and emotional planes with multiple partners and/or lovers. The couple that decides to open their relationship to include others is often highly secure in the strength of their partnership bond (Jenks, 1985), and welcoming of the opportunities for personal growth that come from close associations with new and diverse people.

Polyamorous families in which the partners all live together derive all the benefits of household cooperation, which include more people to share chores, parent the children, and pay the rent. The cost of living per person decreases when there are a greater number of people who pool their incomes and energies and share resources among them. Participants in polyamorous relationships benefit from a sense of extended family composed of chosen intimates.

Ramey (1975) notes the following positive elements to polyamory: increased personal freedom; greater depth to social relationships; the potential for sexual exploration in a non-judgmental setting; a strengthening of spousal bonds; a sense of being desired; a feeling of belonging; added companionship; increased self-awareness; intellectual variety; and the chance for new aspects of personality to emerge through relating to more people. Consensual, honesty-based living and loving is both an ethical practice and a reward in itself.

Many women, in particular, relish the feeling of owning their desires, bodies and sexual-loving choices as a means of challenging generations of patriarchal oppression. (Robbins, 2005; Sheff, 2005; Stelboun, 1999) Another benefit cited by polyamorous individuals is capacity to meet more of one's emotional, intellectual and sexual needs through accepting that one person cannot provide all. Conversely, it offers release from the expectation that one must meet all of a primary partner's needs.

Another salient benefit is support for companionate marriages that can be satisfying even if no longer sexually vital. Romantic needs are met elsewhere. Somewhat counterintuitively, polyamorous relationships may even serve to preserve existing relationships, rather than tear them asunder. There are also successful so-called "poly-mono" relationships in which one partner is polyamorous while the other remains oriented toward exclusivity. While such relationships require much negotiation and occasionally painful amounts of personal growth, they can and do provide alternatives to even more traumatic divorce. (Cook, 2002)

To this list could be added two additional elements. First, polyamorous individuals tend to gain a lot of practice at communicating their needs and negotiating arrangements that are satisfactory to all. The ability to process what is happening between the members of a group is one that the counseling profession can well appreciate. Second, the polyamorous community is a sex-positive one, which means that the beauty and happiness of a variety of forms of sexual sharing between consenting adults are affirmed. It facilitates the ethical exploration of desires that may go beyond a primary partner's interest or capacity.

## **Some Specific Concerns of Polyamorous Individuals**

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Much has been written in the past about "open" and/or multilateral relationships (e.g., Constantine & Constantine, 1972, 1973, 1977; Ellis, 1972; Hunt, 1969;

Knapp, 1975; Libby, 1977, 1978; Macklin, 1978; Neubeck, 1969; and Ramey, 1976). Many people are quite happy and content in their polyamorous relationships. However, when concerns do arise, they often fall within the following realms. The Constantines (1972, 1973) note that communication problems and personality differences are the most frequently reported concerns, but issues related to commitment, need satisfaction, possessiveness and jealousy, fear of abandonment, guilt, and the nature of sexual activity are common. Persons in multilateral relationships can face special challenges related to the formation of such relationships and the integration of participants. These include the time and energy required to engage in continual processing and search for consensus, availability of sufficient “alone” time, territoriality, the obligations stemming from prior dyads, and issues related to differential personal growth. For some there may be problems that arise from reluctant or demanding partners, and, in some cases, a variety of legal questions to be considered (see below).

At times, people who explore open or multilateral relationships find themselves in internal conflict because they experience emotions and fears that the public ideology of the “new openness” tells them they should not have. On one hand, they may experience guilt based on their more traditional socialization, which condemned nonmonogamous lifestyles, and, on the other, guilt from new value systems, which define jealousy and a desire for monogamous commitment as “immature.” The therapist therefore may need to help the client explore the meaning systems by which she or he has been influenced.

A frequent problem experienced by persons in alternative lifestyles is the lack of appropriate scripts. Participants may not have available role models to which they can turn as they work out the interaction patterns within their lifestyles, or they bring with them different role models and expectations from their past, leading to much trial and error, insecurity, and role conflict within the relationship.

