THE AMERICAN ACADEMY OF CLINICAL SEXOLOGISTS

DEVELOPMENT OF THE SEXUAL DESIRE ASSESSMENT TOOL (SDAT): AND A TRAINING PROGRAM TO EDUCATE CLINICIANS AND ASSIST IN OPENING DIALOG WITH POLYAMOROUS SYSTEMS

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DISSERTATION APPROVAL

This dissertation submitted by Thelma E. Carter has been read and approved by three committee members of the American Academy of Clinical Sexologists.

The Dissertation Committee has examined the final copies and the signatures that appear here verify the fact that any necessary changes have been incorporated and that the dissertation is now given in final approval with reference to content, form and mechanical accuracy.

The dissertation is therefore is therefore accepted in final fulfillment of the requirements for the degree of Doctor of Philosophy.

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VITA

Thelma Carter is a Licensed Registered Marriage and Family Therapist, and a Board Certified Clinical Sexologist. She has 5 years of experience in the social service field. She is currently in private practice in Hollywood, Florida, specializing in sex therapy, family and couples counseling. Thelma promotes hope, mental wellbeing, and freethinking so that people may reach their highest potential, based on their needs, desires, and goals. She uses MRI therapy and cognitive-behavioral approaches to help people to break irrational patterns of thinking and relating to others that block their happiness. Thelma received her Masters of Science at Nova Southeastern University in Marriage and Family Therapy.

TABLE OF CONTENTS

Abstract

The purpose of this dissertation was to develop a brief sexual desire assessment tool (SDAT), and training material for Marriage and Family Therapists (MFT) and other clinicians. A Likert 5-item scale was designed as a way to open discussion about sexual desire and sexuality in a non-judgmental means. A discussion in Polyamory is provided for clinicians who may otherwise overlook or ignore the possibility of outside causes to relationship issues. This discussion is also an attempt to free clients from the stigma and confinement of social norms, by arming clinicians with additional tools to assist in salvaging relationships and marriages. MFT's and other clinicians often avoid asking about the potential of multiple sexual relationships due to the clinicians own bias, the clinicians anxiety of exposing deception or betrayal, social stigma and lack of professional training on sexuality, and sexual template. Case studies of therapists who have worked with and researched polyamorous systems were reviewed, along with the need for a brief sexual desire assessment tool (SDAT) and training program. A qualitative survey was provided to practicing clinicians to evaluate the assessment tool. This dissertation was not developed to promote or convince couples to become polyamorous or designed to be a diagnostic tool for clinicians.

CHAPTER ONE

INTRODUCTION

The purpose of this dissertation was to develop a brief sexual desire assessment tool, and training material for Marriage and Family Therapists (MFT) and other clinicians. This tool was designed as a way to open discussion about sexual desire and sexuality in a non-judgmental means. A discussion in Polyamory is provided for clinicians who may otherwise overlook or ignore the possibility of outside causes to relationship issues (Miller & Byers, 2012). This discussion is also an attempt to free clients from the stigma and confinement of social norms, by arming clinicians with additional tools to assist in salvaging relationships and marriages (Constantine & Constantine, 1974; Constantine, Constantine & Edelman, 1985). This dissertation also was developed to educate clinicians in alternative relationship types where other outside relationships are accepted and not labeled as cheating. This dissertation was not developed to promote or convince couples to become polyamorous or designed to be a diagnostic tool for clinicians.

Polyamory, is defined as the state or practice of maintaining multiple sexual and or romantic relationships simultaneously, with the full knowledge and consent of all the people involved (Anapol, 1997). Polyamory is also defined as “a relationship orientation that assumes that it is possible and acceptable to love many people and to maintain multiple intimate and sexual relationships” (Urel, Haritaworn, Lin, & Klesse, 2003, p. 126). The definition has been expanded to include the practice of having more than one

emotionally intimate relationship simultaneously, with sex as a permissible expression of the caring feelings. Polyamory is defined as being practiced openly and honestly, keeping ones primary partner or partners informed of the existence of other intimate involvements (Benson, 2008). Primary partner is defined as the person or persons in the relationship with the highest degree of involvement and importance in the relationship. A person may be primary as a natural consequence of sequence, marriage of the circumstance, and nature of the relationship (Anapol, 1997).

Specifically, in polyamorous relationships the individual in the primary relationship is able to pursue multiple concurrent romantic relationships with the permission of the other primary partner(s), within the realm of the rules established by the primary partners. Because of this, polyamorous people are not committing infidelity or lying. Instead, they are committed to being open about each of the relationships in their lives (McCoy, Stinson, Ross, & Hjelmstad, 2015).

Inception of Study

This study was inspired by the number of couples that the researcher sees that are experiencing the infidelity of another partner and their attempt to save the relationship and, in some cases, accept the outside relationship. The struggle begins for the client, first with the action, then the shame and the response from clinicians who are not willing or are inadequately trained to open up the discussion on the possibility of an outside relationship with a non-judgmental stance (Cloud, 1999).

Due to lack of research and information reported on nontraditional relationships, The Foundation of the National Coalition for Sexual Freedom has developed an academic

journal and website called The Institute for 21st Century Relationships. It has become a forum for the publication of interdisciplinary research findings focusing on the broad topic of alternative and nontraditional relationships. Research indicates that “when couples marry today, there’s only a 50-50 chance the marriage will endure” (The Institute for 21st Century Relationships, 2015, para. 1). The main reason for marriages ending is infidelity (The Institute for 21st Century Relationships, 2015).

Because of cheating, divorce rates remain near their all-time high. The Institute for 21st Century Relationships (2015) suggests that, depending whose statistics one chooses to believe, “as many as 70% of marriages will experience "cheating" one or more times during their existence” (para. 1). Clearly, something is not working in relationships and in the therapy provided to couples. Better training and an effective approach to identifying and assessing sexual desire and sexual issues within a relationship have been proposed in this dissertation (Mazur, 1973).

Purpose of Study

The researcher’s study strongly suggests a need for non-judgmental clinical services for troubled couples involved in any kind of relationship or marriage style with a co-relationship or co-marital sex, should they desire professional assistance. The researcher believes this to be increasingly important in light of the increasing numbers of marriages failing as a result of infidelity. Monogamy is the assumed standard for relationships in most cultures. However, monogamy is a myth (McKay, 2000). This dissertation provides studies and documented therapeutic practices of clinicians who have worked with and researched polyamorist systems.

Traditionally, a married person or a person in a committed relationship who has sex outside of his or her marriage is assumed to be cheating, or to be unfaithful. Clinicians often avoid asking about the potential of multiple sexual relationships in therapy due to the clinician's own anxiety of exposing cheating, deception, or betrayal, and because of social stigma (McKay, 2000). Professional training on sexuality and sexual desire, enables clinicians to ease this anxiety and aides in competency (McKay, 2000). To begin to address this challenge, two questions need to be answered. The first question is: How does an anxious clinician open the dialog of sexual desire and outside relationships in session? After doing so, what are the best ways to guide a clinician in assisting a system in leading a successful primary relationship? These questions led to the development of a brief sexual desire assessment tool and training material for clinicians.

Special Language and Issues

Just as not all monogamous systems are identical, not all polyamorous systems are identical. It is important to define each individual relationship within the system and assist the primary system in creating boundaries around each relationship's preferred narrative and polyamory type (Easton & Liszt, 1997). To effectively be able to assist any population the clinician must be familiar with the language and terminology of the culture. Ritchie and Barker (2006) explain the dominant discourse of monogamy is reproduced and perpetuated in everyday conversation and saturates mainstream media depictions or what is believed to be the norm. Through an analysis of online discussions, websites and self-help books, this article provides us with the language of polyamory. Ritchie and Barker (2006), provide an alternative understanding for polyamorous

identities, relationships and emotions. Here is an essential list of terms associated with the polyamorous culture. A more comprehensive list can be found on the internet resource morethantwo.com, which is not a scholarly reviewed site.

DESIRE: A strong feeling of wanting to have something or wishing for something to happen. Strong sexual feeling or appetite (Oxford English Dictionary, 2015).

ETHICAL SLUT: A person who openly chooses to have multiple simultaneous sexual relationships in an ethical and responsible way, and who openly revels in that decision (Easton & Liszt, 1997).

MONOGAMY: Formally, the state or practice of having only one wedded spouse or partner. Monogamous is defined as of or related to the practice of monogamy, as in monogamous relationship: a relationship permitting one and only one romantic or sexual partner at a time. Contrast Polyamory (McKay, 2000).

OPEN MARRIAGE: Any marriage whose structures or arrangements permit one or both of the members involved to have outside sexual relationships, outside romantic relationships, or both (Anapol, 1997).

OPEN RELATIONSHIP: A relationship that is not sexually monogamous; any relationship that permits “outside” sexual entanglements that can also be loving or romantic relationships (Anapol, 1997).

POLYAMORY: The state or practice of maintaining multiple sexual and/or romantic relationships simultaneously, with the full knowledge and consent of all the people involved. Polyamorous is defined as of or related to the practice of polyamory, as in polyamorous relationship: a relationship involving more than two people, or open to

involvement by more than two people; polyamorous person: a person who prefers or is open to romantic relationships with more than one partner simultaneously (Anapol, 1997; Zell, 1992). The term polyamorous is often attributed to Zell (1992), who used it to describe situations in which a person engages in multiple loving, committed relationships simultaneously, in the essay "A Bouquet of Lovers." It appears that both Anapol and Zell coined the term independently and simultaneously. Polyamory is not necessarily related directly to marriage or to polygamy; a person may have no spouse or only one spouse and still be polyamorous. Many people use the term "polyamory" to describe only those relationships in which a person has multiple loving partners. Some people have extended the term to include relationships in which a person has multiple sexual partners regardless of the emotional component or degree of commitment between them, though this meaning was not a part of Zell's original intent of the word (Zell, 1992). In 1992, the editors of the Oxford English Dictionary contacted Morning Glory Zell to ask for a formal definition and background of the word. Part of Zell's response was

> The two essential ingredients of the concept of 'Polyamory' are 'more than one' and 'loving.' That is, it is expected that the people in such relationships have a loving emotional bond, are involved in each other's lives multi-dimensionally, and care for each other. This term is not intended to apply to merely casual recreational sex, anonymous orgies, one-night stands, pickups, prostitution, 'cheating,' serial monogamy, or the popular definition of swinging as 'mate-swapping- parties'. (Oxford English Dictionary, 2015)

POLYGAMY: The state or practice of having multiple wedded spouses at the same time, regardless of the sex of those spouses (Oxford English Dictionary, 2015).

