

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Clients:

Clinical Issues and Treatment Strategies

Joe Kort, Ph.D., LMSW

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Joe Kort, Ph.D., LMSW, is a board certified sexologist and the founder of The Center for Relationship and Sexual Health, and runs a private practice in Royal Oak, Michigan.

Dr. Kort, a therapist, coach and author, has been practicing psychotherapy for over 25 years and has spoken internationally on the subject of gay counseling. He specializes in sex therapy, gay affirmative psychotherapy, sexually compulsive behaviors, and IMAGO relationship therapy designed for couples to enhance their relationship through improved communication. Dr. Kort is a blogger for the *Huffington Post* and *Psychology Today* on issues of sexuality. He has been a guest on the various television programs on mixed orientation marriages and “sexual addiction”. Dr. Kort is the author of several books, including, *Gay Affirmative Therapy for the Straight Clinician*, *10 Smart Things Gay Men Can Do To Improve Their Lives*, *10 Smart Things Gay Men Can Do To Find Real Love*, and *Is My Husband Gay, Straight or Bisexual*.

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Gay Affirmative Work with Lesbian, Gay, Bisexual and Transgender Individuals and Couples

Joe Kort, Ph.D.

- The purpose of this workshop is to provide you the tools and information to accurately LGBTQ individuals and couples.
- Put aside your judgments, opinions and moral beliefs about gender and sexuality.
- Teach accurate terminology and healthy norms among LGBTQ.

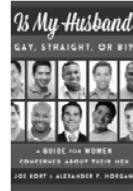
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About Me

- Psychotherapy, Supervision, Coaching
- Center for Relationship and Sexual Health
- Certified IMAGO Relationship Therapist and Workshop Presenter
- AASECT Certified Sex Therapy and Supervisor
- PhD from American Academy of Clinical Sexologists

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About Me



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HETEROSEXISM ~~Transference~~
Gender Fluidity *sexual fluidity*
HOMOPHOBIA **homosexual**
Countertransference ~~sexual behavior~~
homoerotic **sexual orientation**
Stages of coming out **sexual abuse**

Guided Imagery



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Gay Affirmative Psychotherapy

- **GAP** takes the position that there is *nothing wrong* with the LGBTQ person.
- What *is wrong* is what is *done* to LGBTQ
- **GAP** takes the position that being LGBTQ is more than a sexual matter.

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Gay Affirmative Psychotherapy

- It is affectional, psychological, emotional, spiritual, and romantic as well as sexual orientation.
- GAP understands that sexual orientation and gender identity is not just a behavior or a sex act.

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Children



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Born This Way?



10

Born This Way?



11

Children



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Homophobia/Biphobia/Transphobia

- Fear, hatred and disgust toward people who have feelings of love for member's of one's own gender
- Prejudice based on personal belief that Gays are immoral, sick, sinful or inferior to heterosexuals
- Homo-negative, Homo-prejudice, Homo-ignorant
- Homo-Naïve

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Fear of hate and violence through culture, religion, society



These two Iranian teenage boys were hanged for engaging in homosexual sex with one another in Iran.

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Internalized Homophobia, Biphobia and Transphobia

- **LGBT** who cannot accept his homosexual/bisexual/transsexual feelings due to his own homophobia/biphobia/transphobia which have become internalized.
- **Shame-Based** about his/her sexual and romantic orientation

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Identifying Internalized Homophobia

Normally, LGBT's don't walk in a therapist's door saying, "I have internalized homophobia," or "I'm grieving the loss of heterosexual privileges as I grow older."

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LGBT Internalized Homophobia

- **Looking** for straight acting friends and partners
- **Critical** of stereotypical gays and lesbians (effeminate men/masculine lesbians)
- **Fear** of discovery even when it is safe to be out

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LGBT Internalized Homophobia

- **Restricting** attractions to unavailable people (straight and partnered individuals)
- **Belief** they are gay because they were sexually abused
- **Disbelief** that relationships can last

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LGBT Internalized Homophobia Statements

- **Denigrating** gay ghettos
- **There** is no way to meet gay people
- **The** gay male community is all sexual

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LGBT Internalized Homophobia Statements

- **Trying** to convince therapist of the negatives about gays and lesbians
- **Telling** therapist they could “never” tell family as it would KILL their parents

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Assumption that all people are (or should be) heterosexual

- **Belief** in the superiority of heterosexuality and the inferiority of homosexuality, bisexuality and transexuality.
- **Subordinates** homosexuality, bisexuality, transgender

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Homophobia/Biphobia/Transphobia

- Rights and privileges given to heterosexuals and denied to LGBT
- Internalized Heterosexism

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Heterosexual Privilege

- Ability to hold hands with, kiss, put your arm around someone of the opposite gender and be safe
- Enjoy legal rights such as marriage, jobs and housing.
- You are out all the time.



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Facts

- We are all socialized to be heterosexual only.
- LGBTQ are born into enemy camp.
- We miss the experience to develop a sense of belonging in family, socialization with peers, community and religion.
- Isolation

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Facts

- Secrecy
- Depression....4 or 5 times more likely than heterosexual counterparts
- Substance abuse
- Suicide.....30% attempt suicide studies show

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Gay Teens

- Puberty exploration
- Adolescent stage?
- Experimental



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GLBTQ Teens

- LGBTQ teens are twice as likely to use alcohol or drugs as their heterosexual peers and half as likely to report that they are happy and are more likely to report eating disorders, self-harm depression and suicide. (HRC, 2012)
- Minority Stress is the top reason for all of this.

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‘Minority Stress’

- Physical violence
- Legal sanctions
- Discriminatory practices
- Social disapproval



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[illegible]

Minority Stress

- In the first study to look at the consequences of anti-gay prejudice for mortality, researchers at the **Mailman School of Public Health** at Columbia University found that lesbian, gay, and bisexual (LGB) individuals who lived in communities with high levels of anti-gay prejudice have a shorter life expectancy of 12 years on average compared with their peers in the least prejudiced communities.
- Suicide, homicide/violence, and cardiovascular diseases were all substantially elevated among sexual minorities in high-prejudice communities. LGB respondents living in high-prejudice communities died of suicide on average at age 37.5, compared to age 55.7 for those living in low-prejudice communities, a striking 18-year difference.

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GLBTQ Teens

- Before coming out is still very stressful.
- *It Gets Better* project by Dan Savage and husband Terry Miller 2010.

