

Running head: PSYCHOTHERAPISTS' ATTITUDES TOWARD POLYAMORY

PSYCHOTHERAPISTS' ATTITUDES TOWARD POLYAMORY AND RESPONSES TO
POLYAMOROUS CLIENTS: AN EXPLORATORY STUDY

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Abstract

Western culture has historically promoted monogamy as the most widely accepted and advocated ethical/moral relationship option available. Polyamory, in contrast to monogamy, is defined by the possibility of multiple sexual or romantic partners simultaneously and openly. Recent research indicates that polyamory is becoming more prevalent as a relationship style. However, as public interest in polyamory has grown, education about polyamory has not made it into standard mental health curricula. Historically, the mental health fields have tended to pathologize polyamory. There is a dearth of studies exploring clinicians' attitudes towards polyamory and how those attitudes may be influencing their responses to polyamorous clients. To address this gap, this study investigated psychotherapists' attitudes towards polyamory and determined whether relationships exists between such attitudes and responses to polyamorous clients. This study also sought to identify which psychotherapist characteristics may be associated with anti-polyamory attitudes and responses to polyamorous clients. The study was conducted through an anonymous online survey of practicing mental health practitioners, including professional clinicians and graduate trainees. Participants were asked to read a fictional intake summary of a polyamorous client and then complete two client response measures. Other instruments administered included a measure of attitudes toward polyamory, an assessment of multicultural competency, and a training and experience questionnaire. Quantitative methods consisted of descriptive and inferential statistical analysis. Results displayed a negative, statistically significant relationship ($p < .001$) between age and attitudes toward polyamory, and a positive, statistically significant relationship ($p = .012$) between multicultural competence and attitudes toward polyamory. Another hierarchical multiple regression showed that there was a negative, statistically significant relationship ($p = .032$) between attitudes towards polyamory and unfavorable perceptions of the polyamorous client. Results demonstrate the need for clinicians to

be more aware of their own bias and the impact of stigma on the therapeutic relationship, to further their knowledge of nontraditional living patterns, and for training institutions to recognize this as a part of cultural competence and be more mindful of its inclusion in the curricula. Future directions include additional research on the respective impacts of psychotherapists' political/social values and sexual orientation on attitudes towards polyamory.

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Introduction

Western culture has historically promoted monogamy as the most widely accepted and advocated ethical/moral relationship option available. Monogamy is defined as having only one sexual or romantic partner at a time. Polyamory, in contrast to monogamy, is defined by the possibility of multiple sexual or romantic partners simultaneously and openly (Sheff, 2005). This definition offers a simplified understanding of how polyamory compares to monogamy and will be used for introductory purposes and be further expanded on in later sections of this paper. Rubel and Bogaert (2015) and Matsick et al. (2013) classify polyamory as a subtype of consensual nonmonogamy; a relationship style wherein all individuals agree to extradyadic sexual or emotional relationships (Conley, Moors, Matsick, et al., 2012).

While the accumulative research on polyamory is relatively scarce, the available data suggest that people who engage in such a relationship practice is not too uncommon. Weitzman (2006) found that openly polyamorous families in the United States number more than half a million. A study with 3,574 married couples demonstrated that 15–28% had an understanding that allowed non-monogamy under some circumstances and found that the percentages were even higher among cohabitating couples, lesbian couples, and gay male couples (Rubin & Adams, 1986). Studies focusing in on the lesbian, bisexual, and gay communities also demonstrate the growing number of individuals in polyamorous relationships. Page (2004) found that 33% of the lesbian couples in their sample were polyamorous, West (1996) documented that 20–28% of their lesbian sample identified as polyamorous and, in a gay male sample by Blumstein and Schwartz (1983) a marked 65% were polyamorous. The research, albeit limited, indicates that polyamory is becoming increasingly prevalent as a relationship style.

Public interest in consensually non-monogamous relationships is now growing (Barker &

Langdridge, 2010) and empirical attention has followed. In 2006, a special issue of the journal *Sexualities* proposed that more research on polyamory be conducted (Haritaworn et al., 2006). Soon thereafter, research focused primarily on qualitative studies and/or self-perceptions of individuals who identify as polyamorous (Barker & Langdridge, 2010). Recent studies quantitatively examining the viability of polyamorous relationships (e.g., Conley, Moors, Matsick, et al., 2012; Conley, Ziegler, et al., 2012; Morrison et al., 2013; Sheff, 2010) suggest that interest in pursuing these relationships is growing (Johnson et al., 2015). Furthermore, researchers are now starting to assess public attitudes towards polyamory and other non-monogamous relationship styles (e.g., Burris, 2013; Hutzler et al., 2015; Matsick et al., 2013).

As polyamory makes its way into the public eye, it is disconcerting that education about polyamory has not made it into standard mental health curricula (Weitzman et al., 2009). Research exploring the efficacy and confidence of clinicians in addressing sexual issues or disorders indicates that a lack of exposure to and comfort with variations in sexuality is correlated with poor treatment efficacy; this has been demonstrated with medical students (Müldner-Nieckowski et al., 2012) and with practicing psychologists (Miller & Byers, 2011).

Historically, the mental health fields have often upheld monogamy as the relationship norm and tended to pathologize polyamory. A study by Knapp (1975) found that 33% of the therapists in his study hypothesized that individuals in open relationships had personality disorders or neurotic tendencies, and that 9-17% would try to influence a return to a monogamous lifestyle. Knapp's respondents were more likely to pathologize clients who were in open relationships than clients who had secret extramarital affairs. Hymer and Rubin (1982) found that 24% of therapists surveyed felt that polyamorous people feared commitment and 15% hypothesized that the clients' marriages must not be fulfilling. Rubin and Adams (1986) found

that among polyamorous people who had pursued therapy, 27% found that their therapists weren't supportive of their lifestyles. Page (2004) similarly reported that many of her bisexual research participants had trouble finding therapists who were affirming of their bisexuality and polyamory. Weber (2002) found that 38% of a sample polyamorous people who had at some point been in therapy had chosen not to disclose that they were polyamorous to their therapists, and 10% of those who did reveal it experienced a negative response.

The times, they are-a-changin'. Over the course of many years, gay, lesbian, and bisexual sexual orientations were pathologized in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) until removed from *DSM-III-R* (1987) 3rd ed., revised and subsequent editions. This singular example highlights that concepts of mental disorder can be rapidly evolving social constructs that change as society changes. As polyamory becomes more present and accepted in Western culture, does it shift one's attitude about it? Are the attitudes amongst mental health professionals towards polyamory changing, and if so, how does it affect the therapy work with polyamorous clients?

Purpose of the Study

The purpose of this study is to assess attitudes towards polyamory among psychotherapists and to determine whether relationships exists between such attitudes and psychotherapists' responses to polyamorous clients. Specific aims of the study include identifying the extent to which psychotherapists hold anti-polyamory attitudes and how those may relate to particular responses to polyamorous clients. This study also seeks to identify which psychotherapist characteristics may be associated with anti-polyamory attitudes and responses to polyamorous clients. Previous research has suggested that the accuracy of clinical judgments, such as evaluations of psycho-social functioning, is positively influenced by experience, whether

clinical or educational (Spengler et al., 2007).

Research Questions and Null Hypotheses

The following research questions and hypotheses will be investigated in this study:

1. To what extent do psychotherapists hold anti-polyamory attitudes?

Null hypothesis 1: Levels of anti-polyamory attitudes among psychotherapists are not significantly different those of the general population as measured in a previous study (Johnson et al., 2015).

2. To what extent do characteristics such as gender, age, extent of training and experience in therapy and assessment with polyamorous clients, and perceived multicultural competence relate to psychotherapists' attitudes towards polyamory?

Null hypothesis 2a: Among psychotherapists, men's levels of anti-polyamory attitudes do not differ significantly from those of women.

Null hypothesis 2b: Psychotherapists' anti-polyamory attitudes are not related to age.

Null hypothesis 2c: Psychotherapists' anti-polyamory attitudes are not significantly related to the extent of their training and experience regarding therapy and assessment with polyamorous clients.

Null hypothesis 2d: Psychotherapists' anti-polyamory attitudes are not significantly related to their perceived multicultural competence.

Null hypothesis 2e: The variables of participant gender, age, level of training and experience in therapy and assessment with polyamorous clients, and perceived multicultural competence will not contribute significant variance to the prediction of psychotherapists' anti-polyamory attitudes.

3. To what extent do anti-polyamory attitudes relate to psychotherapists' assessments of a

polyamorous client's overall level of psychosocial functioning?

Null hypothesis 3: Psychotherapists' anti-polyamory attitudes will not contribute unique significant variance to the prediction of ratings of polyamorous client's overall level of psychosocial functioning.

4. To what extent do anti-polyamory attitudes relate to psychotherapists' favorable perceptions of a polyamorous client?

Null hypothesis 4: Psychotherapists' anti-polyamory attitudes will not contribute unique significant variance to the prediction of psychotherapists' favorable perceptions of a polyamorous client.

5. To what extent do anti-polyamory attitudes relate to psychotherapists' unfavorable perceptions of a polyamorous client?

Null hypothesis 5: Psychotherapists' anti-polyamory attitudes will not contribute unique significant variance to the prediction of psychotherapists' unfavorable perceptions of a polyamorous client.

In the following section, an extensive literature review will be presented exploring the topics of polyamory and attitude, and their relevance to multicultural competent psychotherapy.

Review of the Literature

This section presents a review of literature pertinent to the study. It begins with a more extensive description of polyamory and how its defined. This will be followed by an examination of attitudes and psychotherapy, including the relevance of attitudes to the provision of culturally competent therapy, research regarding clinical bias, and a sampling of findings regarding psychotherapists' social attitudes and their impacts. The remainder of the section provides a critical review of the research regarding attitudes towards polyamory and related issues.

What is Polyamory?

Polyamory is defined as the philosophy or state of being in love or romantically involved with more than one person at the same time (“Polyamory,” n.d.). The term translated directly from Greek and Latin means ‘multiple loves’ (Barker, 2005) and was coined by Morning Glory Ravenheart Zell in 1990 as a more appropriate alternative to ‘non-monogamy’ (Sheff, 2014). It is often abbreviated as “poly” (Easton & Hardy, 2009). Benson (2008) expanded the definition to include the practice of theory of having emotionally intimate relationships with more than one person simultaneously, with sex as a permissible expression of the caring feelings, openly and honestly keeping one’s primary partner or partners (or dating partners) informed of the existence of other intimate involvements. McCoy et al. (2014) have summarized polyamorous relationships as being characterized by individuals who pursue multiple concurrent romantic relationships with the permission of their partners. This is in contrast to monogamy, where relationship partners agree to romantic exclusivity. This is also in contrast to infidelity, where someone engages in additional romantic relationships without their partner’s consent.

Polyamory is considered a type of ‘consensual non-monogamy,’ a term used to describe “a broad range of relationships in which all individuals in the relationship agree to engage in multiple sexual, romantic, and/or emotional relationships with others” (Conley, Moors, Matsick, et al., 2012, p. 1). Rubel and Bogaert (2015) and Matsick et al. (2013) group polyamory with ‘swinging’ and ‘open relationships’ as three types of consensual nonmonogamy that are most often practiced.

Polyamory can also take a variety of forms, all adaptable to the specific desires, needs, and agreements of the individuals involved. What these relationships have in common is a rejection of the expectation that one partner can meet all of the other’s relationship needs –

emotional, social, sexual, economic, and intellectual (Peabody, 1982). Three common configurations within polyamory include:

1. Primary-plus arrangements – a couple is primarily committed to one another, but allow for additional, “secondary” relationships.
2. Monogamous couples interested in pursuing non-monogamy for the first time.
3. Poly singles – an individual is not involved in a committed relationship of any kind, but is dating several people simultaneously with full disclosure (Davidson, 2002).