PRIMARY RELATIONSHIP: In a primary/secondary relationship, the person or persons in the relationship with the highest degree of involvement or entanglement, or sometimes the person accorded the most importance are considered the primary relationship. A person may be primary as a natural consequence of sequence, marriage of the circumstance and nature of the relationship, for example, financial responsibility or entanglement. The primary relationship designs the rules and expectations of the relationship and all others allowed accesses through a secondary relationship (Anapol, 1997).

SECONDARY RELATIONSHIP: In a primary/secondary relationship, the person or persons in the relationship who have a relationship that is given less in terms of time, energy, and priority in a person's life than a primary relationship. This also usually involves fewer ongoing commitments such as plans or financial/legal involvements. A secondary relationship may be secondary as a result of a conscious decision on the part of the primary partners (Anapol, 1997).

SEXUAL TEMPLATE: This concept in sexology was put forth by renowned clinical sexologist Dr. William Granzig (2004). Sexual template is defined as the sum total of all erotic elements, creating passion and desire for others. The template encompasses first and foremost the gender of the potential partners one is interested in (men, women, both men and women) and expands to include physical characteristics (height, weight, physique, skin color, etc.), demeanor (masculinity-femininity, gait,

attitude, voice, accent, etc.), status (power, money, etc.), spirituality (religion, belief systems, etc.), body modifications (tattoos, piercings, haircut, shape/style of beard, etc.), culture, race, age, and behaviors desired.

VETO: This term relates to a relationship agreement, which gives persons who are part of the primary relationship the power to end the involvement of another person in an outside secondary relationship (Anapol, 1997).

Background of Study

There has been little research on polyamory because the tolerance of polygamous relationships threatens the cultural image of marriage and what marriage is supposed to be (Rubin, 2001). However, there has been an increase in scholarly articles on the topic of polyamorous individuals from the view point of clinicians who have seen an increase in married couples who have multiple sexual partners. There are a few research studies that focus on one or two cases of polyamorous relationships, but none on a large group. Moreover, there is no research on the sexual desires that may suggest to a clinician that a client may have polyamorous tendencies, or a guide in doing therapy with this population.

According to Granzing (2004), a sexual template is defined as the sum total of all erotic elements creating passion and desire for an individual. Granzing explains that sexual template and desire is different for everyone. Desire may also contain inconsistencies. For example, one may like black men and also like men with blond hair and blue eyes, although it is not likely that one will find a man with all three of these traits. Because of this, one may choose to be in relationships with two men with these

completely different template features. To illustrate, if the idea of being sexually and romantically involved with both men at the same time is a strong desire, then an individual may choose to be polyamorous. There has not yet been research on whether polyamory is an orientation like homosexuality. It is believed to be a choice, or unusual desire that may change throughout one's life cycle (Klesse, 2014).

As we grow older, one's sexual template and desire tend to change. An individual may continue to add or take away characteristics of their sexual template and desires. This is believed to be an unconscious process and not a choice. Examples of choices may include whom to marry, because of reasons such as stability, genuine love, and admiration (Fortune, 1998). To illustrate, changes in one's desires and sexual template may shift causing issues, if the spouse or partner does not possess a majority of the traits that he or she is attracted to (Miller & Byers, 2012). If this is the case, one will have to make a decision: Does he or she ignore desire? Do they leave the partner to pursue relationships that match the sexual desire and template? Or, does the individual do what the couples in the case studies in this dissertation have done? That is, have a discussion with their partner and then choose to live a polyamorous lifestyle, or explore a polyamory life for a period of time. In an effort to explore how couples manage living polyamorous lifestyles, this dissertation reviewed the case studies of scholarly, peer reviewed published research, and interviews with successful and unsuccessful polyamorous systems.

Significance of Study

The significance of this study will be quite different depending on the discipline of the clinician: Marriage and Family Therapists, Clinical Social workers, Mental Health Counselors, and Psychologists are trained to deal with presenting situations differently. In addition, one must account for each clinician's individual biases, morals and ethical considerations.

Nonetheless, this study can make three significant contributions. First, the information contained in the literature review provides an overview of current research on the topic of multiple relationships and the past beliefs of clinicians in doing therapy with this population. Second, this study proposes an assessment tool to aid clinicians in opening up the difficult dialog of sexual desire and possible desire of multiple relationships. Third, the study proposes training on how to administer the assessment tool. Role play exercises are suggested to desensitize the clinician on asking the questions and giving them experience on answering the questions themselves. The training also provides the clinician with a possible appropriate line of questioning to utilize should the client score high on the assessment.

Overview of Chapters

In the literature review of Chapter Two, the researcher provides a comprehensive examination of the past and current state of research regarding polyamory and the difference between polyamory and other forms of open relationships and cheating. The researcher follows this with the attitudes towards polyamory from clinicians and the community. In Chapter Three the researcher discusses the development of the sexual

desire assessment tool, and the clinician feedback of the tool. In Chapter Four, the researcher presents the findings of the research study, training for clinicians to use the tool, and follow-up questions to prepare clinicians for clients who score high on the tool. Chapter Five, focuses on the limits of the study and implications for practice and future research.

CHAPTER TWO

LITERATURE REVIEW

Other Sexual Surveys

In the field of sexology there are numerous surveys that measure sexual desire from the perspective of sexual dysfunction, sexual gender, desire, sexual frequency, sexual disorders, sexual fantasy, and sexual function. The researcher was not able to locate a survey that measured sexual desire on the basis of the number of sexual partners desired at one time or shared with one's partner (Manley, Diamond & van Anders, 2015).

Attitudes towards Polyamory

McCoy, Stinson, Ross, and Hjelmstad (2015), report that research on how to do therapy with polyamorous couples has been limited to date, with the exception being the work done by Geri Weitzman and her colleagues, who provide some guidance to clinicians working with this population (Weitzman, 2006; Weitzman, Davidson, & Phillips, 2009). More research is needed to understand the therapeutic needs of this population (McCoy, Stinson, Ross, & Hjelmstad, 2015). This dissertation serves to bridge that gap. Because individuals who engage in multiple sexual relationships at the same time are a population who are under-recognized and under-addressed, this dissertation first provided definitions of terms that will be used, provides a literature review of the population to clarify misconceptions, and introduces the unique strengths that polyamorous couples possess.

Clinician's Attitude

Hymer & Rubin (1982) discuss clinicians' attitudes and clinical experiences dealing with small group behavior associated with the alternative lifestyle clients. Clinicians have a tendency of being pathologizing when it comes to polyamory. They view it as a problem that needs to be corrected or avoided. One third of the clinicians in a sample by Knapp (1976) thought that people in open relationships had some type of personality disorder or neurotic tendency and that almost 20% of these clinicians would try to unduly influence the return to a monogamous lifestyle, rather than identify the needs of each individual and assist them in leading a productive polyamorous relationship. Watson (1981), and Kurdek and Schmitt (1986), both administered the California Psychological Inventory and Symptom Checklist to polyamorous individuals and the results of both studies did not indicate any significant differences between polyamorous and monogamous individuals. Supporting this researcher's stance that polyamory should not be treated as pathology. Despite Watson (1981) and Kurdek and Schmitt's (1985/1986) findings in the 80s, a recent article by Anapol (2012) reported that some clinicians still believe that polygamous coupling prevents attachment bonds from forming. This dissertation will provide information supporting quite the opposite.

Past research tended to focus on exploring all of the negative and possible deficiencies in polyamorous relationships (Buunk, 1980; Knapp, 1976; Rubin & Adams, 1986). However, there have been no valid findings to support the hypothesis that polyamorous relationships are less meaningful or possess less of an attachment bond. Polyamorous systems tend to have the same longevity as monogamous relationships

(Buunk, 1980) and even higher because of the levels of openness and willingness to compromise (Rubin & Adams, 1986). Knapp (1976) reports that two thirds of couples in one study found an increased satisfaction in their primary relationships when they started living a polyamorous lifestyle. McCoy, Stinson, Ross, and Hjelmstad (2015) also report an increase in satisfaction may be related to the unique benefits of polyamorous relationships. Knapp (1975) reports how the bias of clinician affects therapy with polyamorous systems and how this must change.

Research in the realm of multiple relationships occurred in the 1970s after the advent of the free love movement and was explored through survey methodology by Knapp (1975), who sought to flush out opinions and biases held by counselors toward those in non-monogamous relationships. Due to biases that clinicians clearly hold, as evidenced in the research, further studies measured the actual relational and mental health of non-monogamous couples (Bricker & Horne, 2007). There are numerous studies on useful methods of working with non-monogamous clients in the gay male and bisexual communities presented by Bettinger (2005), LaSala (2001), Shernoff (2006), and Weitzman (2006), specifically identifying how therapists can be of support to these populations, this is greatly needed for the heterosexual community.

Current literature regarding how to work with clients in non-monogamous relationships, leans heavily toward doing therapy with those who identify as homosexual and bisexual, rarely including heterosexual non-monogamous individuals. Bettinger (2005), LaSala (2001), and Weitzman (2006) all acknowledge sexual orientation in their discussions of how to work therapeutically with bisexual and gay male clients who are

non-monogamous, but stay in this specific realm and do not address how to work with non-monogamy with heretical sexual systems.

