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Research Article

Clinical evidence in Troilism (Polygamy and Polyamory): Definition, psychological profiles and clinical implications

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Abstract

Purpose: Starting from the psychopathological hypothesis of 'Troilism', just like 'Cuckolding', correctly framed (the latter) as a paraphilia, the present research aims to identify the clinical evidence capable of confirming the initial hypothesis, trying to identify the possible aetiological causes. For the purposes of this research, other possible causes that are not directly linked to a psychopathological nature are therefore excluded.

Methods: The phases of the research were divided as follows: 1) Selection of the population sample divided into seven groups (A, B, C, D, E, F, G) as indicated in section 3 of this research work; 2) Clinical interview, to each population group; 3) Administration of the PICI-2 and PSM-Q (sections A, E), to each population group; 4) Data processing following administration; 5) Comparison of data obtained.

Results: The entire sample of the selected population (550 people) presents a number of dysfunctional personality traits that are significant for diagnosing a specific disorder; in particular: in cluster A anxiety disorder, phobic disorder, obsessive disorder, dependent disorder and depressive disorder are recurrent; in cluster B bipolar disorder, borderline disorder, narcissistic disorder and sadistic-masochistic disorder are recurrent; in cluster C schizoid disorder, schizotypal disorder, schizoaffective disorder and dissociative disorder are recurrent. Behavioural dependency disorder and/or drug/alcohol dependency disorder is present in all the subjects investigated. In the male population sample (192 individuals), the percentage of cluster B disorders (with a greater prevalence for borderline and narcissistic disorder) tends to be markedly higher than in the female sample in the sexual troilistic forms, while it attenuates in the polyamorous form. In the female sample (358 persons), the percentage of cluster B disorders (with a higher prevalence for borderline and narcissistic disorder) tends to be markedly higher than in the male sample in the sentimental troilistic forms, while it attenuates in the polysexual form, although it is still higher than the average for the male sample. In both sexual genders, the net prevalence of cluster C disorders (in comorbidity with narcissistic traits) is in the anarchic sentimental troilistic form. The entire sample of the selected population (550 people) presents positivity on the test of dysfunctional behaviour in polygamous relationships, with extremely high data in the relational troilistic and polyamorous forms with a binary and/or anarchic style. The integrative questions put to the selected population sample revealed: for the male population sample, betrayal (76.4%) as the main cause that influenced the polygamous choice and narcissistic control in the relationship (47.4%) as the preferred cause of the polygamous choice. A clear minority (28.8%) is not sure or has doubts about the polygamous choice; for the female sample, failed family experiences (61.9%) are the main cause that influenced the polygamous choice and narcissistic control in the relationship (47.4%) is the preferred cause of the polygamous choice. A clear minority (23.3%) is not sure about the polygamous choice or has doubts, although the choice to embark on polygamous life is for a good percentage (40.4%) dependent on a choice originally proposed by the partner, unlike the male sample (18.6%).

Conclusions: The data reported and re-elaborated show the total psychopathological predisposition of subjects who consciously and intentionally undertake a polygamous style of couple relationship, confirming the prevalence of borderline and narcissistic disorders, up to the marked presence of psychotic dysfunctional traits in subjects who prefer the sentimental anarchic type of troilist relationship. The main causes that push the subject to undertake the troilist path are mainly traumatic relational experiences of a familial and affective-sentimental kind (betrayal); therefore the emotional tension and anxiety deriving from the fear of reliving negative experiences is attenuated by the troilist style of relationship that allows greater control of the couple's relationship and internal dynamics, favouring a marked narcissistic control that generates, aggravates or self-feeds the dysfunctional traits found. In fact, the emotional experiences lived during the troilist (polygamous or polyamorous) conduct act as positive reinforcement, for the maintenance and strengthening of the subject's beliefs. Confirmation of this hypothesis is the finding that, for both the male and female population samples, narcissistic control is the central motive for maintaining the troilist style. As already confirmed in another study, the troilist choice (polygamous or polyamorous) is also to be considered markedly psychopathological, and therefore deserving of in-depth clinical investigation in order to better frame the patient and support him or her adequately.