Additionally, other forms of polyamory may include multiple partners of equal importance (e.g., there is not a single or main partner, each person involved is given equal time and energy, but there isn't an extremely strong bond in either instance), and the poly family, which is a family dynamic that consists of three or more people and is an inter-relationship. In this case, there is a strong relational commitment between all members, which may or may not include sex. In the poly-family, each person is a priority and they all look after each other's wellbeing (A. L. Johnson, 2010).

Polyamorous people commit to honesty, negotiation, and clear communication about each of the relationships in their life (Hymer & Rubin, 1982). In a 2004 study of 217 bisexual adults, 33% were involved in a polyamorous relationship at the time of the study (Page, 2004). Fifty-four percent of the 217 respondents stated that the polyamorous lifestyle is their ideal relationship pattern. Some choose polyamory simply because they like having the freedom to date anyone they choose (Sumpter, 1991). Others find the lifestyle suits them because it lets them express their sexuality with lovers from more than one gender group.

Attitudes and Psychotherapy

Eagly and Chaiken (1993) define attitude as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor.". Accordingly, attitude involves an evaluative component which involves reactions such as approval or disapproval, favor or disfavor, liking or disliking, approach or avoidance, attraction or aversion. When the evaluation object is a minority group, the associated attitudes, especially if negative, may be referred to as prejudice (Eagly & Chaiken, 1993, 2005). As a psychological construct, an attitude cannot be directly observed (Krosnick et al., 2005), but may be deduced from stated beliefs, affective responses, and observable behaviors which particular attitudes are presumed to underlie (Albarracin et al., 2005). While some attitudes may be inherent, most attitudes examined in the social sciences, including attitudes toward minority groups, are considered to be learned (Eagly & Chaiken, 1993) and have the ability to change as the result of new experiences which are conflict with existing attitudes (LaFleur et al., 2002).

Gelso and Fretz (1992) found that it is client and therapists' attitudes toward one another and the expression of such attitudes which define the therapeutic relationship. The most consistent and robust predictor of outcome in psychotherapy is the quality of the client-therapist relationship (Lambert, 2013). While we know that therapists' overall competence and client factors, such as motivation, are relevant and important to treatment, the client-therapist relationship is considered essential to effective treatment, at least in most therapies (Norcross & Lambert, 2011). The therapeutic alliance is a construct that has shown to impact treatment outcomes. Research regarding common factors in therapy strongly supports the therapeutic relationship as the essential part of the therapeutic process amongst all models of therapy, "and that its overall quality influences the final outcome of therapy" (Bachelor & Horvath, 1999, p.

138). Therapeutic alliance is defined as “the collaborative and affective bond between clinician and client” (Martin et al., 2000, p. 438). In a meta-analysis of 79 studies, Martin et al. (2000) found a moderate relationship between therapeutic alliance and treatment outcomes. The authors also discovered that a client will experience the relationship with the clinician as therapeutic if an alliance has been developed. This effect occurs regardless of the treatment modality that is utilized (Martin et al., 2000). These findings highlight the importance of the therapeutic alliance in the psychotherapeutic relationship.

The importance of attitudes to therapy is also reflected in models of multicultural competency (e.g., Arredondo et al., 1996; Owen et al., 2011; Sue, 2001). Researchers have found that even subtle expressions of a psychotherapist's prejudice or bias against a client can weaken or preclude the development of an effective therapeutic alliance and cause the client great psychological distress, resulting in a situation of harm where help was sought (Sue & Capodilupo, 2008; Sue et al., 2008).

Multicultural Competence

Multiculturalism is a significant factor shaping the mental health professions today. Pedersen (1990, pp. 93–95) refers to multiculturalism as the "fourth force" in psychology. A clinician's multicultural orientation (MCO) has also been shown to impact the client's view of clinician credibility (Owen et al., 2011). MCO is defined as, “a ‘way of being’ with the client, guided primarily by therapists’ philosophy or values about the salience of cultural factors (e.g., racial/ethnic identity, client’s cultural background) in the lives of therapists as well as clients” (Owen et al., 2011, p. 274). The authors found that a client's perception of a clinician's MCO can impact the psychological health and well-being of ethnic minority clients (Owen et al., 2011). These findings support the view that therapists' attitudes toward multicultural issues can

have a significant impact on a client's perception of treatment and the therapeutic relationship.

One major catalyst for the mental health professions to attend to multicultural issues and to develop multicultural competencies was the assertion that, as a mirror of society at-large, the social sciences reflect the biased attitudes of the dominant culture against minority cultural groups (Sue et al., 1992; Sue & Sue, 2012). In psychology, historically, this was evidenced through general inattention to minority mental health issues. Alternatively, a perspective was taken that minority groups were biologically and/or culturally deficient, disadvantaged, and/or deprived (Robinson & Morris, 2000; Sue, 2001; Sue et al., 1992; Sue et al., 1982). This resulted in the development of therapy conceptualizations and practices which were "White, male, Euro-centric, and middle class in origin and practice" (Ivey, 1995, p. 55), and "inherently biased against racial/ethnic minorities, women, gays/lesbians, and other culturally different groups" (Sue et al., 1998, p. 15).

In addition to the biases built into the profession, psychotherapists also experience the same types of "cultural conditioning" (Sue & Capodilupo, 2008) that shape people to carry a variety of prejudices regarding race, ethnicity, gender, sexual orientation, and other cultural categories. Unconsciously or otherwise, therapists bring such biased attitudes into their relationships with clients. To begin remedying the inherent biases of the psychotherapists, and thereby more appropriately serve diverse clientele, Sue and colleagues (Sue et al., 1982) developed a three-part framework of multicultural competencies. They identified counselors' awareness of their own attitudes and beliefs as the first dimension of their framework. Along with knowledge and skills dimensions of the framework, the attitude/beliefs dimension continues to be used by "most multicultural specialists" (Sue & Sue, 2012, p. 26) to define multicultural competency. The attitudes and beliefs dimension refers to the importance of psychotherapists

gaining awareness of their attitudes and beliefs about their own cultures and those of minority groups, examining and checking the biases and stereotypes they hold, understanding the impacts their attitudes and beliefs can have on clients and the therapeutic process, and developing an affirmative perspective regarding multiculturalism (Sue et al., 1992).

Polyamory and Multicultural Competence

The Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association state, in part, that “Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.” (APA, 2017). While not mandatory for non-members, these principles are an appropriate benchmark for those who practice therapy.

It has been suggested that the clinicians who will be most effective with clients involved in alternative lifestyles are those who are able to focus on what is best for the client from the client’s perspective rather than their own (Constantine et al., 1972). They will possess the degree of flexibility necessary to tune into the values and life goals of the client and to work with the client to assess and actualize these. They will seek to focus on the potential of the client’s lifestyle and work to help clients find ways of preserving and enriching their chosen relationships. They will be willing to go beyond ready-made or customary solutions and to explore what may well be uncharted territory, to put aside traditional scripts, and to help the client write his or her own script, preferably in conjunction with the significant others in the relationship (Macklin, 1981). They will be able to see alternative family patterns as “unique, possibly new, potentially very productive family models” rather than viewing them from a “conventional pejorative perspective” (Constantine et al., 1972). They will have the ability to

create an atmosphere in which clients feel free to explore, find understandings, and make choices appropriate to them. To do otherwise serves only to put clients on the defensive, where instead of being free to evaluate their decisions they are forced into the position of justifying their decisions.

Attitudes and Bias within Psychotherapy

According to Maggio (1997), biased language is "inaccurate" and includes, but is not limited to, "unwarranted assumptions," "names and labels [that individuals and groups] did not choose for themselves ... or that are derogatory," and "stereotypes" (p. 2). Schlossberg and Pietrofesa (1973) explained bias within therapy as "an opinion, either unfavorable or favorable, which is formed without adequate reasons and is based upon what the bias holder assumes to be appropriate for the group in question" (p. 44). Morrow and Deidan (1992) described inferential bias in the counseling process as "errors in judgment" (p. 571). Rosenthal and Kosciulek (1996) referred to clinical bias as "initial impressions that are resistant to change, even when contradictory evidence emerges" (p. 31). A specific challenge which polyamorous individuals contend with is the label of deviance (Knapp, 1975; Mann, 1975). The traditional image of the psychotherapist as a sincere, empathic, non-judgmental human being might lead to expectations of respectful thoughts, words, and deeds toward clients. But literature consistently suggests that psychotherapists often show annoyance with clients and engage in such linguistic behaviors as ridicule, labeling, and the use of biased terms (Dorre & Kinnier, 2006). This may result from inadequate training. A basic issue for the therapists is whether or not they are able to work effectively with individuals who have chosen to explore or live in alternative types of relationships (Constantine et al., 1972; Elbaum, 1981; Knapp, 1975; Macklin, 1978, 1981; Pendergrass, 1975; Price-Bonham & Murphy, 1980; Riddle & Sang, 1978).

Attitudes toward Polyamory

Individuals in nontraditional living patterns often experience great difficulty in finding therapists who will deal with their concerns in a nonjudgmental manner (A. L. Johnson, 2013). For example, Knapp (1975) found that 33% of her sample of counselors believed that people who pursued a polyamorous lifestyle had personality disorders and neurotic tendencies, and 20% suggested that such people might have antisocial personalities. Knapp additionally reported that 9-17% of the therapists “stated they would use their professional skills to try to influence clients to abandon sexually open marriages (p. 509).” For example, Knapp (1975) administered a battery of standardized psychological assessment measures to a sample of polyamorous couples. The response patterns suggested a modal type of individual in a sexually open marriage who was individualistic, an academic achiever, creative, nonconforming, stimulated by complexity and chaos, inventive, relatively unconventional and indifferent to what others said, concerned about his/her own personal values and ethical systems, and willing to take risks to explore possibilities. In conjunction, Peabody (1982) suggested many polyamorous people “are in relatively stable primary relationships and do not seem to be motivated by neurotic and pathological needs” (p. 427). It is noteworthy that Knapp (1975) found that therapists considered people who were involved in secret extramarital affairs to be more “normal” than those who communicated honestly with their partners about their participation in other relationships. However, since certain nontraditional lifestyles involve behaviors that are considered in some states to be illegal, the risk of character assassination or the selective enforcement of those laws can lead to anxiety. Such fear of criticism, rejection, and recrimination may lead to attempts to keep the lifestyle participation a secret and this “pressure cooker” environment may lead to severe problems within the interpersonal realm of the client. This emotional stress is enhanced by therapists who

demonstrate bias (A. L. Johnson, 2013)

Hymer and Rubin (1982) conducted a study in which therapists were asked to imagine the psychological profile of a typical polyamorous person. 24% of these therapists imagined that polyamorous individuals feared commitment or intimacy; 15% of these therapists imagined that they were in marriages that were not fulfilling; and 7% hypothesized that they might have identity problems. As these studies show, polyamorous clients who seek out therapy “are often stigmatized and penalized by the very system of human services originally set up to help them in such crises” (Roman, et al., 1978). Rubin and Adams (1986) “found that among those clients who had a sexually open marriage and sought therapy, 27% indicated that their therapists were non-supportive of their non-monogamous relationship” (p. 533). Sometimes this disapproval was expressed in overt ways, and other times it was more covert. While not all therapists evidenced such biases, enough did that many clients became wary of seeking mental health services. Knapp (1975) noted that “the three greatest fears facing prospective alternative lifestyle clients were: therapists’ condemnation of their lifestyle; pressure to return to a ‘healthier’ form of marriage; and being diagnosed in terms of psychopathology.”