Therapists (Constantine & Constantine, 1972; Macklin, 1978) often report that once they are able to deal with and accept a given lifestyle, they find that client couples in nontraditional relationships tend to present issues that differ little from those brought by couples in more traditional relationships. Issues such as inadequate communication, differing degrees of commitment, conflicting expectations, and the search for a balance between autonomy and intimacy are common in both. Constantine and Constantine (1972) indicate that work with clients involved in marriages that include a multilateral element is in many cases “merely an extension of dyadic counseling.” Macklin (1978) presents an excellent summary of the most common presenting problems of couples in nontraditional relationships (parenthetical notes indicate a broad classification of concern, as discussed in greater detail below):

- Inadequate communication with partners (Relationship)
- Inadequate problem solving skills (Relationship)

- Feelings of guilt about the lifestyle or its effect on others (Emotional)
- Feelings of possessiveness and jealousy, e.g., feeling left out or excluded; feeling that insufficient time is spent with partner; fear of loss of power or control over partner; fear of loss of partner (Francis, 1977) (Emotional, Relationship)
- Discrepancy between degree of intellectual and emotional liberation (i.e., the individual finds him/herself unable to live out comfortably the intellectual ideal s/he has adapted) (Emotional)
- Disapproval from significant others (Social)
- Lack of an external support group with whom one can openly share the details of one's personal lifestyle, and the feelings of isolation, alienation, loneliness, and self-doubt which result from this (Social, Emotional)

### • ***Social Concerns***

Clients may also be struggling with certain external realities that create stress. They 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. 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 relationship. Therapists 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.

### • ***Discrimination by mainstream society, employers, landlords, coworkers, etc.***

- o One challenge that polyamorous individuals need to contend with is the label of deviance (Knapp, 1975; Mann, 1975). When the relationship is not kept secret, polyamorous individuals often feel that they need to prove to others that their lifestyle is viable (Falco, 1995).
- o Despite the polyamorous community's perception of this lifestyle as one from which many benefits may be derived, this view is often contested by others. People who are in polyamorous relationships face social disapproval and legal discrimination similar to that experienced by members of the lesbian, gay and bisexual community (Peabody, 1982).

### • ***Necessity for secrecy or for leading a double life***

- o Members of most mainstream religions may shun polyamorists, and (as in the example of the triad whose custody of their daughter was challenged

(Cloud, 1999)) they are subject to legal discrimination. Polyamorous unions are not typically recognized by church or state, and spousal health benefits are not available for one's non-married partner. Many of the same forms of discrimination the gay community faces are concerns for the polyamorous community as well (Browning, Reynolds, & Dworkin, 1991).

- o There are many strains that accompany the keeping of so large and important a secret (Browning et al., 1991). There is the fear of being discovered and shunned by people who might disapprove. There is the stress that comes along with the lack of recognition of one's partners: for example, the partner who is not invited to family gatherings and office parties may feel excluded and devalued. If the polyamorous individual has children who are not aware of the arrangement, there is the need to arrange a time and place to meet in private, rather than in the comfort of one's home. Polyamorous individuals may seek therapy to learn ways to cope with these stressors.

### • *Family Disapproval*

Often, 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 (Ziskin & Ziskin, 1975; Weber, 2002).

### • *Issues related to disclosure of polyamory to children*

A study by Watson and Watson (1982) found that while 75% of polyamorous survey respondents wanted their children to know of their lifestyle, only 21% had actually informed their children of the full extent of their involvements with other partners. "Some incorporate their children with them in the company of their secondary partners, and indicate that they enjoy the process of modeling an alternative for their children. Other parents feel that sharing the news of their lifestyle would be too upsetting for their children, or would not be understood, or would be shared openly with neighbors and school friends." A 2000 survey of polyamorous individuals showed that nearly two decades later, 45% still were not "out" to their own children. (Weber, 2002)

### • *Lack of legal protection in property law, inheritance law, parenting and child custody*

In a high profile 1999 case, 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 still had to fight a court battle in order to have her returned; and even then, the child was only returned on the grounds that one of the three parents move out (Cloud, 1999) (cf Emens, 2004).

## Relationship Concerns

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When primary partners bring up the issue of non-monogamy for the first time (Ramey, 1975; Ziskin & Ziskin, 1975):

- The pre-existing relationship paradigm is immediately altered. The “poly conversation” may force the participants to explore and express needs that are not being met and emotional secrets that have been kept
- Matters often taken for granted in monogamy typically require specific processing in poly relationships; for example:
  - Time and Resources: How much should be expended on whom? Who decides, and by what process? (Ramey, 1975)
  - Sex: what type of sex is acceptable, with whom and under what circumstances? (i.e., male or female, casual, party, BDSM play w/ or w/o genital contact, penetration, etc.)
  - Safer sex: medical issues, contraception
  - Disclosure: How much sexual/emotional disclosure about other partners is desired; how much is too much? Under what circumstances does disclosure take place, and at what stage of the relationship?
  - Relating to a lover’s other partners: To what extent? Will it be required that existing partners meet them before sexual activity occurs?
  - Belongings and personal space considerations: e.g., “No, your lover can’t wear my bathrobe to get in and out of the hot tub,” or, “Yes, it’s ok if you and he make love in our bed.”
  - Integrating new partners with family and friends: if, when and how?
  - Parity: Attaining relative equivalence in extra-dyadic relationships. Addressing the ramifications, if any, of lack of parity in outside relationships
  - Veto Power: Who has the right to say “no” to a partner’s choice of another? May this power be exercised preemptorily, or must at least some rationale be offered?