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Introduction and background

In the literature, the behaviour of voluntarily and knowingly inducing one's partner to engage in sexual acts with other people is almost always improperly, judgmental, derogatory and incorrectly classified as 'cuckolding', whereas in fact the correct terminology is 'troilism' [1,2].

The terminological error is caused by the inexact knowledge of the theoretical model, which confuses paraphilia (cuckolding) with troilist conduct, profoundly different in type and structure; in fact: in cuckolding, the sexual experience is focused on the object and not on the person, in order to satisfy one's own drives and narcissistic desires (a), the sexual experience is not lived as a couple's game but as a violence or a forcing on the person that often exceeds the previously imposed limits (b, e, f), the emotional and emotional manifestations lived before during and after the sexual experience are not shared between the two partners of the main couple (or at the most the object of discussion is the carnal act itself and the use of the partner as a means to realise the paraphilia) and therefore do not enrich the experiential baggage of the individual members or of the couple itself (c), suffering most of the time a violation of the self-imposed code of conduct before the beginning of the experience (d); in "Troilism", on the other hand, the sharing of the experience is planned with respect for mutual differences, needs and pleasures (a), becoming in fact a game that always provokes a shared, conscious and emotionally positive pleasure (b, c) according to a precise code of conduct, even implicit (d), based on love, freedom and altruism (e), in such a way that sex is a positive and satisfying experience and that it is not the central motive for acting but a "glue" of the relationship, built on honesty, sincerity, loyalty and sharing one's emotions, fantasies and drives, without fear of judgement, condemnation, guilt, shame or fear (f) [2-10].

Troilism', thus understood as relational behaviour in couples and not as a paraphilia, can be distinguished in various forms, which in some cases complement each other or are combined [11].

1) Relational

When the search for pleasure by one or both partners is aimed exclusively at the courtship and attraction phase, without ever moving on to the sexual act, not even in a simple form (e.g. sexual foreplay).

2) Sexual (also called Polygamy)

When the pursuit of pleasure by one or both partners is aimed at the performance of sexual acts, more or less complete, in simple or complex form. Polygamy can manifest itself in different forms:

- a) **"Type A"**: this is the exclusively sexual form, in which the two partners of the couple seek and mature sexual experiences without interacting emotionally or affectively with strangers, except marginally

and minimally for the approach and never after the completion of the sexual act. This happens above all in the first polygamous experiences and in threesomes, since the lack of experience or the fear (due to jealousy or possessiveness) that the third party may interfere in the couple's relationship life pushes the partners to deny any possible relationship except to the extent of the couple's game and in contexts strictly decided by the couple itself.

- b) **"Type B"**: this is the attenuated sexual form, in which the two partners open the sexual relationship also to profiles of friendly acquaintance with the third party or the couple, interacting in a unitary way, as if the couple were a monad. It happens above all in consolidated polygamous experiences and in relationships with other couples or after a long time that the third member plays with the couple and has demonstrated his seriousness and his ability to respect the rules, but always within precise relational positions imposed by the couple.
- c) **"Type C"**: this is the pure sexual-relational form, in which the two partners open themselves completely to the third or external couple, establishing friendly relations even independent of the good-natured control of the partner of the main couple, in a regime of mutual respect and trust. This occurs when the main couple has experience acquired over time and the outsiders are extremely trustworthy, capable of respecting the rules given over time, including those implicitly imposed without formal sharing. However, this form excludes any relationship of a sentimental nature, contemplating only friendly and affectionate forms of relationship.

3) Sentimental (also called Polyamory)

When the pursuit of pleasure by one or both partners is aimed at establishing with the third or external partner(s) a love relationship contemporaneous with the main one, in agreement with the main partner who is aware of this and accepts the consequences, according to a relationship that may be hierarchical-subordinate, parallel-egalitarian or anarchic. Polyamory" is an evolved form of polygamy, which is expressed above all in emotional, affective and sentimental involvement; when, instead, "polyamory" is expressed only in emotional conduct (and not also sexual) one must speak of "relational-emotional troilism" (an evolved form of the simple "relational troilism"). Polyamory" can therefore manifest itself in different forms:

- a) **"Type A"**: This is the attenuated form, in which the two partners open themselves to a love relationship with an external third party, in a subordinate condition to the main couple (also called "hierarchical").
- b) **"Type B"**: This is the simple form, in which the two partners enter into a love relationship with a couple that plays the role of external party, in a subordinate condition to the main couple. Although the relationship established is of a loving kind, it is unidirectional, but towards both partners: A + B are the main couple, C +

D are the external couple; A relates lovingly with D and B relates with C, in a continuous affective, sexual and sentimental relational exchange. Another simple form is the bidirectional one, where all the components relate freely, in a relationship that can be both subordinate (attenuated) and parallel-egalitarian (where there is no pyramidal hierarchy).

