

CHANGING THE NARRATIVE: PAVING THE WAY TOWARDS RESILIENCE FOR LGBTQ+ IDENTIFIED YOUTH & THEIR FAMILIES

Sidney M. Trantham, Ph.D.
Couple & Family Institute of New England
Smith College Conference Center / Northampton, MA
Saturday October 26, 2019 1:30 – 3:00pm

TRAINING CONTENT

FRAMING & CONTEXT

CONCEPT & TERMS

SUPPORTING LGBTQ+ YOUTH

QUESTIONS & WRAP UP

TRAINING OBJECTIVES

Following this discussion, attendees will be able to:

- * discuss a variety of sexual & gender identities
- * identify unique life challenges for LGBTQ+ youth
- * describe ways to promote growth, development & resilience in LGBTQ+ youth

UNDERSTANDING SEXUALITY

CONCEPTS & TERMS

GENDER, SEXUALITY & SEXUAL ORIENTATION

A Venn diagram consisting of three overlapping circles. The top circle is labeled 'GENDER', the bottom-left circle is labeled 'SEXUALITY', and the bottom-right circle is labeled 'SEXUAL ORIENTATION'. The circles overlap in the center and at the intersections between two circles.

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WHERE DOES SEXUAL ORIENTATION COME FROM?

- * sexual orientation likely involves an interaction of:
 - * Genes
 - * Brain structure
 - * Hormones
 - * Environment (e.g., cultural context, socialization)

A diagram showing four rectangular boxes labeled 'GENES', 'BRAIN STRUCTURE', 'HORMONES', and 'ENVIRONMENT' arranged around a central circular box labeled 'Sexual Orientation'. Arrows point from each of the four outer boxes towards the central circle, indicating that these factors influence sexual orientation.

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SEXUAL IDENTITIES



- * HETEROSEXUAL/STRAIGHT
- * HOMOSEXUAL/GAY
- * BISEXUAL
- * ASEXUAL
- * SAPIOSEXUAL
- * PANSEXUAL
- * POLYSEXUAL
- * SKOLIOSEXUAL
- * QUEER

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SEXUAL IDENTITIES



- * AROMANTIC
- * GRAYSEXUAL
- * DEMISEXUAL
- * DEMIROMANTIC
- * LITHROMANTIC
- * POLYSEXUAL
- * PANROMANTIC
- * QUEERPLATONIC
RELATIONSHIPS
- * ZUCCHINI


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UNDERSTANDING GENDER

CONCEPTS & TERMS

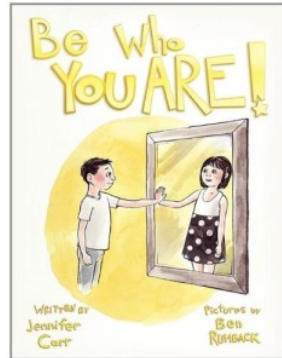
WHAT IS GENDER IDENTITY?



SEX IS WHAT YOU'RE BORN WITH,
GENDER IS WHAT YOU'RE GIVEN

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GENDER IN DEVELOPMENTAL TERMS



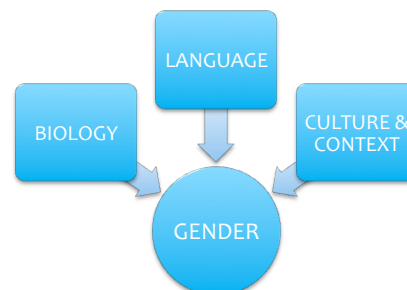
- * Internal
- * By age 2, aware of physical differences in anatomy
- * By age 3, label self as boy or girl
- * Between ages 5 - 7, most have stable sense of self as boy or girl (*consolidation*)

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WHERE DOES GENDER COME FROM?

- * Gender likely involves an interaction of:
 - * Biology (e.g., biological maturation)
 - * Language (e.g., learning & cognitive theory)
 - * Culture & context (e.g., socialization)



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GENDER IDENTITIES



CISGENDER/CIS:



Individuals whose assigned biological sex at birth aligns with their internal sense of gender, their gender identity and expression.



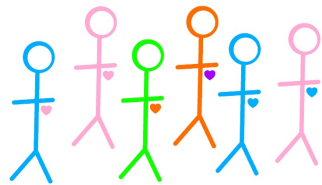
Cisgender was also added to the [Oxford English Dictionary](#) in 2013, defined as "designating a person whose sense of personal identity corresponds to the sex and gender assigned to him or her at birth (in contrast with transgender)."

GENDER BINARY?

- * Cisgender
 - * Male / Female
- * Gay & Lesbian identities
 - * "Butch" / "Femme"
 - * "Masc" or Straight Acting" / "Sissy" or "Queen"



GENDER IDENTITIES



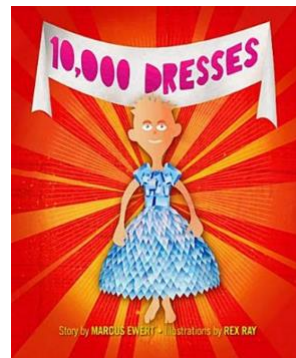
- * Transgender/Trans*
- * MTF
- * FTM
- * Non-Binary
- * Gender Fluid
- * Gender Queer
- * Gender Questioning
- * Pangender
- * Agender
- * Two-Spirit

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GENDER EXPRESSION

- * NAME
- * PRONOUNS
- * BODY/FACIAL HAIR
- * CLOTHING
- * JEWELRY
- * MAKE-UP
- * VOICE
- * MANNERISMS
- * INTERESTS




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GENDER PRONOUNS

- * He/Him/His
- * She/Her/Hers
- * They/Them
- * Ze/Zir/Zirs
- * Zhe/Zhir/Zhim
- * Xe/Xem/Xyr
- * Mr./Ms./Mx.

Did you know...



"They" is a grammatically correct gender-neutral pronoun. It has been used as a gender-neutral pronoun by Shakespeare, Oscar Wilde, and the Merriam-Webster dictionary.

Get the facts at transstudent.org/facts

GENDER DEFINITIONS



GENDER
The state of being male or female in typically regarding to social constructs rather than physical attributes.



TRANSGENDER
Refers to someone who does not identify with the gender they were assigned at birth.



CISGENDER
Refers to someone who identifies with the gender they were assigned at birth.



NON-BINARY
Refers to someone who does not identify as exclusively male or female.



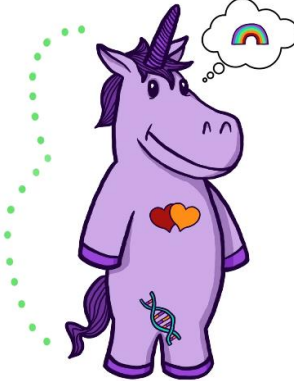
GENDER FLUID
Refers to someone whose gender identity changes over time from one end of the spectrum to the other.



GENDERQUEER
Refers to someone whose gender identity falls on the spectrum between male and female.

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression/Presentation

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Sexually Attracted To

- Women
- Men
- Other Gender(s)

Romantically/Emotionally Attracted To

- Women
- Men
- Other Gender(s)

To learn more go to:
www.transstudent.org/gender

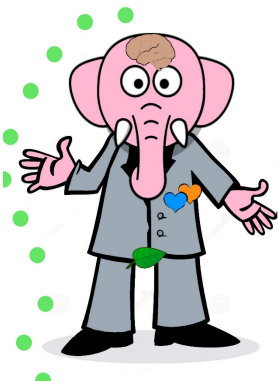
Design by Landyn Pan

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The Gender Elephant

THE CANADIAN CENTRE FOR GENDER + SEXUAL DIVERSITY
LE CENTRE CANADIEN DE LA DIVERSITÉ DES GENRES + DE LA SEXUALITÉ



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Masculine
- Feminine
- Other

Sex Assigned at Birth

- Female
- Other/Intersex
- Male

Physically Attracted to

- Men
- Women
- Other Gender(s)

Emotionally Attracted to

- Men
- Women
- Other Gender(s)

To learn more, go to ccgsd-ccdgs.org

inspired by its pronunciation **MeTRISsexual**

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LGBTQ+ YOUTH

RISKS & CHALLENGES

The facts on LGBT youth

A national look at challenges faced by LGBT students

30% Of LGBT students said teachers were present when homophobic remarks were made

More than 8 out of 10 LGBT students have been verbally harassed in the past year

65% of students Heard homophobic slurs often or frequently

Of students skipped a day of school in the past month because of feeling unsafe **30%**

62% Of LGBT students who reported harrasment to school officials said nothing was done

Nearly 5% of LGBT youth live in an unstable environment, including facing homelessness.

Source: 2013 National School Climate Survey

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26% of LGBT youth say their biggest problems are not feeling accepted by their family, trouble at school/bullying, and a fear to be out/open. 22% of non-LGBT youth say their biggest problems are trouble with class, exams and grades.

LGBT **NON**

www.hrc.org/youth **#LGBTYOUTH**

HUMAN RIGHTS CAMPAIGN

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Lifetime Suicide Attempts for Highly Rejected LGBT Young People

