

Polygamy and Its Impact on the Mental Health of Family Members: Implications for Counseling Practice

¹*Muhammad Ajib Abd Razak, ²Intan Hashimah Mohd Hashim, ³Syazwani Drani

ABSTRACT--*Polygamous marriage remains a controversial issue in various societies. Nonetheless, this practice is considered legitimate and allowed in many countries, most commonly in Muslim-majority countries. Although polygamy is accepted by numerous communities around the globe, others view this practice as irrational, oppressive towards women and children, a cause of family problems such as conflict, divorce, neglect of responsibility and absent fathers, as well as a source of injustice to women in general. Besides this, there remains a bad perception that polygamy results in difficulties in maintaining a healthy marriage, and often leads to an unsuccessful marriage. In light of this, this study seeks to examine how the practice of polygamy affects the mental health status of family members involved, considering that most of the existing studies have found that polygamy is linked to mental health problems, especially among women and children. This conceptual paper presents the findings from previous studies and analyzes the association between polygamy and the mental health status of all family members affected by this practice. Previous studies revealed that families involved in polygamous marriages often do experience mental health problems, in particular women (most commonly the senior wife) and children. Many family members suffer symptoms of depression, anxiety, trauma, somatic symptom disorder, interpersonal sensitivity, phobias, obsessive-compulsive tendencies, paranoia and psychoticism. Counselors need to be aware of and pay attention to these issues, in order to enhance their competence in addressing mental health problems in polygamous households. Marriage and family counseling interventions need to be comprehensive in providing solutions and the optimal therapy should aim to help affected family members to function properly while ensuring their psychological well-being.*

Keywords--*Counseling; polygamy; mental health; family*

I. INTRODUCTION

Polygamy is defined as a marital system in which one partner has more than one wife or husband at the same time (Doodman, 2015). More specifically, when a husband has more than one wife the practice is referred to as polygyny, whereas when a wife has more than one husband, it is referred to as polyandry (Bullough & Bullough, 2013). From a global perspective, polygamy is common, and many societies, ethnic groups and religions allow the

¹*Program of Psychology, Faculty of Social Sciences & Humanities, Universiti Kebangsaan Malaysia, 43000 UKM Bangi, Selangor, Malaysia, muhdajib@ukm.edu.my

²School of Social Sciences, Universiti Sains Malaysia, Pulau Pinang, 11800.

³School of Social Sciences, Universiti Sains Malaysia, Pulau Pinang, 11800.

practice of polygamy despite criticism of it and efforts to block it by the anti-polygamy movement. Even though polygamy is fairly commonplace, most studies on marriages

focus on monogamous marriage. Research on polygamy is rare even though it has been practiced throughout human history. Of the studies that have been conducted on polygamy by international researchers, a number have found that polygamy has an impact on the functioning of a family and may lead to psychological problems. Al-Krenawi, Graham & Al-Krenawi (1997), Al-Krenawi (2001), Al-Krenawi (1999) revealed that polygamy has long been associated with mental illness, impaired marriage satisfaction and family stress.

According to the World Health Organization (WHO) 1998, good mental health refers to a level or situation where an individual has positive self-esteem, believes in acceptance, ability, self-esteem and gratefulness, is able to adapt to the inner world such as thoughts, feelings, life affairs and risks, and has the mental ability to become healthy again after experiencing stress and anxiety in life (Elder, Evans, & Nizette, 2009). Mental health problems are difficult to detect and treat especially through the process of adulthood and are the result of a potential of social, biological and psychological interactions (Rizal et al., 2016). Therefore, family functioning is strongly associated with psychological elements. In fact, spreading family problems can increase students' problems and get along with divorced parents and increase the cost of living that may require the involvement of innovative family counseling in helping effectively to resolve family problems (Norhayati, 2018).

Asmawati et al., (2015) also emphasizes that, parenting skills, family functioning and psychological well-being among parents are three very important aspects to ensure the well-being of a family. Failure to achieve one of these three components can lead to psychological problems in family members and these components will be affected to any form of families.