(For more on this, see *Helping Partners to Negotiate the Agreements and Boundaries of Their Relationship*, below.)

## Emotional Concerns

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It occasionally happens that participants in alternative lifestyles experience a range of internal conflicts of which they may not be initially aware, and which the therapist must help them to examine. For example, it is important to determine whether the participants have internalized an acceptance of the lifestyle on an emotional level, or whether they have merely accepted it intellectually. Persons who for philosophical reasons have decided to engage in an alternative lifestyle may well find that they have



difficulty dealing with their emotional response once they begin to live that lifestyle and experience a sense of personal inadequacy and guilt because of this. Or they may have agreed to participate out of fear that if they refused to do so they would lose their lover or spouse. Clients must be helped to explore their own value systems and their impact on their feelings about themselves. Does participation in a particular lifestyle create a state of incongruence between internalized values and expressed values? Do they experience their decisions as responsible or do they question their validity? Have they internalized religious or philosophical beliefs that condemn their lifestyle (as in the case of gay men who may experience a great deal of anxiety and guilt because they believe this lifestyle to be inconsistent with religious teachings that are important to them)? The therapist must be sensitive to these internal conflicts and help clients gain some awareness and acceptance of their own psychological reality and personal limits.

It is important to distinguish troubled individual, couple, or group dynamics from troublesome passages in predominantly healthy polyamorous relationships.

Some typical emotional “sticking points” encountered by clients on the journey toward polyamory are:

- Making the decision about whether to move forward at all in exploring polyamory, and, if so, determining which form is best suited to one’s needs.
- Learning the ropes: Expect that moving from the exclusive relationship model to an open one takes time and involves growing pains. Mistakes will be made. These can either derail the process or offer important lessons.
- Developing boundaries: All healthy relationships require good skills in drawing, communicating, and maintaining one’s own boundaries as well as respecting others’ boundaries. Polyamorous relationships are no exception.
- Adhering to a “no surprises” policy: Sensible caution and a well-developed sense of timing are required so as to avoid skipping necessary steps in introducing new relationships or adjusting to changes within ongoing relationships. It is impossible to overemphasize the importance of thinking ahead and communicating thoroughly so that no one feels surprised by “out of the blue” developments. Within reason, avoid initiating change faster than the slowest person in the group can accommodate.
- Building a tolerance for ambiguity: Clients may experience distress, confusion, or self-doubt when idealistic views of polyamory are eclipsed by primitive emotions that seem at odds with their “evolved” thinking. The exuberance attached to some aspects of polyamory sometimes will be counterweighted by corresponding surges of pain or grief over other aspects. For example:
  - o One’s joy in expanding the horizons of love can be counterbalanced by grief in letting go of romantic fantasies about having and being the “one and only.”
  - o The thrill of sexual diversity can be counterbalanced by a struggle with inner demons (fear of loss, abandonment, insecurity about desirability, sense of failure as mistakes are made, etc.)

- o One's pleasure in having more needs met by more people can be counterbalanced by the weight of responsibility for self and increased accountability to others. There is pain in the recognition that even in the world of alternative relationships, the dream of "having it all" – the perfect blend of emotional, sexual, and relational needs fulfillment – sometimes cannot be realized.
- Coping with fallout: Being prepared to move on if no agreement to pursue polyamory can be reached, and negotiating the least disruptive "exit strategy."

## Jealousy

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Among all of the emotional concerns that polyamorous clients might bring to therapy, the issue of sexual jealousy is sufficiently significant as to require special attention. An erroneous perception that jealousy does not exist in poly is often found outside of polyamory circles and among people new to polyamory. The complex mix of behaviors that society labels "jealousy" can and does manifest itself in polyamorous relationships. How participants identify, label, and address these manifestations often determines their degree of success or failure in maintaining these relationships.

Research posits that what we call "jealousy" is more akin to a full cache of varied emotions than a single feeling (Eckman, 1999; Hupka, 1984; Parrott & Smith, 1993; Solomon, 1976; White & Mullen, 1989). Each needs to be separated out, examined, and treated by the therapist using standard therapeutic methodologies. In short, the therapist must be on guard against the temptation to regard jealousy as natural, monolithic, and immune to intervention.

All of the component emotions of jealousy – anger, blame, hurt – can be teased out of the participant's inchoate expression of jealousy and ministered to in ways that address the root causes of the negative emotions that hinder success. Jealousy can be managed through renegotiation with partners, desensitization, and increased self-awareness.