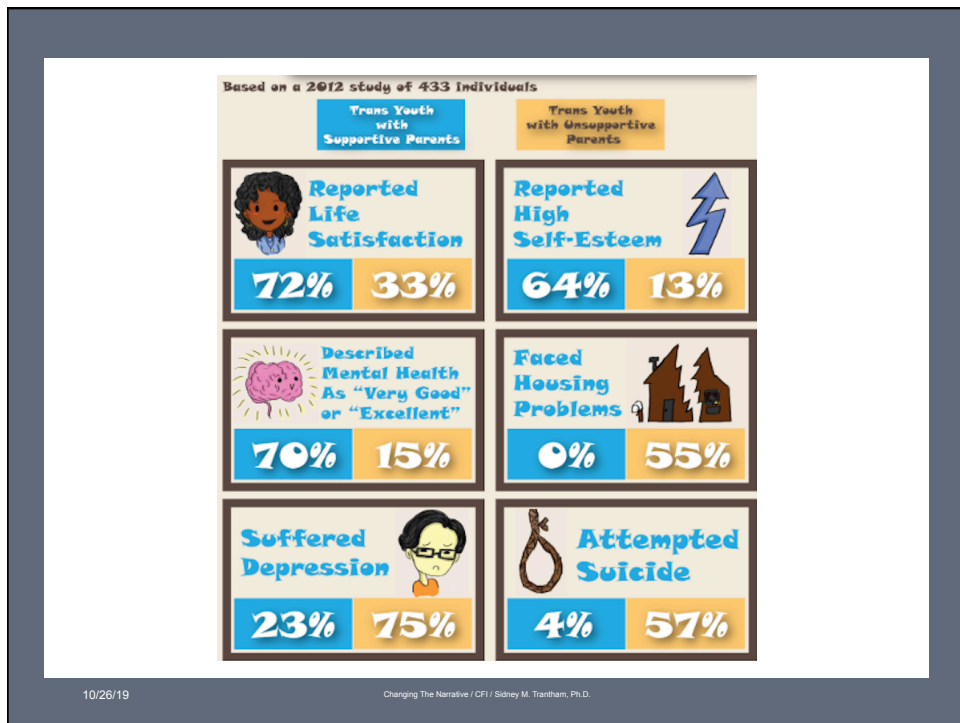
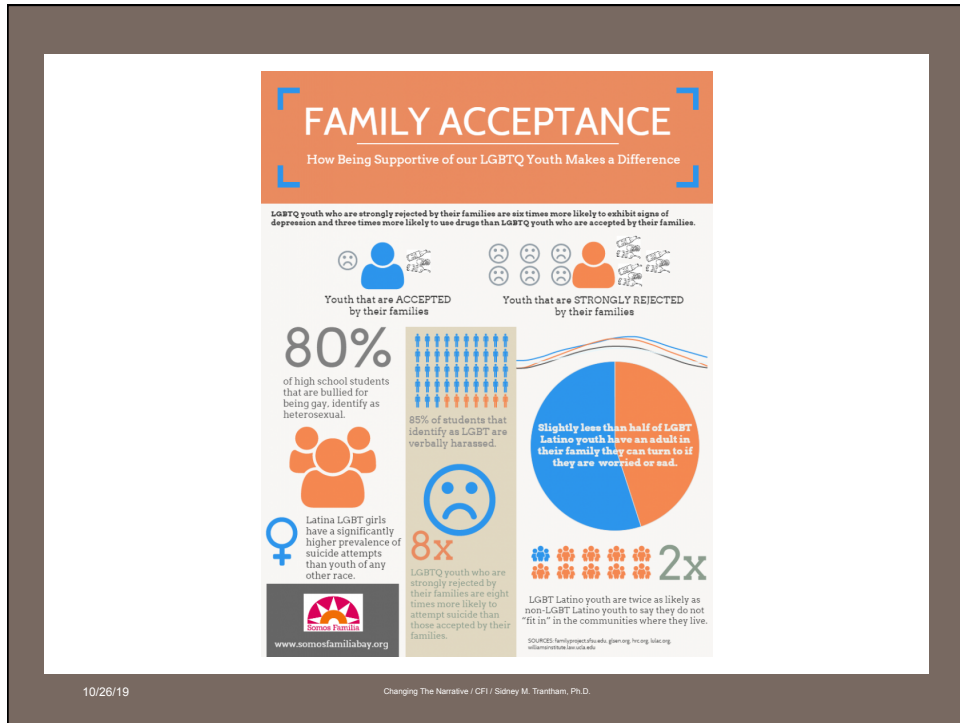
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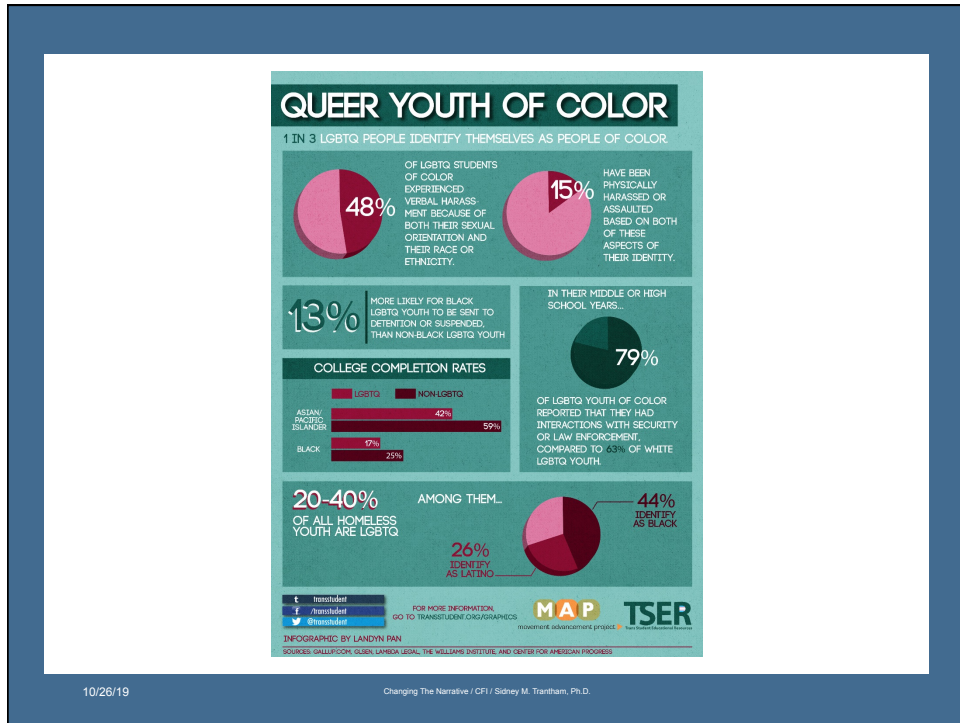
LOW rejection **MODERATE rejection** **HIGH rejection**

Level of Family Rejection

Ryan, Family Acceptance Project, 2009

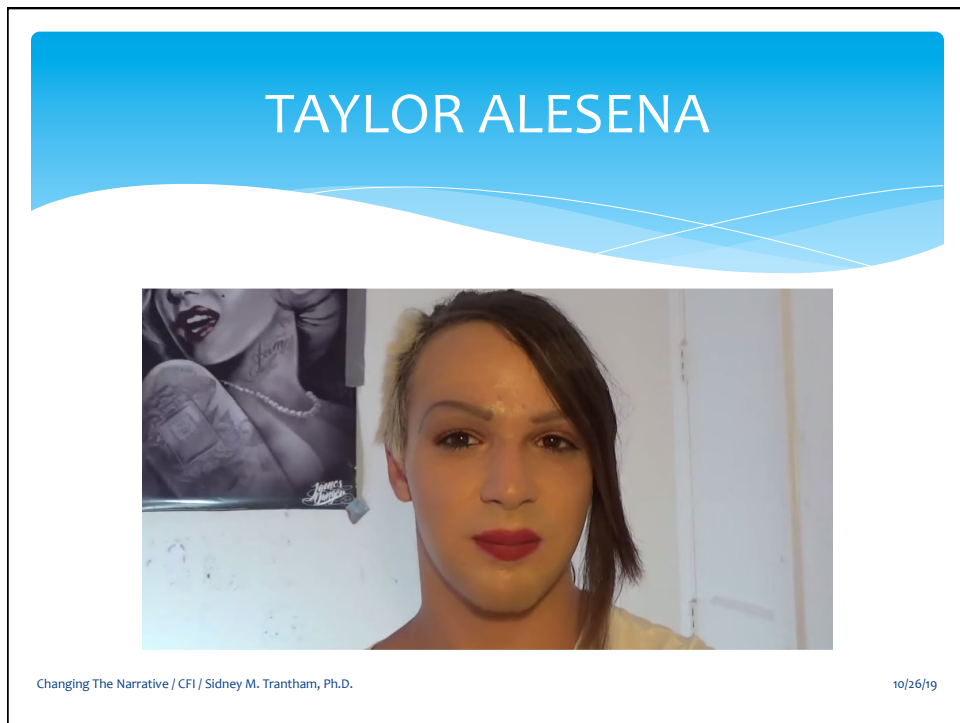
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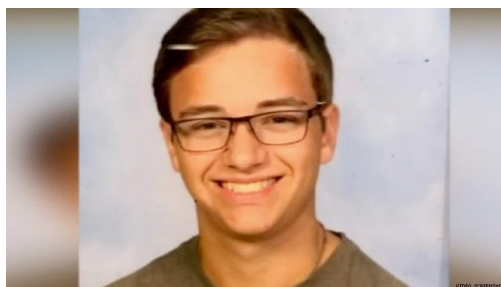


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CHANNING SMITH



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PRIVILEGE

- * "a right, immunity or benefit enjoyed only by a person beyond the advantages of most" (Merriam-Webster)
- * "unearned power conferred systematically"

*from McIntosh (1989):
"White Privilege: Unpacking The Invisible Knapsack"*

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CISGENDER PRIVILEGE

” “How can I support what I don't believe in?”

” “You need to grow a thicker skin.”

” “I can't get on board with your pronouns.”

” “Your gender isn't real.”

* “What do you partner's genitals look like?” from Queer Asterisk (wordpress.com):
“The worst kind of toxic work environment”

TRANSPHOBIA

* *“Prejudice, discrimination, and gender-related violence due to negative beliefs, attitudes, irrational fear and aversion to transgender people. Transphobia contributes to barriers to employment, elevated, symptoms of depression, anxiety and suicidality”*

from Mizock & Mueser (2014)

STATISTICS

* Trans* population estimates (adolescents & adults):

* 2009 (General US): 0.038% - 0.147%

* 2009 (Massachusetts): 0.153% - 1.65%

* 2016 (General US): 0.560%

from Meerwijk & Sevelius (2017)

STATISTICS

* Approximately 0.7 percent of 13- to 17-year-olds in the United States identify as transgender (about 150,000 adolescents) – Williams Institute at University of California, Los Angeles, School of Law (January 2017)

* 2016 Williams Institute data suggests ~29,900 adults in Massachusetts identify as transgender (~0.57% of adult population)

STATISTICS

- * 13.5 is the average age that transgender youth become homeless in NYC
- * 80% of Trans* students feel unsafe at school because of their gender expression
- * 58.7% report experiencing verbal harassment compared to 29% of their peers
- * 41% of Trans* people have attempted suicide

from Trans Student Educational Resources (TSER)

STATISTICS

- * Singh (2016) cites Grant et al. (2011) survey of over 6,000 trans* participants :
 - * 41% reported at least one suicide attempt
 - * 53% reported being harassed in public accommodation
 - * 63% reported housing discrimination
 - * 97% experience harassment or discrimination on the job

INTERSECTIONALITY

- * “The intersection of the meaning and consequences (e.g., discrimination, prejudice, privilege) associated memberships in multiple societal groups, which in turn informs the overall identity of an individual”


from Cole (2009)

STATISTICS

- * 1 in 3 LGBTQ people identify themselves as POC
- * 48% of LGBTQ POC report experiencing verbal harassment related to both their sexual or gender identity and their racial or ethnic identity
- * Transgender POC are 6 times more likely to experience physical violence when interacting with the police compared to white cisgender survivors of violence

from Trans Student Educational Resources (TSER)

I Do Not Know Yet
by Tory Muschetta



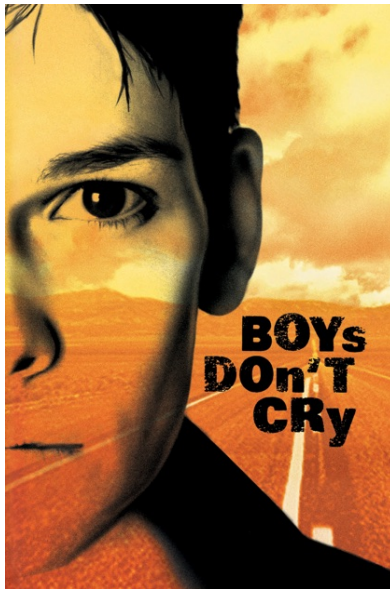
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CHANGING THE NARRATIVE
SUPPORTING RESILIENCE IN LGBTQ+ YOUTH



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BUNDAANCE

PARIAH
[puh-rah-y-uh] noun
1. A person without status
2. A rejected member of society
3. An outcast

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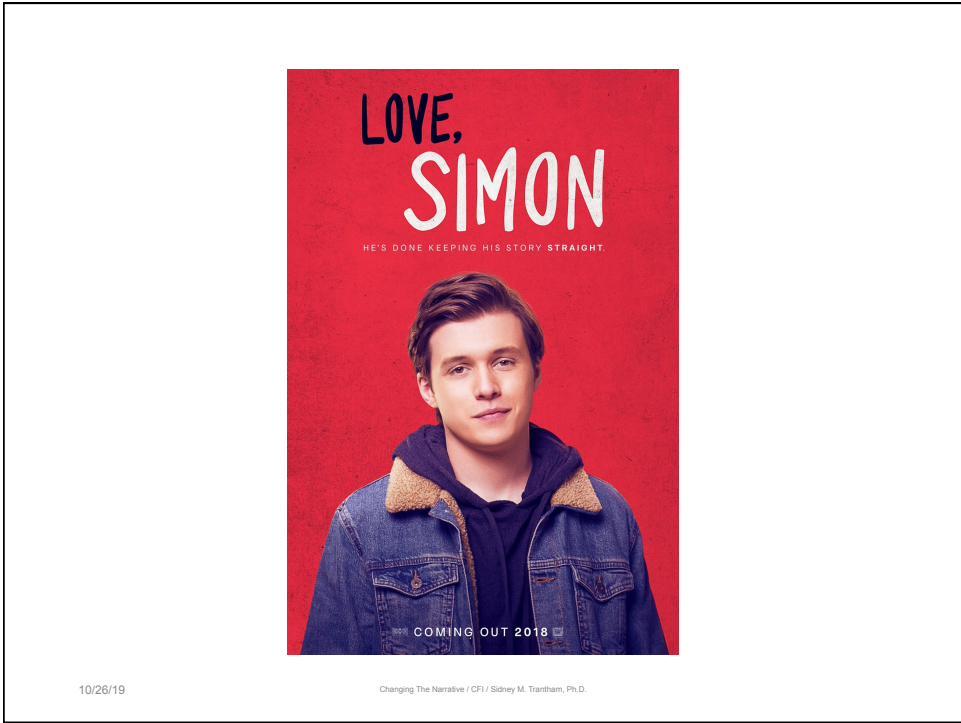
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THIS IS THE STORY OF A LIFETIME