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GLBTQ Teens

More than 34,000 people die by suicide each year," making it "the third leading cause of death among 15 to 24 year olds with lesbian, gay, and bisexual youth attempting suicide up to four times more than their heterosexual peers." (WIKIPEDIA)

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Why?

- Lack of parental support
- Bullying



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GLBTQ Teens

- Straight Allies are increasingly better
- Gay/Straight Alliances in Schools

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GLBTQ Teens - Bullying

"Sexual minority youth, or teens that identify themselves as gay, lesbian or bisexual, are bullied two to three times more than heterosexuals", and "almost all transgender students have been verbally harassed [e.g., called names or threatened in the past year at school because of their sexual orientation (89%) and gender expression (89%)]"

GLSEN's *Harsh Realities, The Experiences of Transgender Youth In Our Nation's Schools*.

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Covert Cultural Sexual Abuse

Over-sexualizing the gay man and Lesbian but we do so more about gay men



What about Peppermint Patty, Velma on Scooby Doo????



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Growing Up Male

- Girls have rituals to mark their progression as women.
- When they reach their periods, usually their mothers or some female adult teaches them what this means and how to care for their bodies. It marks the end of one stage of their life and the beginning of another.
- Going with their mothers to buy a bra marks another point in their developing femininity.

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Growing Up Male

- Boys don't have the same markings of masculinity.
- When pubic hair starts growing and our penises develop and we get erections, no one talks to us about it. And at age eleven or twelve, we're certainly not about to bring it up. No one explains to us how and what to do.
- Without help in knowing what it means to be a male and understanding our masculinity, we feel lost.

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Male Socialization

- We stop touching boys around the age of 8 which is earlier than when we stop touching girls.
- Boys cannot touch each other while girls have permission to touch each other's hair and be affectionate with one another.

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Terrence Real, author of *I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression*

- Boys and men are granted privilege and special status, but only on the condition that they turn their backs on vulnerability and connection to join in the fray. Those who resist, like unconventional men or gay men, are punished for it.
- The exclusion, isolation, of a failed winner is so great, it as if he never existed at all.

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Patriarchy Defined:

The predominance of men in positions of power and influence in society, with cultural values and norms being seen as favoring men.



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Brutality of Patriarchy for Gay Males

- For gay men, the punishment for not being the privileged type of man is *brutal*
- Girls get to be tomboys for period of time, boys do not get any time to be sissies

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Brutality of Patriarchy for Gay Males

As members of a subculture, we gay men are traumatized in the worst way by being called *faggots, perverts, pansies, sissies, mother-dominated mama's boys*, or referred to as "more like women," "immature," "underdeveloped in their masculinity," "less than a man," "stuck in their adolescent stage," "weak," "innately vulnerable," "cowardly," "unable to control themselves," and "deserving what they get."

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Trauma of Growing Up Gay Male

- *Post-Traumatic Stress Disorder* (PTSD) from not being allowed to express who they really are as children and teenagers.
- Trauma is defined as having something emotionally charged happen to you and not being able to express it—which most gays and lesbians have to live with. Lesbians and gays are emotionally overloaded and burdened by having to keep the “sexual” secret of who they are being unable to talk about it to anyone.

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Misandry

- A **misandrist** is the respectable feminist equivalent for the word *misogynist*, according to the *Oxford English Dictionary*. Even in *Webster's* little to nothing can be found on misandry, the hatred of men!
- **Misogyny** was a known word in Latin and Greek and, according to the *OED*, was first used in English in 1656. *Misandry* was first used in 1946, three hundred years later. And to top it all, the word is a compound, combining the Greek words *miso* meaning “to hate” with *andros*, for man. Some **books—*Misogyny, Misandry, and Misanthropy***, for one—use it in their titles, as do some articles. But little out there explains the concept fully.

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Covert Cultural Sexual Abuse Mirroring sexual abuse dynamics Gay = Adult Sex

- Telling someone you are gay automatically the person hearing that news imagines an adult gay sex act.
- This is why it is difficult for people to imagine children as gay. The word gay conjures up adult sex and it is inappropriate for children to deal with adult sexuality.

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Brian McNaught, *Now That I am Out What do I do* puts this into perspective for what happens to a young gay and lesbian child's development:

".....most gay people have been enormously, if not consciously, traumatized by the social pressure they felt to identify and behave as a heterosexual, even though such pressure is not classified as sexual abuse by experts in the field. Imagine how today's society would respond if heterosexual thirteen to nineteen year olds were forced to date someone of the same sex. What would the reaction be if they were expected to hold the hand of, slow dance with, hug, kiss and say "I love you" to someone to whom they were not and could not be sexually attracted?

The public would be outraged! Adult supervisors would be sent to prison. Youthful "perpetrators" would be expelled from school. Years of therapy would be prescribed for the innocent victims of such abuse. Volumes would be written about the long-term effect of such abhorrent socialization.

Yet, that's part of the everyday life of gay teenagers. And there's no comparable public concern, much less outcry, about the traumatizing effects on their sexuality."

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Minority Stress

- 92% of LGBTQ clients have a co-occurring disorder of Mood Disorder and Chemical Dependency
- Nearly twice as likely to report physical and emotional abuse
- Three times as likely to have a history of sexual abuse (48%)
- More likely to have polysubstance diagnoses
- Gay males have highest incidence of chemical dependency

Buster Ross, Hazelden⁴⁷

Sexual Abuse Defined:

Whenever one person dominates and exploits another by means of sexual activity or suggestion. Sexual feelings and behavior are used to degrade, humiliate, control or hurt or misuse another person.

Wendy Maltz author of, "The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse"

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Sexual Abuse Defined:

A sexual act on a child who lacks **emotional**, **maturational** and **cognitive** development. Luring a child into a sexual relationship based upon an all **powerful** and **dominant position of the adult or adolescent perpetrator**. Authority and power enable the perpetrator to coerce child into sexual compliance.

Wendy Maltz author of, "The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse"

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Sexual Abuse Defined:

- Violation of a position of trust, power & protection.
- Act on a **child** who lacks emotional & intellectual maturation

Sexual Secrecy!