Community's Attitude

The community often views a relationship as only two individuals in a marriage. Weather sexual or not, the addition of another person is labeled as cheating. However, the decision to be polyamorous is not viewed as cheating by the married couple. The couple has come to an agreement and set rules and standards (Mint, 2004). There is a view by the community that a married person having a relationship in addition to their one spouse is spiritually and morally wrong. Polyamory allows for each individual system to define the limits of spirituality and sexuality, providing alternatives to strict monogamy (Francoeur, Cornog & Perper, 1999). Within a polyamorous system the relationship needs to be based on each individual's needs and values. However, the primary couple must share the same or similar beliefs and values so that polyamory can be a path that helps them realize their spiritual truth (Matik, 2002; Life, 2004).

Sherman (1974) details what works and does not work in a polyamorous marriage, describing a couple who, by being open and honest, found they could be open to being sexual with others in a way that was positive for their marriage. There are numerous books that describe how to have a sexually free marriage, and provide general guidelines for relationships which encourage growth for each individual, good communication, and flexible roles, and it touched briefly on sexual openness within relationships. These books describe the different varieties of sexual lifestyles and intimacy and gave suggestions on ways of handling these different relationships. Such

books include: A Strange Land (1967), The Harrad Experiment (1967), Proposition 31 (1968), Nonmonogamous Life Styles (1972), Open Marriage (1972), Lobell and Lobell (1975), and The New Intimacy: Open-ended marriage and alternative lifestyles (1973).

Basic Structure of Polyamory

The sex agreements may be one of the main components of the polyamory relationship. There are different types of extramarital agreements or contracts in polyamory. The sexual agreement is the system rules and guidelines to follow, that all participants have agreed on. Some books that provide case studies and general information on reasons and realities of these arrangements include, the extra-marital sex contract and Co-marital sex agreements by Ziskin & Ziskin, 1973/1975; and Marriage and alternatives: Exploring intimate relationships by Libby & Whitehurst, 1977. Sex agreements and contracts are a guide to infinite sexual possibilities, and also provide the couple within the relationship with how to govern themselves accordingly in an ethical sexual manner agreed to by both (Easton & Liszt, 1997).

Ellison (1996) emphasized the importance of listening to one's own body and making decisions about sexual partners and sexuality. This is the belief that identifies that if an individual is not in touch with his or her own needs and desires, the individual cannot support the needs and desires of someone else. Sexual desire is one of the main causes of outside relationship. A common theme expressed in successful polyamorous relationships is that the individuals found ways to express their desire for multiple lover relationships, both found a way to openly enjoy the outside relationships, and possessed good faith to remain dedicated to the relationship by their primary partner (West, 1996).

Another common theme includes the importance of learning about how to communicate about sex, sexual desire, sexual climate, sex and society, gender and cultural issues that influence communication about sex. Learning the difference between casual sex, friends with benefits, and hooking up, sex and health communication and the dark side of sexual relationships. Ley (2011), researched the history, incidence, and causes of couples who become polyamorous. Most often the couple chooses this lifestyle because of some type of sexual inadequacy in the primary relationship. Though there are many psychological, social, biological, and evolutionary underpinnings of what usually leads to polyamory.

The Journal of Lesbian Studies and the Journal of Bisexuality published numerous articles on open relationships but none specifically on polyamory. The researcher found articles on open relationships, non-monogamy, casual sex, different types of non-monogamy among lesbians and clinical implications for clinicians working with them. Many articles referenced Rust (1996) who noted that some people find that, one person cannot fill all their needs. In the article the author warned against pathologizing clients who choose polyamory and that bisexuals especially often need therapeutic support because of the lack of support they receive elsewhere (Rust, 1996).

Most of the early literature on non-monogamous systems related only to bisexual, lesbian, and gay relationships. While literature continues to relate to bisexual, lesbian, and gay relationships it has opened up more to heterosexual marriages and relationships. In the article *If love is so wonderful, what's so scary about more?* Halpern (1999) notes fears about polyamory may be internalized similar to homophobia. It dismisses the

argument that more than one sexual bond will break up the primary relationship. This article focuses on lesbian relationships, but the principle can be applied to all types of relationships.

Charles (2002), suggested that monogamy may impede self-awareness in some, preventing them from living as their idealized self, making growth more difficult, or forcing the individual to choose between self and a relationship. Other articles that explore the clinicians' sexual values for self and clients; the need for implications for practice and training; research and practice viewed open marriage; implications of clinicians' sexual values on their work with client; provided an outline on how clinicians can prepare and work with polyamorous clients; basic understanding of polyamory; and key issues to watch for (Ford and Hendrick, 2003; Davidson, 2002; McCoy, Stinson, Ross & Hjelmstad, 2015). Some of these case studies have been provided in chapter four for better understanding.

CHAPTER THREE

DEVELOPMENT OF TOOL AND CLINICIAN REVIEW OF TOOL

Most individuals are afraid of admitting outside relationships or their desire for such, due to fear of being condemned, not only by their partner but their clinician as well. Moreover, polyamorous systems often do not seek therapy for their relationship needs for the same reason. According to Knapp (1975), polyamorous individuals are afraid that marriage counselors would condemn their sexual behavior as immoral and destructive, although the respondents may view their own behavior as realistic attempts to deal openly with their needs in order to shape more honest and mutually fulfilling marital relationships.

Literature strongly suggests the need for non-judgmental clinical services for troubled couples involved in any kind of relationship or marriage style with a co-relationship or co-marital sex, should they desire professional assistance (Constantine, Constantine & Edelman, 1985). The researcher believes this to be increasingly important in light of the increasing number of marriages failing as a result of infidelity (Crooks & Baur, 2005).

In the beginning of all couples therapy, an extensive sexual history should be taken during intake. Especially if the presenting problem is identified as outside relationships or sexual in nature (Hamilton, 2002). The wording of the questions on the sexual desire assessment tool (SDAT) may ease some of the worries individuals have. The sexual desire assessment tool (SDAT) is designed to be utilized with a

biopsychosocial model for assessing complaints such as physical, psychological, relational, and situational issues.

The benefits of utilizing the sexual desire assessment tool (SDAT) are that it has a normalizing effect for those individuals who may not know their desires are common, and that there is a name for their desire for multiple partners and behaviors. The next section describes the development of the assessment tool and training program.

Development of the Sexual Desire Assessment Tool (SDAT)

Included in the screening tool is a question for each major polyamory category of a desire to be sexual and have relationships with outside partners. Each question begins with the phrase: "How often do you experience…" in order to frame each question in a way that encourages honesty by implying that these are common desires. A Likert 5-item scale is used so the respondent can rate their responses and to outline how often each Polyamory actions are desired: "Never, Occasionally, Sometimes, Often, or All the Time".

This information will inform the clinician of the frequency of the Polyamory desire from the client's perspective. The SDAT is designed for verbal or written administration during intake questioning. One question posed is whether the SDAT should be administered at the beginning, the middle, or towards the end of the assessment interview. This researcher recommends administering the SDAT at the latter part of the bio-psychosocial interview, once a basic rapport is established with the client (Masters & Johnson, 1970, 1974).

The SDAT (Appendix A) begins with an introductory statement that acknowledges discomfort talking about sexual wants and desires to reassure the client that his or her discomfort is normal: “People are sometimes uncomfortable talking about their sexual desires.” The second phrase, “I want to reassure you that it is ok and important for us to talk about your sexuality in order to understand and address any sexual concerns you may have.” The final introductory phrase explains that the clinician is available for any questions or clarification of the questions asked: “Feel free to ask any questions if you need clarification about any of the questions I am going to ask you.”

Each question in the SDAT was selected based on characteristics and desirable actions described in the literature reviewed by the researcher during this dissertation process. Each question is described in detail below.

Question one addresses whether the client has ever had an outside relationship. This is relevant because it outlines rather the client has had a concurrent relationship while they were with their current partner. The question reads, “Have you ever had an outside relationship your partner does not know about? Please describe the nature, how many incidents, with whom, how long it lasted, etc.” This will allow the client to openly discuss possible outside relationships that may have occurred. Frequency of outside relationships may indicate if the client has polyamorous tendencies (Davidson, 2002).

Question two addresses the client’s desire for sexual activity with their current partner. This is relevant because lack of sexual desire for their current partner may lead to an outside relationship. The question reads, “How often do you experience desire for sexual activity with your partner?” This question will uncover low or no sexual desire

that may become one of the causes of an outside relationship. The clinician must reassure the client that the clinician understands that "low or no sexual desire" for their partner does not mean that the client does not want to be with their partner. The clinician must then explore the nature of the relationship further (Chatara-Middleton, 2012).

Question three addresses the sexual desire of the client's partner towards them. This question is relevant because their partner's lack of desire for them may cause them to seek an outside relationship. The question reads, "How often does your partner experience desire for sexual activity with you?" This question will uncover the client's partners low or no sexual desire that may become one of the causes of an outside relationship. The clinician must again reassure the client that the clinician understands that "low or no sexual desire" from their partner does not mean that the client's partner does not want to be with the client. The clinician must then explore the nature of the relationship further (Bloom, 2003).

Question four addresses the desire for sexual activity with an outside person, even if the client has not acted on that desire. This question is relevant because it identifies the client's wants and desire. The question reads, "How often do you experience desire for sexual activity with someone other than your partner? A low response to this question is normal however if the client response to this question is "all the time" this may be a sign that the client may be polyamorous (Ellis, 2003; Granzig, 2004).

Question five addresses the client's desire for different sexual partners. This is relevant because the client may not seek meaninful outside relationships rather outside sex. The question reads, "How often do you find that you want to seek a different sexual partner?"

If the client is actively seeking other individuals solely for the purpose of sex, and once they have sex they seek a new partner, this may be a sign of polyamory and the clinician will need to assist the client in defining this behavior and ensuring that the client is safe (King, 2014).