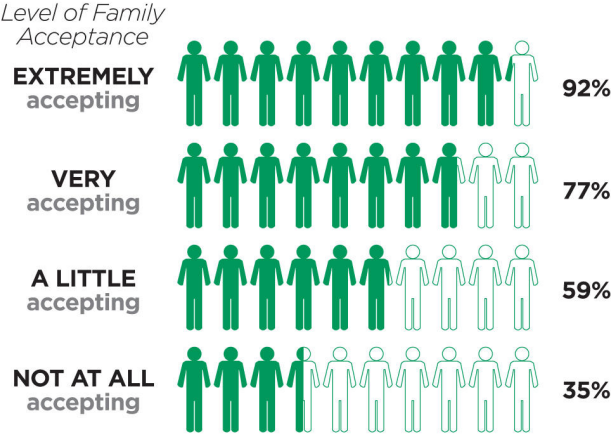
MOONLIGHT

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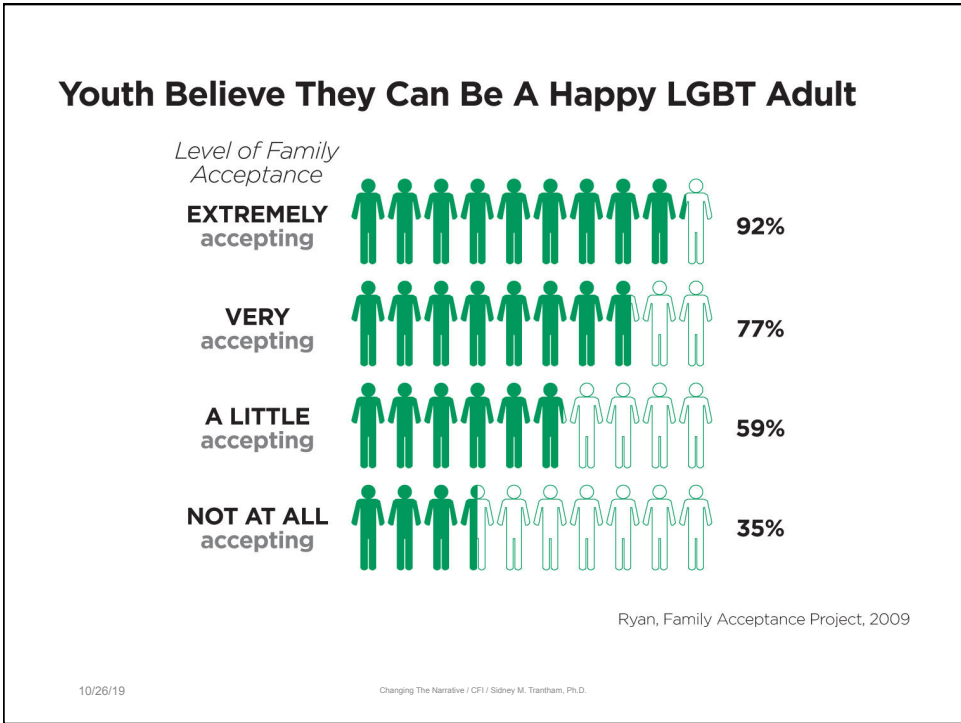
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Youth Believe They Can Be A Happy LGBT Adult



Ryan, Family Acceptance Project, 2009





Over three-quarters (77%) of LGBT youth say they know things will get better.

www.hrc.org/youth

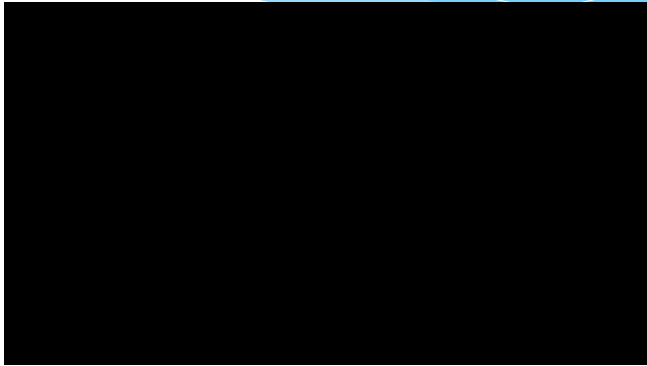
#LGBTYOUTH

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Penelope: Mom, I'm Not A Girl



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SUPPORTING LGBTQ+ YOUTH



Role of Mental Health Counselor

- * support healthy growth & development of child or adolescent
- * explore child or adolescent's understanding of their sexual and gender identity without imposing a binary perspective on either sexuality or gender
- * assess gender dysphoria
- * assess & treat co-occurring mental health problems

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Role of Mental Health Counselor

- * provide psychoeducation to children, adolescents & families
- * address parent concerns
- * support family cohesion & address family dysfunction that impacts child or adolescent's growth & development
- * educate & advocate for children, adolescents & families in their communities (e.g., school, clubs, camps, day cares, etc.)

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COUNSELING MODALITIES

- * INDIVIDUAL
- * FAMILY
- * SIBLING DYADIC
- * SCHOOL



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Gay or not, you are my child.
I've got your back.



Love and support your gay child.







Find out how at: camba.org/projectALY
Learn about our Parent Groups.  CAMBA
(718) 675-3372 where-you.com

This poster was developed by the New York City Department of Health and Mental Hygiene through a contract with Family Health Solutions. It contains no claims for responsibility and does not constitute an offer of any product or service.

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COUNSELING TECHNIQUES

-  Play Therapy
-  Therapeutic Games
-  Bibliotherapy
-  Narrative Therapy
-  Art Therapy
-  Mindfulness-Based Cognitive Therapy (MBCT)

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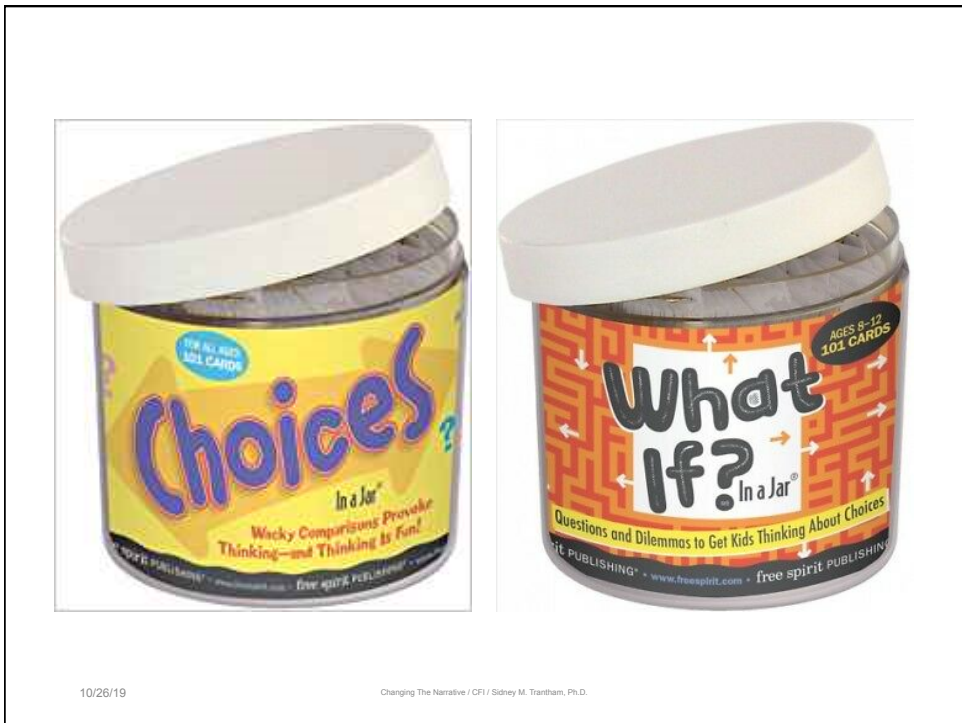
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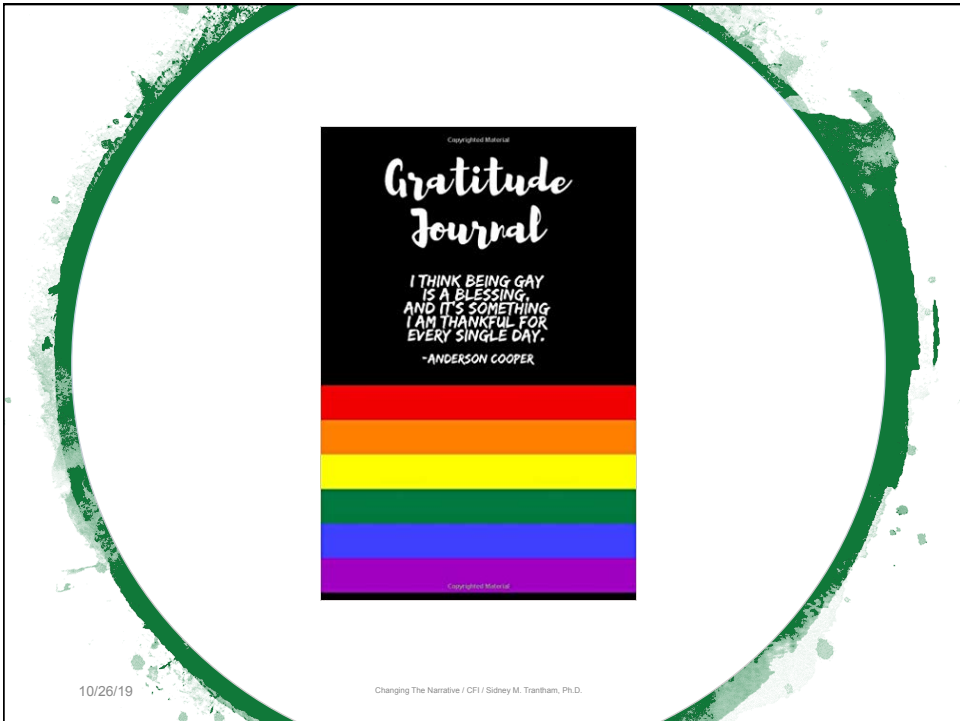