- c) **“Type C”**: This is the complex form, in which the two partners are open to a loving relationship with a third party or a couple without subordination, in total or partial relational anarchy. Everyone is put on the same level and everyone can relate to everyone, where possible one-way exclusivity (A-D / B-C) does not affect the intensity of the feelings experienced. Therefore, the love relationship of the main couple is on the same relational and sentimental level as the third or the third couple.

Research objectives and methods

Starting from the psychopathological hypothesis of ‘Troilism’, just like ‘Cuckolding’, correctly framed (the latter) as a paraphilia, the present research aims to identify the clinical evidence capable of confirming the initial hypothesis, trying to identify the possible aetiological causes. For the purposes of this research, other possible causes that are not directly linked to a psychopathological nature are therefore excluded.

In order to facilitate the research work, a specific questionnaire (*Perrotta Individual Sexual Matrix Questionnaire, PSM-Q*) [12,13] has been selected, capable of providing anamnestic information and data on the emotional, emotional and family sphere, which will be submitted to the selected sample of the population together with the *Perrotta Integrative Clinical Interview, PICI-2 (TA version)* [14-17], taking into account the age, in order to facilitate the identification of any psychopathologies or dysfunctional personality traits not declared by the respondent.

The phases of the research were divided as follows:

- 1) Selection of the population sample divided into seven groups (A, B, C, D, E, F, G) as indicated in section 3 of this research work.
- 2) Clinical interview, to each population group
- 3) Administration of the PICI-2 and PSM-Q (sections A, E), to each population group.
- 4) Data processing following administration.
- 5) Comparison of data obtained.

Setting and participants

The requirements decided for the selection of the sample population are:

- 1) Age between 18 years and 75 years.

- 2) Italian nationality, with Italian ancestors in the last three generations.
- 3) Sexually active, with experience of at least 2 years.
- 4) Specific statement of preference of polygamous status in interpersonal relationships of a sentimental nature, with polygamous sexual experience for at least 1 year (thus excluding all temporary or occasional sexual and/or emotional experiences).

The selected setting, taking into account the protracted pandemic period (already in progress since the beginning of the present research), is the online platform via Skype and Videocall Whatsapp, both for the clinical interview and for the administration.

The present research work was carried out from July 2020 to July 2021. All participants were guaranteed anonymity and the ethical requirements of the Declaration of Helsinki are met.

The selected population sample is 550 participants, divided into seven groups Table 1:

Results, limits and possible conflicts of interest

After the selection of the chosen population sample (first stage), the PICI-2(TA) results were administered (second stage) and processed (third stage), obtaining the following results Table 2:

Subsequently, the same sample of the population was subjected to the PSM-Q (sections A, E) and data processing. The last phase of the research (fifth phase) focused on comparing the data obtained during the third and fourth phases. Indeed, the results are Table 3:

In addition to the PSM-Q, the selected sample of the population answered the following questionnaire during the clinical interview on the etio-psychological factors that originated the troilist choice in the affective-sentimental relationship Tables 4-7:

The limitation of the research focuses on the PICI-2 and PSM-Q instruments, as they are not yet standardised psychometric instruments but are proposed despite the excellent results obtained and already published in international scientific journals.

Table 1: Population sample.

	Male	Female	Total
Relational Troilism	4	21	25
Sexual Troilism (Polygamy, Type A)	12	36	48
Sexual Troilism (Polygamy, Type B)	27	41	68
Sexual Troilism (Polygamy, type C)	68	66	134
Sentimental Troilism (Polyamory, type A)	41	71	112
Sentimental Troilism (Polyamory, type B)	23	87	110
Sentimental Troilism (Polyamory, type C)	17	36	53
Total	192	358	550
			075



Table 2: Population sample in the clinical representations in relation of PICI-2.

