Orienting to the Strengths and Challenges of Relational Therapy with LGBTQQIA +, Gender Non-Conforming, Kinky, Polyamorous, Swingers, and Consensually Non-Monogamous Relationships & Identities

Sexual Identity, Gender Identity: Staying Current in a Rapidly Changing Landscape

October 26, 2019

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Goals for today

- 1. Identity & challenge clinical biases & sexological worldviews that undermine systemic work with LGBTQQIA+, gender non-conforming, kinky, polyamorous, & CNM relational relational systems;
- 2. Utilize differentiation, intersectionality & queer theory to challenge heteronormative constructs of health and pathology when working with LGBTQQIA+, gender non-conforming, kinky, polyamorous, and CNM relational systems:
- $3.\ Develop\ relational\ contracting\ skills\ as\ a\ tool\ that\ can\ benefit\ all\ styles\ of\ interpersonal\ relational\ systems.$

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The World Health Organization Defining sexual health & relational health

- ullet ...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.
- Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable & safe sexual experiences, free of coercion, discrimination and violence.
- \bullet For sexual health to be attained & maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO, 2006a)

What is sex?

Clarifying language, meaning & behavior: The need for specificity

- Sanders, et al, (2010) Phone interviewed 486 (n=204 men, n= 282 Female) randomly sampled, primarily white & heterosexual, participants ranging in age from 18-96.
- · What activities are indicative of having "had sex?"

What is sex?

Specificity is imperative: Clarifying language, meaning & behavior

- •No single behavior was universally considered as having "had sex"
- 95% considered PIV intercourse as having "had sex"
- 89% considered PIV as not having "had sex" in the absence of ejaculation
- 77% of men <u>></u> 65 did not consider PIV indicative of having "had sex"
- 81% considered penis in anus intercourse as having "had sex"
- 77% of men 18-20 felt PIA was NOT indicative of having "had sex"
- \bullet 50% of men & 67% of women \geq 65 felt PIA was NOT sex
- 71% of men & 73% of women saw oral genital contact as "having had sex"
- 50% felt mutual masturbation was not indicative of having "had sex"

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Principles of Sexual Health Braun-Harvey & Vigorito (2016), Braun-Harvey (2009)

- · Consent
- Non-Exploitative
- STI's, HIV & pregnancy prevention
- Honesty
- · Shared values
- · listen for these principles as we move through this presentation

Strengths in CNM, poly, swinging relationships

- Sheff (2014) interviewing poly families stated her sample experienced greater honesty and emotional intimacy, distribution of household & financial responsibilities, greater time spent with children, children having access to multiple role models and individual time spent with partners.
- Séguin et al (2017) exploring relational quality & sexual satisfaction in a Canadian sample of N=3463 self identified gay, lesbian, bisexual, pansexual, two-spirit, queer, questioning & heterosexual people who also engaged in monogamy, CNM or poly relationships found no statistical or qualitative differences in relational or sexual satisfaction in their sample.

Agreements in CNM
Negotiating CNM, polyamory and swinging (Taormino, 2008, Veaux & Rickert 2014)

- What is our form of CNM? Open, monogamish, swinging, poly, etc.?
- What are our agreements? fluid bonding, PrEP, nPEP & STI/HIV testing?
- How do we support one another; NRE, jealousy, desire for personal time?
- ullet Do we want to develop connections with our partners partners?
- Do we have veto power over partner choice?
- What are our relational boundaries?
- Are our relationships hierarchical e.g., primary, secondary, etc., or flat
- · Where and how do we manage being out vs. closeted?

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Strengths of kinksters & kinky relationships

- Dunkley & Brotto (2019) suggest that the specificity involved in negotiating rules, roles, boundaries and limits in BDSM / kink should be a model for how to discuss sexual consent in educational and relational contexts.
- Wismeijer, & van Assen (2013) comparing the personality traits of BDSM/Kink practitioners against a control group, found less neuroticism, higher extroversion, greater openness to new experiences, more conscientious, less rejection sensitivity and a higher sense of well being suggesting BDSM/kink practitioners demonstrate greater interpersonal & psychological strength & autonomy.

Consent, pleasure & negotiation in BDSM/Kink

- · Consent is a central tent of BDSM/Kink
- These agreements frame how a scene will evolve & how it can end;
- -Safe words
- After care
- Debrief
- SSC: Safe Sane and Consensual
- RACK: Risk Aware Consensual Kink
- 4 C's Caring, Communication, Consent and Caution
- \bullet These models hold space to explore fantasy, pleasure, desire & consent

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Strengths of LGBTQQIA + people & relationships

- Rostosky et al (2017) exploring the relational strengths of same sex couples via peer
 reviewed empirical data identified 3 positive relationship processes, 1) respecting &
 appreciating individual differences, 2) generating positive emotions & interactions,
 3) effectively communicating & negotiating and 4 positive relationship
 characteristics 1) perceived intimacy, 2) commitment, 3) egalitarian ideals & 4)
 outness to self, family and community. The authors also found greater comfort in
 moving past gender roles.
- Riggle et al (2011) reviewing the positive aspects of N=61 survey respondents who
 self disclosed a trans identity reported 8 common themes among their sample, 1)
 congruency of self, 2) enhanced interpersonal relationships, 3) personal growth and
 resiliency, 4) increased empathy, 5) unique perspectives on genders, 6) living beyond
 the gender binary, 7) increased activism & 8) connection to LGBT communities.