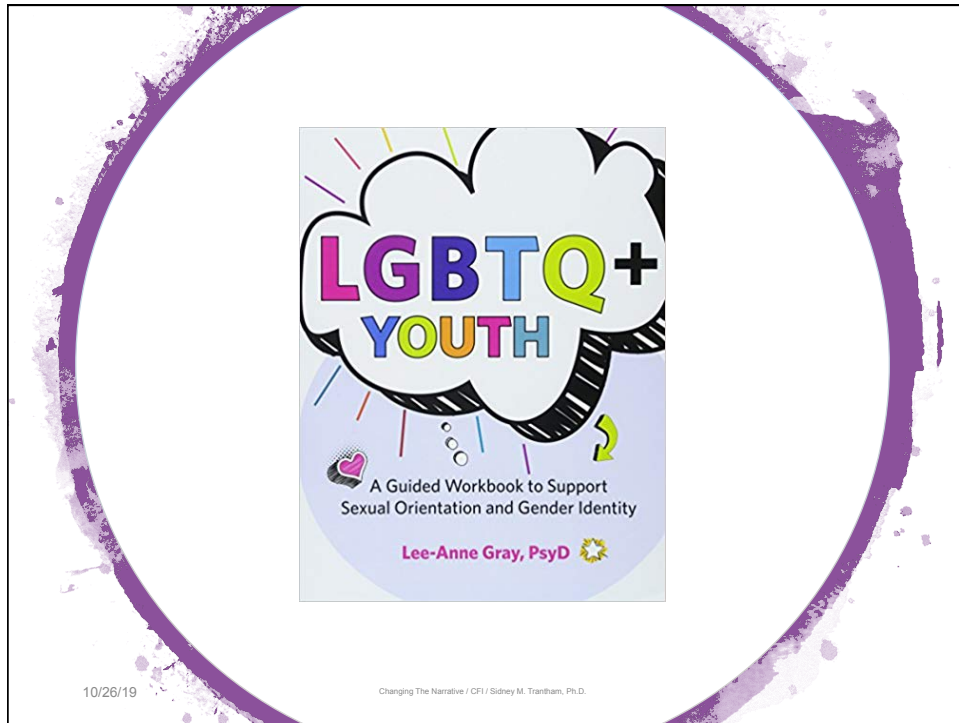
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GENDER AFFIRMING COUNSELING

- * See Hidalgo, Ehrensaft, Tishelman, Clark, Gaofalo, Rosenthal, Spack & Olson (2013) article *The Gender Affirmative Model: What We Know And What We Aim To Learn*

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SEXUALITY & GENDER AFFIRMING COUNSELING

- * ***sexual & gender diversity does not mean disorder***
- * sexual & gender presentations are diverse and varied across cultures, requiring cultural sensitivity
- * gender may be fluid & is not binary
- * mental health problems, when present, are often related to interpersonal & cultural reactions to the individual's expression of sexuality or gender

Hidalgo et al. (2013)

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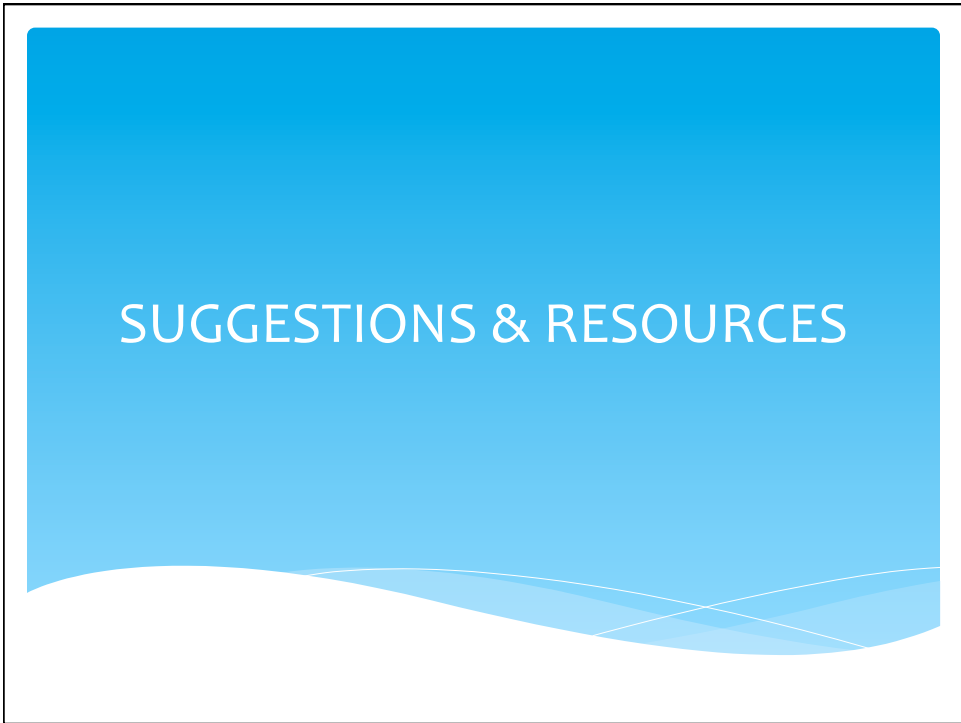
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TREATMENT TIPS

- * focus on helping child or adolescent express their experience of sexuality & gender (e.g., use of narrative, non-verbal therapy approaches key)
- * focus on exploring parent concerns
- * focus on connecting parents with supports
- * focus on building positive relationship between parent & child

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THINGS TO DO

- * GET INFORMED!!!
- * CREATE WELCOMING ENVIRONMENT
- * ASK RE: NAME, PRONOUNS & HONOR CHILD'S SELF-IDENTIFICATION
- * CHALLENGE HOMOPHOBIC, BIPHOBIC & TRANSPHOBIC BEHAVIOR
- * MANAGE YOUR DISCOMFORT & ANXIETY

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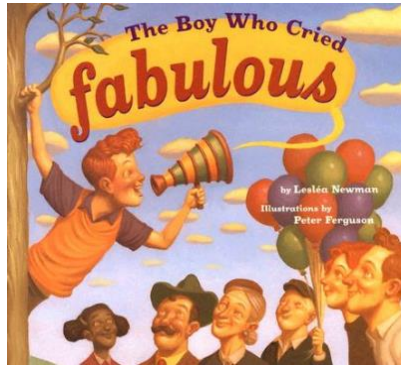
RESOURCES



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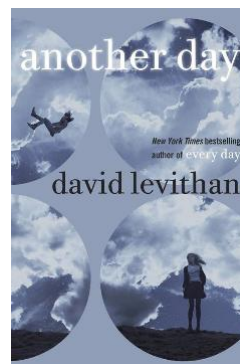
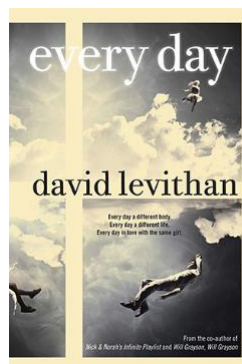
CHILDREN'S BOOKS



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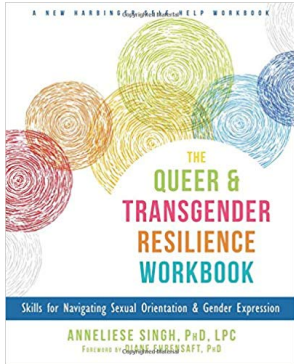
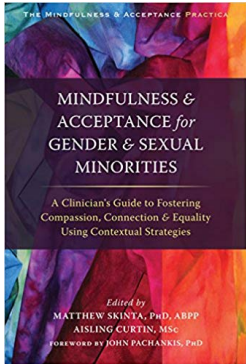
YOUNG ADULT FICTION



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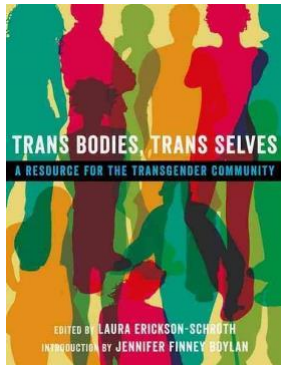
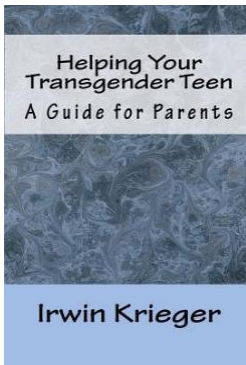
WORKBOOKS FOR CLINICIANS



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INFORMATIONAL BOOKS FOR PARENTS, YOUTH & CLINICIANS



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Youth Supports

- * GLSEN/GSA
- * BAGLY/WAGLY/NAGLY
- * UMBRELLA
- * BATS
- * CAMP ARANU'TIQ
- * CAMP PRIDE
- * online websites & communities
- * phone helplines

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Parent, Family & Clinician Supports

- * GeMS (Boston Children's Hospital)
- * Sidney Borum Jr. Health Center/Fenway Health
- * The Meeting Point
- * SAYFTEE
- * MaeBright Group
- * Gender Spectrum
- * PFLAG
- * WPATH

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PROCESSING THERAPIST DISCOMFORT IN THE SERVICE OF THE THERAPY

=====

Notice----- **Explore**----- **Utilize**

With or without client?

To further understand
the client(s) or the therapy?
Disclose or not disclose?

=====

One Example of This Process: Utilizing Countertransference

1. **Observe**-----

2. **React**-----

3. **Reflect:**

Emergence: Therapist is able to pause and think about her or his immediate experience.

Immersion: Therapist expands her or his associations to the experience, reflecting on salient moments in the session.

Integrative Elaboration: Therapist brings her or his associations together within the context of clinical theory, which illuminate the meaning of the countertransference and enables an understanding of its impact on the therapy process.

Interpretation: Therapist develops a provisional understanding of the meaning and origins of her or his countertransference reactions; therapist considers ways the countertransference can usefully be brought into the service of the treatment.

(Adapted from Shafranske, E.P. & Falender, C.A. (2008). Supervision addressing personal factors and countertransference. In Casebook for clinical supervision: A competency-based approach). Washington, D.C.: American Psychological Association, 97-120).

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THERAPIST DISCOMFORT AND THE USE OF SELF WITH
TRANS AND GENDER-DIVERSE CLIENTS:
A WORKSHOP FOR NON-TRANS CLINICIANS
Julie Mencher, MSW, LICSW
October 26, 2019

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WORKING WITH LESBIAN AND GAY RELATIONSHIPS 50 YEARS POST STONEWALL: CLINICAL AND CULTURAL CONSIDERATIONS TO ADVANCE POSITIVE TREATMENT OUTCOMES

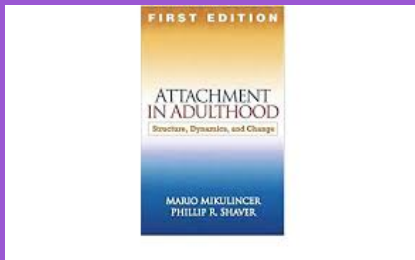
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10/21/19

1

ADULT ATTACHMENT



Attachment in Adulthood: Structure, Dynamics, and Change, 2010 Mikulincer and Shaver

our attachment system allows us to reach for and respond to others for safety, security, love and affection/sex. It also allows us to **broaden and build our capacity** to develop and regulate our nervous system and become healthy autonomous individuals

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2

A QUEER THIRD EAR

acknowledging minority stress

“...gay/lesbian couples, like their heterosexual counterparts, may struggle with problems arising from the partners’ interactions with one another and suggest “the *standard systems treatment perspectives then apply, but only as they are recast by a lesbian/gay consciousness.*” _ Bepko and Johnson (2000),

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3

- (1) *the impact of growing up and living within a dominant culture that privileges heterosexual, monogamous ideals*
- (2) *the impact of discrimination and oppression against sexual orientation/lifestyle expressions that deviate from the above*
- (3) *the expressed nuances, variations and dynamics that exist within lesbian and gay populations.*

LESBIAN AND
GAY
CONSCIOUSNESS

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4

MINORITY STRESS

“a state intervening between the sequential antecedent stressors of culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination, the impact of these environmental forces on psychological well-being, and consequent readjustment or adaptation”

- -Virginia Brookes

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MINORITY STRESS

- **Distal stressor**=> everyday discrimination experiences/ sexual and physical victimization/ micro aggressions/ structural oppression
- **Proximal Stressors**=> internal subjective experiences that rely on individual perception and appraisal of environment ; anticipation of negative experiences stemming from discrimination and prejudice- the anxiety and internalized negative view of self.