However, mental, social, and behavioural health problems may interact so as to intensify their effects on behaviour and well-being. Weakness in maintaining a healthy mind can lead to mental health problems. Mental health is an indicator used to assess the potential shortcomings and weaknesses of family members to adjust to polygamy, thereby leading to mental health problems. Various studies have posited that polygamy has a significant relationship with the poor emotional health of women and children, for example in Arab and African countries (Al-Krenawi and Graham, 1999). Previous studies of polygamy's implications for the mental health of family members have been conducted by researchers such as Al-Krenawi and Kanat-Maymon (2017); Al-Krenawi (1999); Al-Krenawi (2001); Al-Krenawi (2012); Al-Krenawi and Slonim-Nevo (2008); Ozer, Orhan and Ekerbicer (2013); Daoud et al., (2014) and Shepard (2013). All these researchers arrived at a similar conclusion, namely that the practice of polygamy has a significant relationship with the deterioration of the mental health of family members, especially women and children. In fact, findings showed that a polygamous family structure is synonymous with troubled family functions, higher conflicts, tensions, stress, and jealousy, all of which pose psychological dangers to wives and children in particular.

For example, a study by Al-Krenawi and Kanat-Maymon (2017) on 276 Syrian women, comprising 163 from polygamous marriages and 113 from monogamous marriages, found that those from polygamous marriages showed more pronounced symptoms of mental health problems compared to women in monogamous marriages. Women in polygamous marriages generally experienced more mental health problems, such as somatic symptom disorder, stress, interpersonal sensitivity, anxiety, depression, resistance and phobias. Among these, the most commonly experienced symptoms by the women were stress and somatic symptom disorder (Al-Cranberry & Kanat-Maymon, 2017). Similarly, the findings of studies by Ozer, Orhan and Ekerbicer (2013) and Daoud et al., (2014) agree that first wives in a polygamous family structure tend to display a greater level of depression than wives in monogamous marriages. Women in polygamous marriages tend to become easily depressed because of feelings of dissatisfaction, unhappiness and discomfort in the presence of new wives. Furthermore, changes in family structure are also considered to be traumatic and disturbing experiences for first wives (Ozer, Orhan & Ekerbicer, 2013).

This conceptual paper summarizes numerous previous studies and analyzes the various findings on the links between polygamy and mental health issues among family members. By doing this, the paper is able to suggest several points and guidelines for counselors when it comes to dealing with people from polygamous families. The following sections presents studies looking at how polygamy can have impacts on mental health of specific family members. The first section focuses on wives and children whereas the second section focuses on husbands.

II. WOMEN

Neither researchers nor family practitioners have paid much attention to the association between polygamy and mental health (Al-Krenawi, 1999). Recently, however, a consensus has emerged that the practice of polygamy impacts on family functioning, especially with regard to women and children. Mental health is one of the biggest challenges faced by many families. Past researchers have found that problems of depression and stress are more commonly encountered by women in polygamous marriages as opposed to those in monogamous marriages. Polygamous marriage poses a greater risk for women to experience mental health problems (Al-Krenawi & Kaynat Maymon, 2017). According to Daoud, Shoham-Vardia, Urqia, and O'Campo (2014), 21.6% of polygamous marriages are associated with the risk of experiencing a poor level of mental health, while 52% of women in polygamous marriages recorded high depression scores, compared to just 36.6% of women in monogamous marriages. Meanwhile, Daoud et al., (2012) revealed that as many as 62% of women in polygamous marriages do not have a high level of education, do not work and merely serve as full-time housewives. It turns out that these women are more vulnerable to developing mental health problems more quickly if they do not get proper care and social support.