	Male	PICI-2 results (M)*	Female	PICI-2 results (F)*
Relational Troilism	4	Cluster A = 3 (75%) Cluster B = 1 (25%) Cluster C = 0 (0%)	21	Cluster A = 15 (71,4%) Cluster B = 6 (28,6%) Cluster C = 0 (0%)
Sexual Troilism (Polygamy, Type A)	12	Cluster A = 2 (16,7%) Cluster B = 10 (83,3%) Cluster C = 0 (0%)	36	Cluster A = 4 (11%) Cluster B = 32 (80,7%) Cluster C = 3 (8,3%)
Sexual Troilism (Polygamy, Type B)	27	Cluster A = 7 (26%) Cluster B = 20 (74%) Cluster C = 0 (0%)	41	Cluster A = 9 (22%) Cluster B = 31 (75,6%) Cluster C = 1 (2,4%)
Sexual Troilism (Polygamy, type C)	68	Cluster A = 21 (31%) Cluster B = 47 (69%) Cluster C = 0 (0%)	66	Cluster A = 8 (12%) Cluster B = 54 (82%) Cluster C = 4 (6%)
Sentimental Troilism (Polyamory, type A)	41	vCluster A = 11 (26,8%) Cluster B = 30 (73,2%) Cluster C = 0 (0%)	71	Cluster A = 6 (8,4%) Cluster B = 58 (81,7%) Cluster C = 7 (9,9%)
Sentimental Troilism (Polyamory, type B)	23	Cluster A = 7 (30,5%) Cluster B = 13 (56,5%) Cluster C = 3 (13%)	87	Cluster A = 7 (8%) Cluster B = 70 (80,5%) Cluster C = 10 (11,5%)
Sentimental Troilism (Polyamory, type C)	17	Cluster A = 0 (0%) Cluster B = 7 (41,2%) Cluster C = 10 (58,8%)	36	Cluster A = 0 (0%) Cluster B = 14 (38,9%) Cluster C = 22 (61,1%)

* For the PICI-1(TA), cluster A groups disorders of the neurotic area, cluster B groups borderline disorders and cluster C groups disorders of the psychotic area.

Table 3: Population sample in the clinical representations in relation of PSM-Q.

	Male (M)	PSM-Q (Sec. E, type C) results (M)	Female (F)	PSM-Q (Sec. E, type C) results (F)
Relational Troilism	4	Positive test: 4/4 (100%)	21	Positive test: 19/21 (90.4%)
Sexual Troilism (Polygamy, Type A)	12	Positive test: 8/12 (66.6%)	36	Positive test: 25/36 (69.5%)
Sexual Troilism (Polygamy, Type B)	27	Positive test: 17/27 (62.9%)	41	Positive test: 26/41 (63.4%)
Sexual Troilism (Polygamy, type C)	68	Positive test: 31/68 (45.6%)	66	Positive test: 33/66 (50%)
Sentimental Troilism (Polyamory, type A)	41	Positive test: 18/41 (44%)	71	Positive test: 36/71 (50.7%)
Sentimental Troilism (Polyamory, type B)	23	Positive test: 18/23 (78.3%)	87	Positive test: 60/87 (69%)
Sentimental Troilism (Polyamory, type C)	17	Positive test: 15/17 (88.2%)	36	Positive test: 26/36 (72.3%)

Table 4: Population sample in the clinical representations in relation of 1° question.

"Which of the following reasons most influenced your decision to become a Troilist?"

	Male (M)	Female (F)
Personal negative emotional experiences (betrayal)	147/192 (76.4%)	108/358 (30.1%)
Negative emotional family experiences (dysfunctional parental relationships or failed experiences)	42/192 (22%)	221/358 (61.9%)
Positive personal emotional experiences (open relationships from an early age)	3/192 (1.6%)	18/358 (5%)
Positive emotional family experiences (extended families with intertwined relationships)	0/192 (0%)	11/358 (3%)

Table 5: Population sample in the clinical representations in relation of 2° question.

"What are your reasons for preferring (and maintain) a polygamous relationship?"