There is, however, some recent evidence that polyamorists’ assumption of negative bias or disapproval by therapists is perhaps overstated. A 2000 survey of a convenience sample of self-described polyamorists (Weber, 2002) revealed that only 4% of the therapists to whom polyamorous clients “came out” responded negatively. A surprising 16% were described as positive, with 21% described as neutral. Over one-fourth of the polyamorists polled, however, declined to “come out” to their therapists. This may reflect the polyamorists’ belief that the response to disclosure would be negative, thereby skewing the survey response in the direction of positive outcomes.

In recent years, two papers were published that reported research specifically aimed at examining the negative attitudes held toward consensual nonmonogamy. In their final study, Conley, Moors, Matsick, et al. (2012) asked a sample of 269 participants to rate general characteristics of a couple described in a vignette as “sexually non-monogamous.” Compared to a monogamous couple, participants rated the consensually non-monogamous couple as having a poorer quality relationship; they also rated them more harshly on arbitrary traits such as paying taxes on time. This was the first article to explicitly investigate the negative attitudes associated with consensual non-monogamy using a vignette approach, and it generated several supportive commentaries, along with ideas to improve the methodology and theoretical frame of the research (Blaney & Sinclair, 2013; Day, 2013; Hegarty, 2012; Salvatore, 2013).

One criticism of Conley, Moors, Matsick, et al.'s (2012) methodology was the lack of distinction between distinct types of consensual non-monogamy. The label used in the study was “consensual non-monogamy,” but the relationship described in the vignette was clearly an open relationship. In addition, a confound was introduced because the monogamous couple was described as always having been monogamous; in contrast the “consensually non-monogamous” couple was described as having opened up their relationship only one year previously, thus implying that they were dissatisfied in some way. Matsick et al. (2013) addressed the first of these two critiques by delineating three types of consensually non-monogamous relationships: swinging, open, and polyamorous relationships. They addressed the second critique by asking their 126 participants, who were mostly undergraduates, to rate abstract descriptions of relationships rather than vignettes of specific people. They found that polyamory was perceived most positively of the three consensually non-monogamous relationships, followed by open relationships, with swinging perceived most negatively.

However, there was no comparison group of monogamy, so it is difficult to conclude from this study alone that consensually non-monogamous relationships are in fact assessed as worse than monogamy. In this study participants were asked to rate the relationship styles on 18 characteristics that were a mixture of relationship relevant and arbitrary traits, but another limitation is that they did not distinguish between the two categories in their analysis. These two studies, taken together with other research (e.g., Burris, 2013; Matsick et al., 2013), suggest that people engaged in consensually non-monogamous relationships are not only judged to have poorer relationships but that the negative assessment spreads to unrelated traits, such as their intelligence. Moors and colleagues (2013) urged researchers to examine “the unique predictors of stigma associated with consensually non-monogamous relationships” (p. 63).

Recently, Johnson and colleagues (2015) created a 7-item measure of attitudes towards polyamory. In their work to establish the measure's validity, they found that among three samples (comprising of 430 participants) there were pervasive, negative views of polyamorous individuals, not only in general attitudes but also with respect to their personal characteristics (e.g., that they are immoral and untrustworthy) and sexual behavior (e.g., that they practice unsafe sex – a perception that is inaccurate; Conley et al., 2012; Cox et al., 2013). Polyamorous individuals were considered to be less jealous, and as being less satisfied in their relationships compared to individuals in monogamous relationships. Favorable perceptions amongst the samples included the belief that polyamorous individuals to have better communication skills and tend to be more physically attractive than monogamous individuals.

Finally, in a study conducted by Schechinger et al. (2018), survey data was collected from 249 polyamorous individuals regarding their past and current therapy experiences. Approximately a third of participants experienced their therapist to be lacking the basic

knowledge of polyamory to be an effective therapist, while only 27% of therapists were rated as knowledgeable. 15% of participants rated their therapists as either “*not at all helpful*” and 11% of participants rated their therapists as “*destructive*.” The remaining 11% of participants reported that they ended their treatments prematurely as a result of negative interactions with the therapist regarding their identity and lifestyle.

Summary

While the subject of polyamory has steadily caught the public's eye, it has only recently become an expanding research topic. Few studies have explored how others perceive of polyamory, and more so significant, few have adequately delineated polyamory as a relationship style that is distinct from a generalized form of non-monogamy. Although research has recently begun to examine individual differences in attitudes towards polyamory (Johnson et al., 2015), the current literature has not examined how mental health professionals' attitudes compare to the general population. As multicultural competence has become an ethical responsibility of the practitioners of psychotherapy, it becomes imperative to examine the how polyamory is understood, perceived, and assessed in the therapy setting.

Methodology

Participants

A total number of 63 participants participated in the current study and completed all survey measures. Data was not used from another 13 participants who consented and accessed the survey, but did not complete any of the measures. Eligibility criteria for participation included (a) being 18 years of age or older and (b) working as a practicing mental health professional including but not limited to: social workers, mental health counselors, psychologists, psychiatrists, or any professional that has provided psychotherapy services for clients with problems of a psychological nature, and/or being enrolled in a graduate program in

which one is training to be a mental health professional in the future and has some clinical experience with clients.

Participant Recruitment

Participants in the current study were recruited through online list-serves and through networking with professional colleagues and supervisors. An electronic-mail (email) research invitation was circulated throughout various professional and graduate student email list-serves associated with the mental health professions (following permission from the respective list-serve coordinators). The research invitation included a brief description of the purpose of the study, the participation criteria, a statement indicating that participants would have the opportunity to enter a drawing to win a \$100 Visa gift card (with entry data kept separate from research data in order to maintain confidentiality), a link to the online survey, and a request that recipients forward the posting to other potential participants (See Appendix A).

Procedure

Qualtrics, a web-based survey software, was used to collect survey data. To protect privacy during data collection, the survey web host uses technology to prevent subsequent users of the computer utilized from viewing survey responses. Survey responses were encrypted and transmitted to the survey web host into a password-protected database, accessible only by the researchers.

Clicking on the online survey link directed the participant to an informed consent webpage describing the purpose of the study, inclusion criteria, anticipated duration, procedures, and anticipated risks and benefits (See Appendix B). The consent page also described the voluntary nature of the study and the optional prize drawing, and provided assurance of the confidentiality of participants' responses through encryption technology and other means.

If the participant agreed to the informed consent, they were directed to a webpage which initiated the survey. Participants were first presented with definitions of the terms: polyamory, swinging, and open relationships. Next, participants were presented with instructions requesting them to read a fictional client intake summary describing a polyamorous individual. The intake summary was then followed by two client response measures with instructions. First, participants rated the fictional client's overall level of psychosocial functioning using the GAF (American Psychiatric Association, 2000). Second, participants selected adjectives to describe the client from a list of adjectives which comprise the combined "Number of Favorable Items Checked" and "Number of Unfavorable Items Checked" scales of the ACL (Gough & Heilbrun, 1983). All responses made were recorded electronically.

After reading the fictional intake summary and completing the two client response measures, participants completed the Attitudes Towards Polyamory Scale (ATP; Johnson et al., 2015) and the California Brief Multicultural Competence Scale (CBMCS; Gamst, Dana, Der Karabetian, Aragon, Arellano, Morrow & Martenson, 2004). Following those two scales, participants reported their degree of training and experience in psychotherapy, counseling, and assessment with polyamorous individuals using a scale adapted from one developed by Tomko (2008). Finally, participants completed a demographic questionnaire. Upon completion of the survey, participants were thanked for their participation and offered the option to enter their email address in a drawing for a \$100 Visa gift card. Participants were informed that their email addresses would be kept confidential and saved separately from their survey responses. Participants who declined to be entered into the gift-card drawing were re-directed out of the survey to a webpage informing them of their completion.

Instruments

Polyamory Definition Material

Given the general absence of the topic of polyamory from the standard mental health curricula (Weitzman et al., 2009), it could not be assumed that participants would know the definition of the term polyamory or be aware of its relation to other consensual non-monogamous practices. Definitions of the term polyamory, as well as two other forms of consensual non-monogamy, swinging and open relationships, were provided to participants (See Appendix G).

Fictional Client Intake Summary

A brief fictional intake summary from Nisely (2010) was adapted for this study, describing a fictional client with multiple presenting problems, who is also engaging in polyamory. The fictional client's presenting issues did not include concerns specifically regarding the client's polyamorous relationships, but rather involved other problems such as job dissatisfaction and grief regarding the death of a family member (See Appendix F).

Global Assessment of Functioning Scale

Participants were asked to rate the fictional client on the Global Assessment of Functioning Scale (GAF; American Psychiatric Association, 2000). The GAF is used by mental health professionals to rate an individual's overall psychological, social, and occupational functioning. Such ratings are "useful in planning treatment and measuring its impact, and in predicting outcome" (p. 32). As one component of the multiaxial diagnostic system described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association), the GAF scale is a very widely used measure among mental health professionals. Due to its widespread use in clinical assessments of clients, and its

use as a response measure in previous studies of attitudes and biased responses to clients (e.g., Mohr et al., 2001; Mohr et al., 2009), the GAF was selected as one measure of participants' responses to the fictional client presented in the present study.

The Adjective Checklist

The Adjective Check List (ACL; Gough & Heilbrun, 1983) was used as a second response measure regarding the fictional client described in the intake summary. The ACL was selected to assess participants' favorable and unfavorable perceptions of the client. Based on a variety of personality theories, the ACL, in its entirety, consists of 300 adjectives and short descriptive phrases, listed in alphabetical order, which can describe the personal attributes of self or others. Any number of items may be endorsed, and responses can be scored along 37 subscales (e.g., Achievement, Dominance, Nurturance, and Deference). Only two subscales, Number of Favorable Items Checked and Number of Unfavorable Items Checked, were used in the present study. This is consistent with previous studies conducted by Barrett & McWhirter (2002) and O'Connor (2005) on counseling psychologists' biased perceptions of clients. Participants were asked to review a list of 150 adjectives from the combined, Favorable and Unfavorable scales (75 items each) and to click to mark a box next to those which they believe characterize the fictional client. Participants were instructed to mark as many or as few adjectives as they believed characterize the fictional client. The Favorable scale score is the total number of favorable items checked by a participant, while the Unfavorable scale score is the total number of unfavorable items checked by a participant.

California Brief Multicultural Competence Scale

Participants completed the California Brief Multicultural Competence Scale (CBMCS; Gamst et al., 2004), which is designed to assess practitioners' perceptions of their own

multicultural counseling competency. The CBMCS is a brief self-report instrument, developed from four pre-existing multicultural counseling competency measures (the CCCI-R, MAKSS, MCAS-B, and MCCTS). Theoretically, the CBMCS is based on Sue and colleagues' 1982 tripartite model of multicultural counseling competency, although factor analysis performed on the measure by its authors suggests a four-factor model to be most appropriate. The measure consists of 21 Likert scale items that assess multicultural competence in four areas: Nonethnic Ability, Sensitivity to Consumers, Multicultural Knowledge, and Awareness of Cultural Barriers. These four underlying factors were found to account for 59% of the total variance in a large (N = 415) study of practitioners in Southern California. The measure has shown good criterion-related validity and reliability (Gamst et al., 2004). In the sample of 415 practitioners, Cronbach's alpha for the entire measure was 0.89 and alphas for each of the individual scales were 0.75 or higher (Gamst et al., 2004).

Attitudes Towards Polyamory Scale

The Attitudes Towards Polyamory Scale (ATP; Johnson et al., 2015) is currently the only known measure of attitudes towards the polyamorous relationship orientation. It is a brief, self-report instrument, initially designed as a pool of eight items inspired by popular misconceptions of polyamory. Following the results of an exploratory factor analysis, the measure was reduced to 7 Likert-scale items measured on 7 points, anchored at 1 (*Disagree Strongly*) and 7 (*Agree Strongly*). Three samples (comprising a total of 430 participants) were recruited for the development and validation of the ATP. Items on the scale included statements addressing sexually transmitted infection transmission, infidelity, open communication, relationship success, religious beliefs, legal rights, and the ability to love more than person. Across all three samples, the ATP scale showed high internal consistency indicating strong reliability. The measure has

also shown good test-retest reliability and criterion-related validity (Johnson et al., 2015) (See Appendix E).