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6

MINORITY STRESS

- 🏳️‍🌈 Because prejudice and discrimination can occur unexpectedly, LGBTQ people must constantly readjust to living in a homophobic/homo-negative social environment.
- 🏳️‍🌈 It is the stress of this perpetual readjustment that has been linked to poorer physical and mental health (depression and anxiety) .
- 🏳️‍🌈 Internalized homo-negativity and anticipation of prejudice has been negatively related to relationship satisfaction in same sex relationships (Allan, R and Johnson, S.M. 2017)

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7

MINORITY STRESS

Unhealed Minority Stress , like any other abuse or trauma, creates a residue that spills over into our relationships. One's sense of self and other can become negatively impacted, leading to challenges with emotional and physical intimacy while adding additional layers of distress to existing day-to-day challenges or conflicts.

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8

WHAT IS TRAUMA?

“Psychological trauma is the unique individual experience of an event, a series of events, or a set of enduring conditions in which the individual’s ability to integrate their experience is overwhelmed AND/OR the individual experiences (subjectively) a threat to life, bodily integrity or sanity.” — Saakvitne et al 2000

Trauma survivors have symptoms instead of memories

Affect dysregulation – hyper/hypo activation ; mood disorders, substance use; somatic complaints; mistrust; irritability; shame; poor concentration

Janina Fischer Ph.D. - Working with the Neurobiological legacy of Trauma

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9

AFFIRMATIVE THERAPY

- LGB affirmative therapy is **not an independent practice approach. It’s purpose is to enhance the therapist’s existing treatment model**
- **Practicing without discrimination is NOT the same as practicing affirmatively.**
- sexual stigma is addressed in psychotherapy with interventions that reduce and counter internalized stigma and increase active coping (APA)
- Same-sex sexual attractions, behavior, and orientations per se are normal and positive variants of human sexuality. Sexuality is fluid. (APA)

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AFFIRMATIVE THERAPY

- Discuss sociopolitical factors associated with being gay and impact relationship
- on-going assessment of extent to which couple's presenting concerns are related to challenges of dealing with proximal and/or distal stressors vs the more common day to day issues for all couples.
- Therapist to disclose their own sexual orientation and ask about impact, noting what is similar and dissimilar.
- Invitation to address therapeutic ruptures/ misattune

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- 🏳️‍🌈 BioPsychoSocial History
- 🏳️‍🌈 Family and Relationship Hx (attachment)
- 🏳️‍🌈 Sexual History
- 🏳️‍🌈 Coming Out Narrative and Experiences
- 🏳️‍🌈 Appraisal of distal and proximal stressors- *Assess for impact and it's accommodation*
- 🏳️‍🌈 Grief, Loss, Ambiguous Loss
- 🏳️‍🌈 Trauma

ASSESSMENT

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12

COMING OUT



An ongoing developmental process of identifying, accepting, and expressing ones' sexual orientation to self and others.

(It exists because of our hetero-dominant culture)

influenced by, but not limited to, :
 a person's age, historical socio-political climate race, religion, geography, quality of familial and social supports, employment status, whether one has children.

13

COMING OUT



Coming Out Narratives and Experiences?

How has it shaped view of self/other ?

Where was there support?

Betrayals?

Impact on current relationship?

Impact on sexuality ?

Sense of emotional safety?

14

INTRODUCTION

The Focus of today's workshop is to provide relevant information to assist clinicians in their work with Lesbian and Gay identified couples. Today's presentation will be a combination of lecture, case presentation, and group participation.

We will focus on assessment and intervention tools to improve clinical outcomes using an Affirmative, strength-based, attachment-oriented, and trauma-informed framework. I hope to be able provide useful "lens" that could enhance the work you are already doing - Regardless of treatment Model.

Unfortunately, due to time constraints, I will not be able to respond to specific case dynamics within your own practice nor will we be focusing on the nuts and bolts of how to "DO" therapy.

It would be helpful to me if we could quickly go around and tell one thing you'd like to take away from today :)

Research has demonstrated that all couples, regardless of orientation, go through many similar developmental stages and challenges. However, to truly be effective in helping Lesbian, Gay and sexual minority couples, It is important to understand the unique challenges and vulnerabilities that result from being a sexual minority, and how untreated Minority Stress —

(as Robert Allan succinctly describes as the "vulnerabilities and impact of discrimination and marginalization by individuals and institutions.") — might impact the development and/or maintenance of establishing secure attachments in our primary relationships, and how untreated Minority Stress might present clinically.

An emphasis will be on gaining a better understanding the impact of Minority Stress on attachment processes.

Getting us all on the same page

ATTACHMENT

Evolution has ensured that mammals have developed innate capacities to survive and adapt throughout time. One such capacity is our “attachment system” which was first introduced to us by John Bowlby in the 1950s/1960s.

Mikulincer and Shaver have written perhaps the most comprehensive work on Adult Attachment (*Attachment in Adulthood: Structure, Dynamics, and Change*, 2010) and provide a comprehensive review of attachment theory, adult-attachment research, and explore how attachment styles affect adult romantic relationships.

Simply put, our attachment system allows us to reach for and respond to others for safety, security, love and affection/sex. It also allows us to **broaden and build our capacity** to develop and regulate our nervous system and become healthy autonomous individuals. (child running in park)

Dr. Sue Johnson writes extensively on the subject of adult bonding and relationship repair noting that “seeking and maintaining contact with significant others is an innate, primary motivating principle in human beings across the lifespan.”

- *Attachment styles are dynamic and changing.
- *Secure dependence complements autonomy
- *Attachment offers an essential safe haven (to come to & go out from)
- ***Emotional accessibility and responsiveness build bonds (A.R.E.)**
- ***Fear and uncertainty activate attachment needs**
- *The process of separation distress is predictable
- *There are a finite number of attachment styles
- *Attachment involves working models of self and other
- ***Isolation and loss are inherently traumatizing**

Relationship Dynamics

So, perhaps it is fitting that I start with noting the similarities of lesbian, gay, and heterosexual couples. Fundamentally we all have the same hard wiring. We share the same emotions, the same capacities for empathy, the same human attachment longings and fears, as well as the same ways of reaching and responding if our Adult Attachment Activation System becomes activated.

Historically, research compared Gay and lesbian relationships to heterosexual relationships; often conflating G/L relationships as if there were no distinctions between them.

Much of this research found many similarities to that of heterosexual relationships - just as healthy, sometimes greater areas of strength. In 2003 The Gottman Institute published a 12- year longitudinal study comparing committed gay and lesbian couples in San Francisco to matched heterosexual couples. Using observational data, the study found “that gay/lesbian couples are more “upbeat” in dealing with conflict, use more affection and humor when they bring up a disagreement, use fewer controlling, hostile emotional tactics, and engage in greater power-sharing and egalitarian ways of relating than straight couples. Gays and Lesbians have had much practice and success with engaging in non-typical gender conforming roles thus expanding experiences and repertoires. (Garanzini 2017, Gottman et al 2003).

There is currently an increasing shift to examining variability among same sex couples. I will try to weave this information in as we discuss cases. it is in your reading list.

While all people and relationships are unique, there are some common relationship transitions/developmental stages that couples experience regardless of orientation. However, the meanings, strengths and challenges might be quite different. (For

Working with LBGTO Relationships 50 Years Post Stonewall: Clinical and Cultural Considerations that Advance Positive Treatment Outcomes

example, Marriage) Additionally, like all couples, interpersonal challenges can also exist.

Bepko and Johnson (2000), (*“Gay and Lesbian Couples in Therapy: Perspectives for the Contemporary Family Therapist”*), address the internal and external (contextual) considerations when working with lesbian and gay couples. They acknowledge, “gay/lesbian couples, like their heterosexual counterparts, may struggle with problems arising from the partners’ interactions with one another and suggest “the *standard systems treatment perspectives then apply, **but only as they are recast by a lesbian/gay consciousness.**” I call it a “Queer third ear.*

I would suggest that the lesbian and gay consciousness that Bepko and Johnson refer to entails understanding the impact of (1) growing up and living within a dominant culture that privileges heterosexual, monogamous ideals

(2) the impact of discrimination and oppression against sexual orientation/lifestyle expressions that deviate from this model; and

(3) understand the expressed nuances, variations and dynamics that exist within lesbian and gay populations.

Introduce Sophia and Linda

To this end we need to discuss Minority Stress

It is essential when working with sexual minorities to discern the extent to which, what is being presented, is a response to Minority Stress, interpersonal challenges or a combination.

What is Minority Stress?

Minority Stress was first coined by Virginia R. Brooks (Writing about Lesbians)

“A state intervening between the sequential antecedent stressors of culturally sanctioned, categorically ascribed inferior status, social prejudice and

discrimination, the impact of these environmental forces on psychological well-being and [the] consequent readjustment or adaptation”

MEYERS (2003) A Framework for incorporating Minority stress theory into treatment - Elaborated on the effects of Minority Stress

LG people encounter minority stress along a continuum from distal stressors to proximal personal processes:

Distal stressor=> everyday discrimination experiences/ sexual and physical victimization/ micro aggressions/ structural oppression

Proximal Stressors=> internal subjective experiences that rely on individual perception and appraisal of environment; anticipation of negative experiences stemming from discrimination and prejudice- the anxiety and internalized negative view of self.

Because prejudice and discrimination can occur unexpectedly, LGBTQ people must constantly readjust to living in a homophobic/homo-negative social environment.

SB -> State college bar example

It is the stress of this **perpetual readjustment** that has been linked to poorer physical and mental health (depression and anxiety).

“LGBTQ people occupy a distinct place among stigmatized minorities, for other people can generally depend on family of origin for support. Queer people have historically been rejected- or at least misunderstood- by their families.” (Lev and Nichols 2015)

There is evidence that internalized homo-negativity and anticipation of prejudice has been negatively related to relationship satisfaction in same sex relationships (Allan, R and Johnson, S.M. 2017)

Unhealed /unacknowledged Minority Stress creates a residue that spills over into our relationships. It can lead to neurobiological adaptations that at the time assists with coping but may operate at a cost in the present day.

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One's sense of self and other can become negatively impacted, leading to challenges with emotional and physical intimacy while adding additional layers of distress to existing day-to-day challenges or conflicts.