Ellis (1972) does an excellent job of separating what he terms "rational" jealousy – the kind you can live with and which may spur you to relationship-enhancing behaviors – and "irrational" jealousy, which is, unfortunately, the "typical" socially-sanctioned reaction to a romantic partner's deviation from sexual/emotional exclusivity and which usually leads to a wide array of destructive behaviors.

"Compersion" is the antonym of jealousy (Pines & Aronson, 1981). It refers to taking delight in a partner's love for another, much as a parent takes joy in the blossoming of a beloved child. This is an ideal, not always attainable quickly in relationships. Compersion is often connected to relationship parity; parity sometimes helps foster compersion. Feelings of jealousy toward a partner's lover may be exaggerated in the absence of a complementary, satisfyingly equivalent relationship.

While some expression of jealousy is common in open relationships, especially in the early stages, some research shows that this often diminishes over time, even without therapeutic intervention (Constantine & Constantine, 1977). The assistance of a trained counselor can often shorten this span considerably, as well as smoothing the path.

## **How Can Therapists Prepare To Work With People Who Are Exploring Polyamory?**

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Clearly, such a widespread phenomenon as polyamory is an important one for mental health professionals to understand. Yet, the self-reports of polyamorous clients raise some concerns. There is a perception within the polyamorous community that therapists are not well informed about their lifestyles and needs. This limits the extent to which polyamorous individuals feel that they have access to quality mental health services (Roman, Charles & Karasu, 1978). Some polyamorous individuals report a reluctance to seek therapy due to fear of bias. Others find it necessary to use expensive therapy sessions to educate their therapists about what polyamory is, and to convince them that a polyamorous lifestyle in itself is no more pathological than, say, being gay.

A basic issue for the individual therapist 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 & Constantine, 1972; Elbaum, 1981; Knapp, 1975; Macklin, 1978, 1981; Pendergras, 1975; Price-Bonham & Murphy, 1980; Riddle & Sang, 1978). Persons in nontraditional living patterns often experience great difficulty in finding therapists who will deal with their concerns in a nonjudgmental manner. For example, Knapp (1975) found that 33% of her sample of therapists believed that people who pursued a polyamorous lifestyle had personality disorders and neurotic tendencies, and 20% suggested that such people might have antisocial personalities. 9-17% of the therapists “stated they would use their professional skills to try to influence clients to abandon sexually open marriages.”

Hymer and Rubin (1982) conducted a study in which therapists were asked to imagine the psychological profile of a typical polyamorous person. 24% of these therapists imagined that polyamorous individuals feared commitment or intimacy; 15% of these therapists imagined that they were in marriages that were not fulfilling; and 7% hypothesized that they might have identity problems.

As these studies show, polyamorous clients who seek out therapy “are often stigmatized and penalized by the very system of human services originally set up to help them in such crises” (Sussman, 1974, as cited in Roman, et al., 1978). It is noteworthy that Knapp (1975) found that therapists 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.

These therapists' views are not concealed from their polyamorous clients. Rubin and Adams (1978) "found that among those clients who had a sexually open marriage and sought therapy, 27% indicated that their therapists were nonsupportive of their nonmonogamous relationship."

Sometimes this disapproval was expressed in overt ways, and other times it was more covert. While not all therapists 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 were: therapists' condemnation of their lifestyle; pressure to return to a 'healthier' form of marriage; and being diagnosed in terms of psychopathology."

There is more recent evidence that polyamorists' assumption of negative bias or disapprobation by therapists is perhaps overstated. On the other hand, perhaps things simply have changed with the passage of time. A 2000 survey of a convenience sample of self-described polyamorists (Weber, 2002) revealed that only 4% of the therapists to whom polyamorous clients "came out" responded negatively. A surprising 16% were described as positive, with 21% described as neutral. Over one-fourth of the polyamorists polled, however, declined to "come out" to their therapists. Whether this reflects the polyamorists' considered belief that the response to disclosure would be negative, thereby skewing the survey response in the direction of positive outcomes, cannot be answered with the data at hand. At a minimum, we know that in major cities at least, the intervening decades brought a larger number of therapists willing to counsel polyamorous clients without pathologizing them. This is by no means universally true, however.

Traditionally, psychotherapists 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. 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 therapy 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 arrived. Since therapists in general practice have often failed to respond to the needs of clients in alternative lifestyles, numerous specialized services developed, such as feminist therapy collectives and gay and/or lesbian therapy centers. As noted above, here are also online resources listing "poly-friendly" counselors, and it should be noted that by no means are all LGBT-oriented therapists equally favorably disposed toward nonmonogamous relationships.