Al-Krenawi's (2001) study of 53 women in polygamous marriages and 39 women in monogamous marriages, all of whom were psychiatric outpatients at the Negev Hospital in Israel, found that the women in polygamous marriages had lower levels of self-esteem compared to those in monogamous marriages, by 58.4 % to 7.7%

respectively. Other symptoms commonly found among these women were loneliness, breathing difficulties, frequent negative thoughts, feelings of hopelessness about the future, and often fear. Among the factors that caused these symptoms of mental health problems were a lack of attention and support from their husbands, economic problems, poor relationships with their husbands, and not least physical, sexual and emotional abuse by their husbands (Al-Krenawi, 2001). Many women expressed anxiety regarding their impaired economic condition, the lack of social resources for their children, their family's future, and the lack of responsibility shown by their husbands. All these things resulted in the women divulging their feelings of hopelessness, low self-esteem, as well as psychological and interpersonal problems (Al-Krenawi & Kaynat Maymon, 2017). Problems in polygamy can interfere with a wife's emotions when it involves a husband's request to marry another and cause her to be mentally and emotionally challenged, especially when it reaches to the court stage (Salij, 1978).

In other findings, Al-Krenawi (2012) reviewed the relationship between family structure functionality and the psychological symptoms of 187 women in polygamous marriages and 122 women in monogamous marriages in the Palestinian territories. Family functionality involves the following seven dimensions; problem solving, communication, role in the family, emotional involvement, behavioral control, emotional reactions and general functionalities. The results showed that women from polygamous families experience more problems in family functionality and less satisfaction of life. This is caused by obstacles in polygamous family functioning, leading to traumatic life experiences which, in turn, put women at risk of psychological problems such as somatic symptom disorder, obsessive-compulsive tendencies, depression, paranoia and psychoticism.

Meanwhile, a slightly different study conducted by Al-Krenawi (1999) compared self-esteem among 94 women from polygamous marriages who were the first wife and 32 women who were the second wife, at a Primary Health Care Center (PHC). The results showed that there was a significant difference between the two groups in terms of self-esteem, with the first wives found to have a lower level of self-esteem than that of the second wives. Low self-esteem among such first wives may contribute to problems in psychological functionality and lead to a higher risk of mental health problems (Al-Kernawi, 2012).

III. MEN

Al-Krenawi, Slonim-Nevo & Graham (2006) also found that men from polygynous families have more psychological problems than those from monogamous families. Most of the men from polygynous families reported higher levels in all mental health categories including somatization disorder, obsession-compulsion, depression, anxiety, psychoticism and paranoid ideation. In certain contexts, husbands have difficulties in managing family conflict, especially when their family is living together in cramped and overcrowded conditions which give rise to the risk of conflict among wives (Al-Krenawi, 2013).

There are in fact various examples of research evidence confirming that polygynous men tend to suffer psychological problems and poor family functioning (Al-Krenawi, Slonim-Nevo & Graham, 2006; Okan, Abdullah

& Mustafa, 2018); Al-Krenawi, 2013). Some husbands seemingly struggle to meet the needs of all their wives and children, leaving them feeling unhappy especially about their economic conditions (Okan, Abdullah & Mustafa, 2018). On the other hand, not all polygynous men experience family problems. This largely depends on how the husband concerned manages the family structure, along with his ability to instill happiness within his family (Merket, 2009). There have actually been very few studies on mental health among polygynous husbands. Nonetheless, it has been found that such husbands have greater problems in terms of financial management, fairness to all family members, time sharing, attention paid to all family members, and household management as opposed to mental health problems.

IV. CHILDREN

In addition, child mental health is one of public challenges related to the ability of a child to learn, behave or handle their emotions (Sutan et al., 2018). Other studies have found that the practice of polygamy not only has a prominent effect on women's and men's mental health, but can also affect children's psychological well-being (Al-Krenawi & Slonim-Nevo; 2008; Makanjuola, 1987 & Shepard, 2013). Sarnon et al., (2018) found that, understanding children especially adolescents with behavioral problems needs to begin with family functioning by identifying which family patterns contribute to adolescent behavior problems. Likewise, children are a source of energy for families in helping the family economy in the 21st century see significant changes in children's functioning as economic institutions of the family institution (Alavi et al., 2015)

Polygamous family functions are seen to adversely affect the experiences of women and children. Adapting to a polygamous family structure is a great challenge and it is often extremely difficult for family members to accept a polygamous life as part of an ideal family system. Effective and active involvement of parents, teachers are influence children's mental health (Sutan et al., 2018). Meanwhile, Shaari , Teoh Hsien and Sinniah (2007), hypothesized that, children could become problematic due to parenting style, lack of support resources, and the effects of mental illness on their mother. Moreover, Ng Yee & Wan Shahrazad (2017) also agreed that, strong emotional ties between family members can serve as notable social support for family members. When adolescents have adequate social support from their families, it will promotes the process of strength reintegration.

