

Adding to the Rainbow of Diversity: Caring for Children of Polyamorous Families

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KEY WORDS

Children, diversity, mental health, non-monogamy, polyamory

Indirect evidence suggests that interest in and practice of polyamory is increasing in the United States. Pediatric nurse practitioners (PNPs) may come into contact with polyamorous families. This case study describes polyamory, addresses the known research on the child's experience by developmental stage, and responds to potential queries about mental health issues and outcomes.

CASE PRESENTATION

A 10-year-old girl is presenting to the pediatric clinic for her annual well child visit. She is in the fourth grade in a Spanish immersion program in an urban setting, has a well-rounded diet, receives regular dental care, sleeps well for 10 hours nightly, and is physically active for over an hour (often 2 hours) each day. She especially loves tree climbing and gymnastics. She has no significant past medical history, and her immunizations are up to date.

The patient's growth metrics and examination findings are all within normal limits. She is bright-eyed,

talkative, and full of joyful energy. You begin to ask more in-depth questions about her psychosocial development, with an aim to discuss upcoming changes, such as puberty. When you ask about home life, her mother tells you that the family is polyamorous. The patient's mother has been married to the patient's father for 24 years and has had a second male partner for the last 6 years. The patient's mother and father have two children: a 20-year-old son (away at college) and the patient. The patient's mother tells you she is happily married to her husband and that her husband and her second partner get along quite well. As a physician, her second partner has a demanding schedule, but he manages to spend time with the patient's mother, or the whole family, at least two or three times weekly. The patient's mother says her second partner has a close relationship with the patient. The patient calls her mother's second partner her "pet dad" and laughs.

CASE STUDY QUESTIONS

1. What is polyamory?
2. What is the child's experience in polyamorous families?
3. What are the markers for favorable mental health for children in polyamorous families?

What Is Polyamory?

Polyamory is the practice of ethical (or consensual) non-monogamy (Hutzler, Giuliano, Herselman, & Johnson, 2016; Sheff, 2015; Veaux & Rickert, 2014; Williams & Prior, 2015). A polyamorous person is someone who has (or is open to having) more than one romantic relationship at a time, with the knowledge and consent of all partners involved. In polyamory, the focus is on deep relationships. This differs from *swinging*, where the focus is recreational sex.

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Conflicts of interest: None to report.

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The underpinning philosophy of polyamory is that love is limitless: you can love more than one partner at a time, just as you can love more than one child at a time. Although love may be limitless, polyamorists recognize that time and attention are not. These are often the limiting factors in developing more romantic relationships, similar to how they can be limiting factors in having more children. Believing in, and embodying, the philosophy of polyamory generally requires a cognitive paradigm shift, because monogamy or serial monogamy is the contemporary norm in the United States. Unlike polygamy (which, historically in the United States, was/is most often practiced as polygyny [men having multiple wives] and not polyandry [women having multiple husbands]), polyamory as discussed in this article is not associated with religious doctrine. Moreover, polygamy (in the United States) tends to operate within a possessive, patriarchal model, whereas polyamory tends to operate within a nonpossessive, egalitarian model (Jacobson & Burton, 2011; Jordan, Grogan, Muruthi, & Bermudez, 2017; Sheff, 2015; Veaux & Rickert, 2014).

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The prevalence of polyamory in the United States is unknown. Anecdotally, it is thought that many polyamorists are closeted (secretive) because of concerns about being on the receiving end of prejudice, contempt, aversion, hatred, stigma, or other negative attitudes. These concerns are not unfounded based on Burleigh's (2016) and Hutzler et al.'s (2016) research on the presence of, and possible mechanisms behind, prejudice toward polyamorists. Despite the potential stigma, indirect evidence suggests that interest in and the practice of polyamory are increasing (Hogenboom, 2016; Hutzler et al., 2016; Moors, 2017).

What Is the Child's Experience in Polyamorous Families?

Psychologist Elizabeth Sheff conducted the largest study on this topic to date: a 15-year qualitative, ethnographic study on polyamorous families with children living in the United States, from approximately 1996 through 2012, interviewing 131 children (ages 5 years and older) and adult members of polyamorous families and conducting serial observations of 500 polyamorous family members of all ages (Sheff, 2015). The self-selected adult participants tended to be well-educated, largely heterosexual, middle to upper-middle class professionals concentrated in urban settings. This research found that children's experiences and

responses to their parents' polyamory depended on their developmental stage.

Children younger than 5 years are becoming aware of gender differences (both socially constructed and biological), developing curiosity about sexuality, and learning social boundaries around sexuality. This research found that, consistent with Piaget's conception of the preoperational stage, young children in polyamorous families show centration (tendency to focus on only one aspect of a situation at a time) and egocentrism (inability to see a situation from another's point of view). Children at this stage tended to respond positively to consistent, caring adults in their lives, focusing attention on the adult's relationship with them rather than on how the adults were romantically or sexually related to each other. Moreover, they "did not problematize their family forms but rather took them for granted as the norm" (Sheff, 2015, p. 265).

Middle childhood includes Piaget's operational stage (characterized by the development of logical thought) and Erikson's industry versus inferiority stage (characterized by the development of healthy self-esteem and competence). Toward the end of this developmental period, children in polyamorous families were increasingly aware that their families were different from many of their friends' families (which is likely an outgrowth of logical thought) and that this information was sometimes upsetting to other adults. However, in this sample, these differences did not result in adverse peer relationships. The children generally did not volunteer to peers that their family was different, which may have had a protective effect against adverse experiences in peer relationships.

Given the frequency of divorce, remarried/blended families, and single parents, the appearance of a new adult family member is not uncommon in families of school-aged children, and thus a polyamorous family may not be recognized as unusual unless they choose to come out (Sheff, 2015). The experience of the 10-year-old patient in this case study aligned with this description. In conversation, she acknowledged that her family was different than many families, although she saw no reason to announce this difference to new acquaintances. She happily described friends' families that were like hers and some that were different. Furthermore, she reported pleasant relationships (and denied problematic ones) at school and in her neighborhood.

Adolescent development is characterized by Piaget's formal operational period (developing abstract thought) and Erikson's identity versus role confusion. As predicted, adolescents in Sheff's study more richly comprehended the subtleties and complexities of the particular permutation of their family's polyamorous structure. Adolescents in this study tended to be more concerned about their own social lives than their parents' social lives, pursuant to their own identity development.

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