The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association state, in part, that "Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience." (APA, 2010) While not binding on non-members, these principles are a sound benchmark for all who practice therapy. Become familiar with the existing literature. Reading this publication is an excellent beginning.

Textbooks about “normal family functioning” generally do not include references to polyamorous lifestyles, and this contributes further to ignorance about polyamory on the part of therapists and counselors. While there is very little in the way of current research focusing on polyamorous people, there is a great deal of well-documented research from the recent past. Human nature has not changed in two decades. Current resources are available, but they are primarily community based; thus, clients and interested professionals are learning about these issues together, through experience and the sharing of that experience.

It has been suggested that the clinicians 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). They will possess the degree of flexibility necessary to tune into the values and life goals of the client and to work with the client to assess and actualize these. They will seek to focus on the potential of the client’s lifestyle and work to help clients find ways of preserving and enriching their chosen relationships. They will be willing to go beyond ready-made or customary solutions and to explore what may well be uncharted territory, to put aside traditional scripts, and to help the client write his or her own script, preferably in conjunction with the significant others in the relationship (Macklin, 1981). They will be able to see alternative family patterns as “unique, possibly new, potentially very productive family models” rather than viewing them from a “conventional pejorative perspective” (Constantine & Constantine, 1972). They will be adept at creating an atmosphere in which clients feel free to explore, find understandings, and make choices appropriate to them. To do otherwise serves only to put clients on the defensive, where instead of being free to evaluate their decisions they are forced into the position of justifying their decisions.

The therapist must acknowledge and work to eliminate the potentially deleterious effects upon clients of even subtle negative biases:

- The client may be guarded; full disclosure is avoided and the effectiveness of therapy is compromised.
- The client misses out on the opportunity to freely examine not just polyamory but monogamy as a conscious choice (versus cultural edict).
- The therapist’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.
- Therapists may be unable to distinguish healthy, genuinely consensual polyamorous practices from subtly coercive practices.
- Therapists may be unable to provide useful tools to help clients navigate the complexities of polyamorous relationships.

The permission-giving and acceptance implicit in the above can only come if the therapist is truly supportive of pluralism and individual lifestyle choice. To assess one’s readiness to do this requires that the therapist be willing to make a

commitment to personal awareness and self-exploration. An honest examination of one's own values and definition of normality is necessary if one is to understand one's emotional reactions and evaluate their bases. Often, upon reflection, the therapist finds her or his reactions to be based more on her or his 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 therapist to the particular problems that may be troubling that client. If the therapist believes that his/her personal views regarding the morality of these relationships are at odds with those of the client, this should be disclosed and the therapist offer to disqualify him/herself from this case. (Sprenkle & Weis, 1978)

In working with persons in alternative lifestyles, it is important for the goals of the therapy to be those of the client rather than those of the therapist. To do this requires that therapists seek to 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. As always, this is much more likely to happen if the therapist can begin with an acceptance of a specific lifestyle decision and focus primarily on the problematic dynamics within that lifestyle for the specific client.

A conscious effort to become familiar with the literature requires a willingness to explore the validity of one's assumptions and to redefine one's belief system on the basis of factual data. Not all therapists are willing or able to do this and, hence, not everyone should feel obligated to work with such clients. Clinicians need to be honest about their limitations and give themselves permission not to accept someone as a client. Otherwise, their clinical work may involve value conflicts and/or require specialized knowledge with which they may not desire to deal. An honest explanation and a supportive referral is often the best alternative in such cases.

#### **To summarize:**

- It is not important that therapists working with poly people be “expert”
- It is important that they be willing to learn and keep learning
- It is not important that they be polyamorous
- It is important that they accept that polyamory is a valuable, viable relationship option for some people
- If therapists cannot embrace polyamory to that degree, they should refer clients to others who can

## Specific Ways That Therapists Can Help Polyamorous Individuals and Their Partners

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### *Helping one partner to decide how to raise the idea of becoming polyamorous to another, and helping partners to decide if polyamory is right for them*

When it is one partner in a couple who wishes to introduce polyamory into the relationship, the therapist can help them to decide how to bring up the topic, and can assist them in preparing for the responses that the partner might have. A well-informed therapist can also assist a couple who is first considering a polyamorous lifestyle in considering whether this is the right choice for them (Peabody, 1982). The therapist can assist the couple in exploring how they will cope with such issues as jealousy, discrimination, setting up ground rules, preventing sexually transmitted diseases, and potential pregnancies (Ziskin & Ziskin, 1975).

### *Helping partners to decide what form of polyamory is best for them*

Polyamory can take a variety of forms, all adaptable to the particular desires, needs and agreements of the individuals involved. The therapist can help clients explore options and make initial choices based on their specific circumstances and needs.