Neurobiology and Trauma (5)

“Psychological trauma is the unique individual experience of an event, a series of events, or a set of enduring conditions in which the individual’s ability to integrate their experience is overwhelmed AND/OR the individual experiences (subjectively) a threat to life, bodily integrity or sanity.” – Saivite et al 2000

Trauma survivors have symptoms instead of memories

Affect dysregulation – hyper/hypo activation; mood disorders, substance use; somatic complaints; mistrust; irritability; shame; poor concentration

Janina Fischer Ph.D. - Working with the Neurobiological legacy of Trauma

Reading from Bessel Van der Kolk

“Danger is a normal part of life, and the brain is in charge of detecting it and organizing our response. Sensory information about the outside world arrives through our eyes, nose, ears, and skin. These sensations converge in the **thalamus**, an area in the limbic system...it stirs all the input from our perceptions into a full blended autobiographical soup, an integrated, coherent experience of “this is what is happening to me”

...however, processing by the thalamus can break down. Sights, sounds, smells and touch are encoded as isolated, dissociated fragments, and normal memory processing disintegrates

The central function of the **AMYGDALA** is to identify whether incoming input is relevant for our survival. It does so quickly and automatically with the help of the hippocampus, a nearby structure that **relates the new input to past experiences**. If the amygdala senses a threat - a potential car collision or some who looks threatening- it sends an instant message down to the **hypothalamus** and the brain stem recruiting the stress-hormone system and autonomic nervous system...

this is faster path than going directly to our frontal lobes...it decides whether something is a threat to our survival even before we are conscious of it fight /flight/ freeze/ submit responses [helpful for survival !! car comes- jump out of way - no self-talk about whether to do so]

Past trauma “increases the chance of misinterpreting whether a particular situation is dangerous or safe.... faulty alarm systems lead to blow ups or shutdowns in response to innocuous comments or facial expressions.” (60-62)

How to use this info - Let's get back to Sophia and Linda.... setting the stage

ALLIANCE /ASSESSMENT / INTERVENTION

ALLIANCE -LGB affirmative therapy is **not an independent practice approach. Its purpose is to enhance the therapist's existing treatment model**

- Practicing without discrimination is **NOT** the same as practicing affirmatively.
- sexual stigma is addressed in psychotherapy with interventions that reduce and counter internalized stigma and increase active coping (APA)
- Same-sex sexual attractions, behavior, and orientations per se are normal and positive variants of human sexuality. Sexuality is fluid. (APA)
- Discuss sociopolitical factors associated with being gay and impact relationship
- on-going assessment of extent to which couple's presenting concerns are related to challenges of dealing with proximal and/or distal stressors vs the more common day to day issues for all couples.
- Therapist to disclose their own sexual orientation and ask about impact, noting what is similar and dissimilar.
- Invitation to address therapeutic ruptures-misattunement

ASSESSMENT = All using that Gay/Lesbian consciousness lens - your process

Biopsychosocial History

Family and Relationship Hx (attachment)

Sexual History

Working with LBGTO Relationships 50 Years Post Stonewall: Clinical and Cultural Considerations that Advance Positive Treatment Outcomes

Coming Out Narrative and Experiences

Appraisal of distal and proximal stressors- *Assess for impact and its accommodation*

Grief, Loss, Ambiguous Loss

Trauma

We must also consider the influence of distal and proximal stressors have on attachment experiences and schemas

Coming out

An ongoing developmental process of identifying, accepting, and expressing ones' sexual orientation to self and others.

(It exists because of our heterodominant culture)

influenced by, but not limited to,

a person's age, historical socio-political climate race, religion, geography,

quality of familial and social supports,

employment status, whether one has children.

Coming Out Narratives and Experiences?

How has it shaped view of self/other?

Where was there support? Betrayals?

Impact on current relationship?

Impact on sexuality ?

Sense of emotional safety?

Let's get back to our couple

Attachment schemas operate similarly and that the quality of relationship satisfaction directly correlates to attachment security- the ability to reach and respond. It is important to assess not only early caregiver experiences with attachment . We must also consider the influence of distal and proximal stressors have on attachment experiences and schemas (view of self/other).

Roger and Steve

“with the historical context of oppression, it was inconceivable until recently for therapists to even formulate questions about same sex sexual satisfaction or potential sexual problems within a model that assumed same sex love was healthy “ (Lev and Nichols 2015)

assess for use of minimization and distancing of difficult emotions as adaptive coping strategies

Noteworthy research finding :

Lesbians

While higher levels of internalized homophobia has been associated with a decrease in relationship satisfaction for both Lesbians and Gay men, lesbian women’s disclosure of their orientation has shown few significant associations with relationship satisfaction .

Relationship satisfaction is HIGHER among lesbian couples in which both partners report HIGH levels of differentiation of self compared to couples where both partners report low levels of differentiation.

Couples who adopted or used in-vitro report less jealousy than couples who used artificial insemination. (explore narratives)

Lesbians- most frequent sexual problem is absent/low desire ; regarding sexual satisfaction

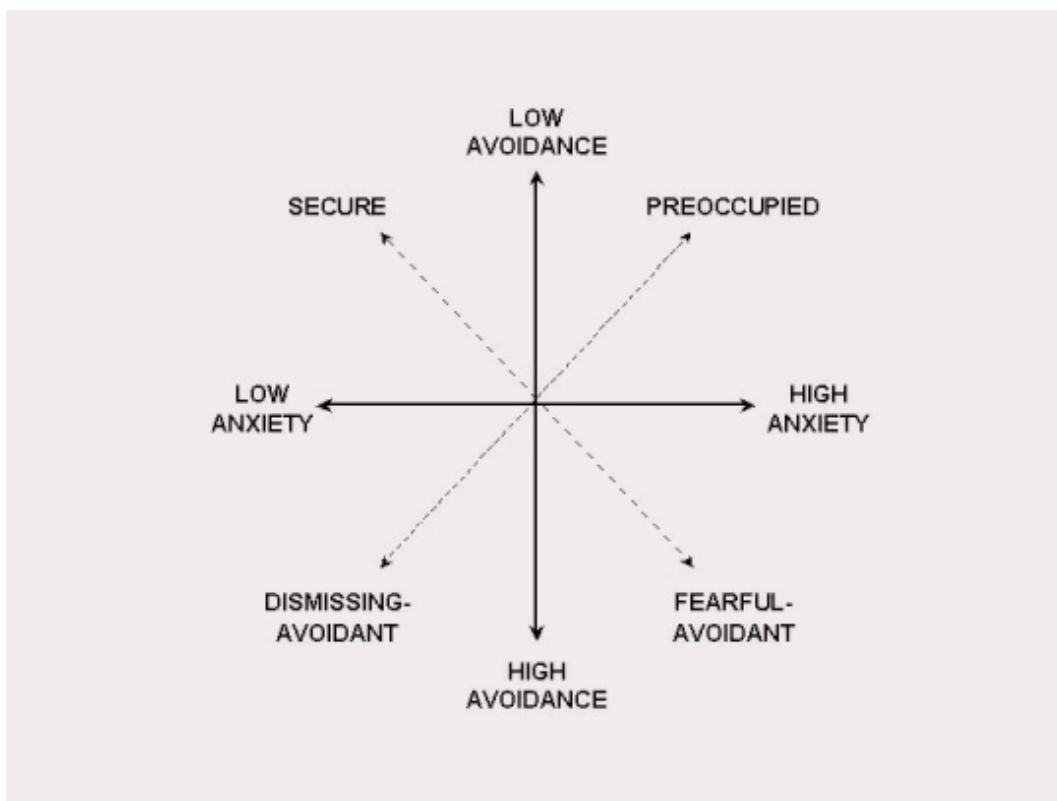
Gay Men- most frequent sexual challenge is around managing non-monogamy and E.D.

Lower effectiveness of repairs when interactions do become negative (G and L)

Attachment

- *Attachment styles are dynamic and changing.
- *Secure dependence complements autonomy
- *Attachment offers an essential safe haven(to come to & go out from)
- *Emotional accessibility and responsiveness build bonds (A.R.E.)
- *Fear and uncertainty activate attachment needs
- *The process of separation distress is predictable
- *There are a finite number of attachment styles
- *Attachment involves working models of self and other
- *Isolation and loss are inherently traumatizing

Courtesy of Sue Johnson
Bartholomew and Horowitz



Working with Lesbian and Gay Relationships 50 years Post Stonewall

Steffani Brandenburg, LCSW, LICSW, CST

Recommended Readings

Alessi, Edward J. (2014). A Framework for Incorporating Minority Stress Theory into Treatment with Sexual Minority Clients. *Journal of Gay and Lesbian Mental Health* 18(1), 47-66.

Allan, R., & Johnson, S.M. (2017). Conceptual and application issues: Emotionally Focused Therapy with gay male couples. *Journal of Couple & Relationship therapy: Innovations in Clinical and Educational Interventions*, 16(4), 286-305.

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Justin A. Lavner (2017). Relationship satisfaction in lesbian couples: Review, methodological critique, and research agenda. *Journal of Lesbian Studies*, 21:1, 7-29

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Marcus, E. (2002) *Making Gay History: The Half-Century Fight for Lesbian & Gay Equal Rights* New York, N.Y: HarperCollins.

Mikulincer, M., & Shaver, P. R. (2007). *Attachment in Adulthood: Structure, Dynamics, and Change*. New York: Guilford Press.

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Stonewall at 50: Queering the Lens on Aging and Sex

October 26, 2019
Jane Fleishman, PhD, MEd
Certified Sexuality Educator

Fall Symposium
Couple and Family Institute of New England
Smith College Conference Center

“Delving into the history of Stonewall can help to remind us of the courageous, inventive, and inspiring paths that LGBTQIA+ people have taken toward their own and others’ liberation against a backdrop of fear. Queering the lens on sexuality and aging can propel clinicians, educators, and advocates to create environments that are welcoming, affirming, and inclusive of all sexual and gender minorities.”

--J. Fleishman, 2019

Short Content Description

This year marks the 50th anniversary of the Stonewall Rebellion, often described as the birth of the modern "gay rights" movement in the U.S. Queering the lens on sex and aging allows us to view the aging sexual body from a transformed perspective. Most research on sexuality of older LGBTQIA+ adults focus on sexual dysfunction or high-risk sexual behaviors. New research on queer bodies as a political battleground on the front lines will be covered. Highly interactive, practical applications.

Appreciations

Developing this program has been an honor and could not have occurred without the wisdom and joy of:

- SAGE (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders) and the Diverse Elders Coalition;
- Sherrill Wayland and Tim Johnston, National Resource Center on LGBT Aging;
- Lisa Krinsky and Bob Linscott, LGBT Aging Project of the Fenway Institute; and
- All of the Stonewall generation elders who participated in my research

Agenda

Finding Common Ground

Measurable Learning Expectations
Guidelines and Intentions

Common Perceptions about LGBTQIA+ Elders' Sexuality

ACTIVITY: What Comes to Mind?

Where Does Homophobia/Transphobia Come From?

Significance of Stonewall
Demographics
Useful Information on LGBTQIA+ Elders' Sexuality

Benefits and Challenges of Sexual Expression

Health Benefits of Sexual Activity Among Older Adults
A New Model of Older LGBTQIA+ Sex & Aging
ACTIVITY

Queering the Lens on Aging & Sex

Seven Implications for Clinical Practice
ACTIVITY: Challenging Ourselves and Each Other

Resources

Web Resources on LGBTQIA+ Elders
References

Closure

Feedback and Appreciations
Review of Learning Expectations

Measurable Learning Expectations

At the end of this program, participants will be able to:

1. Define three (3) recent research findings about the sexuality of older LGBTQIA+ adults.
2. Describe three (3) challenges for treating, educating, or advocating for LGBTQIA+ adults' sexuality.
3. Discuss one application of the recent research to your own professional work.