Question six addresses sexual behaviors that the client believes others may find unusual. This question is relevant because such behavior may need to be defined and normalized for the client. The question reads, “How often do you engage in any sexual behaviors others might find unusual?” If the client does experience sexual desires with someone other than their partner, this could cause relationship tension. The clinician will need to assist the client in defining the behavior and normalizing it (Kinsey, Pomeroy, Martin, & Gebhard, 1953; Kinsey, Pomeroy, & Martin, 1949).

Question seven addresses whether the clients believe their partner is having outside relationships. This question is relevant because it will lead the clinician in understanding what the client is seeking in therapy. The question reads, “Do you believe your partner has outside relationships?” If the client believes their partner is having an outside relationship, has not addressed it with their partner and has chosen to stay, this opens the conversation for acceptance of polyamory (Labriola, 2014).

Question eight addresses whether the client wants to have outside relationships with the knowledge, approval and maybe participation of their partner. This question is relevant because if this is the desire of the client they may indeed be polyamorous. The question reads, “Do you desire to have outside relationships with approval or participation of your partner?” If the client answers high on this question, chances are

that they are polyamorous and may not have put a name to their desire. The clinician should then assist the client in identifying their desire and ways to address their partner in gaining understanding of the client's desires (Easton & Liszt, 1997).

Question nine addresses the client's level of sexual satisfaction with outside or past relationships. This question is relevant because it will identify if the client was or is ever able to be satisfied sexually if they are not experiencing sexual satisfaction with their current partner. The question reads, "How often are you able to reach orgasm during sexual activity, including masturbation, oral sex, or intercourse with someone other than your partner?" A high response to this question will require the clinician to question the client on these other relationships and identify proper interventions for the client and their partner (Kinsey, Pomeroy, Martin, & Gebhard, 1953; Kinsey, Pomeroy, & Martin, 1949).

Question ten addresses the client's level of sexual satisfaction with sex with their partner. This question is relevant because it defines the quality of sex within the relationship. The question reads, "How often are you able to reach orgasm during sexual activity, including masturbation, oral sex, or intercourse, when with or thinking about your partner? A low response to this question may identify little or no sexual satisfaction in the relationship which could lead to the desire of outside relationships (Kinsey, Pomeroy, Martin, & Gebhard, 1953; Kinsey, Pomeroy, & Martin, 1949).

Questions eleven through thirteen provide the client with a space to give detail if they answered other than "never" that they have desired the activity in questions one through ten. The box provided allows the client to write a detailed explanation when they experienced any of the desired activities listed in questions numbered one through ten.

These questions also ask if the desire was during the time of taking medications or substances. The client is also able to identify, if they do desire any of the questions one through ten, do they cause them any marked distress, or interfere with the clients' relationships or any other aspects of the clients' life. Lastly, the client is able to express any other sexual concerns that may not have been mentioned in the questionnaire and elaborate on them comfortably (Anderlini-D'Onofrio, 2004).

Clinician Review of the SDAT

In order to explore whether the SDAT might be a useful tool for the identification gathering information on multiple partner sexual desire to determine if an individual possesses polyamorous tendencies, 20 practicing clinicians reviewed the questionnaire through the Clinician Evaluation Survey (Appendix B).

Methodology

The SDAT, along with the evaluation survey of the SDAT, was given to a sample of twenty practicing clinicians in person. The sampling of clinicians was chosen by convenience and snowballing. Each clinician chosen had to meet the following criteria, they are currently practicing; have a master's degree; in social science; doing therapy for at least one year; and had experience with couples therapy. The clinicians did not have to be licensed, age of the clinician was not a factor for participation. This was a qualitative survey with the purpose to improve the quality of the tool through clinician feedback. The survey was delivered in person and via email. All clinicians were contacted via phone or in person to complete the survey. The number of clinicians increased by snowball effect as some clinicians recommended other clinicians complete the qualitative survey.

The evaluations were returned to this researcher in person and via email, no responses took longer than two months to be returned. Only three of the clinicians had to be reminded over two times the survey was needed back for review. The survey was given to twenty-five clinicians and of the twenty-five, twenty returned the survey. Once the surveys were returned a cross-sectional analysis was conducted where correlations were gathered from of responses for each clinician. The researcher conducted a trend analysis of the data with the committee; and with the feedback from both clinicians and committee incorporated the findings of the data into the body of this dissertation in appendices. Changes were made to the survey due to the proposed changes suggested by the clinicians with the committee's approval.

Clinician Evaluation Survey Components

The Clinician Evaluation Survey obtained qualitative feedback from 20 practicing clinicians regarding the SDAT. The structure of the tool, the questions, and the responses from the participating clinicians are outlined below. The introduction includes identification of the evaluator, and the purpose of the survey. The statement reads, "This survey is intended to evaluate a brief assessment tool, called the SDAT. The SDAT was developed to help clinicians screen for multiple partner sexual desire in clients who present for couples counseling. The survey is to be included with a bio-psychosocial evaluation for adult clients.

Of the twenty-five clinicians the researcher approached to participate in the survey, twenty responded successfully by reviewing the SDAT and completing the Clinician Evaluation Survey. Clinicians also provided names of other clinicians for the

researcher to approach for the review the questionnaire. The demographics of the survey respondents are as follows: one psychiatrist; two psychologists, three mental health counselors; two social workers; ten marriage and family therapist, and two clinical sexologists.

The instructions are included for the respondents to complete the survey. The paragraph reads, “Please take some time to read and answer each question. Write in your responses to each question. Be as honest as you can in your responses. Your feedback is very important to this project”. The final sentence informs the clinicians that their names remain confidential. The sentence reads, “Your identity will remain confidential.” The demographics requested are limited to the clinician’s name and credentials, as this is the only necessary information for this survey. Each question in the survey elicits feedback from the clinicians about their experience of the survey, and if the survey would be useful in their practices. The design of this survey was inspired by the Sexual Disorder Screening Questionnaire (Bloom, 2003).

Question one reads, were the questions on the SDAT straight forward and easy to understand? The respondent checks yes or no, and there is space provided for the respondent to write an explanation after the phrase “Please explain”. The first question is designed to measure if the language in the questionnaire is easy to understand, and user friendly. Twenty respondents answered “Yes” Written responses to question can be found in the written response section.

Question two reads, “Would the questions on the SDAT help you to identify if a client presenting for couples counseling may be polyamorous?” and the respondent

indicates yes or no. There is space provided for the respondent to write an explanation after the phrase “Please explain”. This question is designed to ascertain if a clinician would find the SDAT useful in identifying polyamory, which is the main purpose of the questionnaire. Nineteen respondents answered “Yes” to question two, indicating that the SDAT would help them to identify Polyamory in clients. One respondent answered “No”, indicating the SDAT would not be useful in identifying polyamory. Written responses to question can be found in the written response section.

Question three reads, “Would the SDAT be a helpful tool to use as part of your bio-psychosocial assessment for adult clients needing couples counseling?” and the respondent indicates yes or no. There is space provided for the respondent to write their responses after the phrase “Please explain”. Twenty respondents answered “Yes”, indicating that the SDAT would be a useful tool as part of a bio-psychosocial assessment for their adult clients seeking couples counseling. Written responses to question can be found in the written response section.

Question four reads, “With whom would you use the Polyamory Screening Questionnaire? The respondent checks off whether they would use it with “No adult clients/couples”, “Some adult clients/couples”, or “All adult clients/couples”. There is space provided for the respondent to write their responses after the phrase “Please explain”. This question is designed to ascertain if clinician would be willing to use the SDAT with their own adult clients. Eighteen respondents answered they would use the SDAT with “All adult clients/couples”; Two answered they would use it with “Some

adult clients/couples" and one response was other than the options provided. Written responses to question can be found in the written response section.

Question five reads, "What do you find most helpful about the Polyamory Screening Questionnaire?" There is space provided for the respondent to write their responses after the phrase "Please explain". Twenty of the twenty respondents provided explanations to their response for this question. Written responses to question can be found in the written response section.

Question six reads, "What changes would you recommend making to the Polyamory Screening Questionnaire to improve it?" and provides space for the respondent to write their responses after the phrase "Please explain". This question is designed to receive qualitative feedback for improvement of the SDAT itself. Three of the twenty respondents provided thoughts and suggestions about the questionnaire. Written responses to question can be found in the written response section.

Question seven reads," Would you need additional training in order to be comfortable administering the SDAT?" The respondent checks yes or no, and there is space provided for the respondent to write an explanation after the phrase "Please explain". The responses to this question supported researchers perceived assumption of the need of additional training for clinicians not in the area of assessing for polyamory, but to in what to do after the information is gathered. The proposed training and guide for clinicians when doing therapy with a polyamorous system is discussed in this dissertation. Eighteen respondents answered "Yes"; two answered "No". Written responses to question can be found in the written response section.

Question eight reads, “What other thoughts or feedback do you have about the SDAT? This open-ended question allows respondents to provide any additional feedback they have about the SDAT. Fifteen of the twenty respondents provided explanations to their response for this question. Written responses to question can be found in the written response section.

The final statement in the clinician evaluation survey thanks the participant and provides contact information of the researcher.

Development of the Revised SDAT

Each question in the SDAT was selected based on characteristics and desirable actions described in the literature reviewed by the researcher during this dissertation process. After the clinician review of the SDAT and with approval from the committee, the revised SDAT can be located in Appendix G. Each revised question is described in detail below.

Question one addresses whether the respondent has ever had an outside relationship. This is relevant because it outlines whether the client has had a concurrent relationship while they were with their current partner. The question reads, “Have you ever had an outside relationship your partner does not know about? Please describe the nature, how many incidents, with whom, how long it lasted, etc.” This will allow the client to openly discuss possible outside relationships that may have occurred. Frequency of outside relationships may indicate if the client has polyamorous tendencies.