Typical forms include, but are not limited to:

- **Primary-plus:** a couple in a primary relationship (marriage or marriage-like) agrees to pursue additional relationships individually. Their new partners may become influential, deep relationships invested with serious time and energy commitments, or merely occasional lovers.
- **Triad:** Three people develop a committed intimate relationship. The primary commitment among all is relatively equal. Triads are most often formed when an existing twosome expands to include a third person.
- **Individual with Multiple Primaries** (may look like a “V” configuration): One person resides at the base of the V as the pivot point. She/he relates strongly to both partners. They do not relate as strongly (or perhaps at all) to one another.
- **Group Marriage or Poly Family:** Three or more people form a closely-knit, intimate relationship system. They may be sexually exclusive within the group (this is called polyfidelity) or they may agree to conditions by which they have partners outside the group.
- **Intimate Networks:** Intertwining connections between “erotic friends” who have relationships of varying degrees of intimacy, intensity and commitment.
- **Poly-dating among singles:** Dating relationships which differ from traditional forms of “playing the field” in that the single individual is explicitly not searching for “Mr./Ms. One and only,” and generally makes full disclosure of intimate relationships to all potential sexual partners.

This is not an exhaustive list of potential polyamory configurations (cf Chapman, 2010), but these are the main patterns upon which specific relationships are typically negotiated. 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/or 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.

### ***Helping partners to negotiate the agreements and boundaries of their relationship***

Just as monogamous couples sometimes seek the assistance of marriage counselors in negotiating the agreements and boundaries of their relationship; the support of a polyamory-aware marriage therapist can also be beneficial to polyamorous partners (Ramey, 1975, Ziskin & Ziskin, 1975). First, there are few social models for structuring a polyamorous relationship, and so polyamorous partners often find themselves charting new territories as they look for ways to meet the needs of all who are involved. Second, it is an even more complicated matter to balance the needs of multiple individuals than it is to make compromises between the members of a pair, and so the assistance of an experienced mediator might ease the process.

Each agreement is a reminder that consent is at the heart of successful poly relating. Generally, consent must be given at an explicit and detailed level in order to avoid future recriminations. Therapists may see clients whose relationships reflect manipulation, dishonesty, or other dysfunctional patterns that are no more representative of healthy polyamory than they are of healthy monogamy. Be alert to discern the difference between true consent and coerced "consent."

The sheer volume of discussion involved in juggling complex issues with multiple partners may seem daunting, at least initially. A useful skill for addressing this reality, with which therapists can be extremely helpful, is that when one feels overwhelmed, it's best to slow down, back up, and ask, "What skills am I lacking and how can I acquire them?"

Agreements often proceed through a process of self-assessment, communication, negotiation, experimentation, more self-assessment, discussion, and if renegotiation is desired, the process repeats.

Maintaining the integrity of agreements in "hierarchical" polyamorous arrangements is especially critical. Some special concerns arise when:

- A "secondary" partner invests primary energy (and expectation) into a relationship with a lover who already has a primary partner
- A slow seeping of time/energy from primary relationship into secondary (or secondary into tertiary) occurs without consent all around



- Time is spent with one partner to avoid attending to difficult issues with another partner

There are several issues upon which polyamorous partners commonly negotiate (Ramey, 1975). One is the introduction of new lovers and partners. Are new relationships subject to the approval of the existing partner/s? Are any restrictions placed upon the new relationship, such as limits on the amount of time that may be spent together, or specific sexual acts that are reserved for the original couple alone? Can the bedroom that is shared by the longstanding couple be used for time spent together with new partners? Will the new relationship ever become equal in status to the existing one, or is the existing one expected to remain primary? Are outsiders to be informed of the existence of the additional relationship (Knapp, 1975)?

Buunk (1980) notes that agreements and ground rules seem to be essential for successful sexually open relationships. Using a Dutch sample of heterosexual persons in open marriages, he identified five factors that, when statistically analyzed, rated highest in importance for successful open relationships:

- **Marriage Primary** – Agreements that uphold honesty and loyalty to the spouse (or primary partner) as a central value
- **Restrained Intensity** – Agreements that allow limits to be placed on the intensity and duration of the “outside” relationship(s)
- **Visibility** – Agreements that support transparency in all aspects of the outside relationship(s) – no secrets
- **Mate Exchange** – Agreements limiting the pool of potential partners and supporting reciprocity (these were adhered to by a relatively small number of study participants)
- **Invisibility** – Agreements that allow for some measure of autonomy and privacy within the outside relationships

There is a rich body of literature on developing rules and agreements for successfully negotiating sexually non-exclusive relationships. This can serve as a valuable resource for therapists helping clients who are considering such relationships. (Hoff & Beougher, 2008; LaSala, 2001; Shernoff, 2006)

### ***Helping polyamorous individuals to approach the coming-out process***

There are significant research data that support the findings of negative physiological outcomes among sexual minority populations who remain “closeted” (Cole, Kameny, Taylor, Visscher & Fahey, 1996; Cole, Kameny, Taylor & Visscher, 1996), and also psychosomatic symptoms that, while not physiologically damaging, may nevertheless reduce quality of life (Weinberg & Williams, 1974).