Guidelines¹

To keep this session as productive as possible, please commit to:

1. Lead with love
2. Low ego
3. High impact
4. Move at the speed of trust

Intentions

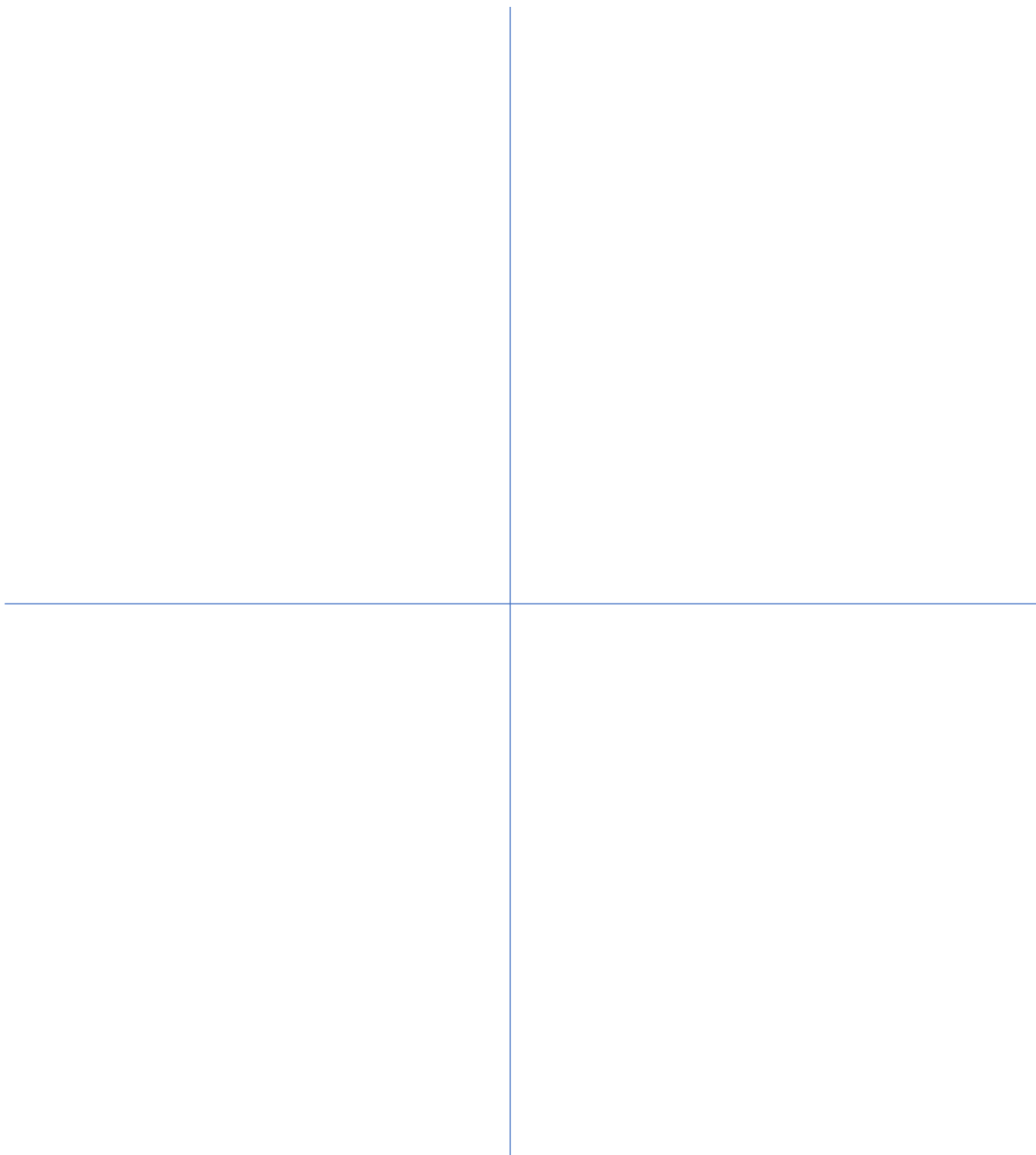
In addition to the group guidelines, please list your individual intentions for this session:

1. _____
2. _____
3. _____

¹ These guidelines were drawn from Alicia Garza, Patrisse Cullors, and Opal Tometti, founders of the Movement for Black Lives Matter.

What comes to mind?

Without stopping or censoring yourself, quickly draw a sketch below in response to the images discussed.



Significance of Stonewall and the Stonewall Generation

Please use this space for notes on the presentation.

Demographics and Other Useful Information

LGBTQIA+ older people are living vibrant, full lives across the U.S. and around the world. While the U.S. census has never measured how many LGBTQIA+ people live in America:

- One study estimates that there are over 2.4 million LGBTQIA+ adults over age 50 in the United States, with the expectations that this number will grow to over 7 million by 2030
- Another study estimated that there are between 1.75 to 4 million LGBTQIA+ adults above age 60
- Without a national probability sample, accurate characterization of this population is difficult

Older LGBTQIA+ individuals are:

- 2x as likely to be single and live alone
- 4x less likely to have children
- Significant social and emotional challenges

SAGE measured public attitudes on sexual orientation, gender identity, and gender expression worldwide. They found 3 areas to be most important:

1. Knowing someone who is LGBTQIA+
2. Socializing with someone who is LGBTQIA+
3. Extending equal rights to LGBTQIA+ individuals

HIV Status

- For some LGBTQIA+ elders, their HIV+ status was socially isolating
- Even if their viral load is high, taking HIV meds can bring their viral load to undetectable levels
- Undetectable means untransmittable

Health Benefits of Sexual Activity for Older Adults

Most research on sex and aging focuses on heterosexuals and most research on sexuality among homosexuals focuses on young people.

- What stands in our way of changing our POV?

Humans are sexual beings throughout the lifespan (DeLamater & Moorman, 2007)

More than half of all men and about one-third of all women between 50 and 90 years old reported having sex at least twice a month (Lee et al., 2016)

Factors associated with continued sexual activity in later life (DeLamater, 2012)

- Good physical and mental health
- Positive attitudes toward sex in later life
- Access to healthy partner (or partners)

Regular sexual expression throughout the lifespan is associated with positive outcomes in physical and mental health (Whipple et al., 2007)

- prevent heart disease and complications from heart disease
- reduce risks of breast cancer and prostate cancer
- sexual stimulation alleviates chronic pain; stimulation resulting in orgasm produces greatest increase in pain relief
- sexual arousal and orgasm increase levels of endorphins and other hormones that can ease discomforts of chronic pain disorders
- improve the overall quality of life

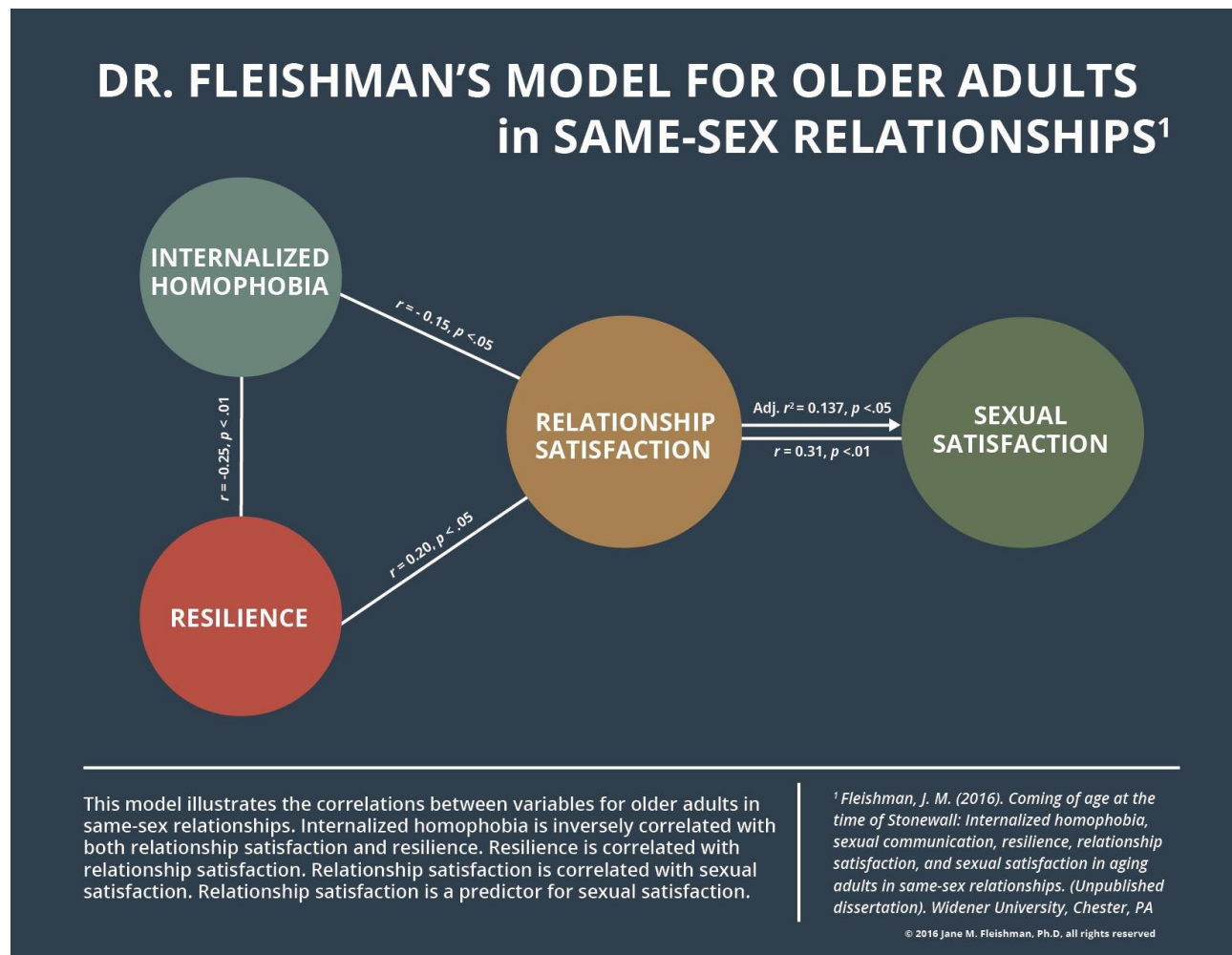
WHO definition of sexual health as a central aspect of being human throughout life and that sexual health requires a positive and respectful approach to sexuality and sexual relationships free from discrimination (WHO, 2007)

Why do older adults (60-91) have sex? (Gewirtz-Meydan & Ayalon, 2019)

- maintain overall functioning
- feel young again
- feel attractive and desirable
- go from lust to love (they said that younger people looked for physical relief, older: intimacy)
- go from getting sex to giving sex
- some women described that they have only “woken up to the possibility of what’s possible” later in life

A New Model of Older LGBTQIA+ Sex and Aging

- an opportunity to reevaluate sexual expression and redefine optimal sexual experiences
 - expand from singular behaviors like penetration (estrogen or ED challenges -- confront their changing sexuality)
 - decide whether to take on new challenges or let their sexual expression decline
- confronting accumulated losses / reclaiming part in a community
 - two lesbians in their 60s had the “best sex in their lives”
 - bisexual and trans invisibility
 - gay men confronting “horizontal caregiving”



ACTIVITY: Challenges to LGBTQIA+ Elders' Sexuality

In your pair, discuss three challenges that are unique to LGBTQIA+ elders' sexuality.

1.

2.

3.

Queering the Lens on Aging & Sex

How do we transform the view of the aging sexual body to allow for LGBTQIA+ elders to be visible, connected, vibrant, and well?

Seven Implications for Clinical Practice

1. **Create socially welcome care environments** (intentional and thoughtful approach to creating inclusivity) by displaying affirming posters (same-sex relationships, gender nonbinary images, etc.), offering inclusive literature (books, magazines, articles, articles), and LGBTQIA+ inclusive assessment tools.
2. Stay informed on language, research developments in LGBTQIA+ elders' sexuality and offer opportunities to learn from LGBTQIA+ elders.
3. Develop training and capacity-building to be equipped to build welcoming environments and develop strategies to address anti-social behaviors of older adults not accustomed to sharing spaces with LGBTQIA+ individuals.
4. Create respect for LGBTQIA+ individuals who choose *not* to come out or be visible.
5. Pay attention to social isolation or ostracism on the part of LGBTQIA+ individuals.
6. Adopt strategies to combat social isolation and support individuals at risk for isolation.
7. Offer and support activities that affirm LGBTQIA+ individuals (films, Pride festivals, speakers, films, presentations), advocate for LGBTQIA+ individuals to self-identify and meet each other, and offer resources that affirm LGBTQIA+ elders' sexuality.



ACTIVITY: From Education to Action

1. Take a moment to review what we covered today and describe any new ways of thinking you have from this session. Describe one of your challenges regarding inclusivity of LGBTQIA+ elders.

2. Describe how you intend to create more inclusivity.

3. Think of an ally and make a commitment to describe your ideas to them, ask for their support, and begin to manifest your ideas to address the challenge.

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Selected Web Resources on LGBTQIA+ Sex & Aging

[LGBT Aging Project of the Fenway Institute](#): Dedicated to ensure all LGBT older adults have equal access to the life-prolonging benefits, protections, services and institutions that their heterosexual neighbors take for granted.