Question two addresses whether the clients believe their partner is having outside relationships and has not addressed the topic with his or her partner. This question is

relevant because in the researches experience, unaddressed tolerance to an outside relationship may lead to other problems, even if the other partners is accepting of the relationship. These problems occur not because of the outside relationship, but because of the lack of honesty about the relationship. The question reads, “Do you believe your partner has outside relationships and has not told you? If so, is this an appealing aspect in the relationship? Would you like to address it?” If clients believe their partners are having outside relationships, and have not addressed it with them and has chosen to stay, this opens the conversation to address possible unmet needs and honesty. This may also be an indicator both client may have polyamorous tendencies (Masters & Johnson, 1970, 1974).

Question three addresses the client’s desire for sexual activity with their current partner. This is relevant because lack of sexual desire for their current partner may lead to on outside relationship. The question reads, “How often do you experience desire for sexual activity with your partner?” This question will uncover low or no sexual desire that may become one of the causes of an outside relationship. The clinician must reassure the client that the clinician understands that “low or no sexual desire” for their partner does not mean that the client does not want to be with their client. The clinician must then explore the nature of the relationship further (Klesse, 2014).

Question four addresses the sexual desire of the client’s partner towards them. This question is relevant because their partner’s lack of desire for them may cause them to seek an outside relationship. The question reads, “How often does your partner experience desire for sexual activity with you?” This question will uncover the client’s partners low or no sexual desire that may become one of the causes of an outside

relationship. The clinician must again reassure the client that the clinician understands that “low or no sexual desire” from their partner does not mean that the client’s partner does not want to be with the client. The clinician must then explore the nature of the relationship further.

Question five addresses the desire for sexual activity with an outside person, even if the client has not acted on that desire. This question is relevant because it identifies the client’s wants and desires. The question reads, “How often do you experience desire for sexual activity with someone other than your partner? A low response to this question is normal however if the client response to this question is “all the time” this may be a sign that the client is polyamorous.

Question six addresses the client’s desire for different sexual partners. This is relevant because the client may not seek outside relationships rater outside sex. The question reads, “How often do you find that you want to seek a different sexual partner?” If the client is actively seeking other individuals solely for the purpose of sex, and once they have sex they seek a new partner, the clinician will need to assist the client in defining this behavior and ensuring that the client is safe (Cascade & Stewart, 1998).

Question seven addresses sexual behaviors that the client believes others may find unusual. This question is relevant because such behavior may need to be defined and normalized for the client. The question reads, “How often do you engage in any sexual behaviors others might find unusual?” if the client does experience sexual desires with objects of someone other than their partner this could cause relationship tension. The clinician will need to assist the client in defining the behavior and normalizing it.

Question eight addresses whether the client wants to have outside relationship with the knowledge, approval and maybe participation of their partner. This question is relevant because is this is the desire of the client they may indeed be polyamorous. The question reads, “Do you desire to have outside relationships with approval or participation of your partner?” If the client answers high on this question, chances are that they are polyamorous and may not have put a name to their desire. The clinician should then assist the client in identifying their desire and ways to address their partner in gaining understanding of the client’s desires.

Question nine addresses the client’s level of sexual satisfaction with the client’s partner. This question is relevant because it identifies if the client is sexually satisfied within the relationship. The question reads, “How often are you able to reach orgasm during sexual activity with your partner?” A low response to this question will require the clinician to question the clients’ desire for orgasm and explore what the couple has tried in the past that has worked and not worked. Also a low response to this question may identify little or no sexual satisfaction in the relationship which could lead to the desire of outside relationships.

Question ten addresses the client’s level of sexual satisfaction with people other than the client’s partner. This question is relevant because it defines the quality of sex outside of the relationship. The question reads, “How often are you able to reach orgasm during sexual activity with someone other than your partner?” A high response to this question may identify sexual satisfaction outside of the relationship which may lead to the desire of outside relationships with the approval of the other partner. The clinician

may explore practices that may take place in the outside relationship that do not take place within the relationship.

Question eleven addresses the client's perceived level of sexual satisfaction with the client's partner involving fantasy. This question is relevant because it may define the quality of sex inside the relationship with the assistance of fantasy or role play. The question reads, "How often do you think about someone else, in order to reach orgasm, during sexual activity with your partner?" A high response to this question may identify high sexual desire for fantasy within the relationship. This does not necessarily indicate the desire for an outside relationship but may be an indicator that role play may benefit the couple's sexual experience. This may also open the conversation regarding the possible desire of outside relationships with the approval from the other partner, if the fantasy is a known person.

Questions twelve through fourteen provide clients with a space to detail if they answered other than "never" that they did desire an activity in questions one through eleven. The client has the chance to detail if they notice an occurring at they desire numbers one through eleven at the same time as the onset of any taking medications or substances including alcohol. The client is also able to identify if they indeed desire any of questions one through eleven, and this causes the client any marked distress, or interfere with the client's relationship, or any other aspects of the client's life. Lastly, the client is able to express any other sexual concerns that may not have mentioned in the questionnaire and elaborate on them comfortably (Bateson, 1972; Kaplan, 1974).

CHAPTER FOUR

TRAINING CURRICULUM FOR THE SDAT

The researcher stresses the importance of utilizing sexuality-training programs other than the one class given in the Marriage and Family Therapy program and other fields of discipline. It is important to build knowledge among clinicians about anatomy, sexual desire, and physiology reading, training, lecture, and peer discussion.

Sipski and Alexander (1997) state that approaching attitudes, awareness, and comfort with sexual topics may not be feasible in a large group format, the researcher agrees. With consideration of the prevalence of sexual infidelity being the main cause for couple's therapy and divorce, and the reluctance of clinician to discuss multiple relationship or partner issues with clients, it is most feasible to utilize a brief screening tool as a way to identify the existence of polyamorous clients who present for couple's therapy (Graham, 2014).

As an approach to addressing these problems, a model is proposed that will encourage clinicians to incorporate the SDAT for all couple's therapy. The SDAT training is a sexual desire training program for designed to assist clinicians in opening the floor to sexual conversation. The initial SDAT consists of 13 questions. The components of the training include an overview of Polyamory, how to take a brief sexual desire history; how to overcome communication barriers; and how to identify specific polyamorous tendencies using the SDAT. The training incorporates practice and application activities to promote the increased competency of clinicians including ethical, legal, and referral concerns. One of the main ways to determine the presence of a

polyamory individual in a system is by taking a thorough history of sexual desire for each client that seeks couples counseling or relationship services.

The SDAT should be utilized upon intake, as an attachment to the bio-psychosocial assessment, much like a substance abuse screening tool or a depression inventory. The use of the SDAT will allow clinicians to identify when the desires of a polyamorous individual are present. This action will also assist the clinician in the referral process, if the clinician is not willing, able to, not trained or qualified, or able to set aside his or her bias and work with a polyamorous system.

The training program for clinicians will include the following components:

1. The first segment of the training will be to properly define a polyamory system.
2. The second segment of the training will include the prevalence of sexual desire and the importance is its fulfillment.
3. The third section of the training includes role play, administering the SDAT to other clinicians for a familiarizing and normalizing effect. The training will assist the clinician in identifying barriers and cultural factors that often inhibit the clinicians from addressing sexual desire and sexuality in the assessment process (Giovanelli & Peluso, 2006).
4. The fourth segment will provide an overview of the practical application of tools and curriculum in clinical settings. The focus of this section will be to determine when and how to utilize this tool in practice.
5. The fifth section of the training will also cover what to do once the clinician has identified that a client has high desire to multiple sexual partners simultaneously.

6. The sixth component the training covers ethical issues and concerns are discussed, including the appropriate use of the SDAT. For example, the training covers that the SDAT is designed to be used with clients over the age of eighteen-years-old and in a relationship, and is not to diagnose anyone with polyamory.
7. The seventh and last component of the training covers different ways to deal with clients who may refuse to discuss anything sexual in nature. The clinician must understand this may be due to cultural, religious beliefs, or the client just being uncomfortable with the subject. It is critical that the clinician respect the client's refusal, and to leave the door open by telling the client that they can always bring up the issue later if they change their mind. Sometimes, a client may only disclose this information after he or she has built a strong report with the clinician and believes they are safe and can trust the clinician.

Case Studies

Lizful and Paul

Lizful and Paul, expressed a moral imperative about their commitment as a couple. For Paul, commitment "just means being there no matter what." He would not hold it against someone else if they did not stay married lifelong, "but I think I would hold it against myself very powerfully." He remembers feeling even as a young child that "I won't do that, a man shouldn't do that, that's wrong. And so I think it's extremely ingrained in me that, it would have to be something like Lizful going berserk and murdering our son or something, to make that happen." Lizful said they had a sense very quickly that "this was a lifelong commitment, and that neither one of us would ever

deviate from that." Lizful talked about the "gnarly patches" that occur about every seven years, but Paul could remember only one time that the idea that perhaps they should not stay together was briefly mentioned. But they are dedicated to working it out together, so the moment passed quickly as they realized, "How can we fight if we're apart? We have to stay together to fight this out." This is part of a living, vital relationship, not just inertia or a difficult constraint. They work on their commitment. Paul observed, "I really think [commitment] has to be more in the present day. It's something that one builds. It's very much building equity, and in this case it has to do with building a sense of an open flow, an honesty." With love and trust and commitment, a couple decides together how to make things work. For Lizful, commitment involves inclusiveness: Commitment to me means trust, above probably all else, and honesty. And the absolute complete expectation that everything that we do individually is woven into what we are together. That there is no such thing as something that does not belong in a relationship. It involves faith in one's ability to work things out: Commitment is possible and it's not a limitation, and one have to know that one has to work at it, and one have to be unbelievably patient and have a complete faith that no matter how shitty something looks at the present time, what commitment means is that there will still be a relationship there when one come out the other side of this particular gnarly part. She sees commitment as settling for more, not less. Paul saw both practical and growth advantages in being in a couple (or more than a couple). The practical included things like tax breaks and working together to accomplish tasks. He also expressed a sense that going through life as a couple provided for a much richer experience, because there was always a sounding board. Lizful commented that

being in a couple "expands and deepens all kinds of things. I think it takes one to places, both erotically and in terms of love, agape, that one doesn't get to experience as completely and as consistently if you're not part of a couple." She thought it helped people become stronger, and their core to become bigger and deeper. She also saw marriage as a business partnership, as well as providing someone with whom to face life's fears. Their commitment has worked for them. Lizful commented, "I just feel like we are the most blessed, luckiest, people I know" (Cook, 2005, p. 37-38).