Several factors contribute to mental health problems among children, depending on their family background and history. One of these factors is if the child concerned comes from a polygamous family. A study conducted by Eapen, Al-Gazali, Othman & Abou-Salleh (1998) revealed that 23.9% of the children surveyed were reported to have a mental health problem by either a parent or their school's health physician. Boys were more often reported to be enduring such problems than girls. The presence of certain culture-specific risk factors - including polygamy - were identified for psychological disorders. (Eapen et al., 1998). Others researchers have also found that children

from polygynous families report more mental health problems, social difficulties, as well as poorer school achievements and poorer relationships with their fathers than children from monogamous families (Al-Krenawi & Slonim-Nevo, 2008). A systematic review was performed by Al-Sharfi, Pfeffer and Miller (2016) on the effects of polygamy on children and adolescents. This review found more mental health problems, social problems and lower academic achievements among children and adolescents from polygynous families as opposed to those from monogamous families. Most of the children experienced depression, low self-esteem, anxiety and paranoid ideation.

To sum up, based on the findings of previous studies, polygamous family structures have a significant relationship with the mental health of the women involved. Among the symptoms often experienced by these women are somatic symptom disorder, a deterioration of self-esteem, depression, anxiety, psychoticism and stress. These symptoms affect family function and satisfaction in the home environment. Previous studies have also tended to focus more on the mental health implications of polygamy for women rather than children and husbands. This is largely because wives are more affected by the practice of polygamy than husbands and children are. Furthermore, past studies have been unclear in addressing the issue of the adjustment of family members as a key indicator affecting family function problems and thus contributing to the risk of mental health problems. While this study does not focus on mental health elements as indicators, it does look in detail at whether mental health problems are experienced by family members while adjusting to a polygamous situation.

V. COUNSELING IMPLICATIONS

Practitioners need to be aware of and understanding the effects of polygamy on all family members, especially on women (senior wives) and their children (Al-Krenawi, 2012). Thus, a greater knowledge of the phenomenon of polygamy is required by practitioners dealing with mental health issues. There are many counselors with limited experience dealing with polygamous families, especially in the Malaysian context. Such a lack of knowledge and experience about polygamous families will adversely affect their clients who are vulnerable to mental health problems. Counselors play an important role as practitioners in helping to improve family systems. To address mental health problems in polygamous families, counselors are recommended to do the following:

- Encourage the active participation of husbands, while acknowledging their authority and searching for solutions.
- Explore the transition process from a monogamous family experience to polygamous family experience of all family members. Particular attention should be paid to the transition from sole wife to senior wife as this is especially traumatic (Al-Krenawi, Graham & Al-Krenawi, 1997). Be empathic and should note the negative feelings and some of the symptom of mental health issues.
- Focus on self-esteem, seeing that most women in polygamous marriages have low self-esteem - especially senior wives. Counselors should pay attention to ways of amplifying the self-esteem of the women concerned by helping them to view themselves as successful, good housewives who maintain a peaceful family.