	Male (M)	Female (F)
Greater sincerity, honesty and loyalty in polygamous relationships	56/192 (29.1%)	59/358 (16.5%)
Narcissistic control in polygamous relationships	91/192 (47.4%)	212/358 (59.4%)
Reduction in the perceived feeling of anxiety (linked to the monogamous relationship), resulting from the avoidance of situations that could potentially generate undeclared betrayals and lies	31/192 (16.2%)	59/358 (16.5%)
Sense of oppression and limitation in monogamous relationships	8/192 (4.2%)	17/358 (4.8%)
Mistrust and distrust in relationships	6/192 (3.1%)	11/358 (2.8%)

Table 6: Population sample in the clinical representations in relation of 3° question.**"Do you perceive your polygamic choice as a mistake?"**

	Male (M)	Female (F)
Yes, and I would like to try to have a monogamous relationship	6/192 (3.2%)	8/358 (2.2%)
Yes, but my current relationships make it impossible for me to return to an exclusive monogamous relationship	8/192 (4.3%)	14/358 (3.9%)
Yes, but the anxiety that a monogamous relationship would cause me, I couldn't bear it	28/192 (14.8%)	50/358 (13.9%)
I am often in conflict with this assumption but prefer to stay in a polygamous relationship because I feel freer and more independent	8/192 (4.3%)	8/358 (2.2%)
No, although I sometimes have doubts and second thoughts	6/192 (3.2%)	4/358 (1.1%)
No	136/192 (71.2%)	274/358 (76.7%)

Table 7: Population sample in the clinical representations in relation of 4° question.**"Is your polygamous choice the consequence of a partner's request or is it independent?"**

	Male (M)	Female (F)
My polygamic choice is prior and independent	100/192 (52.5%)	48/358 (14.3%)
My polygamous choice is the result of a request from my partner, but I was already in favour of it previously	36/192 (18.6%)	114/358 (31.4%)
My polygamous choice is a consequence of a partner's request	36/192 (18.6%)	145/358 (40.4%)
My choice of polygamy was born as a compulsion to comply with my partner's wishes and I am now comfortable in this mode	10/192 (5.2%)	16/358 (4.4%)
My polygamous choice came about as a compulsion to comply with my partner's wishes and I am still not convinced of the preferred choice	6/192 (3.1%)	24/358 (6.6%)
My choice of polygamy came about as a compulsion to comply with my partner's wishes and I still prefer monogamy	4/192 (2%)	11/358 (2.9%)

Future perspectives are oriented towards the analysis of neuroscientific data derived from the administration of instrumental analyses such as fMRI to the population sample, in order to identify in detail potential neural correlates supporting the results of this research.

Since the research is not financed by anyone, it is free of conflicts of interest.

Conclusions

Processing the data obtained from the selected population sample, the following results emerge:

1. Results obtained by PICI-2. Here is the data analysis

- The entire sample of the selected population (550 people) presents a number of dysfunctional personality traits that are significant for diagnosing a specific disorder; in particular: in cluster A anxiety disorder, phobic disorder, obsessive disorder, dependent disorder and depressive disorder are recurrent; in cluster B bipolar disorder, borderline disorder, narcissistic disorder and sadistic-masochistic disorder are recurrent; in cluster C schizoid disorder, schizotypal disorder, schizoaffective disorder and dissociative disorder are recurrent. Behavioural dependency disorder and/or drug/alcohol dependency disorder is present in all the subjects investigated.
- In the male population sample (192 individuals), the percentage of cluster B disorders (with a greater prevalence for borderline and narcissistic disorder) tends to be markedly higher than in the female sample in the sexual troilistic forms, while it attenuates in the polyamorous form. In the female sample (358 persons), the percentage of cluster B disorders (with a higher

prevalence for borderline and narcissistic disorder) tends to be markedly higher than in the male sample in the sentimental troilistic forms, while it attenuates in the polysexual form, although it is still higher than the average for the male sample. In both sexual genders, the net prevalence of cluster C disorders (in comorbidity with narcissistic traits) is in the anarchic sentimental troilistic form.