Polyamory Training and Experience Questionnaire

To measure participants' training and clinical experience regarding polyamory and polyamorous clients, the investigator adapted a training and experience questionnaire based off the TEQ developed by Tomko (2008). Tomko designed the questionnaire to assess counseling psychologists' perceived levels of pre-doctoral training (e.g., coursework, practica, internships), post-doctoral training (e.g., workshops, conferences, fellowships), and clinical experience (i.e., counseling, psychotherapy, and assessment) regarding multicultural issues and racial/ethnic minority clients, and regarding aging issues and older adults. Each topic was addressed in a separate 7-item scale, with three items referring to pre-doctoral training and four items referring to post-doctoral clinical experience. Items included, for example, "Please rate the extent of your pre-doctoral practicum and internship training in counseling and psychotherapy with racially/ethnically diverse clients [older adults]," and "Please rate the extent of your post-doctoral training in multiculturalism [aging issues and working with older adults] (e.g., workshops, conferences, post-doctoral fellowship, etc.)." For all but one item for each scale, respondents indicated the extent of their training or experience referred to in each item by marking a point along a Likert-type scale from 1 (*None*) to 7 (*Very extensive*), with a middle point of 4. The one item with a different set of response options asked, "Approximately what percentage of your post-doctoral client caseload has consisted of older adults [racially/ethnically diverse clients]?" with responses again along a 7-point scale, from 1 (0%) to 7 (more than 80%) with a middle point of 4 (36-50%). Responses for each scale were summed, with greater scores indicating greater perceived training and experience with multicultural issues and minority clients or aging

issues and older adults. Tomko utilized just the scale regarding aging and older adults in her own analyses and reported alpha reliability coefficients of .87 for the three items regarding training and .90 for the four items regarding clinical experience.

For the present study, items from Tomko's (2008) scale was be altered to refer to training and experience regarding polyamory and polyamorous clients. The scale was also altered to refer to graduate and post-graduate training and experience rather than pre- and post-doctoral training and experience, to create relevancy for the masters-level as well as doctoral-level psychotherapists who can participate in the study. For six of the scale items, respondents rated the extent of their graduate and then post-graduate training and clinical experience (including assessment and therapy) regarding polyamory and polyamorous clients on a 7-point Likert-scale from 1 (*None*) to 7 (*Very extensive*). For the seventh item, respondents selected a point along another 7-point Likert-scale from 1 (0%) to 7 (more than 25%), with a middle point of 4 (11-15%) to approximate the percentage of their client caseload to date which has consisted of polyamorous individuals. A shortened percentage range was selected for the present study because, compared with the populations of ethnic/racial minority individuals and older adults, polyamorous people are a relatively small population, expected to make up a small percentage of client caseloads for most psychotherapists (See Appendix H).

Demographic Questionnaire

Participants were also instructed to complete a demographic questionnaire. The questionnaire included items requesting information regarding participant age, gender, race/ethnicity, sexual orientation, level and type of degree earned, and years of psychotherapy experience (See Appendix D).

Data Analysis

For statistical analyses of the data, IBM SPSS Statistics 27 was used. Descriptive statistics and Pearson r correlations were calculated for all the variables. To examine the first research question, "to what extent do psychotherapists hold anti-polyamory attitudes?" descriptive statistics for the Attitudes Towards Polyamory Scale (ATP; Johnson et al., 2015) were calculated, including the sample mean and standard deviation. In order to test null hypothesis 1, a 1-sample t -test was conducted. This allows comparison between the psychotherapists' ATP mean and the population sample's ATP mean from the previous study conducted by Johnson et al. (2015).

To examine the second research question, "to what extent do characteristics such as gender, age, extent of training and experience in therapy and assessment with polyamorous clients, and perceived multicultural competence relate to psychotherapists' attitudes towards polyamory?" and to test null hypotheses 2a, an independent samples t -test was conducted to compare anti-polyamory attitudes between men and women. To test null hypotheses 2b, 2c, and 2d correlation analyses was conducted, computing the correlations between the variables of age, extent of training and experience regarding therapy and assessment with polyamorous clients, and perceived multicultural competence, with the dependent variable of anti-polyamory attitudes. Null hypothesis 2e was tested using a simultaneous multiple regression analysis. The independent variables are gender, age, extent of training and experience in therapy and assessment with polyamorous clients, and perceived multicultural competence, and the dependent variable is anti-polyamory attitudes.

To examine the third research question, "to what extent do anti-polyamory attitudes relate to psychotherapists' assessments of a polyamorous client's overall level of psychosocial

functioning?” and to test null hypothesis 3, a hierarchical multiple regression analysis was conducted with the assessment of the client's psychosocial functioning as the dependent variable. To control for extent of training and experience in therapy and assessment with polyamorous clients, education level, and years of clinical experience, those variables were entered together as a block in the first model. The variable of anti-polyamory attitudes was entered as a block in the second model.

To examine the fourth research question, “to what extent do anti-polyamory attitudes relate to psychotherapists' favorable perceptions of a polyamorous client?” and to test null hypothesis 4 a second hierarchical multiple regression analysis was conducted with the variable of favorable perceptions of polyamorous clients as the dependent variable. To control for extent of training and experience in therapy and assessment with polyamorous clients, education level, and years of clinical experience, those variables were entered together as a block in the first model. The variable of anti-polyamory attitudes was entered as a block in the second model.

To examine the fifth and final research question, “to what extent do anti-polyamory attitudes relate to psychotherapists' favorable perceptions of a polyamorous client? and test null hypothesis 5, a third hierarchical multiple regression analysis was conducted with the variable of favorable perceptions of polyamorous clients as the dependent variable. To control for extent of training and experience in therapy and assessment with polyamorous clients, education level, and years of clinical experience, those variables were entered together as a block in the first model. The variable of anti-polyamory attitudes was entered as a block in the second model.

Results

This section presents an examination of the results from this study. First, an overview of the descriptive statistics of the data and the correlations amongst the variables are presented. Then, results of the main statistical analyses for each research questions are presented.

Descriptive Statistics and Correlations Amongst the Variables

IBM SPSS Statistics 27 was used to run all statistical analyses of the data. The categorical demographic variables in this study were gender, race/ethnicity, sexual orientation, highest graduate degree earned, educational status, and type of graduate program. Frequencies and percentages of categorical demographic variables are presented in Table 1. The total number of participants in this study was 63. The majority of participants reported their gender as female ($n = 42$, 66.7%), followed by male ($n = 20$, 31.7%), and one participant who was transgender male ($n = 1$, 1.6%). The large majority of participants indicated they were White ($n = 52$, 82.5%), followed by Black/African-American ($n = 4$, 6.3%). Over three-quarters of the participants identified their sexual orientation as heterosexual ($n = 52$, 82.5%). When asked to report highest graduate degree earned, 54% of participants reported completing a doctoral degree ($n = 34$) and 46% of participants reported completing a master's degree ($n = 29$). Doctoral-level participants tended to report a greater number of years of psychotherapy experience ($M = 24.03$, $SD = 15.50$) than masters-level participants ($M = 7.69$, $SD = 7.59$), $t(49.54) = -5.43$, $p < .001$. 28.6% of participants indicated that they were currently enrolled in doctoral program ($n = 18$). When asked to indicate graduate program type (completed or currently enrolled in), close to half of participants indicated Clinical Psychology ($n = 30$, 47.6%), followed by Counseling Psychology ($n = 12$, 19%), and Social Work ($n = 7$, 11.1%).

Table 1*Frequencies and Percentages of Categorical Demographic Variables*

Variable	<i>n</i>	%
Gender		
Female	42	66.7
Male	20	31.7
Transgender Male	1	1.6
Race/Ethnicity		
White/European American	52	82.5
Black/African-American	4	6.3
Asian/American	2	3.2
Hispanic/Latino(a)/Chicano(a)	2	3.2
Bi/Multi-racial	2	3.2
Other	1	1.6
Sexual Orientation		
Heterosexual	52	82.5
Bisexual	6	9.5
Gay	2	3.2
Lesbian	2	3.2
Queer	1	1.6
Highest Graduate Degree Earned		
Doctoral Degree	34	54
Master's Degree	29	46

Table 1 - Continued

Educational Status		
Not currently enrolled in a graduate-level program	45	71.4
Yes (Doctoral program)	18	28.6
Graduate Program		
Clinical Psychology	30	47.6
Counseling Psychology	12	19
Social Work	7	11.1
Psychiatry	6	9.5
Counselor/Therapist	6	9.5
School Psychology	2	3.2

The continuous demographic variables in the study were age and total years of psychotherapy experience. The means and standard deviations of the continuous demographic variables are presented in Table 2. Participants' ages ranged from 23 to 81 years with an average of 44 years (Median = 36, Mode = 28, $SD = 16.68$). Participants' reported experience providing psychotherapy ranged from 2 to 53 years with an average of 17 years (Median = 8, Mode = 8, $SD = 14.87$).

Table 2*Descriptive Statistics for Continuous Demographic Variables*

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max
Age	63	43.79	16.68	23	81
Psychotherapy experience ^a	63	16.51	14.87	2	53

^aTotal years practicing psychotherapy.

Pearson *r* correlations were calculated for all the main variables. The correlation matrix is presented in Table 3. Ratings on the Global Assessment of Functioning scale (GAF; American Psychiatric Association, 2000), through which participants provided their assessments of the fictional polyamorous client's overall level of psychosocial functioning, ranged from 51 to 85 ($M = 66.67$, $SD = 6.55$, $N = 63$). Scores on the Favorable scale (FAV) of the Adjective Check List (ACL; Gough & Heilbrun, 1983), through which participants indicated their favorable perceptions of the fictional client, ranged from 0 to 44 ($M = 11.78$, $SD = 9.97$, $N = 63$). Scores on the Unfavorable scale (UNFAV) of the ACL, through which participants indicated their unfavorable perceptions of the fictional client, ranged from 0 to 9 ($M = 1.29$, $SD = 1.78$, $N = 63$).

Scores on the Attitudes Toward Polyamory Scale (ATP; Johnson et al., 2015), which measured attitudes towards the polyamorous relationship orientation, ranged from 18 to 47 ($M = 34.71$, $SD = 7.32$, $N = 63$). Scores on the California Brief Multicultural Competence Scale (CBMCS; Gamst et al., 2004), which assessed participants' perceptions of their own multicultural counseling competency, ranged from 56 to 79 ($M = 66.25$, $SD = 5.56$, $N = 63$). Scores on the Polyamory Training and Experience Questionnaire (TEQ), which measured participants' training and clinical experience regarding polyamory and polyamorous clients, ranged from 7 to 28 ($M = 11.41$, $SD = 5.11$, $N = 63$). The TEQ mean corresponds to an item

mean of 1.63, which represents very little training or experience with regard to counseling and assessment with polyamorous clients. Close to half (47.7%, $n = 30$) of the participants indicated that polyamorous clients had made up just one to five percent of their caseloads up to the date of the survey, while 31.7% ($n = 20$) of the participants indicated that their caseloads had not included any polyamorous clients, and just 19.7% ($n = 13$) of the participants indicated that polyamorous clients had made up more than 5% of their caseloads.