Coming out, as defined by Drescher (2004) is the process by which “...people integrate, as best they can, dissociated aspects of the self.” Polyamorists and others in non-exclusive relationships share with gays and lesbians the need to conceal their

true sexual identity for fear of disapprobation, discrimination, and even violence.

Therapists need to tread carefully in assisting polyamorous clients to 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.

Drescher’s (2004) concluding remarks make the point very tellingly. Where the words “homosexual” or “gay” appear, substitute “polyamorous”:

Given the social stigma, the severity of antihomosexual attitudes in the culture and the difficulties associated with revealing one’s sexual identity, why would a gay person come out at all? “Most frequently coming out involves choices about how to handle moments of ordinary daily conversation” (Magee & Miller, 1995). Furthermore, coming out offers gay people the possibility of integrating a wider range of previously split off affects, not just their sexual feelings (Drescher, et al., 2003 as cited in Drescher (2004)). Greater ease in expressing themselves, both to themselves and to others, can lead to an enormous enrichment of their work and relationships. To many, such activities constitute a reasonable definition of mental health.

Therapists need to be aware of the benefits to clients’ mental and physical health of the coming out process and school themselves on methods and practices for assisting clients to navigate that process successfully.

### ***Helping polyamorous individuals develop exit strategies when necessary***

As in monogamous relationships, polyamorous relationships can have problems. A professional can often best help a couple by guiding them in clearly defining the issues that are important to them. A therapist also can help people decide whether to continue in this lifestyle, and to cope with their feelings of regret and loss if they do not. The participants can be counseled to determine if any type of relationship can be salvaged with the other partner(s) of the primary couple. Do the partners need assistance in dissolving their relationship as a couple, and in coping with the emotional and lifestyle changes that decision may bring?

When polyamorous relationships end, it is often assumed by outsiders that the relationship structure was to blame, when in fact any number of other factors might have been behind the breakup. Few people would think to ask whether a breakup of a monogamous couple was due to the couple’s choice of monogamy as a lifestyle. A polyamory-aware therapist can assist in the aftermath of a breakup by assisting clients in regaining the courage to pursue this type of bond again if they so choose.

## *Helping polyamorous individuals to locate polyamorous communities in their region, and pointing them to resources such as articles, books and websites on polyamory*

A therapist can let polyamorous clients know about polyamory support groups and resources in their area. The polyamorous community is geographically scattered, and it does not have the same visibility that other subcultures, like the gay community, do. In large cities, there may be regular social gatherings, and from time to time there are regional conferences, but one needs to know where to look in order to find these (Rubin, 1982). Since the late 1990s, the polyamorous community is linked primarily by the Internet. Web pages provide pointers to local social gatherings, listservs, and chat rooms that are devoted to polyamory concerns. The polyamorous community also overlaps significantly with other subcultures in which alternative lifestyles are accepted, such as the lesbian, gay and bisexual community and science-fiction fandom. The venues of these subcultures provide additional opportunities for the polyamorous community to network. Pointers to the polyamorous community at large can be a tremendous source of support to those who come out as polyamorous.

## **Conclusion**

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The above are some of the issues that arise when clinicians begin to deal with persons in alternative lifestyles. In preparing to work with such clients, the therapist must resolve basic questions regarding the purpose and practice of psychotherapy. If psychotherapy is to enable persons to explore options and life experience in a neutral or supportive, affirming environment that encourages self-responsibility, then we as psychotherapists need to deal with the ways in which our personal value systems may sabotage that goal. Only then can we facilitate the self-exploration, personal growth, and responsible decision-making of all who seek psychotherapy.

For many polyamorous clients, having an expanded relationship represents a successful alternative to dissolving a partnership in the hope of creating a more satisfying relationship with someone else. There is nothing in the literature to suggest that this is not a responsible, viable and healthy path for many to take. The ethic of cultural competence demands that therapists and counselors resist bias, prejudice, and any judgment when seeking to provide services. Education is a proven method of achieving this end. By using the information provided in this booklet as a starting point, therapists and counselors will be taking a major step toward attaining cultural competency with polyamorous clients.