Wendy Maltz author of, "The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse"

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Overt Sexual Abuse (Direct)

- French Kissing.
- Fondling
- Fellatio
- Cunnilingus
- Sodomy
- Penetration with objects, genitals and fingers
- Forced Sex/Rape
- Masturbation.
- Sexual Torture
- Sexual Punishments

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Covert Sexual Abuse (Subtle)

- Sexual Hugs
- Inappropriate comments on child's sexually developing body
- Substitute child for partner
- Sexual Stare/language
- Exposed to inappropriate nudity
- Knowledge of parental affairs
- **Shamed for being male/female**
- **Name calling (sissy, faggot)**

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Four Core Beliefs:

- I am basically bad and unworthy.
- No one would love me if they really knew me.
- The world is dangerous
- If I have to depend on others, my needs are never going to be met.

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Sexual Secret

Another parallel:

•Both the abuse survivor and the Gay man and Lesbian are made to feel sexually embarrassed and ashamed because people sexualize us and pigeonhole us into a sexual category.

•*Post-Traumatic Stress Disorder (PTSD)* from not being allowed to express who they really are as children and teenagers.

•Trauma is defined as having something emotionally charged happen to you and not being able to express it—which most gays and lesbians have to live with. Lesbians and gays are emotionally overloaded and burdened by having to keep the "sexual" secret of who they are being unable to talk about it to anyone.

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How Trauma Manifests as Cognitive Distortions

- Self-perception hopelessly flawed
- Pretend nothing is wrong
- Self-hate and self-blame
- Become master of pretense
- Cutoff, bury & disown parts of self
- Confused about their sexuality

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Behavioral results of Sexual Trauma in Adulthood

- Inappropriately sexualized affection
- Preoccupation with sex
- Deadening of all feelings to avoid sexual arousal
- Isolation from others
- Short-lived relationships
- Settling for very little

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Self-Abuse

- Self-abuse, self-injury, and suicide
 - Both use alcohol, drugs, suicidality
- Gay Men
 - Gay men as Bug Chasers/Gift Givers
 - Crystal Meth
- Lesbians
 - Lesbians not taking care of health
 - Weight issues
 - Don't go to doctors

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PTSD and Sexual Trauma

- PTSD symptoms reveal themselves most dramatically when clients are repressing their homosexuality or attempting to come out.
- The more they push themselves or are pressured toward staying in or coming out, the more they'll have to struggle with PTSD symptoms.
- Staying in the closet is prolonged trauma.
- The coming out process reactivates all the trauma that was suppressed.

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Dysfunctional Coping Mechanisms

- **Displacement**
 - The client diverts or channels his innate impulses into some other fixation that's more acceptable, easier to "explain away. (Accuses others of being gay, becoming overly religious and antigay)
- **Repression**
 - Some block the feelings of emotional arousal they would have if they let the information about the trauma in.

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Dysfunctional Coping Mechanisms

- **Overcompensation**
 - People overcompensate by becoming the best little boy or girl in the world and excelling in everything—academics, sports, household responsibilities, and so on.
- Often these individuals act out of shame; they feel defective and flawed.

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Dysfunctional Coping Mechanisms

Dissociation

- The way gay and lesbian children dissociate is by going into a heterosexual trance.
- They literally grow up believing that they are heterosexual and deny homosexual feelings and impulses by renaming them or giving them different meanings

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Lesbian, Gay and Bisexual Identity Awareness



- Males know earlier
- When do they realize?
 - Males fall in love
 - Females experience enduring sexual attraction to other women

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Coming Out: Minority lesbians and gays

- Racial identity and affiliation more important than lesbian/gay identity
- Homosexuality – white phenomenon
- Incongruent with “home” culture
- Facing discrimination from one’s own family/racial group may be too threatening when one is already being discriminated in white circles

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Coming Out: Disclosure to Self and to Others

- Phases of coming out
 - Self
 - Friends
 - Family

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Stages of Coming Out

1. Identity Confusion
2. Identity Comparison
3. Identity Tolerance
4. Identity Acceptance
5. Identity Pride
6. Identity Synthesis



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Coming Out – Stage 1 Identity Confusion

- **Recognizes** thoughts/ behaviors as homosexual, usually finds this unacceptable
- **Redefine** meaning of homosexual behavior as kinky, enjoying dirty sex, etc.
- **Seeks** information on homosexuality

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“Cures” for Homosexuality

- Conversion or reparative therapy
- Scientifically discredited
- Articles published without peer review



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Reparative Therapy

- Unwanted Same Sex Attractions
- Ex-gay
- National Organization of Reparative Therapy (NARTH)
- Highly Unethical



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Bisexuality

- Feared, mistrusted, despised
- “Unable to commit”
- More common among women than men



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Bisexual/Bi-Attractiional

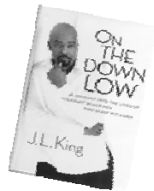
- Legitimate orientation (continuum)
- Can be **transitional** term used in gay identity development –
- “Bi-curious”
- Bisexual orientation can be experienced as fluid not static
- Bisexual orientation is seen as stable to both, two distinct gender categories
- *Myth that Bisexuals cannot be and don't want to be monogamous*



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Men who have sex with men (MSM)

- This term comes from the HIV epidemic where men were having sex with other men and not identifying as gay
- On the **DL** (Down Low)



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Straight Men Who Have Sex With Men (SMSM)



Straight men who have sex with other men do so not based on the guy or the image of the guy. Rather, they are turned on by the sexual act with the guy.

In other words, the guy is irrelevant, the sex act and release is the turn on.

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Categories of men have sex with men (MSM)

- Openly Gay
- Closeted homosexual
- Hetero-Emotional and Homo-Sexual Men
- Bisexual/Bi-curious
- Sex in Prison
- Anal Sex
- BDSM (Bondage and Discipline, Sadism & Masochism)
- Fetishism/Partialism (foot, sock, shoe, muscle, etc.)
- Homosexual Obsessive Compulsive Disorder
- Homoeroticism

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Categories of men have sex with men (MSM)

- Homosexual Behavioral Imprinting
- Men who are sex workers/male escorts
- Sex for Money: SURVIVAL ON STREETS
- Men seeking intensely arousing but shameful experiences
- First Sexual Experience
- Availability/Opportunity

74

Categories of men have sex with men (MSM)

- Father Hunger
- Narcissism
- Out of Control Sexual Behaviors (OCSB)
- Cuckolds
- Exhibitionists
- Hazing

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Criteria to differentiate straight men from gay/bisexual men

- Youthful Noticing
- Homophobia
- Beach Test
- Who do you want to wake up in the morning next to?



