Trans & Gay Friendly Therapy Using EMDR

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Purpose:

It is well known that there are higher rates of depression, anxiety, suicide and substance abuse among members of the GLBT (Gay Lesbian Bisexual Transgender) community .

The disproportionate incidence of mental health conditions among members of this population is not attributable to sexual orientation or gender identity itself. These are correlative factors. Causal factors are instead defined as internal and external homophobia and transphobia.

This homophobia and transphobia can be conceptualized as trauma. In this context, treating this trauma with trauma-focused therapy as EMDR can be most effective.

This poster presentation will address the following questions:

1) How to conceptualize homophobia and transphobia as trauma.

2) How to build a trauma-focused work plan for dealing with homophobia.

3) How to use EMDR as a trauma-focused therapy to develop resilience.

4) How to raise awareness about the most common mistakes therapists make when treating GLBT clients; namely, either ignoring the GLBT context or overstating it.

Background:

The common conceptualizing (among therapists and among the clients themselves) of the sexual orientation or gender identity as the cause of suffering makes the GLBT person feel doomed – as "this cause" is here to stay… This is not the case. First of all, not all members of the GLBT community exhibit risk behaviors(though all of them share orientation and identity). Orientation/identity "levels" don't change in accordance to risk behaviors. The more correct approach involves an examination of internal and external factors. The question is not if being GLBT causes suffering and risk behaviors, but instead what are the causes of suffering and risk behaviors among GLBT people?

From my extensive field experience those causes can be separated into three categories:

1) General causes not exclusive to GLBT people (e.g. traumatic divorce of parents, physical abuse, car accident, chronic illness, etc.).

2) Particular GLBT-related causes (e.g. a traumatic experience of "getting out of the closet"; being part of a minority group; victim of hate crime or discrimination – for instance, at the workplace).

3) General causes that are compounded by GLBT-related issues, either internal or external homophobia or transphobia (e.g. when one has no social support after losing a loved one due to the closet or due to lack of social acceptance.).

How to conceptualize homophobia and transphobia as trauma:

Even in the year 2012, and even in more accepting places like big cities, negative social messages re: homosexuality and transgender identity is prevalent. Being homosexual or trangendered is bad, despicable, laughable, something to be ashamed of, something to hide, and something that inspires "justifications" such as "I don't look/behave like one".

While there is growing legal support for GLBT people in some countries, the social climate is way behind, and circumstances surrounding some peoples' exit from the closet are sometimes worse today than previously, since nowadays people often come out of the closet at an earlier age , and many times do so with less resources. Derogatory phrases pertaining to gay/transgendered people is part of the vernacular and is common in schools, in the army, in the streets, and in the workplace. Additional stressors exist within families – many still lose supportive family relations after coming out of the closet or experience economic strain(i.e. the family may choose to support the married brother, not the brother who "didn't really get married"). In addition, many GLBT people are at some point or another victims of verbal or mental abuse, and some even physical abuse, within their families. Young people are still sometimes thrown out of their homes after revealing their GLBT identity.

At the same time, GLBT people, even in "civilized" countries can experience trauma from exposure to news on the condition of gays and transgender people in other, less civilized, countries (i.e. torture, jail, and even in some cases, the death penalty).For many, if not most, homophobia and transphobia is not a one-time trauma, but instead a sort of continuous or ongoing trauma.

This trauma, recurrent through internalized homophobia and transphobia, can also have two common consequences:

1) The person herself believes she is not legitimate, and feels shameful, or guilty because of her sexual orientation or gender identity. Not only does she suffer inside, but also her ability to defend herself decreases (as she sees herself as the source of the problem).

2) The phenomena of self-inflicted social alienation /destruction of social support - This can manifest in several ways.
For example, one may think that if his best friend finds out about him he will distance himself, so the GLBT person distances himself from his friend first, preemptively; a GLBT person may believe the doctor will surely mistreat him if he knows he's gay so rather than admit that he had unprotected sex with a same-sex partner he permits the doctor to run with the assumption that the unprotected sex took place with a female, thereby denying himself proper medical attention; or, in some cases, the transgendered person doesn't want to draw attention to herself, or to be the subject of rumors, or beconfronted about her gender, so when asked which I prefer to be addressed as, male or female, she answer "whatever is most comfortable for you," thus letting others do define her, marking herself as "different" and suffering social results.

How to build a trauma-focused work plan in dealing with homophobia:

a) Look for general causes of trauma – do not automatically assume that if someone is GLBT there aren't other, non-GLBT-related causes for suffering. Ask about accidents, deaths and losses, previous abuse, exposure to violence, illnesses etc.
b) Ask about their history of being bullied and victimized verbally about their sexual orientation/gender identity – in school, in the army, in college/ university, among friends, family, and at the workplace (i.e. By both peers and superiors - teachers, commanders, bosses).
c) Ask about previous therapies and the attitude of their previous therapist (Many GLBT people have been traumatized by previous therapy itself).
d) Ask about self- conceptions regarding their level of perceived legitimacy, shame, guilt, fear, and choices.
e) Ask about their history of exhibiting behavior of denial or hiding, to see if it is a result of current or previous circumstances. If the behavior is traceable to previous circumstances, take a history of what created those negative cognitions (e.g. what my grandfather said over dinner, what I saw on T.V.., the response of my mother, etc.).
f) Ask about coping resources.

How to use EMDR as a trauma-focused therapy to develop resilience:

The reaction to a particular event is based on previous, unprocessed similar events. For example, unprocessed previous events of taunting about one's sexual orientation can cause a person who is asked, "Are you gay, or what?" at a party, for instance, to feel ashamed , leave the party, and avoid further participation in such social events. Likewise, previous potentially-traumatic events that were processed effectively can cause one who is later asked at a party, "Are you gay, or what?" to respond, " Yes I'm gay. Do you have a problem, or what?" The latter leaves the individual feeling empowered, whereas the person asking feels unsure, and is driven to constantly apologize.

Build a work-plan, where the past part is based on answers to this document's previous question's a-e, the present is on current triggers that initiate shame, guilt or fear, and future templates for better coping. Use resource installation according to need, based on the answer of f.

Recommendations:

1) The basic unit of analysis should be the one central to the Social Work discipline – a person within their environment, relating to both internal and external factors, and their interface parameters.
2) Pay attention to whether the sexual orientation or gender identity is the main theme or just a peripheral circumstance (e.g. a bisexual individual can have an intimidating boss and that can be his/her main problem, and a transgendered individual can have a broken heart, and that can be his/her main problem).
3) Do not "pathologize". Being gay, bisexual or transgendered is not a pathology, and does not need repair. You can be GLBT and be a happy and functioning individual. Knowing this helps you to recognize where the problems really are – i.e. to recognize the path between one's gender identity or sexual orientation and suffering, in order to correctly build therapeutic goals.
4) Gain relevant knowledge about gender and what exists out there so that you can psycho-educate or look for causes of suffering (for example, I once helped to transform a suicidal transgender man (FTM – Female to Male) to a not suicidal during one meeting only. He was totally feeling freak as he was attracted to men - getting responses of what's the point to changing gender from female to male if he attracts to men. To hear for the first time that there are homosexual transmen and I personally know a few, remove in minutes the dead end he felt locked in).
5) Beware of the power relations in the treatment room. Pay attention that you as a therapist is part of the solution, not part of the problem (i.e. No client should ever ask "How can I convince my therapist I'm truly transgendered?"). Be supportive.
6) Remember that internal homophobia + neutrality = internal homophobia. We as therapists need to take an active role in changing negative self-concepts and negative self-beliefs.