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Who is not adequately represented in the research?

- Patterson (2018) in his book 'Love is not color blind: Race and representation in
 polyamorous and other alternative communities' discusses how tokenism, class
 exclusion, fetishization & racism make it difficult for POC to feel welcomed in
 CNM, poly, swinging & BDSM/Kink communities.
- Sheff & Hammers (2014) in their paper 'The privilege of perversities" discuss the absence of non-white voices and sexual, relational & romantic styles in CNM, polyamory and BDSM / kink.
- The sexual, relational & erotic experiences of intersex people remains largely unstudied

Group question

Don't be shy! Just shout out some answers!

- \bullet What are the challenges posed to relational therapy with LGBTQQIA +, Gender Non-Conforming, Kinky, Polyamorous, Swingers, and Consensually Non-Monogamous Relationships & Identities?
- Why are these strengths not integrated into *non-queer* relationships?
- Why are these populations maligned?

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Some systemic hypotheses

The personal is political & clinical

- Lack of training in human sexuality, sexological research & world views
- Training in models that focus on dyads, heteronormativity & monogamy
- · Rigid model adherence vs. adaptive integration & client focus
- Eroticized countertransference, confirmation bias & conflict avoidance

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Reflections for clinicians

Understanding how we've come to think about sex, eroticism & variance

- · How was sexuality discussed in your family of origin?
- What did you learn about sexuality, monogamy & non-monogamy?
- How do race, class, gender, faith & ethnicity impact your view of sexuality?
- Does your sexual orientation impact your world view on sex?
- \bullet How do your sexual practices & eroticism shape your sexual world view?
- If you do not have sex how might this impact your sense of sexuality?
- What sexual practices do you view positively & negatively?
- · When does 'variance' become 'pathology' in your world view?

Re-orienting to systemic practice

Exploring macro & mezzo and micro systems in clinical practice

- Intersectionality: (Taylor & Hines 2011, Taylor, 2011, Bernstein-Sycamore 2008, 2006)
- Queer Theory through a narrative lens: (Steelman, 2016, Argüllo, 2016, McDowell, 2015)
- Person of the therapist: (Aponte, 2016, 1994, 1992)
- Sexological world view: (Sitron & Dyson, 2012)
- Joining: (Anderson, 1995, White & Epston 1990, Minuchin & Fishman, 1981, Minuchin 1974)
- \bullet $\ensuremath{\textbf{Systemic}}$ intervention: The collaborative ability move from stuckness to evolution

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Differentiation

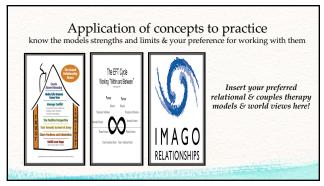
- Rooted in Bowen (1974), Bader & Pearson (1988), & Schnarch (1991) differentiation is the process of remaining connected while revealing oneself to others through vulnerability, honesty & the clarification of boundaries, needs & desires while resisting the pull for reactivity from others, regardless of outcome.
- 2 Choice dilemmas; Wanting 2 things simultaneously but having to choose one
- I to I: A conversation where partners practice listening & practicing differentiation*
- Solid Flexible Self; Remaining centered when other try to pressure you to change
- Grounded Responding: Remaining present & not overacting to a partners upset
- Meaningful Endurance: Tolerating discomfort for personal & relational growth.

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Sexological theories that re-orient relational therapy

we're not as static as we think we are

- Sexual configurations model (Van Anders, 2015): Sexuality, gender & relationships
 are fluid, dynamic & evolve over time resulting in attractions to different genders,
 body types, number of partners, levels of sexual desire, ages of partners & roles taken
 in erotic & sexual encounters. Desire, need, attraction & eroticism are > Gender/Sex.
- Sexual fluidity: Diamond (2008), Kleinplatz & Diamond (2014) Sexualities are more fluid than we think. Bisexuality is more common than regularly understood. Born that way maybe not all the time.
- Optimal Sexuality Model (Kleinplatz et al., 2009, 2013) a grounded theory model, Kleinplatz found that regardless of age, duration of relationship, sexual orientation, gender identity, erotic & relational variance; sexually & relationally satisfying partnerships consistently demonstrate high levels of 1) vulnerability, 2) risk taking, 3) authenticity, 4) strong interpersonal communication, 5) comfort with engaging & managing conflict (NOT co-regulation)



Suggested Readings

Orienting to the Strengths and Challenges of Relational Therapy with LGBTQQIA +, Gender Non-Conforming, Kinky, Polyamorous, Swingers, and Consensually Non-Monogamous Relationships & Identities

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