Jerry and Annie

Other couples are simply so happy in their relationship with each other that they cannot imagine breaking up. Jerry and Annie have both been married before. They have been with each other for 15 years. This time they have found lasting happiness together. Jerry commented, "We both know that we're the best thing that ever happened to each other." He feels closer to her "than I've ever been to anybody else." In spite of their closeness, he sees the individual as more important than the relationship. When asked about advice for a couple considering polyamory, he responded, "I'm not ever going to be committed to their relationship. I don't think that their relationship as a couple is as important as their individual understanding of who they are and what they want and what they're doing." He also commented on the number of couples who split up after attending a particular series of workshops. At first he thought the workshops were bad for relationships, but "then it occurred to me that the reason those relationships ended was because they weren't good relationships, and they went to [the workshops] because they were having trouble. And so [the workshops] gave them permission to end that

relationship and begin another one." Annie noted that Jerry had told her, "'All I know is that I fully expect to die in your arms, or for one to die in mine,' and that will happen." She has "always felt close to Jerry, but it's like it just gets closer." Her statements show a consistent high degree of connection: "I just can't imagine not being so bonded to Jerry, he's been so good to me," and "I can't imagine life apart from Jerry." This couple clearly stays together because they want to, because their relationship gives them joy. Both consider the state of being coupled to be natural. Jerry commented, "I think as human beings we're, couple bonded, we're couple programmed." Furthermore, "The benefit of being a couple is that one has somebody one can share your life with, which I think is pretty innate." Annie expressed similar sentiments, including her own desire to be with another person.

In addition, she noted, "I think most of us need security from another person validating, interacting, and supporting us"(Cook, 2005, p 39).

Fred and Mary

Fred and Mary are another couple who are together because their relationship is very satisfying to them. Mary likes having someone else to share the world with and to communicate with. Fred commented, "We're always there for each other. Whatever else happens with other relationships, we've always got each other, and that's really important." They feel a growing closeness to each other. Fred stated, "I think I feel closer to Mary than I have to anybody else I've ever known in my life." Far from the alienation that some couples feel after a decade or more together (they have been together 13 years), their love keeps growing. Fred commented, "I feel really loved by her and I really love

her and I'm really attracted to her, and I trust her. I really have deep trust for her. I feel like my attraction and feeling of closeness has grown over the years." Mary has the same sense, and several times expressed variations on, "We're growing together, becoming closer as time goes on." For Fred, some of that is the shared experience that they have, which he really would not want to lose. It is not that they do not fight - they just recognize when it does not serve them. Fred mentioned, "One thing that's really different about my relationship with Mary than any other relationship I've been in, is that when we fight, we get to a certain point and we just stop fighting, because it's just, we love each other, what are we doing this for, let's not fight. And it's like that takes priority." Mary found that a series of workshops helped her become more open to the idea of being sexual with others, because they helped her to start looking at things in a different way. The first of the workshops "probably had the most impact of sort of shifting my - or opening my view of thinking more that relationships and sex can mean more and different things than [our current] society would typically value. “Mary pointed out that they moved at the pace of the slowest person, what she referred to as the "slowest common denominator." She felt that this has been extremely important for them in evolving comfortable relationships with others. Fred makes a conscious choice to put Mary and the needs of their relationship over his own desires. He commented on the commitment, "It just means that I sort of hold myself back from following my impulses and that I put her first and I make a conscious choice to have this relationship be primary and I just don't let anything else get started unless it's okay with both of us." Communication and trust are very important for them. For Mary, commitment is "like a

foundation of trust and communication and an intention of being in something for the long haul so that if bumps arise along the way, or issues come up, there is the intention to work things through instead of walking away from them." It is "kind of like this foundation of trust and respect and promise to work on things together and grow together." She said they had been able to continue to grow together because she feels that Fred is totally open. Fred said he does not "really worry about us growing apart without knowing it because I think we're pretty good about communicating what's going on." (Cook, 2005, p. 40-41).

Ellen and Thomas

The couple had identified as polyamorous from the beginning of their relationship. When they came in to therapy, Thomas and Ellen had three additional female partners and Ellen had one additional male partner that was part of their polyamorous family. Thomas and Ellen referred to their partners outside of their primary relationship as “satellites.” Ellen had physical intimacy with the female satellites, but Thomas did not share physical intimacy with the male satellite. However, both Ellen and Thomas shared a deep friendship and emotional intimacy with all the partners, explaining that these relationships were all very much integrated. Ellen and Thomas both reported that they enjoyed their polyamorous relationships. For example, Ellen described how much she liked having other women in her life who helped her with running the household, while Thomas admitted that he gained a lot of self-esteem and self-worth out of his relationship with the satellites. The couple reported high satisfaction in all areas of their marriage except for their sexual relationship. Ellen reported that she was still having

regular sexual interactions with her satellite partner, but sexual intimacy between her and Thomas had decreased over the past few years. She disclosed that she sometimes felt pressure to keep up with Thomas's high level of sexual desire.

The pressure she felt Thomas placed on her had begun to make her avoid any type of sexual intimacy in fear of being pressured to have sexual intercourse. The focus Ellen placed on the anxiety she was experiencing in relation to sex with Thomas made the clinician consider using sensate focus therapy as an intervention. Sensate focus therapy appeared to be appropriate because it was originally conceived as an anxiety reduction technique for sexual intimacy (Masters & Johnson, 1970). The clinician thought this intervention could help decrease the pressure Ellen felt to have intercourse with Thomas. The clinician decided that she would present the sensate focus intervention, explain the potential obstacles around trust and boundaries, and allow Ellen and Thomas to co-create a modified version of sensate focus therapy that would work for their polyamorous family on the basis of their definitions of trust infractions and ideal boundaries. The initial focus was on protecting Ellen and Thomas's relationship; however, towards the end of the session, the focus shifted to ensuring their satellite relationships would also be protected. Ellen and Thomas decided that they had enjoyed the process of talking overtly about trust, boundaries, and healthy communication in this session and wanted to mirror the process with their satellites. The clinician suggested that an additional session take place with all satellites present, but Ellen and Thomas decided that scheduling would be too difficult to meet with the clinician present. Instead, they would present the interventions to the satellites together and provide a safe space for their satellites to voice

any concerns in a very parallel process to our therapy session. The clients reported in the next session that when they spoke to the satellites, almost all of their satellites were supportive of proceeding with sensate focus therapy. Their male partner came into the next therapy session and stated that he would not be happy in his relationship with Ellen unless Thomas and Ellen were happy together. Thus, he wanted to support their endeavor into sensate focus therapy. Furthermore, the majority of the satellite partners began to internalize the couple's happiness as their job to support. However, Ellen and Thomas stated one satellite (Jane) was not supportive of the process. Jane became frustrated and felt that issues between Ellen and Thomas had nothing to do with their (e.g., Jane and his) relationship. Thomas ended the relationship with Jane and stated that for him, being polyamorous was family oriented, focused on strengthening the entire family system. The couple stated that if their relationship was not strong, then the system would not be stable, so although it was difficult to lose Jane from their system, they both agreed it was essential. Thomas also realized that he had been under the false belief that the rate of sexual activity correlated with Ellen's love for him. As mentioned earlier, Ellen had higher rates of sexual intimacy with her satellite partner than Thomas. Thomas saw this discrepancy as evidence that Ellen did not love him as much as she loved her satellite, so he began to pressure her about sex as a result of this anxiety. With that false assumption on the table, Ellen and Thomas were able to reassure one another and find new ways of affirming their love. As Thomas began to feel more comfortable, Ellen stated that it was empowering to not feel as pressured to have physical intercourse and she began to become more responsive towards his advances. In summation, the couple reported that

the rate of actual sexual intercourse had increased since therapy began they also reported that all sexual intimacy between them felt more pleasurable. They also reported that they were surprised by how the relationships between Thomas, Ellen, and their satellites felt stronger since the meeting around sensate focus. In session, the clinician observed that Ellen and Thomas appeared to be communicating more openly with each other in general (McCoy, Stinson, Ross & Hjelmstad, 2015, p. 37-39).

It is this researcher's findings that most couples find their relationship is strengthened and personal growth enhanced due to the other outside relationships they develop. The systems that are able to experience this personal growth and strengthened effect on the relationship include those who are able to remain open and honest with each other. These couples have developed verbal or written agreements to keep each other "first" in importance to all other relationships and have honored this agreement. Within the polyamory system this is called a primary relationship.

The Primary Relationship: The closest relationship type, the person(s) given the most time, energy and priority in a person's life; includes high level of intimacy, attraction and commitment as demonstrated. For example, marriage-level bonding committed relationships that share the same life paths, goals, parenting, economics, housing, important values, ongoing emotional support, etc.), typically includes a desire for a shared lifelong future together (Polyamory Language Page, n.d.). This primary relationship usually consists of two people and any other relationships would be considered secondary.

The Secondary Relationship(s): Within the primary/secondary relationship dynamic, a secondary relationship may be secondary as a result of a conscious decision on the part of the primary partners, or simply as a result of circumstance or the natural development of the primary relationship. The person (or persons) in the relationship who, either by intent or by circumstance, have a relationship that is given less in terms of time, energy, and priority in a person's life than a primary relationship, and usually involves fewer ongoing commitments such as plans or financial/legal involvements (Polyamory Language Page, n.d.).