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Women who have sex with women (WSW)

Lisa Diamond, Ph.D., a Harvard University Professor of Psychology and Gender Studies, wrote a book called, "Sexual Fluidity"

March, 2009 issue of "O" is about women who have sex with women who are not necessarily gay.

Diamond is quoted as saying, "*Fluidity represents a capacity to respond erotically in unexpected ways due to particular situations or relationships. It doesn't appear to be something a woman can control.*"



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Sexuality

- Sexual Identity
- Sexual Preferences
- Sexual Behavior
- Sexual Fantasy

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Coming Out – Stage 2

Identity Comparison

Accepts the possibility s/he “might” be homosexual

- **Feels** positive about being different, exhibits this in ways beyond orientation
- **Accepts** behavior as homosexual, rejects homosexual identity
- **Accepts** sexual identity but inhibits sexual behavior (ex: heterosexual marriage / abstinence from same-gender sex)

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Coming Out – Stage 3

Identity Tolerance

- **Accepts** probability of being homosexual, recognizes sexual / social / emotional needs of being homosexual
- **Seeks** out meeting other LGBT people through groups, bars, etc.
- **Personal** experience builds sense of community; positively and negatively

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Coming Out – Stage 4

Identity Acceptance

- **Accepts** (vs. tolerates) homosexual self - image and has increased contact with LGBT subculture and less with heterosexuals
- **Increased** anger toward anti-gay society
- **Greater** self - acceptance as LGBT

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Coming Out – Stage 5

Identity Pride

- **Immersed** in LGBT subculture, less interaction with heterosexuals. Views world divided as "gay" or "not gay"
- **Confrontation** with heterosexual establishment
- **Disclosure** to family, co-workers

Gay Adolescence

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Coming Out – Stage 6

Identity Synthesis

- **LGBT** identity integrated with other aspects
- **Recognizes** supportive heterosexual others
- **Sexual Identity** still important but not primary factor in relationships with others

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Dust Bunnies

- Coming out sexually brings out unresolved childhood issues with Family of Origin and Socialization
- LGBT do not always feel better after coming out and are surprised

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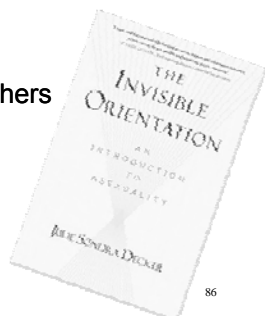
Dangers of *Not* Coming Out

- Addictions (Chemical Dependency)
- Depression
- Phobias (HIV)
- Medical Disorders (Hypochondriasis)
- Low self-esteem
- Death (Poor self care, high risk behavior)
- *Post-Traumatic Stress Disorder* (PTSD)
- Personality Disorders
 - Splitting/Detachment

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ASEXUALITY

- Still masturbate
- Think of others
- Few to little contact with others



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Pansexual

- Sexual attraction is to the person
 - Male
 - Female
 - Gender Queer
 - Transgender
 - Pre-op
 - Post-op
 - Non-op

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Kinsey Continuum

A scale from 0, meaning exclusively heterosexual, to 6, meaning exclusively homosexual

Rating Description

0. Exclusively heterosexual
1. Predominantly heterosexual, only incidentally homosexual
2. Predominantly heterosexual, but more than incidentally homosexual
3. Equally heterosexual and homosexual; bisexual.
4. Predominantly homosexual, but more than incidentally heterosexual
5. Predominantly homosexual, only incidentally heterosexual
6. Exclusively homosexual

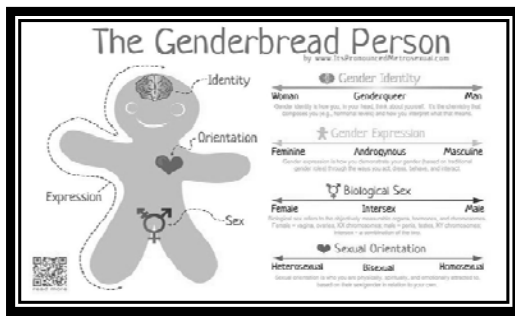
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Transgender

Being GLB and Transgender is very different but similarities are in the discrimination against them.

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Gender, Defined



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Transgender

People who experience incongruence between their identity and/or expression and their assigned gender/anatomical sex.



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Transgender

- Transgender people are people whose gender identity – who they are internally or their 'innate' gender – is different to their physical body or the gender they were assigned at birth.
- The term transgender, however, describes a whole range of people and takes many forms from cross-dressers to transsexuals to people who reject male and female genders altogether.

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Gender Identity Disorder (GID) Concerns

- Transactivists continue to protest GID, GIDC & TD
- Mental health professionals from gatekeeper to advisor/advocate
- WPATH supports protocol of treatment in early puberty

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Transgender

What it is:

Umbrella (Continuum or Spectrum) term for:

- Pre-op and Post-op Transsexuals
 - **Not** Shemales or Tranny
- Gender Queer (Gender Fluidity or non-identifying)
- Gender Identity Disorder OUT OF DSM V
- Gender Dysphoria
 - If younger children most likely gay and lesbian, as teen the dysphoria indicates Trans.

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Transgender

What it isn't:

- Drag Queen
- Cross Dresser (Not Transvestite)

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Cisgender

People with no incongruence between their experienced/expressed gender and assigned gender (and presumably their anatomy)



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Affirmed gender

A person's sense of gender identity based on their internal experience of gender, and/or expressed gender



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Transsexual

An 'old' term used now mostly by patients over 40



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Cross-dresser

another 'old' term – and a phenomenon that seems to be dying out



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Transgender

From UC Berkeley LGBTQ center

http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms

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Cross Dressing

- "Cross-dressing" is an outdated, pejorative term that belongs to the 20th century. We now know, from fMRI studies as well as genetic exploratory studies that gender variance is not any kind of "paraphilia," the DSM-V notwithstanding with its reference to "transvestic" behavior, but a biological condition that like any other condition runs along a continuum. Part of the brain is either masculinized or feminized, often in direct opposition to genotype or phenotype. Some individuals are more so, others less. Thus, when this particular male dresses as a female and has difficulty stopping, it is because he is expressing gender variance that is rooted in his brain.
- Rather than a SSRI - does this man need a daily low dose of estrogen to feel calm? Anecdotal evidence points to the fact that when gender variant individuals administer hormones for the opposite genotype, depression, anxiety and anhedonia subside.