Table 3*Correlations Among the Study Variables*

Variable	1	2	3	4	5	6	7	8	9
1. Gender	—								
2. Age	.378**	—							
3. Degree	.025	.463*	—						
4. PsychExp	.396**	.938**	.561**	—					
5. TEQ	-.345**	.028	.049	-.108	—				
6. GAF	.085	-.104	-.246	-.177	.215	—			
7. FAV	-.381**	-.178	-.233	-.293*	.407**	.275*	—		
8. UNFAV	.410**	.321*	.207	.411**	-.390**	.075	-.328**	—	
9. ATP	-.392**	-.666**	-.480**	-.661**	-.004	.166	.328**	-.420**	—
10. CBMCS	-.258*	-.245	.258*	-.156	.130	.004	.088	-.364**	.341**

Note. Gender coded as 0 = female and 1 = male; Degree = Highest graduate degree earned coded as 0 = master's degree and 1 = doctoral degree; PsychExp = Total years practicing psychotherapy; TEQ = Training and Experience Questionnaire; GAF = Global Assessment of Functioning Scale; FAV = Adjective Check List Number of Favorable Items Checked Subscale; UNFAV = Adjective Check List Number of Unfavorable Items Checked Subscale; ATP = Attitudes Towards Polyamory Scale; CBMCS = California Brief Multicultural Competence Scale.

* $p < .05$. ** $p < .01$.

Research Questions and Null Hypotheses

Research Question 1

To what extent do psychotherapists hold anti-polyamory attitudes?

Null hypothesis 1: Levels of anti-polyamory attitudes among psychotherapists are not significantly different those of the general population as measured in a previous study (Johnson

et al., 2015).

To examine the first research question, descriptive statistics for the Attitudes Toward Polyamory Scale (ATP; Johnson et al., 2015) were calculated. As noted in the previous section, ATP scores ranged from 18 to 47 ($M = 34.71$, $SD = 7.32$, $N = 63$). The mean ATP score corresponds to an item mean of 4.96, which is on the favorable side of the scale midpoint of 4, indicating little anti-polyamory sentiment in the sample overall. The participant scores at the highest end of the scoring range suggest completely tolerant attitudes (corresponding to an item mean of 6.71), while those at the lowest end of the scoring range (corresponding to an item mean of 2.58) fall on the intolerant side of the scale midpoint of 4.

To test null hypothesis 1, this study's sample mean was compared through a 1-sample t -test with the sample mean reported for the three samples recruited by Johnson and colleagues as part of their large-scale study investigating attitudes towards types of romantic relationships. The three samples in Johnson and colleagues' study comprised of 430 participants, including 213 females and 214 males. Participants were identified as being comprised of 296 U.S. citizens across two samples, and 134 college students across a third sample. Excluding participants who did not identify as male or female, the sample mean ATP score of 427 female and male participants was 3.87. The mean for the present study was significantly higher than Johnson and colleagues' sample, $t(62) = 33.44$, $p < .0001$, indicating that the psychotherapist participants demonstrated more favorable attitudes regarding polyamorous individuals than did participants in the general population samples. Thus, null hypothesis 1 was rejected.

Research Question 2

To what extent do characteristics such as gender, age, extent of training and experience in therapy and assessment with polyamorous clients, and perceived multicultural competence relate

to psychotherapists' attitudes towards polyamory?

Null hypothesis 2a: Among psychotherapists, men's levels of anti-polyamory attitudes do not differ significantly from those of women.

To examine research question 2 and to test null hypothesis 2a, an independent samples *t*-test was conducted to compare polyamory attitudes (ATP; Johnson et al., 2015) between female and male participants. Data from the one participant who indicated a gender other than female or male was not included in this analysis. Results indicated that female participants' ATP scores ($M = 36.62$, $SD = 6.39$, $n = 42$) were not significantly higher than male participants' ATP scores ($M = 30.50$, $SD = 7.69$, $n = 20$), $t(60) = 3.30$, $p = .224$. Thus, among psychotherapist participants, men's levels of anti-polyamory attitudes did not differ significantly from those women.

Therefore, this study failed to reject null hypothesis 2a.

Null hypothesis 2b: Psychotherapists' anti-polyamory attitudes are not related to age.

To test null hypothesis 2b, a Pearson product-moment correlation coefficient was computed to assess the relationship between polyamory attitudes (ATP; Johnson et al., 2015) and participant age. Results indicated a statistically significant, moderately negative correlation between the two variables, $r = -.665$, $p < .001$, $n = 63$. Older participants tended to have lower ATP scores compared to younger participants, indicating less favorable attitudes towards polyamory as age increased. Thus, null hypothesis 2b was rejected.

Null hypothesis 2c: Psychotherapists' anti-polyamory attitudes are not significantly related to the extent of their training and experience regarding therapy and assessment with polyamorous clients.

To test null hypothesis 2c, a Pearson product-moment correlation coefficient was computed to assess the relationship between polyamory attitudes (ATP; Johnson et al., 2015) and reported

extent of training and experience in psychotherapy, counseling, and assessment with polyamorous clients (TEQ). Results indicated that there was not a statistically significant, correlation between the two variables, $r = -.002$, $p = .985$, $n = 63$. Participants with more extensive training and experience regarding psychotherapy, counseling, and assessment with polyamorous clients did not report polyamory attitudes that differed from participants with less training and experience. Thus, null hypothesis 2c failed to be rejected.

Null hypothesis 2d: Psychotherapists' anti-polyamory attitudes are not significantly related to their perceived multicultural competence.

To test null hypothesis 2d, a Pearson product-moment correlation coefficient was computed to assess the relationship between polyamory attitudes (ATP; Johnson et al., 2015) and perceived multicultural competence (CBMCS; Gamst et al., 2004). Results indicated a statistically significant, positive correlation at the $p < .05$ level between the two variables, $r = .313$, $p = .012$, $n = 63$. Participants with greater perceived multicultural competence reported more positive attitudes toward polyamory. Thus, null hypothesis 2d was rejected.

Null hypothesis 2e: The variables of participant gender, age, level of training and experience in therapy, counseling, and assessment with polyamorous clients, and perceived multicultural competence will not contribute significant variance to the prediction of psychotherapists' anti-polyamory attitudes.

To test null hypothesis 2e, a simultaneous multiple regression analysis was conducted with polyamory attitudes (ATP; Johnson et al., 2015) as the criterion variable, and gender, age, level of training and experience in therapy, counseling, and assessment with polyamorous clients, and perceived multicultural competence (CBMCS; Gamst et al., 2004) as predictor variables. Data from the one participant who indicated a gender other than female or male was not included in

this analysis. The regression model accounted for 49.5% of the variance in ATP scores, Multiple $R = .704$, $R^2 = .495$, Adjusted $R^2 = .460$, $F(4, 57) = 13.977$, $p < .0001$. Thus, null hypothesis 2e was rejected. Only age ($t = -5.36$, $p < .0001$) was a significant unique predictor of anti-polyamory attitudes. The result indicates that younger age amongst psychotherapists predicted lower levels of anti-polyamory attitudes. The results of this analysis are presented in Table 4.

Table 4*Results of Simultaneous Multiple Regression Analysis on ATP Scores*

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Constant	34.380	9.971		3.448	.001
Gender	-2.457	1.737	-.157	-1.414	.163
Age	-.246	.046	-.563	-5.359	< .0001
TEQ	-.092	.146	-.064	-.629	.532
CBMCS	.231	.134	.171	1.728	.089

Note. $N = 62$. ATP = Attitudes Towards Polyamory Scale; Gender coded as 0 = female and 1 = male; TEQ = Training and Experience Questionnaire; CBMCS = California Brief Multicultural Competence Scale. Multiple $R = .704$; $R^2 = .495$; Adjusted $R^2 = .460$; $F(4, 57) = 13.977$, $p < .0001$.

Research Question 3

To what extent do anti-polyamory attitudes relate to psychotherapists' assessments of a polyamorous client's overall level of psychosocial functioning?

Null hypothesis 3: Psychotherapists' anti-polyamory attitudes will not contribute unique significant variance to the prediction of ratings of polyamorous client's overall level of psychosocial functioning.

To examine research question 3 and to test null hypothesis 3, a hierarchical multiple regression analysis was conducted with the Global Assessment of Functioning (GAF; American Psychiatric Association, 2000) ratings as the criterion variable, and extent of training and experience in psychotherapy, counseling, and assessment with polyamorous clients (TEQ), highest graduate degree earned (masters or doctoral), years of psychotherapy experience, and polyamory attitudes (ATP; Johnson et al., 2015) as predictor variables. To control for extent of

training and experience in psychotherapy, counseling, and assessment with polyamorous individuals, highest graduate degree earned, and years of psychotherapy experience, those variables were entered together as a block in the first model. The linear combination of those variables was not significantly related to GAF ratings, Multiple $R = .337$, $R^2 = .113$, Adjusted $R^2 = .068$, $F\text{-change}(3, 59) = 2.516$, $p = .067$, and none of those variables were significant unique predictors of GAF ratings. The variable of polyamory attitudes was then entered as a block in the second model and did not account for any significant additional variance in GAF ratings, Multiple $R = .341$, $R^2 = .116$, Adjusted $R^2 = .055$, $\Delta R^2 = .003$, $F\text{-change}(1, 58) = .170$, $p = .681$. ATP score ($t = -.413$, $p = .681$) was not a significant unique predictor of GAF ratings. Therefore, null hypothesis 3 failed to be rejected. The results of these analyses are presented in Table 5.

Table 5

Results of Hierarchical Multiple Regression Analyses on Participants' GAF Ratings of a Polyamorous Client

Model	Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
1	Constant	68.530	3.093		22.159	< .0001
	TEQ	.290	.160	.226	1.816	.074
	Degree	-3.306	1.933	-.254	-1.710	.092
	PsychExp	-.005	.066	-.011	-.074	.942
2	Constant	65.839	7.227		9.110	< .0001
	TEQ	.295	.161	.230	1.831	.072
	Degree	-3.184	1.969	-.244	-1.617	.111
	PsychExp	.013	.079	.030	.167	.868
	ATP	.062	.150	.069	.413	.681

Note. $N = 63$; GAF = Global Assessment of Functioning Scale; TEQ = Training and Experience Questionnaire; Degree = Highest graduate degree earned coded as 0 = master's degree and 1 = doctoral degree; PsychExp = Total years practicing psychotherapy; ATP = Attitudes Towards Polyamory Scale.

Model 1: Multiple $R = .337$, $R^2 = .113$, Adjusted $R^2 = .068$, $F\text{-change}(3, 59) = 2.516$, $p = .067$.

Model 2: Multiple $R = .341$, $R^2 = .116$, Adjusted $R^2 = .055$, $\Delta R^2 = .003$, $F\text{-change}(1, 58) = .170$, $p = .681$, $F(4, 58) = 1.903$, $p = .122$.

Research Question 4

To what extent do anti-polyamory attitudes relate to psychotherapists' favorable perceptions of a polyamorous client?

Null hypothesis 4: Psychotherapists' anti-polyamory attitudes will not contribute unique significant variance to the prediction of psychotherapists' favorable perceptions of a

polyamorous client.

To examine research question 4 and to test null hypothesis 4, a second hierarchical multiple regression analysis was conducted with favorable perceptions of the polyamorous client (ACL Favorable scale; Gough & Heilbrun, 1983) as the criterion variable, and extent of training and experience in psychotherapy, counseling, and assessment with polyamorous clients (TEQ), highest graduate degree earned (masters or doctoral), years of psychotherapy experience, and polyamory attitudes (ATP; Johnson et al., 2015) as predictor variables. To control for extent of training and experience in psychotherapy, counseling, and assessment with polyamorous individuals, highest graduate degree earned, and years of psychotherapy experience, those variables were entered together as a block in the first model. The predictor variables accounted for 24.5% of the variance in favorable perceptions of the polyamorous client, Multiple $R = .495$, $R^2 = .245$, Adjusted $R^2 = .207$, $F\text{-change}(3, 59) = 6.391$, $p = .001$. Training and experience in psychotherapy, counseling, and assessment with polyamorous individuals ($t = 3.457$, $p = .001$) was a significant unique predictor of favorable perceptions of the polyamorous client at the $p < .01$ level, indicating that more training, education, and experience with polyamorous clients predicted a greater number of favorable adjectives selected to describe the polyamorous client presented.