Maintaining the Primary Relationship

The researcher found that one main ingredient in the success of the polyamory system and the maintaining of the primary bond was the simple fact that the couple was together because the wanted to be together. The primary relationships are able to keep their relationships strong with agreements or ground rules, trust and veto power. Veto power, is rule that one person can veto the other's relationship with an outside partner, if they deem it will be detrimental to the primary relationship. (Finn, Tunariu, & Lee, 2012). A safer sex agreement may reserve that unprotected sex will only take place within the primary relationship. Definitions of safer sex may vary with couples but due to universal concern for the prevention of sexually transmitted diseases (STD's) the use of condoms and barriers for oral sex are put into place.

The two key components stressed by each polyamory system were that of honesty and communication. Communication about whatever is important to the other person played a key point in the success of maintaining

the primary relationship. Other agreements such as letting each other know before or after one has been sexual with someone else, getting permission from your primary partner before beginning another outside relationship. Keeping a date night especially reserved for only the primary system was another agreement that was expressed, these agreements assist the polyamorous system in minimizing jealousy and tension. Some of the limitations of agreements are that they need to be flexible and all parties have to be willing to honor them. With time, one person may believe that the agreements need to be changed or there may be part of the agreement that is not working for them anymore. This flexibility is important for having a productive and useful relationship. All parties being on the same page at the same time, working towards a common goal. The opposite produces ingredients for miscommunication and misunderstanding within the system.

Ways that Therapy Can Be Helpful

In discovering the main ways clinician can be helpful to the polyamorous system. After the couple has taken the SDAT and has scored high on questions that would suggest that the system or one person in the system may be polyamorous, the clinician must then attempt to assist the system in the following areas: (Deri, 2012).

1. Helping one partner decide how to raise the idea of becoming polyamorous to the other.
2. Helping partners decide if polyamory is right for them.
3. Helping partners decide what form of polyamory is best for them.
4. Helping partners negotiate the agreements and boundaries of their relationship.

5. Helping polyamorous individuals locate polyamorous communities in their area.
6. Pointing them to resources such as articles and books and websites on polyamory.
7. Helping polyamorous individuals approach the coming out process.
8. Helping polyamorous individuals cope with and combat discrimination.
9. Helping partners in a troubled relationship negotiate solutions.
10. Raising social awareness of polyamory, and combating stereotypes/prejudice.
11. Changing language on forms (i.e. "name of partner/s," not "name of spouse").
12. Noting in counseling center brochures that polyamory is understood/accepted.
13. Learning more on their own about polyamory issues, using the resources listed.

Actions Taken to Keep the Relationship Alive

Communication and honesty were the two main things acknowledged as extremely important in keeping the relationship alive. Each individual's level of personal growth and self-awareness was determined as important in keeping a successful relationship (Goffman, 1959, 1963). Ways to improve these key components of the relationship of course include therapy and attending workshops together. Some reposted that just the fact that they are able to be sexual together with a third person or another couple is part of what energizes their relationship and helps keep it alive.

Dealing with Jealousy

Jealousy was reported as an emotion that did commonly come up when dealing with outside relationships or sex. The main ways reported helpful in eliminating jealousy in the system included; being able to talk emotions through with the primary partner. Making appropriate changes when needed especially when dealing with

presented problems. In addition to therapy, the jealousy workbook by Labriola (2013) is an additional resource that can assist a couple who are experiencing jealously.

Perceived Benefits of Polyamory

The researcher found that some of the most reported benefits of living a polyamorous life included growth as an individual and as a couple. The robust development of truth and honesty, simply by being able to be truthful and honest with your partner about sexual desires. Polyamorous systems reported a high level of love connection and romantic community support after they became polyamorous. A greater sense of sensuality and sexuality were reported. Polyamorous systems also reported an improved primary relationship and being able to choose outside relationships. It was also reported to be a benefit to the children of polyamorous systems in that the primary system had other adult help in raising children, and producing a lower rate of divorce due to lake of trust and miscommunication.

CHAPTER FIVE

REFLECTIONS

Comments on Case Studies

Most cultures assume that monogamy provides a better quality of life than non-monogamy. It is this researchers understanding that this is not true. Monogamy or non-monogamy as with any other decision is a choice that everyone must make of him or herself. If an individual is in a committed relationship polyamory is a choice that should be discussed with their partner or it may be viewed as cheating or harmful to the relationship (Emens, 2004). The case studies provide in this dissertation provide evidence that all relationships have struggles but one cannot believe that a polyamorous relationship will be more challenging than any other relationship. In fact, because of the level of openness, honesty, and level of liberating identity in a polyamory relationship the benefits may be concluded as greater. Evidence has been provided that in a polyamorous system there is less pressure on any one partner to meet all of their primary partner's needs, allowing for all partners to focus on their own emotional, sexual needs and growth (Kassoff, 1989; McCoy, Stinson, Ross, & Hjelmstad, 2015)

Success Factors in Polyamory Relationships

Of the polyamory relationships researched in this dissertation all of the successful systems possessed common factors. Of these factors, none were more important than the other, the researcher has chosen to list them alphabetically. The first is appreciation for each individual in the relationship. Meaning they see the worth the other brings to the relationship and the focus on that worth and the fact that they do indeed want to be

together. Gottman and DeClaire (2001) state “our research shows that married couples who regularly express their appreciation for each other have much happier, stronger marriages” (p.79). The couples represented in this dissertation report a closeness to each other, they can address all subjects. They report they believe, it is because they are polyamorous that they are so close. As they work through jealousy and other obstacles through open communication, this makes them closer with each event. This brings us to the next success factor, communication.

The polyamorous systems represented in this dissertation report excellent communication with each other. Next is flexibility, the flexibility to be able to communicate, and respect the importance of the desires of one another. Within the flexibility includes the ability to veto a partner’s request, even with a veto this causes the couple to communicate more providing and acceptable solution for the primary relationship. Honesty plays a large part, as evidence by, in successful relationships all parties believe that the other is being honest an honoring the agreements and rules put in place by the primary system. This leads us to trust, without trust in the polyamorous system as with all systems, there will be little to no success. The last key factor is willingness. There must be willingness on both sides to accept and make changes. This willingness requires listening to their partner’s needs and desires and working with them to determine what will be acceptable for both. For example, willingness to work through jealousy, or a veto. Therapy assists in knowing that jealousy is an emotion that will pass, the couples represented in this dissertation report that they have learned how to not react

negatively when jealousy is presented. They actively work on ways to reduce the jealousy by reassuring one another through situations.

Unmet Needs

The research has shown that when there are unmet needs in the polyamorous system as with all systems, this may cause resentment, which may lead to emotional retaliation by one of both partners. Knapp (1975), explains how the lack of emotional-intellectual and lack of sexual acceptance is frequently mentioned as a problem in relationships. Individuals must sometimes be educated on how to be open and honest with their partner in discussing sexuality, their individual needs, and type of love they want and need (Hendrix, 1990, 1993).

Possible Future Research

Because there to this day has been little scholarly research on heterosexual polyamory, future research in need in many areas. (1) Research of on the prevalence of polyamory in different cultures and races. (2) Research following the children of polyamorous systems from childhood to adulthood sharing their experience and the effect polyamory had on their identity. (3) Research from the view of different religions about polyamory. (4) Research in-deathly testing the results and validity of the SDAT developed in this dissertation with adult client/couples.

Limitations

The limitations of this research include the following. The SDAT given to clinicians for review, was an original survey developed by the researcher of this dissertation. The SDAT has not been tested for its validity. The SDAT has not yet been

tested and given to actual clients for validity. The SDAT was given to a small sample of only 20 clinicians for review of its level of easy reading for clinicians as it was designed to be included at the end of a bio-psychosocial evaluation for adult clients.

Concluding Remarks

This dissertation has analyzed the findings of prior scholarly peer reviewed research on polyamorous systems, developed a sexual desire assessment tool and presented its findings. The pleasure bond that Masters and Johnson (1974) discuss, seems to be enhanced by polyamory according the findings of the researcher. The findings indicate that polyamorous systems are just as, or more committed to their primary relationships because of willingness to work with one another's individual desires. The couples in the case studies managed to find a way to pay attentions to each other's needs and nurture and nourish them. They focused on what is working for them and worked together to make changes to things that were not working. They communicated with each other what they wanted and created agreements and strategies that would assist them in making their wants, needs and desires a reality.

This dissertation provides case studies of clinicians who have worked with and researched polyamorist systems. It provides information on how to set aside the clinician's own basis to help ease social stigma and lack of professional training on human sexuality, and sexual desire and template. This dissertation provides some of the major elements needed in doing therapy with individuals in multiple sexual relationships to ease the therapist anxieties. The brief sexual desire assessment tool, and training provide specific questions for clinicians to ask. This provides a non-judgemental

way to open the discussion about sexual desire and sexuality. This dissertation aids in clinical understanding with an attempt to free clients from the stigma and confinement of social norms, by arming clinicians with additional tools to assist in salvaging relationships and marriages, by ending stigma, and reframing deception and betrayal by fostering acceptance and truth.

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APPENDICES

APPENDIX A

Sexual Desire Assessment Tool (SDAT)

As part of taking your history, I am going to ask you some specific questions about your sexual desires. People are sometimes uncomfortable talking about their sexual desires and experiences. I want to reassure you that it is ok and important for us to talk about them in order to understand and address any sexual concerns you may have. Feel free to ask any questions if you need clarification about any of the questions I am going to ask you.

1. Have you ever had an outside relationship your partner does not know about? If so, please describe the nature, how many incidents, with whom, how long it lasted.