Christine Milrod, PhD, LMFT, AASECT-CST

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GenderQueer

Someone whose gender identity is neither male/nor female; includes those who consider themselves both genders – or neither



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Gender Fluid

Someone who feels they are neither male nor female because gender identity fluctuates between the two



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Other terms



- Gender variant
- Gender creative
- Gender non-conforming
- Gender diverse
- Gender expansive

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FTM/Female To Male

natal female transitioning to male



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MtF/MALE TO FEMALE

natal male transitioning to female



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Transgender

- Gay boys will say, “I feel like a girl”
- Transgender boys will say, “I am a girl”
- Lesbian girls, “I feel like a boy”
- Transgender girls, “I am a boy”

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**Trans and gender non-conforming kids coming out
at younger and younger ages – and having their
parents’ support**



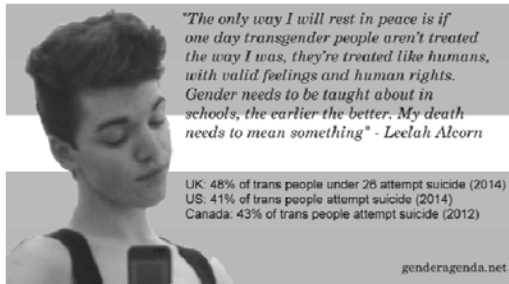
108

Some Are Famous



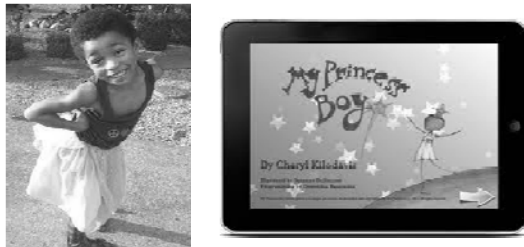
109

Sadly, Some Are Dead Child Martyrs



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Gender Variant Natal Boys Have the Hardest Time



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Special Problems of Gender Variant Youth

- Higher rates of abuse and distress
- More 'visible' than gender conforming peers
- Less parental support
- More likely than other 'queer' youth to seek treatment

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TransFeminine Patients (natal males MtF)

- Much more likely to be bullied, rejected, ostracized
- Much less likely to be able to 'pass' if puberty suppressors are not used early in puberty
- Some ID as gay first
- Many who are attracted to women live as lesbians in LGBT community

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Transgender Youth: puberty is where the rubber meets the road

- **Pre-pubertal**
Outcome research: a minority become trans



- **Pubertal**
Outcome research: virtually all 'persist'; validation, support, and medical treatment diminish symptoms of co-morbid conditions

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Changes in Psychiatric Views of Transgenderism

- First medical interventions available in Germany through Magnus Hirschfeld's center in 1930's; available in U.S. in 1950's
- Harry Benjamin: *Transsexual Phenomenon* – and HBGDA, Standards of Care – 1970's
- University based sex change clinics 1960's-1970's
- First appearance of Gender Identity Disorder DSM III, 1980



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WPATH WORLD PROFESSIONAL
ASSOCIATION for
TRANSGENDER HEALTH

- 2006 name change to WPATH- current president transman Jameson Greene
- WPATH Standards of Care (SOC) Version 7 (2011) - a radical departure from the past
- Gender variance normal, not pathological
- Gender is not binary
- Mental health practitioners are not gatekeepers
- Criterion for hormones and surgery broader and more flexible

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Changes in DSM 5-2013

- Name change – Gender Identity Disorder to Gender Dysphoria
- Gender variance not in and of itself pathological; therefore comorbidities not linked to gender variance
- Gender variance only a problem if dysphoric

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Relevant DSM IV/DSM 5 Diagnoses

- 302.6 Gender Identity Disorder in Children (Now called Gender Dysphoria in Children)
- 302.85 Gender Identity Disorder in Adolescents or Adults (Now called Gender Dysphoria in Adolescents or Adults)

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Basic Principles of Gender Affirmative Therapy

- 'Dysphoria' and co-occurring 'mental illness' is largely the product of 'minority stress' and lack of access to treatment
- Most of these symptoms go away when you validate and support the gender diversity and provide access to medical treatment

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Goals of Treatment

- To support the child's affirmed gender and provide the child the opportunity to live in and express their authentic selves
- To help parents accept their children- data on influence of parental support on suicidality
- To help the child explore their gender over time as it evolves (esp. pre-adolescent)
- To help child and parents find peer support
- For adolescents – facilitate medical care
- Advocate with schools and community
- Be knowledgeable about resources

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Treatment Standard of Care (SOC) - Adults

- Role of mental health professional is to advise, help, guide, provide resources - not decide. Ongoing therapy NO LONGER mandatory.
- Mental health professionals honor affirmed gender and respect the gender continuum/spectrum
- Cross-gender hormones – one mental health letter OR informed consent and chart doc of psychosocial assessment
- 'Top' surgery – one letter, no hormones required
- 'Bottom' surgery – two letters, 12 mo. Hormones, 12 mo.

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Common Treatment Issues: Adults

- This issue has kept them 'stuck' in other areas of their lives
- They have a psychiatric/substance abuse history
- They experience a 'second adolescence' during transition
- Figuring out where they 'fit in'

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Transgender

- Some Transgender never have surgery
 - Expensive
 - Medical reason (weight)
 - Recovery time
- Hormones
 - Some do and some don't
 - Teens use hormone blockers

123

Transsexual - Transwomen

Hormones: Life Long

- Androgen Suppressants to lessen effects of male hormones such as testosterone
- Estrogen in pill form, skin patch or via injection
- Onset of puberty with surge of estrogen
 - Breast tissue increases (not very large)
 - Decrease in body hair, continue to develop facial hair
 - Redistribute body fat from male to female pattern
 - DECREASE in libido
 - Some transwomen experience increased emotionality

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Transsexual - Transmen

Hormones: Life long

Do not have to take estrogen blockers like transwomen have to take testosterone blockers

Testosterone overpowers estrogen - Injected through thigh or buttocks once week, skin patches and topical gels

Onset of puberty

- Increase in body hair and facial hair, male-pattern baldness, deeper voice, higher libido, body fat redistributes to male pattern, clitoral enlargement 1.4-2.4 inches
 - Some transmen have increased anger and more difficulty expressing emotions

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Transsexual Hormone Risks

- Testosterone can damage liver
- Estrogen can increase blood pressure, blood glucose (sugar) and blood clotting
- Anti-androgens can lower blood pressure, disturb electrolytes and dehydrate body

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Transsexual Teens

- Reversible by meds being discontinued if GD desists and normal puberty begins
- Hormone Blockers start age 12
- Hormone therapy starts age 16
- Gender Reassignment surgery age 18

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Transgender Treatment

- The suggested standard time frame is one year.
 - Client lives as opposite gender.
 - In therapy for the year as well.
- How do you self-identify?
- Are you comfortable with you genitals?
- How sexually active are you or not?
- How do you derive sexual pleasure?
- Refer to “Top” and “Bottom” not penis, vagina or breasts.