The variable of polyamory attitudes (ATP; Johnson et al., 2015) was then entered as a block in the second model and did not account for any significant additional variance in favorable perceptions of the polyamorous client, Multiple $R = .529$, $R^2 = .280$, Adjusted $R^2 = .230$, $\Delta R^2 = .035$, $F\text{-change}(1, 58) = 2.801$, $p = .100$. ATP score ($t = 1.674$, $p = .681$) was not a significant unique predictor of favorable perceptions. Therefore, null hypothesis 4 failed to be rejected. The results of these analyses are presented in Table 6.

Table 6

Results of Hierarchical Multiple Regression Analyses on Participants' Favorable Perceptions of a Polyamorous Client

Model	Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
1	Constant	10.151	4.344		2.337	.023
	TEQ	.774	.224	.397	3.457	.001
	Degree	-3.672	2.715	-.185	-1.353	.181
	PsychExp	-.094	.092	-.141	-1.025	.310
2	Constant	-4.844	9.929		-.488	.627
	TEQ	.804	.221	.412	3.633	.001
	Degree	-2.992	2.705	-.151	-1.106	.273
	PsychExp	.006	.109	.009	.056	.955
	ATP	.344	.206	.253	1.674	.100

Note. $N = 63$; FAV = Adjective Check List Number of Favorable Items Checked Subscale; TEQ = Training and Experience Questionnaire; Degree = Highest graduate degree earned coded as 0 = master's degree and 1 = doctoral degree; PsychExp = Total years practicing psychotherapy; ATP = Attitudes Towards Polyamory Scale.

Model 1: Multiple $R = .495$, $R^2 = .245$, Adjusted $R^2 = .207$, $F\text{-change}(3, 59) = 6.391$, $p = .001$.

Model 2: Multiple $R = .529$, $R^2 = .280$, Adjusted $R^2 = .230$, $\Delta R^2 = .035$, $F\text{-change}(1, 58) = 2.801$, $p = .100$, $F(4, 58) = 5.640$, $p = .001$.

Research Question 5

To what extent do anti-polyamory attitudes relate to psychotherapists' unfavorable perceptions of a polyamorous client?

Null hypothesis 5: Psychotherapists' anti-polyamory attitudes will not contribute unique significant variance to the prediction of psychotherapists' unfavorable perceptions of a polyamorous client.

To examine research question 5 and to test null hypothesis 5, a third hierarchical multiple regression analysis was conducted with unfavorable perceptions of the polyamorous client (ACL Unfavorable scale; Gough & Heilbrun, 1983) as the criterion variable, and extent of training and experience in psychotherapy, counseling, and assessment with polyamorous clients (TEQ), highest graduate degree earned (masters or doctoral), years of psychotherapy experience, and polyamory attitudes (ATP; Johnson et al., 2015) as predictor variables. To control for extent of training and experience in psychotherapy, counseling, and assessment with polyamorous individuals, highest graduate degree earned, and years of psychotherapy experience, those variables were entered together as a block in the first model. The predictor variables accounted for 29.1% of the variance in favorable perceptions of the polyamorous client, Multiple $R = .539$, $R^2 = .291$, Adjusted $R^2 = .255$, $F\text{-change}(3, 59) = 8.071$, $p < .0001$. Training and experience in psychotherapy, counseling, and assessment with polyamorous individuals ($t = -3.166$, $p = .002$) and years of psychotherapy experience ($t = 2.714$, $p = .009$) were both significant unique predictors of unfavorable perceptions of the polyamorous client at the $p < .01$ level, indicating that more training, education, and experience with polyamorous clients predicted a lower number of unfavorable adjectives selected to describe the polyamorous client presented, and that more years of experience practicing psychotherapy predicted a higher number of unfavorable adjectives selected.

The variable of polyamory attitudes (ATP; Johnson et al., 2015) was then entered as a block in the second model and accounted for 34.5% of the variance in unfavorable perceptions of the polyamorous client, significantly more than the first model, Multiple $R = .588$, $R^2 = .345$, Adjusted $R^2 = .300$, $\Delta R^2 = .054$, $F\text{-change}(1, 58) = 4.803$, $p = .032$. ATP score ($t = -2.192$, $p = .032$) was identified as a significant unique predictor of unfavorable perceptions at the $p < .05$

level. Therefore, null hypothesis 5 was rejected. In the full model, years of psychotherapy experience ($t = 1.125, p = .265$) was no longer a significant predictor of unfavorable perceptions, leaving just training and experience in psychotherapy, counseling, and assessment with polyamorous individuals ($t = -3.432, p = .001$) as a significant predictor of unfavorable perceptions at the $p < .01$ level. The results of these analyses are presented in Table 7.

Table 7

Results of Hierarchical Multiple Regression Analyses on Participants' Unfavorable Perceptions of a Polyamorous Client

Model	Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
1	Constant	1.857	.753		2.467	.017
	TEQ	-.123	.039	-.352	-3.166	.002
	Degree	.076	.470	.021	.161	.873
	PsychExp	.043	.016	.362	2.714	.009
2	Constant	5.205	1.693		3.074	.003
	TEQ	-.130	.038	-.371	-3.432	.001
	Degree	-.076	.461	-.021	-.165	.870
	PsychExp	.021	.019	.174	1.125	.265
	ATP	-.077	.035	-.316	-2.192	.032

Note. $N = 63$; UNFAV = Adjective Check List Number of Unfavorable Items Checked Subscale; TEQ = Training and Experience Questionnaire; Degree = Highest graduate degree earned coded as 0 = master's degree and 1 = doctoral degree; PsychExp = Total years practicing psychotherapy; ATP = Attitudes Towards Polyamory Scale.

Model 1: Multiple $R = .539$, $R^2 = .291$, Adjusted $R^2 = .255$, $F\text{-change}(3, 59) = 8.071$, $p < .0001$.

Model 2: Multiple $R = .588$, $R^2 = .345$, Adjusted $R^2 = .300$, $\Delta R^2 = .054$, $F\text{-change}(1, 58) = 4.803$, $p = .032$, $F(4, 58) = 7.644$, $p < .0001$.

Discussion

The research findings for the present study are discussed in this section. Findings regarding attitudes toward polyamory amongst psychotherapists are discussed, followed by an overview of the correlates and predictors of negative attitudes toward polyamory amongst psychotherapists, and then a discussion of the relationships between polyamory attitudes and psychotherapists' responses to a polyamorous client. Implications of the study, including suggestions for future research are included. Finally, the limitations of the study are presented.

The purpose of this study was to assess attitudes towards polyamory among psychotherapists and to determine whether relationships exists between such attitudes and psychotherapists' responses to polyamorous clients. Specific aims of the study included identifying the extent to which psychotherapists hold anti-polyamory attitudes and how those may relate to particular responses to polyamorous clients. This study also sought to identify which psychotherapist characteristics may be associated with anti-polyamory attitudes and responses to polyamorous clients.

Attitudes Toward Polyamory Amongst Psychotherapists

Overall, participants in this study held generally favorable attitudes toward polyamory. The mean ATP score among participants corresponded to an item mean of 4.96, which is on the favorable side of the scale midpoint of 4, indicating more positive attitudes towards polyamory than negative or neutral attitudes in the sample overall. Comparison of the current study's results to those of the three generalized population samples recruited by Johnson and colleagues (2015) as part of their large-scale study investigating attitudes towards types of romantic relationships, indicated that the psychotherapist participants demonstrated more favorable attitudes towards polyamory than did participants in the general population samples. The mean ATP score among

Johnson and colleagues' samples (427 female and male participants) corresponded to an item mean of 3.87, which is on the unfavorable side of the scale midpoint of 4, indicating more negative attitudes towards polyamory than positive or neutral attitudes in that sample overall. The mean for the present study was significantly higher than Johnson and colleagues' sample, $t(62) = 33.44, p < .0001$.

Most psychotherapists in this study endorsed highly positive perspectives on polyamory, which runs counter to the expectations from members of the polyamory community that others would pathologize them (Weitzman et al., 2009). Thus, participants' attitudes in this study appear to concur with the few recommendations that polyamory not be pathologized (e.g., Nichols & Shernoff, 2007; Richards & Barker, 2013; Weitzman, 2006; Weitzman et al., 2009).

Correlates and Predictors of Negative Attitudes

The current study also explored the degree to which psychotherapists' negative attitudes towards polyamory were related to their gender, age, training and experience in psychotherapy, counseling, and assessment with polyamorous individuals, and reported multicultural competence.

Gender

Among the participants in the current study, men's levels of anti-polyamory attitudes did not differ significantly from those women. While female participants average score was higher on the ATP than male participants, their difference was not statistically significant. The mean ATP score among male participants corresponded to an item mean of 4.36, which is on the favorable side of the scale midpoint of 4, indicating more positive attitudes towards polyamory than negative or neutral attitudes in the sample overall. In comparison, the mean ATP score among female participants corresponded to an item mean of 5.23, which also indicated more positive attitudes towards polyamory than negative or neutral attitudes. This finding contrasts

previous research which found gender differences in attitudes toward lesbian and gay individuals (Herek, 1994; Leitenberg & Slavin, 1983; Nagoshi et al, 2008) and bisexual individuals (Herek, 2002). One explanation for this finding may be the effect of working in the mental health profession. There may be some characteristic or quality of psychotherapists which mitigates gender differences and contributes to more favorable attitudes amongst males toward polyamorous individuals.

Age

Older participants tended to have lower ATP scores compared to younger participants, indicating less favorable attitudes towards polyamory as age increased. Inversely, the results indicated that younger age amongst psychotherapists predicted lower levels of anti-polyamory attitudes. One explanation for this finding is that older individuals may have less experience with the concept of polyamory and as a result, would be endorsing fewer positive attitudes due to uncertainty about this relationship orientation.

Another possible explanation for the relationship with age and anti-polyamory attitudes which was not examined in this study may be political and social values. Previous research has found that there is a positive relationship between age and conservatism, with older individuals reporting more conservative political-social-cultural attitudes and values (Bettencourt et al., 2011; Cornelis et al., 2009). Older participants with conservative political-social-cultural attitudes and values may be less likely to hold positive attitudes toward a non-traditional relationship orientation.

Training and Experience in Psychotherapy, Counseling, and Assessment with Polyamorous Clients

Participants reported very minimal training or experience with regard to counseling and assessment with polyamorous clients. Close to half (47.7%, $n = 30$) of the participants indicated

that polyamorous clients had made up just one to five percent of their caseloads up to the date of the survey, while 31.7% ($n = 20$) of the participants indicated that their caseloads had never included any polyamorous clients, and just 19.7% ($n = 13$) of the participants indicated that polyamorous clients had made up more than 5% of their caseloads. Psychotherapists continue to face challenges in receiving training or guidance for this population. The majority of graduate programs for mental health training do not address the unique needs and complexities of polyamorous clients and couples through clinical training placements. Furthermore, academic textbooks regarding family systems, couples therapy, and sexuality do not mention polyamory (Weitzman, 2006). Research on how to practice therapy with polyamorous individuals is lacking, with minimal evidence-based treatment protocols for polyamorous clients (McCoy et al., 2014).

In the current study, participants with more extensive training and experience regarding psychotherapy, counseling, and assessment with polyamorous clients did not report lower levels of anti-polyamory attitudes than participants with less training and experience, and thus there was no significant relationship. The study did find that more training, education, and experience with polyamorous clients predicted a lower number of unfavorable adjectives selected to describe the polyamorous client presented. Additionally, less training, education, and experience with polyamorous clients predicted a lower number of unfavorable adjectives selected. Although the study did not find that training and experience contributed to the development of more favorable attitudes, it does provide some support for the provision of such training for psychotherapists in the interest of developing greater cultural competency in working with polyamorous individuals. Future studies using experimental designs could examine the potential impact of such training and experience on attitudes toward polyamory.