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## About the Authors

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**Dr. Joy Davidson** is a psychologist and AASECT Certified Sex Therapist now based in New York City. She has authored or contributed to six non-fiction books, including, most recently, *Fearless Sex* and *The Psychology of Joss Whedon*. Dr. Davidson has written articles and advice columns covering a broad range of intimacy matters for various national magazines and popular websites including *Cosmopolitan*, *Men's Fitness*, and *Glamour*. She contributes monthly articles to the sexuality education website, [LoveandHealth.info](http://LoveandHealth.info); is a member of the prestigious Health & Science advisory board at [HSAB.org](http://HSAB.org); and is the creator of The Joy Spot, an online sexuality enhancement video series, accessible from her website at [www.JoyDavidson.com](http://www.JoyDavidson.com)

**Robert A. Phillips, Jr.**, is Assistant Professor in the Family and Community Development Department at the University of Maryland, College Park, and a therapist on the clinical staff of the Human Sexuality Institute in Washington, D.C. His current research interests include male sexuality, incest, and more specifically, the development of multiple personalities in women as a coping response to incest. Dr. Phillips is an approved supervisor of the American Association for Marriage and Family Therapy and a member of numerous professional organizations including the American Association of Sex Educators, Counselors, and Therapists, and the Society for the Scientific Study of Sex. He received his Ph. D. from the University of Minnesota. (Biography from 1983)

**Geri Weitzman, Ph.D.** is a licensed psychologist in private practice in the San Francisco Bay Area, whose poly clients make sure that she has enough office sofa space available to seat the various configurations of polyfamilies that come in. She also gives lectures to psychology trainees and professionals about how to work with poly clients, most recently via remote Skype-enabled webcam. When not being a professional poly person, Geri can be found brokering accords between her cats, wading hip-deep through weeds in search of geocaches, cooking vegetarian stir-frys that elicit cries of "What's that smell?" from the household teenagers, and using the aforementioned Skype-enabled webcam to chat with one of her partners during his research jaunts to the Arctic. She can be reached at [geriweitzman@gmail.com](mailto:geriweitzman@gmail.com)

## Appendix: Popular Books About Polyamory

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Anapol, Deborah. *Polyamory: The New Love Without Limits: Secrets of Sustainable Intimate Relationships*. Intinet Resource Center, 1997.

Anapol, Deborah M. *Polyamory in the 21st Century: love and intimacy with multiple partners*. Plymouth, United Kingdom: Rowman & Littlefield Publishers, 2010.

Block, Jenny. *Open: Love, Sex, and Life in an Open Marriage*. Seal Press, 2008.

Chapman, Mim. *What Does Polyamory Look Like? Polydiverse Patters of Loving and Living in Modern Polyamorous Relationships*. Iuniverse, 2010.

Easton, Dossie, and Janet Hardy. *The Ethical Slut: A Practical Guide to Polyamory, Open Relationships & Other Adventures (Second Edition)*. Celestial Arts, 2009.

LaBriola, Kathy. *Love in Abundance: A Counselor's Advice on Open Relationships*. Greenery Press, 2010.

Mazur, Ronald. *The New Intimacy: Open-Ended Marriage and Alternative Lifestyles*. IUniverse, 2000.

Munson, Marcia and Judith Stelboun (eds.) *The Lesbian Polyamory Reader: Open Relationships, Non-Monogamy, and Casual Sex*. Routledge, 1999.

Perper, Timothy and Martha Cornog (eds.). *Sex, Love, and Marriage in the 21st Century: The Next Sexual Revolution*. IUniverse, 1999.

Simpere, Françoise. *The Art and Etiquette of Polyamory: A Hands-on Guide to Open Sexual Relationships*. Skyhorse Publishing, 2011.

Taormino, Tristan. *Opening Up: A Guide to Creating and Sustaining Open Relationships*. Cleis Press, 2008.



“This is a fabulous tool. I use it with my clients and students alike. It is straightforward, well written, and hits all the main points that therapists need to know about polyamory.”

*Neil Cannon, Ph.D.*

*Certified Sex Therapist & Couples Counselor*

*Professor of Couples & Family Therapy, Denver Family Institute*

“Polyamory’ - yes - and ‘responsible non-monogamy’, ‘open, non-exclusive above-board relationships’ and other wordings as well as no labels at all. Applicable to all these variations, this booklet is a wonderfully crisp, succinct update of seminal introductory material on these emerging relationship patterns, for use by those of us in the helping professions.”

*William D. Slaughter, MD, MA*

*Clinical Instructor in Psychiatry, Harvard Medical School*



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General Information Line: 410-539-4824

Info@ncsfreedom.org • www.ncsfreedom.org

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