- Women and children in polygamous families commonly suffer mental illness, often caused by economic and financial factors (Al-Krenawi & Slonim-Nevo, 2008). As such, counselors should assess the difficulties of family members and try to connect them with reasonable resources to help their financial status.
- Interventions by counselors should include religious values or ethical principles, for example those from an Islamic perspective. Al-Krenawi, Graham & Al-Krenawi (1997) suggested that the value base of such interventions could be reinforced by the cultural canons of Islam. Islamic principles applied in interventions would promote harmony, equal treatment, peace within the family, and guidance for husbands to carry out their responsibilities well.
- Women from polygamous marriages reported poor relationships with their husbands (Al-Krenawi, 2001). This of course contributes to marital dissatisfaction. Counselors play an important role in coordinating the feelings and actions of their clients and, as such, need to pay attention to happiness levels and explore ways of eliciting emotional support from polygamous husbands.
- In order to assess the risks and advantages of polygamy to children and women, the traditions and norms of the community or ethnic group concerned must be taken into account (Hamdan, Aurbach & Apter, 2009). Thus, counselors should consider the specific environment they are dealing with, along with relevant cultural issues, to understand the family problems in an overall context. For example, whether the family in question lives in a place where polygamy is accepted as the norm or not. It is important for counselors to involve neighbors and the surrounding community in providing support and protecting families so as to ensure they are functioning properly and to avoid them being stigmatized and perceived negatively.
- Avoid debating and arguing about the practice of polygamy in sessions. Counselors should recognize what makes their clients uncomfortable and understand that differences may well exist between themselves and their clients in terms of principles, values and culture. Counselors should instead focus on building trust and a good rapport with their clients in order to understand the roots of issues that contribute to mental health problems within polygamous families.

VI. FUTURE RESEARCH

Most research results are consistent in finding that the practice of polygamy tends to affect the mental health of family members involved more than those living in other family structures. Nonetheless, this is not comprehensive. As such, future research should explore the dynamics among family members in polygamous families, in terms of relationship patterns, so as to enhance their quality of life and general satisfaction. Currently, there are only a limited number of studies looking at relationship patterns with the aim of increasing satisfaction and happiness within polygamous families, especially in a local context. Hassouneh-Phillips (2001) highlight that further research is needed to elucidate the significance of polygamous marriage for the mental health of women and their children from diverse cultural backgrounds. However, unquestionably, differences in the life structure of family institutions that consist of one, two, three, or four wives are clearly detectable (Khasawneh, Hijazi & Salman, 2011). In light of this, future research should focus on the different relationships between family members, such as the father's

relationships with his wives - first wife and co-wives – children’s relationships with their father, as well as children’s relationships with the other wives of their father besides their own mother. Future research is necessary to see how each family member is able to better manage their mental health and to determine the key indicators that can make people more emotionally secure within a harmonious living environment. Previous studies have also found that a failure to adapt to polygamous households can magnify women's mental health risks and lead to the deterioration of psychological well-being, depression, feelings of stress, low self-esteem, somatic symptom disorder and psychoticism (Al-Krenawi, 2012; Al-Krenawi, 2001 ; Al-Krenawi, 1999; Khasawneh, Hijazi & Salman, 2011; Daoud, Vardi, Urquia, & O'Campo, 2014). Research on adjusting and shifting from monogamy to polygamy is necessary to help family members use more efficient strategies and actions in handling their problems well. Tabi, Doster and Cheney (2010) found that the polygamous marriages are often problematic due to weak mechanisms between spouses, resulting in a lack of mutual support and an inability to solve shared problems. The involvement of counseling in family intervention is not confined to one form of family, but involves more than one family variation, it is intended to promote the best generation of family successful (Norhayati, 2014).

VII. CONCLUSION

Polygamy is a widespread phenomenon. Existing studies have revealed that this practice has an effect on family well-being, especially on the mental health of the women and children involved. If this issue is not recognized, it is probable that mental health problems of the family member will get worsen and adversely affect their psychological development and quality of life. As polygamy is an established practice in some societies, it is essential that attention should be paid to the problems that may arise from this practice. This would involve interventions, therapy, public awareness, social policies and the training of efficient therapists who are able to deal effectively with issues associated with polygamy. If more studies focus on polygamous experiences in a more positive, or at least neutral, manner, with the purpose of enhancing harmony and happiness within polygamous families, this would assist various parties in gaining a deeper and more comprehensive understanding of the aspects of relationships within polygamous families, and how these families function. Furthermore, this would help boost the assistance and protection provided to polygamous families when it comes to managing issues which affect the quality of their mental health.

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