Multicultural Competence

Results indicated a statistically significant, positive correlation between perceived multicultural competence and attitudes toward polyamory at the $p < .05$ level between the two variables, $r = .313$, $p = .012$, $n = 63$. Participants with greater perceived multicultural competence reported more positive attitudes toward polyamory, while inversely, participants with lower perceived multicultural competence reported less positive attitudes toward polyamory. However, when considered alongside the variables of gender, age, and extent of training and experience in psychotherapy, counseling, and assessment with polyamorous clients, only age ($t = -5.36$, $p < .0001$) was a significant unique predictor of anti-polyamory attitudes.

While results indicate a significant correlational relationship, measured multicultural competence was not a significant unique predictor of anti-polyamory attitudes when considered amongst other variables. Though there was no singular predictive value found in multicultural competency, correlational significance still provides support for the notion that clinicians who possess a greater degree of general multicultural competence are more likely to hold positive and open-minded views of polyamory, and respond less negatively to polyamorous clients.

Attitudes and Responses to Polyamorous Clients

To investigate possible relationships between attitudes and psychotherapists' responses to polyamorous clients, three client response measures were used: the GAF scale (American Psychiatric Association, 2000), through which participants assessed the fictional client's overall psychosocial functioning, and the Favorable and Unfavorable scales of the Adjective Check List (Gough & Heilbrun, 1983), through which participants expressed their favorable and unfavorable perceptions of the client's personal characteristics. Previous research has suggested that the accuracy of clinical judgments is positively influenced by experience, whether clinical or

educational (Spengler et al., 2007); therefore, regression analyses controlled for the variables of graduate degree earned, years of psychotherapy experience, and extent of training and experience in psychotherapy, counseling, and assessment with polyamorous clients. Findings related to each response measure are discussed.

Global Assessment of Functioning

Ratings on the Global Assessment of Functioning scale (GAF; American Psychiatric Association, 2000), through which participants provided their assessments of the fictional polyamorous client's overall level of psychosocial functioning, ranged from 51 to 85 ($M = 66.67$, $SD = 6.55$, $N = 63$). Results found that polyamory attitudes were not significantly correlated and did not relate to psychotherapists' assessments of a polyamorous client's overall level of psychosocial functioning. Neither graduate degree earned, nor years of psychotherapy experience, nor extent of training and experience in psychotherapy, counseling, and assessment with polyamorous clients correlated with GAF ratings of the polyamorous client and none of those variables were significant unique predictors of GAF ratings.

Spengler and colleagues' (2007) meta-analysis of clinical judgment research found that educational and clinical experience contribute to clinical judgment accuracy; however, they did not specify their measures, making it is possible that none of the analyzed studies used the GAF scale. If not, it may be that Spengler and colleagues' findings do not apply to clinical judgments made via the GAF scale (American Psychiatric Association, 2000).

A possible explanation for these results may be a lack of training and progressive decrease in the GAF scale's (American Psychiatric Association, 2000) clinical use. As the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) dropped the multi-axial diagnostic system and moved to a dimensional system

of diagnostic classification, the GAF scale was eliminated as well. Assessment using the GAF scale may be outdated, and participants may have used it in this study with minimal past experience and/or minimal recent experience, as well as the possibility that some younger clinicians may have never used the GAF scale at all.

Favorable Perceptions

Participants in this study tended to endorse significantly more favorable than unfavorable adjectives from the Adjective Check List (ACL; Gough & Heilbrun, 1983), to describe the fictional polyamorous client. The number discrepancy between the adjective types endorsed may have been partly a result of how the fictional client and presenting issues were formulated and presented in the intake summary; however, it was also likely explainable by the participants' anti-polyamory attitudes. Participants who expressed lower levels of anti-polyamory attitudes tended to endorse a significantly greater number of favorable adjectives to describe the fictional polyamorous client, as well as significantly fewer unfavorable adjectives. Despite the significant correlation found between anti-polyamory attitudes and favorable perceptions of the polyamorous client, the present study did not find attitudes to be a significant unique predictor of favorable perceptions of the client.

When considered with the variables of highest graduate degree earned and total years of psychotherapy experience, extent of training and experience in psychotherapy, counseling, and assessment with polyamorous individuals was a significant unique predictor of favorable perceptions of the polyamorous client, indicating that more training, education, and experience with polyamorous clients predicted a greater number of favorable adjectives selected to describe the polyamorous client presented.

Unfavorable Perceptions

As stated in the previous section, participants in this study tended to endorse far more favorable than unfavorable adjectives from the Adjective Check List (ACL; Gough & Heilbrun, 1983), to describe the fictional polyamorous client. Overall, 36.5% of participants did not endorse any unfavorable adjectives at all. Participants who expressed more unfavorable attitudes toward polyamory tended to endorse a greater number of unfavorable descriptors of the polyamorous client. Training and experience in psychotherapy, counseling, and assessment with polyamorous individuals and years of psychotherapy experience were both significant unique predictors of unfavorable perceptions of the polyamorous client, indicating that more training, education, and experience with polyamorous clients predicted a lower number of unfavorable adjectives selected to describe the polyamorous client presented, and that more years of experience practicing psychotherapy predicted a higher number of unfavorable adjectives selected. ATP score was identified as a significant unique predictor of unfavorable perceptions, indicating that negative attitudes toward polyamory predicted unfavorable perceptions of the polyamorous client.

Implications

This exploratory study investigated psychotherapists' attitudes towards polyamory and determined whether relationships exist between such attitudes and responses to polyamorous clients. This study also sought to identify which psychotherapist characteristics may be associated with anti-polyamory attitudes and responses to polyamorous clients.

This study contributes to the research and literature on polyamory by addressing attitudes towards polyamory, specific to psychotherapists. The amount of research focused on attitudes towards polyamory is scarce, and of that, little is aimed at mental health clinicians. The most

significant studies assessing psychotherapists' attitudes towards polyamory were published by Hymer and Rubin in 1982 and Knapp in 1975. In both of those studies, the researchers found that large percentages of clinician samples held negative attitudes towards polyamory, pathologizing and disparaging polyamorous individuals. In contrast, the current study found that psychotherapists who participated in the study held more positive attitudes towards polyamory than negative or neutral attitudes. This suggests that psychotherapists' attitudes towards polyamory have changed over time. Results from the current study also found that participants with greater perceived multicultural competence reported more positive attitudes toward polyamory and age of participants was associated with attitudes towards polyamory.

Future directions should include research on factors contributing to such attitude change, including the impact of education and multicultural competence development. Absent from this study was a consideration of Allport's (1954) theory of *contact hypothesis*; the idea that exposure to members of a minoritized out-group can contribute to a decrease in prejudice toward that group as a whole. Accordingly, participants who are in more regular contact with polyamorous individuals, perhaps outside of the clinical setting, may gain more exposure to the relationship lifestyle, contributing to an enhanced conceptual understanding of polyamory, and increased tolerance and acceptance of it. Similarly, increased exposure through education and training may be mediums for attitude change in the mental health field, and advancement of care for individuals who have been stigmatized and marginalized.

Future research would benefit from investigation of additional psychotherapist factors and traits which may impact or be associated to attitudes towards polyamory; factors of note which were not explored or fully represented in the current study include psychotherapists' race/ethnicity, sexual orientation, relationship orientation, personal familiarity with polyamorous

individuals, religion, political affiliation, and social values. Such variables would all be worthy of further investigation.

Finally, results from this study demonstrate the need for clinicians to be more aware of their own bias and the impact of stigma on the therapeutic relationship, to further their knowledge of nontraditional living patterns, and for training institutions to recognize this as a part of cultural competence and be more mindful of its inclusion in the curricula.

Limitations

There were a number of limitations to the current study. First, while the use of web-based sampling aimed to reach a diverse, national sample of psychotherapists, it was not random and the sample of participants were not diverse in terms of race, ethnicity, or sexual orientation. Regarding, the study's sampling technique, the principal investigator utilized "snowball sampling," a non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances (Goodman, 1961). While this was done to increase the number of participants in a limited data collection time period, it impacted the quality of the sample. Snowball sampling is non- random and contravenes many of the assumptions supporting conventional notions of random selection and representativeness (Atkinson & Flint, 2004). Furthermore, the web-based sample method may be biased towards the characteristics of online population such as gender, age, education level, and socioeconomic level (Baltar & Brunet, 2012). Self-selection of participants may have also influenced responses. For example, the word *polyamory* was included in the title of the recruitment email. The mere presence of the word *polyamory* and the implication that the researcher was interested in psychotherapists' attitudes towards polyamory may have attracted participants who were more interested in or familiar with polyamory. Lastly, the sample size was small ($N = 63$), which contributed to lower statistical

power and a diminished likelihood of reproducibility. These issues may limit the generalizability of the findings to the population of psychotherapists at large and/or to subsets comprised of racial, ethnic, and sexual orientation minority members. Future studies using random sampling, perhaps with additional targeted recruitment to obtain a more diverse sample of participants, may help address this issue.

Measurement issues and design shortcomings were also limitations of the study. As discussed earlier, the use of the Global Assessment of Functioning scale (GAF; American Psychiatric Association, 2000), may not have been optimal, as its use in clinical settings may not be as common as it once was, and thus not a reliable measure for this sample population. Finally, the design of this study was correlational and thus not able to determine causal relationships. Although the study established an association between multicultural competency and attitudes towards polyamory, it cannot be said that the degree of multicultural competency of participants caused more positive attitudes towards polyamory, or contrariwise. Future research could evaluate causal factors using an experimental design.

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Appendix A

Research Invitation

Dear colleagues,

My name is Adam Herbert and I am a doctoral student at the Graduate School for Applied and Professional Psychology at Rutgers University. I cordially invite psychotherapists to participate in a survey of psychotherapists' clinical impressions and attitudes regarding polyamory for my dissertation study. The purpose of this study is to assess attitudes towards polyamory among psychotherapists and to examine potential relationships between those attitudes and particular responses to polyamorous clients. This study also seeks to identify which psychotherapist characteristics may be associated with particular attitudes and responses to polyamorous clients.

You are eligible to participate in this study if you meet all of the following criteria:

- 1) You are 18 years of age or older *and*
- 2) You are a practicing mental health professional including but not limited to: social workers, mental health counselors, psychologists, psychiatrists, or any professional that has provided psychotherapy services for clients with problems of a psychological nature, *and/or* you are currently enrolled in a graduate program in which one is training to be a mental health professional in the future and has some clinical experience with clients.

Participation involves responding to a brief, fictional client intake summary, and completing questionnaires regarding issues related to polyamory, multicultural competencies, training and clinical experience, and a demographic questionnaire. Survey completion will take place entirely online and is expected to take approximately 20-30 minutes.

Upon completion of the survey, participants will have the opportunity to enter a drawing to win a \$100 VISA gift card.

If you are interested in learning more about participating, please click on the link below (or cut and paste the URL into your web browser) and you will be directed to the participant consent document for this study:

https://rutgers.ca1.qualtrics.com/jfe/form/SV_a4PNB9Xwti43Aod

Please consider forwarding this invitation to eligible graduate students and/or professional colleagues who may be interested in participating in my study. Feel free to contact me if you have any questions or concerns regarding this study.