[Our Better Half](#): A podcast devoted to sex and sexuality for people over the age of 50, co-hosted by Dr. Jane Fleishman and Dr. Rosara Torrisi.

[PFLAG](#): Lesbian and gay loved ones' support group website.

[SexualityandAging.com](#): The blog for the Sexuality and Aging Consortium at Widener University, which provides speakers and trainers for adult care professionals as well as consumers.

[SIECUS](#): Home of the Sexual Information and Education Council of the US, which is a highly respected source for sexuality information and research.

[Sylvia Rivera Law Project](#): The Sylvia Rivera Law Project (SRLP) works to guarantee that all people are free to self-determine their gender identity and expression, regardless of income or race, and without facing harassment, discrimination, or violence.

[National Resource Center on LGBT Aging](#): A national technical assistance center for all aspects of LGBT aging.

Parting Words

Now that we've reached the end of this session:

- Have I met our learning expectations?
- Have you met your personal intentions?
- Have we together created an opportunity for change?

Please take these learnings to make a change in your own clinical practice and community.

Your work in this area can directly improve the lives of an LGBTQIA+ couple or family.



STONEWALL @ 50: Queering the Lens on Aging and Sex

COUPLE AND FAMILY INSTITUTE OF NEW ENGLAND

OCTOBER 26, 2019

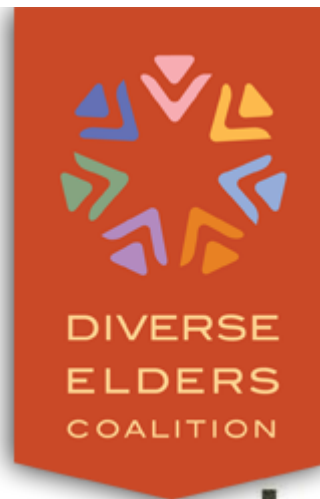
Jane Fleishman, PhD, MEd, MS
Certified Sexuality Educator
Speaking of, LLC Northampton, MA



“DELVING INTO THE HISTORY OF STONEWALL CAN HELP TO REMIND US OF THE COURAGEOUS, INVENTIVE, AND INSPIRING PATHS THAT LGBTQIA+ PEOPLE HAVE TAKEN TOWARD THEIR OWN AND OTHERS’ LIBERATION AGAINST A BACKDROP OF FEAR. QUEERING THE LENS ON SEX AND AGING CAN PROPEL CLINICIANS, EDUCATORS, AND ADVOCATES TO CREATE ENVIRONMENTS THAT ARE WELCOMING, AFFIRMING, AND INCLUSIVE OF ALL SEXUAL AND GENDER MINORITIES.”

--J. FLEISHMAN, 2019

Appreciations





Agenda

Finding Common Ground

An Historical Perspective

Benefits & Challenges of Sex for LGBTQIA+ Elders

Queering the Lens: Education for Action

Learning Expectations

- ▶ Define three recent research findings about older LGBTQIA+ adults in sexual relationships.
- ▶ Describe three challenges for treating, educating, or advocating for LGBTQIA+ adults.
- ▶ Discuss one application of the recent research to your own professional work.

Guidelines

- ▶ Lead with love
- ▶ Low ego
- ▶ High impact
- ▶ Move at the speed of trust

Intentions



What comes to mind when I say:

- ▶ 1. Two lesbians having sex on the couch
- ▶ 2. Two gay men dancing at a bar
- ▶ 3. Two bisexuals having sex in a bed
- ▶ 4. Transmen getting sweaty together in a gym



Photo: SAGE Diverse Elders Coalition

Significance of Stonewall Generation



Photo credits: Louis
Shackleton, Shana Sureck

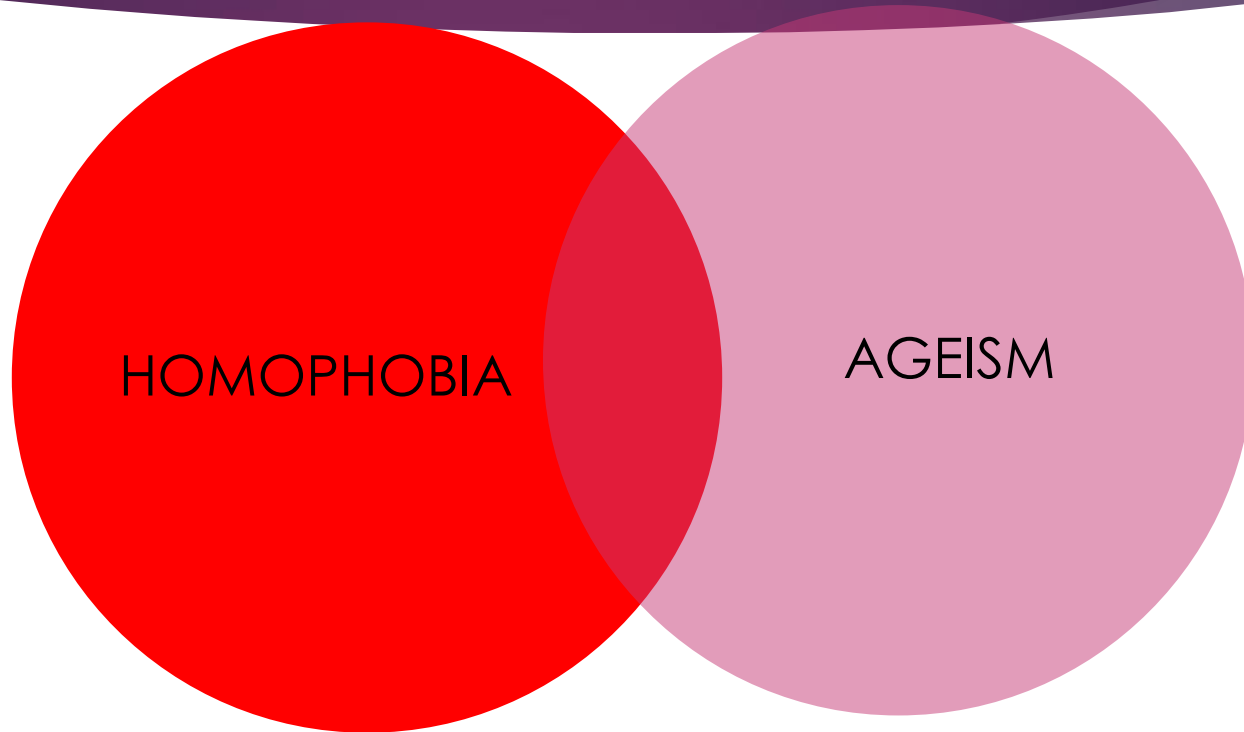
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Jane Fleishman, PhD

Demographics and Information

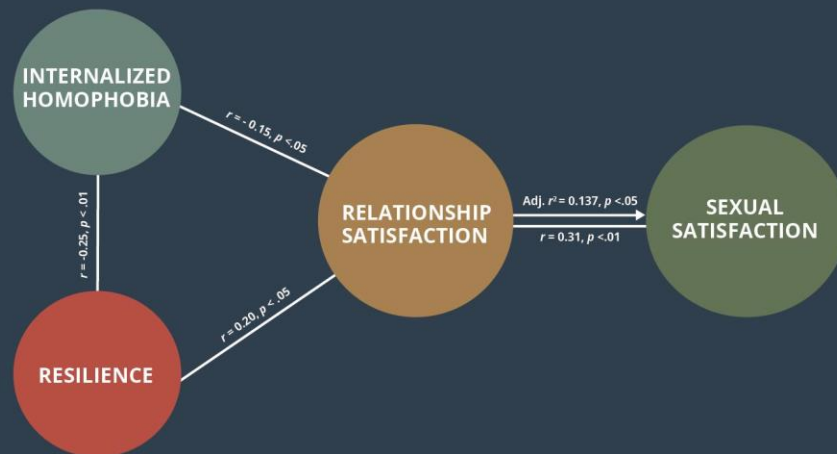


Health Benefits of Sexual Activity for Older Adults



A New Model of Sex and Aging

DR. FLEISHMAN'S MODEL FOR OLDER ADULTS in SAME-SEX RELATIONSHIPS¹



This model illustrates the correlations between variables for older adults in same-sex relationships. Internalized homophobia is inversely correlated with both relationship satisfaction and resilience. Resilience is correlated with relationship satisfaction. Relationship satisfaction is correlated with sexual satisfaction. Relationship satisfaction is a predictor for sexual satisfaction.

¹ Fleishman, J. M. (2016). *Coming of age at the time of Stonewall: Internalized homophobia, sexual communication, resilience, relationship satisfaction, and sexual satisfaction in aging adults in same-sex relationships*. (Unpublished dissertation). Widener University, Chester, PA

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ACTIVITY: Challenges



Queering the Lens on Aging & Sex

- ▶ How do we transform the view of the aging sexual body to allow for LGBTQIA+ elders to be visible, connected, vibrant, and well?

7 Implications for Clinical Practice

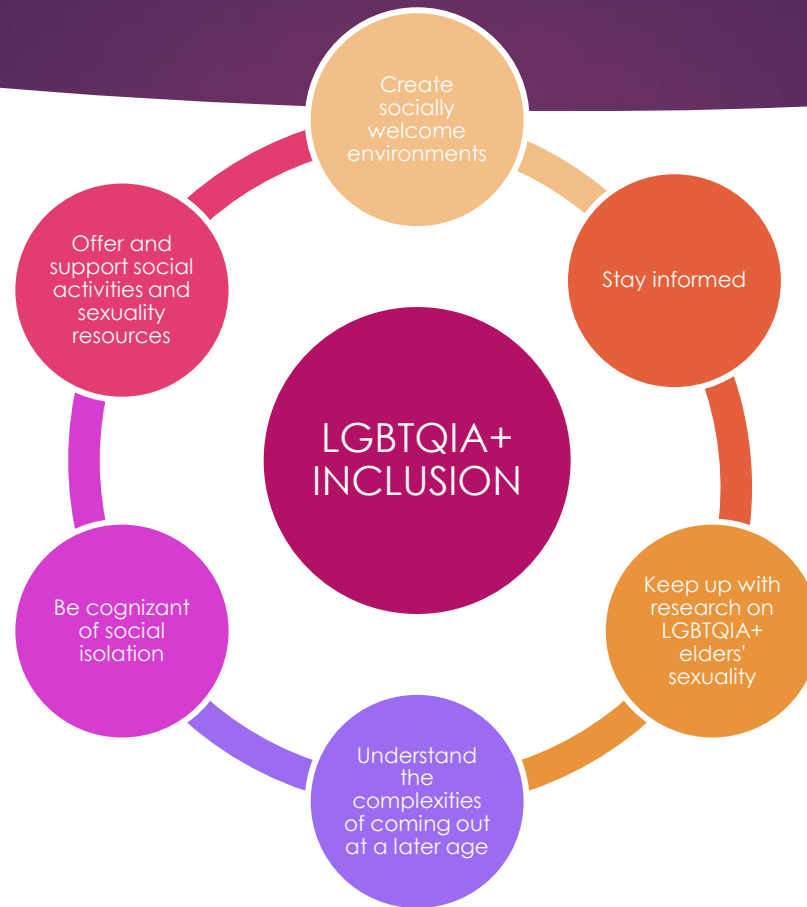


Photo credit: GMHC

ACTIVITY: From Education to Action



LGBTQIA+ Web Resources and References

Packet available online at

<https://tinyurl.com/yxje6c6s>

Parting Words

1. Have I met our learning expectations?
2. Have you met your intentions?
3. Have we together created an opportunity for change?

Please take these learnings and begin to make a change in your own clinical practice and community.

Your work can directly improved the lives of an LGBTQIA+ couple or family.

Feedback/Appreciations



For further information

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