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Resources and References

- Suggested books:
 - Ehrensaft/*Gender Made, Gender Born*;
 - Teich/*Transgender 101*;
 - Lev/*Transgender Emergence*;
 - Beemyn & Rankin, *Lives of Transgender People*.
- IPG website – www.ipgcounseling.com
 - resources pages of books and websites
 - comprehensive resource directory of services, groups, and providers in our area
- Hormone Treatment and comprehensive health care
 - Callen-Lorde Center/NYC &
 - Mazzoni Center/Philadelphia

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Sexuality



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Shrimping

For over a year, I had been treating a heterosexual single client named Joyce. During a session following a romantic trip Joyce had taken with a new boyfriend, she reported that the vacation had gone well and that they had a great time sexually and romantically.

"And I also learned about shrimping," Joyce said excitedly.

"Did you like it?" I asked.

"Not at first," she said, scrunching her nose. "But I got used to it—especially the smell—and I had fun with it."

"What about the taste?" I asked.

"It was delicious!" she exclaimed.

"*Delicious*? I've never heard someone use that adjective after they try it initially," I replied.

"I'll try anything once," she said happily, licking her lips. "It was hard to get used to using the net while doing it!"

Joe

132

Countertransference

- **You** must examine your own sexual feelings
- **Your** own sexual abuse history
- **Your** judgments about how sexuality should be.

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Erotic Codes

- Erotic codes that categorize types of sexual relations:
 - Procreative
 - Relational
 - Recreational
- What is your code, couples, partners, code with which they were raised?

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Normalcy

- Identifying healthy sex is usually left to therapist's discretion
- Know your heterosexist and heterocentric values

NORMAL
LOVE

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Lesbian Sexuality

- In a study by Joanne Loulan, women's sexual practices
 - hugging, licking, snuggling; kissing all over the body; touching, kissing, licking, and nursing on breasts; oral-genital sex; insertion of fingers or tongue in the vagina; and masturbation.
- Overall the study showed that 70% of lesbian sexuality tends to focus on oral-genital sex as a large component of the sexual relationship (Loulan, 1987).

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Lesbian Sexuality

- Do not look at it in terms of male standards and heteronormative norms
- Some lesbians using sex toys such as vibrators and dildos do not want them to resemble a penis.
- Don't allow count orgasms, look at frequency or need penetration
- Strap on sex: Does the wearer get any satisfaction
- Lesbians who watch gay male porn
 - Enjoy power balance, overt sexuality
- Stone Butch
- Stud/Fem

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Lesbian Sexual Issues

- More time on sex
- Larger sexual repertoire – foreplay
- Frequently orgasmic
- Less likely to have sex because partner wants it
- Fewer pain disorders
- Lower rates of sexual dysfunction
- Lower overall rates of STI's
- Common complaint is lack of desire like heterosexual counterparts



Lesbian Sexual Issues

Treating low sexual frequency

- Explore motivation
- Some couples need to have their lack of a genital sexual relationship validated
- If both lose active desire, then no one initiates sex

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Lesbian Sexual Issues

Treating low sexual frequency

- “Sexual willingness” needs to replace “lust”
- Encourage seduction and flirting
- Let it simmer
- Shed unrealistic romantic myths

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Lesbian Sexual Issues

Treating low sexual frequency

- Avoid the routine
- Explore new territory – be playful
 - Toys
 - Lube
 - Kink/BDSM



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Gay Male Sexuality

- Open about sexual likes and dislikes
- Transparent about pornography
- Nearly 50% of male couples have Open Relationships (LaSala, 2004, Parsons et al, 2006)
- More sexual than women and heterosexual men
- More frequent sex, more casual sex and greater numbers of partners (Martin 2006; Sandfort et al, 2001).

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Sexual Issues for Gay Men

- Nonmonogamy
 - Higher frequency for male couples
- Monogamy
 - Agreements vary to changing circumstances
- Rules
 - No emotional affairs
 - Only tricking
 - No disclosures
 - Mutual participation



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Gay Male Sexuality

- Mostly focused on HIV Transmission and prevention and less attention on gay male sexual dysfunction
- Erectile Dysfunction (ED) is higher for gay men than for heterosexual men
- Rapid Ejaculation (RE) or Delayed Ejaculation (DE) were uncommon (Sandfort, et al 2001)
- Gay men do not experience the pressure felt by heterosexual men to ejaculate during intercourse while “lasting” long enough to pleasure their partners but they do feel pressure to perform which may account for high rates of reported ED

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Kink and Fetishes

- Penis Size
- Baths
- Parks
- Restrooms
- Group sexual dynamics
- Alpha Top/Oral Bottom
- Leather Daddies
- Bear/Cub/Otter



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Gay Bathhouses

- Gay bathhouses (also called “the baths” or “the tubs”) are places gay men go to have anonymous sex. Bathhouses may contain gym equipment, swimming pools, and steam rooms, but they are hardly used for that. Mostly, gay men pay an admission price to get a locker or a private room; they then walk around wearing towels around their waists and cruising each other. Some sex acts occur in the open, some in groups, and others in the private rooms. Men in the rooms keep the door ajar so onlookers can look inside. If mutual interest exists, the man enters the room and they engage in sexual acts. There is little to no talking.

146

BDSM

- Both lesbian and gay men have subcultures which are out and open of BDSM
- IML (International Mr. Leather)
- BDSM booths at Womynfest



147

Gay Men Attracted to Straight Men

STRAIGHT GUYS for gay eyes

- Explore his relationships with the important, influential straight men in his life, starting with his father.
- Similar to Straight women falling in love and trying to be sexual with gay men



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HIV

- Gay and bisexual men remain most affected in the U.S.
 - 61% of all new seroconversions in 2009 (CDC, 2011)
- Barebacking – anal sex without a condom – remains common, especially among younger men
- Prevention is less common, harm reduction is more common such as PrEP

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PrEP

PrEP means Pre-Exposure Prophylaxis, and it's the use of anti-HIV medication that keeps HIV negative people from becoming infected. PrEP is approved by the FDA and has been shown to be safe and effective. A single pill taken once daily, it is highly effective against HIV when taken every day.