2. Results obtained from PSM-Q. Here is the data analysis

- The entire sample of the selected population (550 people) presents positivity on the test of dysfunctional behaviour in polygamous relationships, with extremely high data in the relational troilistic and polyamorous forms with a binary and/or anarchic style.
- The integrative questions put to the selected population sample revealed: for the male population sample, betrayal (76.4%) as the main cause that influenced the polygamous choice and narcissistic control in the relationship (47.4%) as the preferred cause of the polygamous choice. A clear minority (28.8%) is not sure or has doubts about the polygamous choice; for the female sample, failed family experiences (61.9%) are the main cause that influenced the polygamous choice and narcissistic control in the relationship (47.4%) is the preferred cause of the polygamous choice. A clear minority (23.3%) is not sure about the polygamous choice or has doubts, although the choice to embark on polygamous life is for a good percentage (40.4%) dependent on a choice originally proposed by the partner, unlike the male sample (18.6%).



3. Results obtained from supplementary data to PSM-Q

To the question “Which of the following reasons most influenced your decision to become a Troilist?”, the sample of the male population answered 76.4% (147/192) “Personal negative emotional experiences (betrayal)”, while 22% answered “Negative emotional family experiences (dysfunctional parental relationships or failed experiences)”; the sample of the female population answered 61.9% (221/358) “Negative emotional family experiences (dysfunctional parental relationships or failed experiences)”, while 22% answered “Personal negative emotional experiences (betrayal)”. To the question “What are your reasons for preferring (and maintain) a polygamous relationship?”, the sample of the male population answered 47.4% (91/192) “Narcissistic control in polygamous relationships”, while 29.1% answered “Greater sincerity, honesty and loyalty in polygamous relationships”; the sample of the female population answered 59.4% (212/358) “Narcissistic control in polygamous relationships”, while 16.5% answered “Greater sincerity, honesty and loyalty in polygamous relationships” and “Reduction in the perceived feeling of anxiety (linked to the monogamous relationship), resulting from the avoidance of situations that could potentially generate undeclared betrayals and lies”. To the question “Do you perceive your polygamous choice as a mistake?”, the sample of the male population answered 71.2% (136/192) “No”; stessa risposta con il 76.7% per il campione di popolazione femminile, che tuttavia presenta il 13.9% della risposta “Yes, but the anxiety that a monogamous relationship would cause me, I couldn’t bear it”. To the question “Is your polygamous choice the consequence of a partner’s request or is it independent?”, the sample of the male population answered in maniera molto netta con il 52.5% (100/192) “My polygamous choice is prior and independent”, while 18.6% answered “My polygamous choice is the result of a request from my partner, but I was already in favour of it previously” and “My polygamous choice is a consequence of a partner’s request”; the sample of the female population answered 40.4% (145/358) “My polygamous choice is a consequence of a partner’s request”, while 31.4% answered “My polygamous choice is the result of a request from my partner, but I was already in favour of it previously”.

In conclusion, the data reported and re-elaborated show the total psychopathological predisposition of subjects who consciously and intentionally undertake a polygamous style of couple relationship, confirming the prevalence of borderline and narcissistic disorders, up to the marked presence of psychotic dysfunctional traits in subjects who prefer the sentimental anarchic type of troilist relationship. The main causes that push the subject to undertake the troilist path are mainly traumatic relational experiences of a familial and affective-sentimental kind (betrayal); therefore the emotional tension and anxiety [18] deriving from the fear of reliving negative experiences is attenuated by the troilist style of relationship that allows greater control of the couple’s relationship and internal dynamics, favouring a marked narcissistic control that generates, aggravates or self-feeds the dysfunctional traits found. In fact, the emotional experiences lived during the troilist (polygamous or polyamorously) conduct act as positive

reinforcement, for the maintenance and strengthening of the subject’s beliefs [19–23]. Confirmation of this hypothesis is the finding that, for both the male and female population samples, narcissistic control is the central motive for maintaining the troilist style: in summary, it is possible to say that the narcissistic control exercised in the relationship, both directly and indirectly, according to manipulative dynamics more or less conscious, is the basis of the choice of troilist relationship, according to a selfish and self-centered logic, based on their intimate needs and not on the basis of a real dimension of the couple that may eventually be shared in a phase after the implementation of troilist dynamics. As already confirmed in another study, the troilist choice (polygamous or polyamorously) is also to be considered markedly psychopathological [24] and therefore deserving of in-depth clinical investigation in order to better frame the patient and support him or her adequately [25].

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