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

Please Describe:

2. How often do you experience low desire or no desire for sexual activity with your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

3. How often does your partner experience desire for sexual activity with you?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

4. How often do you experience desire for sexual activity with someone other than your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

5. How often do you find that you want to seek a different sexual partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

6. How often do you engage in any sexual behaviors others might find unusual?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

7. Do you believe your partner has outside relationships?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

8. Do you desire to have outside relationships with approval or participation of your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

9. How often are you able to reach orgasm during sexual activity, including masturbation, oral sex, or intercourse with someone other than your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

10. How often are you able to reach orgasm during sexual activity, including masturbation, oral sex, or intercourse, when with or thinking about your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

11. If you answered other than “Never” in questions 1 through 8, does this occur at the same time as taking any medications or substances?

12. Do any of the above cause you distress, or interfere with your relationships or other aspects of your life?

13. Do you have any other sexual concerns that I may not have mentioned? Please describe.

Take this time to pause and reflect on the emotion of jealousy. What emotions are stirring inside you, if any alongside jealousy?

APPENDIX B

Clinician Evaluation Survey of the (SDAT)

My name is Thelma Carter, MS. I am a doctoral candidate in Clinical Sexology at the American Academy of Clinical Sexologist, Orlando, Florida. Thank you for participating in this professional survey.

This survey is intended to evaluate a brief assessment tool, called the Sexual Desire Assessment Tool (SDAT) (See attached). The SDAT was developed to help licensed clinicians screen for sexual desires that may lead to polyamory couples who present for counseling. It is designed to be included at the end of a bio-psychosocial evaluation for adult clients, verbally or by giving the client the form to complete.

Please take some time to read and answer each question. Write in your responses to each question. Please be as honest as you can in your responses. Your feedback is very important to this project. Your identity will remain confidential.
Your Name: _____ (optional)
Credentials: (Licensure Type) _____

1. Were the questions on the SDAT straightforward and easy to understand? Yes, No

Please Explain:

2. Would the questions on the SDAT help you to identify if a client presenting for couples counseling may be polyamorous? Yes, No

Please Explain:

3. Would the SDAT be a helpful tool to use as part of your bio-psychosocial assessment for adult clients needing couples counseling? Yes, No

Please Explain:

4. With whom would you use the SDAT?

No adult clients/couples; Some adult clients/couples; All adult clients/couples

Please Explain:

5. What did you find the most helpful about the SDAT?

6. What changes would you recommend for the SDAT?

7. Would you need additional training in order to be comfortable administering the SDAT? Yes No

   Please Explain:

8. Other thoughts or feedback about the SDAT:

Thank you for your time and for participating in this survey. I welcome your feedback. Please feel free to contact me at thelmacarter1@yahoo.com.

APPENDIX C

Training Curriculum Outline

1. Overview
2. Definition of Polyamory
3. Prevalence of sexual desire and the importance of its fulfillment
4. Assessment Process
    a. Introduction of the SDAT
    b. Step by Step Administration of the SDAT
    c. Role Play Exercise for the SDAT
5. Identifying barriers and cultural factors that often inhibit the clinicians from addressing sexual desire and sexuality in the assessment process (Foucault, 1990).
6. Ethical Issues
7. Closing Questions and Discussions

APPENDIX D

Step by Step Clinician Administration of the SDAT

1. Introduction of the questionnaire. As in all other sections of an assessment tool, clinicians will prepare the participant that they are going to ask them questions related to sexuality. If more comfortable, the client may be given the questionnaire to complete themselves, then discuss after the review of the clinician.
2. Clinicians are informed that at the top of the SDAT that this is a sentence that clinicians can read verbatim, it reads as follows: "As part of taking your history, I am going to ask you some specific questions about sexuality. People are sometimes uncomfortable talking about their sexual experiences and desires. I want to reassure you that it is ok and important for us to talk about them in order to understand and address any sexual concerns you may have. Feel free to ask any questions if you need clarification about any of the questions I am going to ask you."
3. Next, the clinician is instructed to ask each question verbatim, and to allow ample time for the client to respond and elaborate as needed.
4. The clinician is instructed to clarify any questions that the clients have about terminology, and to reassure them that their identified issues can be addressed.
5. The clinician is informed that clients often have strong emotional responses to sexual desire, as sexual shame and stigma about unusual sex practices they desire may be present.

6. The importance of clinicians conveying genuine acceptance of client's desires is emphasized in this section of the training. Of course, always taking into consideration all adults must be consensual and the clinician's duty to warn be disclosed.
7. There is a total of 50 available points to be scored on the SDAT. The higher the score, the higher the likelihood the individual may be polyamorous.

APPENDIX E

Role Play Exercise

Mutual Role Play exercises for practice purposes: This exercise will involve training participants to administer the questionnaire to clients by practicing on one another in pairs.

This exercise has several purposes: The first is to raise awareness among clinicians about any difficulties they may have in asking clients sexually oriented questions so they can work to overcome barriers. The second is to be on the receiving end of the questionnaire to facilitate clinician empathy with the clients they serve. The third is to practice administering the tool in a safe environment where they can receive feedback and will be able to improve your ability to administer the questionnaire correctly in the practice environment.

1. Each participant will have the opportunity to practice administering the questionnaire completely twice each time with a different person.

2. Each participant will have the opportunity to respond to the questions on the questionnaire twice, each time with a different person.

3. The person who is role playing the clinician will introduce the questionnaire and ask the questions as outlined.

4. The person who is role playing the client will choose a high degree to most of the questions that will reveal to the clinician they may be polyamorous.

5. Once the role-play is complete, the pairs will discuss how the process was for them, what was most difficult for them, and what they could improve upon. It is important for both to provide feedback about the interaction.

6. The group will then discuss what was most meaningful in terms of learning for each pair. The trainer will have the opportunity to provide feedback and educational information to the group about any presenting factors in order to facilitate improvement of administration.

APPENDIX F

Detailed Written Responses from the Clinician Evaluation Survey

The following are the more detailed responses of the twenty-six clinicians who responded to the Clinician Evaluation Survey.

On question one of the SDAT "Were the questions on the SDAT straightforward and easy to understand?" all 20 respondents said "Yes" the questions were clear and easy to understand.

For question two of the Clinician Evaluation Survey "Would the questions on the SDAT help you to identify if a client presenting for couples counseling may be polyamorous?" Ten respondents stated "Yes" in the explanation section. Five respondents indicated the SDAT would be helpful in some degree; and five felt the questionnaire would be helpful, however "honesty on the subject is difficult and may not happen".

For question three of the Clinician Evaluation Survey, "Would the SDAT be a helpful tool to use as part of your bio-psychosocial assessment for adult clients needing couples counseling? Yes, or No". All twenty responded yes and explained, with couples, the more information gathered, the better. One clinician explained they would not be comfortable conducting therapy with the polyamorous individual.

For question four of the Clinician Evaluation Survey, "With whom would you use the SDAT? No adult clients/couples; some adult clients/couples; or all adult clients/couples" all twenty of the twenty respondents did not provide explanations to their response for this question. Eighteen respondents said they would administer the

questionnaire to all of their adult client/couples, and two respondents said they would administer to some adult client/couples.

For question five of the Clinician Evaluation Survey, “What did you find the most helpful about the SDAT?” all twenty of the twenty respondents provided explanations to their response for this question. Nine respondents reported the questionnaire was easy to use. Six respondents stated the questionnaire would open the client to being comfortable about talking about the information addressed on the questionnaire. Five respondents stated all the information was helpful.

For question six of the Clinician Evaluation Survey, “What changes would you recommend for the SDAT?” twenty of the twenty respondents provided explanations to their response for this question. Fifteen respondents recommended no changes to the questionnaire. Five respondents stated “it might be a bit too brief”.

For question seven of the Clinician Evaluation Survey, “Would you need additional training in order to be comfortable administering the SDAT? Yes, No”. Twenty of the twenty respondents provided responses. Sixteen respondents said no. Four respondents answered yes and provided comments: two stated “I am not confident that I would know when follow up questioning is appropriate”. One respondent stated “I would require training first.” One respondent stated “I believe it would be helpful to have training first.”

For question eight of the Clinician Evaluation Survey, “Other thoughts or feedback about the SDAT.” Twenty of the twenty respondents answered this question. Eight provided explanations to their response for this question. Twelve respondents indicated there was nothing to add. Seven stated questions nine and ten on the survey should be

broken down better, maybe into three or four questions. One respondent stated they were not sure how to score the questionnaire.

APPENDIX G

Revised Sexual Desire Assessment Tool

As part of taking your history, I am going to ask you some specific questions about your sexual desires. People are sometimes uncomfortable talking about their sexual desires and experiences. I want to reassure you that it is ok and important for us to talk about them in order to understand and address any sexual concerns you may have. Feel free to ask any questions if you need clarification about any of the questions I am going to ask you.

1. Have you ever had an outside relationship your partner does not know about? If so, please describe the nature, how many incidents, with whom, and how long it lasted.

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

Please Explain:

2. Do you believe your partner has outside relationships and has not told you? If so, is this an appealing aspect in the relationship? Would you like to address it?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

Please Explain:

3. How often do you experience low desire or no desire for sexual activity with your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

4. How often does your partner experience desire for sexual activity with you?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

5. How often do you experience desire for sexual activity with someone other than your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

6. How often do you find that you want to seek a different sexual partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

7. How often do you engage in any sexual behaviors others might find unusual?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

8. Do you desire to have outside relationships with approval or participation of your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

9. How often are you able to reach orgasm during sexual activity with your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

10. How often are you able to reach orgasm during sexual activity with someone other than your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

11. How often do you think about someone else, in order to reach orgasm, during sexual activity with your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Often	All the time

12. If you answered other than “Never” in questions 1 through 11, does this occur at the same time as taking any medications or substances?

Please Explain:

13. Do any of the above cause you distress, or interfere with your relationships or other aspects of your life?

Please Explain:

14. Do you have any other sexual concerns that I may not have mentioned?

Please Explain:

Take this time to pause and reflect on the emotion of jealousy. What emotions are stirring inside you, if any alongside jealousy?