150

Gay & Lesbian Couples

- It is harder to be gay and coupled than single
- More out, exposed, harder to hide
- Family and others now “see your gayness”

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Gay & Lesbian Couples

Few rituals marking the progress of our relationships that could anchor the relationship

- a) meeting the folks
- b) showing off wedding or engagement rings
- c) no wedding or if do only within the walls of our own homes and community and not expanded out to mainstream society (friends, jobs)

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Internalized Homophobia in gay and lesbian couples

- Belief that G/L relationships will never last
- Passing as straight and therefore not really a couple even in situations where it is not dangerous to be out
Belief others would never accept them
- Never taking each other to family holiday gatherings
- Failing to recognize their partnership as itself a family

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Internalized Homophobia in gay and lesbian couples

- Using the pronoun “I” rather than “we” when discussing events attended with the partner
- Not identifying as lesbian, even after being in a committed relationship for over 20 years
- Not having any gay friends
- Never announcing their anniversary to straight friends with whom they are intimate because anniversaries “aren’t as important” for G/L couples
- Accusing a partner of looking to “butch” or “Fem”

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Gay/Lesbian vs. Straight Couples

- Few, if any, differences have been reported in relationship satisfaction between same-gender and Lesbian and Gay Couples
- Both G/L and heterosexual couples are faced with a variety of common issues including children, sex, money, communication, family of origin, conflict resolution, and balancing work with personal commitments.
- Both G/L and heterosexual go through the romantic love stage, the power struggle and move to more authentic real love.

Gay/Lesbian vs. Straight Couples

- It is a **myth** that in Gay and Lesbian relationships that one plays the “male” and “female” role.
- All couples tend to have a traditional female energy and “male” energy

Gay/Lesbian vs. Straight Couples

- **John Gottman** researcher, marriage counselor, and author of many self-help books, has extended this research to the important topic of how couples fight and resolve conflict. For all relationships, how differences are mediated is probably more important than what the differences are, and in Gottman's research it predicts whether a couple will remain together or split.
- So it is significant that he found that gay male and lesbian couples were more upbeat, affectionate, and used more humor when fighting, and exhibited less "belligerence, domineering, and fear tactics ... than straight couples." Gottman, like other researchers before him, also found fairness and power sharing more common in gay couples. Apparently, this sense of partnership extends to the important realm of problem solving.

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Gay/Lesbian vs. Straight Couples

- Among the most important: both lesbian and gay male couples are more egalitarian in their dealings with other, division of household labor, in every way.
- That's a finding repeated over and over by whoever has done the research. Mundy makes the lesson explicit: "By providing a new model of how two people can live together equitably, same-sex marriage can help haul matrimony more fully into the 21st century" (p. 58).

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Differences of Gay/Lesbian couples from Heterosexual Couples

Gender Role Socialization

- Literature emphasizes the impact of gender role in couples.
- Same gendered couples are characterized by a "doubling" of the qualities traditionally associated with each gender role.

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Lesbian Couples

- Both taught not to be sexual but domestic
- Fusion, enmeshment
- Merging
- Quick relationships
- Minimal differentiation (you and I are one and I am the one or YOU' RE THE ONE)
- Premium is placed on togetherness and emotional closeness
- Lesbian Bed Death....Controversial

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Lesbian Couples

- **Many lesbians** say that the fusion between two woman in lesbian relationships is the closest we can get to understanding how women relate outside the patriarch and what we are finding is that some fusion is a normative expression of what women want-they enjoy and are nourished by a great deal of closeness and interaction.
- **HIGH value** on romantic love and monogamy
- **Minimal importance** is placed on partner's physical attraction like gay and heterosexual men do.

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Treatment Consideration for Female Couples

- **Help** them view differences as valuable, rather than threatening
- **Develop** more autonomy
- **Direct** expression of *individual* wants and needs in the relationship
- **Be** more assertive in relationship
- **Enjoy** more fully the purely physical aspects of sex
- **Express** anger

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Male Couples

- Both conditioned to be bread winners
- Both conditioned to be sexually assertive whose conquests are cause for pride and status
- Both taught not to show strong emotions
- Many (**but not all**) male couples believe in monogamy but that it is OK to stray once in a while and consider it recreational
- Achievement oriented

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Sexual Issues for Gay Men

- Mutually agreed-upon openness
 - Men are privileged to enjoy sex that is recreational as well as relational
- Sexual interest in a partner frequently declines over time in male couple relationships
- Loss of sexual interest not associated with decrease in couple satisfaction

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Male Couples

- Competitive
- Deficits in interpersonal skills causing difficulties in relating emotionally to one another
- Difficulty with dependency, intimacy and expressiveness
- Tend to be disengaged from one another
- Physical appearance of partner plays high priority

165

Polyamory

- Consensual nonmonogamy – not ‘cheating’
- Swinging
- Multiple sexual and romantic relationships



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Polyamory Resources

- Opening Up
– Tristan Taormino
- Open: Love, Sex, and Life in an Open Marriage
– Jenny Block
- The Ethical Slut
– Easton & Hardy



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Treatment Consideration for Male Couples

- **Teach** ability to express a range of emotions, vulnerability and interdependence
- **Cooperativeness** rather than competitiveness
- **More** emphasis on emotional relatedness rather than physical attractiveness
- **Greater** enjoyment on emotional aspects of sex
- **Ensure** both partners are agreeable to contract about monogamy or lack of.
- **Greater** comfort with vulnerability

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The New Mixed Marriage/Relationship

What do you do when, in the course of couples therapy, one spouse comes out to the other as gay?

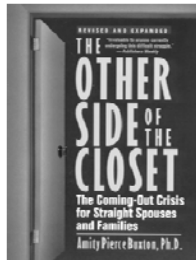
In a rush of countertransference, many therapists see divorce as the only option. Yet, given time, such couples may decide to remain together, with certain adjustments.

This workshop will explore the treatment issues for the new mixed marriage, from how therapists can recognize their countertransference and keep it from interfering to ways they can tailor therapy to the couple's unique needs.

Therapists need specific interventions to deal with the straight spouse's reactivity and the gay spouse's guilt, and how to help the couple decide what's best for them.