Sincerely,

Adam Herbert, Psy.M.
Principal Student Investigator
Graduate School of Applied and Professional Psychology
Rutgers University
Email: ahert818@gsapp.rutgers.edu
Phone: (551) 206-6292

Appendix B

CONSENT FORM
FOR ANONYMOUS DATA COLLECTION

You are invited to participate in a research study that is being conducted by Adam Herbert, Psy.M., who is an advanced doctoral student in the Clinical Psychology (Psy.D.) department at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University. The purpose of this research is to assess psychotherapists' attitudes regarding polyamory and to determine whether relationships exist between such attitudes and psychotherapists' responses to polyamorous clients. Specific aims of the study include identifying the extent to which psychotherapists hold anti-polyamory attitudes and how those may relate to particular responses to polyamorous clients. This study also seeks to identify which psychotherapist characteristics may be associated with anti-polyamory attitudes and responses to polyamorous clients.

This research is anonymous. Anonymous means that I will record no information about you that could identify you. There will be no linkage between your identity and your response in the research. This means that I will not record your name, address, phone number, date of birth, etc. To protect your privacy during data collection, the survey web host uses technology to prevent subsequent users of the computer you utilize from viewing your survey responses. Survey responses are encrypted and transmitted to the survey web host into a password-protected database, accessible only by the researchers. There will be no way to link your responses back to you. Therefore, data collection is anonymous.

The research team and the Institutional Review Board at Rutgers University are the only parties (please modify if others will have access to the data) that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for three years after the date of completion of this research study.

There are no foreseeable risks to participation in this study. In addition, you may receive no direct benefit from taking part in this study.

Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

If you have any questions about the study or study procedures, you may contact myself at:

Adam Herbert
Graduate School of Applied and Professional Psychology, Rutgers University
152 Frelinghuysen Road
Piscataway, NJ 08854
Email: ahert818@gsapp.rutgers.edu
Phone: (551) 206-6292

You can also contact my faculty advisor:

Dr. Karen Riggs Skea
Graduate School of Applied and Professional Psychology, Rutgers University
152 Frelinghuysen Road
Piscataway, NJ 08854
Email: kskea@aol.com

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Document Version: v1.0

Page 1

 **RUTGERS | eIRB**
APPROVED
IRB ID: Pro2017000002
Approval Date: 2/10/2018
Expiration Date: 12/31/69

Phone: (732) 247-7489

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-2866
Email: humansubjects@orsp.rutgers.edu

Please retain a copy of this form for your records. By participating in the above stated procedures, then you agree to participation in this study.

If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, click on the "I Agree" button to begin the survey/experiment. If not, please click on the "I Do Not Agree" button which you will exit this program.

I Agree

I Do Not Agree

For IRB Use Only. This Section Must be Included on the Consent Form and Cannot Be Altered Except For Updates to the Version Date.

Document Version: v1.0

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 **RUTGERS** | eIRB
APPROVED
IRB ID: Pro2017000002
Approval Date: 2/10/2018
Expiration Date: 12/31/69

Appendix C

**Approval for Remote Online Use
of a Mind Garden Instrument**

Effective date is May 31, 2020 for:

[Adam Herbert](#)

You submitted your Application for Remote Online Use at 9:40 am EDT on May 22, 2020.



[v2]

Adam Herbert

Remote online use of the Mind Garden instrument stated below is approved for the person on the title page of this document.

Your name:

Adam Herbert

Email address:

abert818@gsapp.rutgers.edu

Company/institution:

Graduate School of Applied and Professional Psychology - Rutgers University

Mind Garden Sales Order or Invoice number for your license purchase:

QIZOQYSKK

The name of the Mind Garden instrument you will be using:

Adjective Check List

Please specify the name of and web address for the remote online survey website you will be using and describe how you will be putting this instrument online:

Qualtrics Survey Software (Licensed to Rutgers University): <https://rutgers.ca1.qualtrics.com/>
 Adjectives from this instrument will be presented online following a review of two fictional client vignettes. Participants will be asked to click to mark a box next to those which they believed characterized the fictional client.

Please include any other comments or explanations you would like to provide about your remote online use of a Mind Garden instrument:

I am clinical psychology doctoral student (Psy.D. candidate) requesting permission to use the Favorable and Unfavorable scales of the ACL for a project entitled "Psychotherapists' Attitudes Toward Polyamory and Responses to Polyamorous Clients"

The Remote Online Survey License is a data license for research purposes only. This license grants one permission to collect and disclose (a) item scores and scale scores, (b) statistical analyses of those scores (such as group average, group standard deviation, T-scores, etc.) and (c) pre-authorized sample items only, as provided by Mind Garden, for results write-up and publication.

The instrument items, directions, manual, individual report, group report, and any other descriptive information available through Mind Garden is the intellectual property of the copyright holder and can be used only with purchase or written permission from Mind Garden.

added 13 September 2018

Adam Herbert

Conditions of Use

Question	Answer
I will administer this Mind Garden instrument for research purposes only.	I agree to this condition.
I will not send Mind Garden instruments in the text of an email or as a PDF file to survey participants.	I agree to this condition.
I will put the instrument copyright statement (from the footer of my license document; includes the copyright date, copyright holder, and publisher details) on every page containing questions/items from this instrument.	I agree to this condition.
I will send screenshots of my online survey to info@mindgarden.com so that Mind Garden can verify that the copyright statement appears.	I agree to this condition.
I will compensate Mind Garden, Inc. for each license use; one license is used when a participant first accesses the online survey.	I agree to this condition.
I will track my license use.	I agree to this condition.
Once the number of administrations reaches the number purchased, I will purchase additional licenses or the survey will be closed to use.	I agree to this condition.
I will remove this online survey at the conclusion of my data collection and I will personally confirm that it cannot be accessed.	I agree to this condition.

I agree to abide by each of the conditions stated above

Your name (as electronic signature):
Date:

Adam Herbert
5/22/2020

Appendix D

Demographic Questionnaire

1. What is your age? (Please enter your age in years):

2. Please indicate your gender:
 - ☐ Female
 - ☐ Male
 - ☐ Transgender Female
 - ☐ Transgender Male
 - ☐ Gender Variant/Non-Conforming
 - ☐ Other (Please Specify)_____
3. Please indicate your race/ethnicity. Check all that apply:
 - ☐ Asian/Asian American
 - ☐ Black/African American
 - ☐ Hispanic/Latino(a)/Chicano(a)
 - ☐ Native American or Alaskan Native
 - ☐ White/European American
 - ☐ Bi/Multi-racial
 - ☐ Other (Please specify)_____
4. Please indicate your sexual orientation. Check all that apply:
 - ☐ Bisexual
 - ☐ Gay
 - ☐ Heterosexual
 - ☐ Lesbian
 - ☐ Queer
 - ☐ Other (Please specify)_____
5. Please indicate the highest degree level you've completed thus far in a mental health service-related field:
 - ☐ Master's degree
 - ☐ Doctoral degree
 - ☐ None
 - ☐ Other (Please specify)_____
6. Please indicate the type of program from which you earned your highest degree thus far in a mental health service-related field. Check all that apply:
 - ☐ Clinical Psychology
 - ☐ Counseling Psychology
 - ☐ Psychiatry
 - ☐ School Psychology

- Social Work
 - Counselor/Therapist
 - Other (Please specify)
-

7. Please indicate if you are currently enrolled in a graduate-level program:

- Yes (Master's program)
 - Yes (Doctoral program)
 - I am not currently enrolled in a graduate-level program
 - Other (Please specify)
-

8. Approximately how many total years of experience providing psychotherapy have you had, including, practica, externships, internships, employment, etc.? (Please enter the number of years in digits, rather than words)

Appendix E

Attitudes Towards Polyamory Scale (ATP; Johnson et al., 2015)

Please indicate how much you disagree or agree with the following statements.

1	-	2	-	3	-	4	-	5	-	6	-	7
Disagree												Agree
Strongly												Strongly

Items in ATP Scale

1. Polyamory is harmful to children. [R]
2. Polyamorous relationships can be successful in the long term.
3. I think that committed relationships with more than two individuals should have the same legal rights as married couples.
4. People use polyamorous relationships as a way to cheat on their partners without consequence. [R]
5. I would allow my children to spend time with a peer who had polyamorous parents.
6. Polyamorous relationships spread STIs (sexually transmitted infections). [R]
7. Religious forms of polyamory (such as polygamy) are acceptable.

[R] denotes reverse-coded items

Appendix F

Fictional Client Intake Summary

Please read the following fictitious intake summary. After reading the summary, you will be asked to share your impressions of the client.

Bob presented for therapy appearing neatly groomed, with short hair, wearing slacks and a buttoned-down dress shirt. On the intake form, Bob indicated that he was polyamorous. Upon inquiry, Bob reported that he was married to his wife of 3 years and had recently began a romantic relationship with another woman approximately 6 months ago. Bob noted that both his wife and his girlfriend were aware of his relationships to each of them. He appeared tense and visibly anxious initially as he explained why he was seeking therapy. Bob reported feeling very "stressed" about his job and complained that his supervisor constantly critiques his work. Bob described this as confusing and frustrating, given that previous managers praised his work. He noted that he gets along well with everyone else in the office and enjoys socializing after work with some of them on a regular basis. Bob stated that he feels intimidated by his supervisor and finds himself spending increasingly more of his work time thinking and worrying about their next interaction, even when trying to focus instead on his work tasks. Bob acknowledged that his work performance has begun to suffer noticeably over the past couple of weeks and he is now worried that his supervisor's critiques will eventually become justified and he will lose his job. Bob criticized his own inability to cope better with the work situation and shared how "everything" feels more challenging to handle since the death of his mother a year ago. Bob shared that he often thinks about his mother and feels sad and also guilty that he wasn't there when his mother died. He reported that he frequently wonders if he'd feel better if he moved back to his hometown to be closer to his family, with whom he described having supportive relationships. Bob noted that he just can't seem to think through his options clearly right now in regards to a move. He stated that he's brought the issue up to his wife and girlfriend, and both of them encouraged him to seek therapy. During the intake, Bob was open and cooperative, and appeared to relax over the course of the session. He reported some difficulty falling asleep at night over the past two weeks, but no other sleep or appetite disturbances. Bob denied any current suicidal ideation or self-injurious behavior.

Appendix G

Polyamory Definition Material

The following survey questions refer to your training and experience regarding polyamory issues and your personal familiarity with polyamorous individuals. In answering those questions, please refer to the following definitions and information about polyamory and two other types of 'consensual non-monogamy':

What is polyamory?

Polyamory is defined as the philosophy or state of being in love or romantically involved with more than one person at the same time ("Polyamory," n.d.). Benson (2008) expanded the definition to include the practice of theory of having emotionally intimate relationships with more than one person simultaneously, with sex as a permissible expression of the caring feelings, openly and honestly keeping one's primary partner or partners (or dating partners) informed of the existence of other intimate involvements. McCoy et al. (2014) have summarized polyamorous relationships as being characterized by individuals who pursue multiple concurrent romantic relationships with the permission of their partners. This is in contrast to monogamy, where relationship partners agree to romantic exclusivity. This is also in contrast to infidelity, where someone engages in additional romantic relationships without their partner's consent.

Polyamory is considered a type of 'consensual non-monogamy.'

Polyamory is considered a type of 'consensual non-monogamy,' a term used to describe intimate romantic relationships between more than two people and are therefore nonexclusive, either sexually that are negotiated, emotionally, or in combination (Conley et al., 2012). Rubel and Bogaert (2015) and Matsick et al. (2013) group polyamory amongst three types of consensual nonmonogamy that are consistently discussed in the literature: the other two being 'swinging' and 'open relationships'.

What is swinging?

Swinging is a relationship in which a couple engages in extradyadic sex, usually at parties or social situations where both partners are present.

What are open relationships?

Open relationships are dyadic relationships in which partners can have extradyadic sex partners.

References:

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Training, Experience, and Familiarity Questionnaire

Click to mark the response that best fits your experience using the the following scale:

[illegible]