The New Mixed Marriage

Of the many books and articles written for the heterosexual spouses of gays and lesbians, Amity Pierce Buxton's *The Other Side of the Closet: The Coming-Out Crisis for Straight Spouses and Families* has been particularly well received.



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The Straight Spouse Network

- The Straight Spouse Network (www.ssnetwk.org) says that there are over two million mixed-orientation couples.
- Mixed orientation couples for them means that one spouse is either gay, lesbian, bisexual or transgender.
- They also report that and that more than 80 percent end up divorced.

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If spouse is gay:

Stay together or divorce?

- 1/3 of couples divorce
- 1/3 of couples stay together for two years then divorce
- 1/3 of couples: 1/2 stay together for 2 years and divorce, 1/2 stay together.

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Coming out as Straight Spouse

1. Disorientation and Disbelief
2. Facing and Acknowledging Reality
3. Accepting
4. Letting Go
5. Healing
6. Reconfiguring and Refocusing
7. Transforming

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Partner's Issues

- Exploring her own reactivity
- May also feel drawn to those who may betray them.
- Perhaps while growing up, they experienced lies and witnessed emotional boundary violations in ways that left them traumatized. If these imprints remain unresolved, the partner would likely grow up and marry someone "familiar" who violates and betrays them all over again.

Stages of Coming Out As a Couple

Four stages of the coming out process for couples developed by William Wedin, Ph.D. director of Bisexual Psychological Services in New York City

1. Humiliation
2. Honeymoon
3. Rage
4. Resolution

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The Humiliation Stage

The Humiliation Stage is when the gay husband comes out to his wife, and both suffer. Wedin talks about the wife “blaming herself for not being woman enough to keep her husband interested” and states that she “may question whether she ever really had anything in terms of a partner and marriage.”

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Honeymoon Stage

In the *Honeymoon Stage*, Wedin explains that “the gay husband wants to stay in the marriage for good reasons, that he really loves his wife. The more he has genuine heterosexual feelings for her and empathizes with what she is going through, the more she will feel that this is the man she married. And almost every man is blown away by her saying that she wants to stay with him; he feels tremendous acceptance and love.”

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The Rage Stage

Wedin explains that the *Rage Stage* is “When they both come to the limits of what’s possible.”



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The Resolution Stage

- This *stage*, Wedin explains, “depends on a lot of different factors: kids, social considerations, also the question of where the man really falls in terms of his sexual and romantic feelings.”
- In her book and articles on mixed-orientation marriages, Buxton writes that coming out is a “family affair.”

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First Session

- See them together
- Teach calm and nonreactive
- See both of them alone every once in a while so each are not organized in front of the other
- This is a 2 person crisis

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The New Monogamy

- New contract
 - Might be first time creating one
- Make sure you're bias as therapist is pushed aside
- Contract needs to be discussed open and honestly
 - Open relationship, porn, separate sex lives, new positions, bringing in others, etc.
- Finding their way back to each other sexually and romantically.

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The trajectory of how a couple goes forward is different for every couple based on both spouses

- Sexual Orientation
 - Gay, Bisexual, Heteroflexible?
- Sexual History
- Sexual Openness
- Attachment Issues
- Jealousy

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Guilt and Shame of Heterosexually Married Gay or Lesbian

- Gay spouses take 100% of the responsibility and accountability
- As therapists have to educate the part of the spouse that needed to be married to the gay or lesbian spouse
- Truly love their straight spouse
 - Never really understood their gay interests were about identity
- Many men have had promiscuous sex outside the marriage and never tell a spouse.

183

Families of Gays and Lesbians

- LGBT comes out of the closet, family immediately goes *in*
- Family has coming out process now
- Stages of Grief
- Blame selves or family dysfunction as cause

184

Before Coming Out: Typical Family Patterns

- Maintaining a rigid emotional—and often geographical—distance from the family.
- Don't ask, Don't tell
- "Don't tell your father"

185

Typical Negative Reactions

- Seeing it as a "stage" or "phase" that won't last.
- Magnifying existing family dysfunction
- Refusal to acknowledge a romantic partner's existence.
- Blaming the partner for "seducing" the child into homosexuality
- For minority and ethnic families, seeing the child as being a traitor to their culture and ethnicity
- For religious families, delving more deeply into religion
- Ignoring the issue

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Questions to help your client come out to Family

- Does your family talk about sex? If they do, is it too much, inappropriate, or within normal limits in your judgment? If they don't, what happens when the subject of sex comes up?
- How religious—if at all—is your family?
- How does your family deal with change? Tell me about the three most recent changes in your family and how the family members dealt with them.

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Questions to help your client come out to Family

- What are your family's politics? Have you seen this affect your family and if so, how?
- How does your family deal with differences among other family members?
- Are they open-minded and accepting or closed and rejecting?

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Questions for parents

- Do you feel it is your fault and if so, why?
- What is the general way you deal with sexual issues?
- How were sexual issues addressed in your family growing up?
- How were differences viewed among family members' personalities and interests in your childhood growing up?

189

Questions for parents

- Is this affecting your marriage? If so, how?
- What concerns do you have about your child being out in the world as a gay man or lesbian?
- Does this conflict with your religious beliefs and if so, how?

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Role of Families

- **Keep Talking** with each other
- Affirm to parents they did NOT make their child gay
- PFLAG (Parents, Friends and Family of Lesbians and Gays)

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Role of Family

- **Do** have parents be familiar with and be sensitive to gay and lesbian issues
- **Have** ongoing contact with their gay and lesbian child
- Help reduce reactivity
- Encourage gay and lesbian family members to keep the conversation going and not to expect family to do so

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A story from the Talmud:

A king had fallen out with his son. Very angry, the son left his father's castle and created his own kingdom, many miles away. Over time, the king missed his son and sent a messenger, asking him to return, but the son declined his father's invitation.

This time, the king sent the messenger back with a different message: "Son, come as far as you can, from your kingdom to mine. And I will meet you the rest of the way."

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How to Help Your Clients

Intake questions need to be very specific

- Ask if ever had sexual interaction with another man or woman
- Ask them how **they** self-identify
- Be willing to listen to their sexual behaviors and fantasies



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How to Help Your Clients

Make no assumptions about sexual identity

- Don't assume you know
- Homophobia/Biphobia/Transphobia
- Problems can be culturally and societal based
- Be Affirmative
- Familiar with Resources

195

Treatment Considerations for gays and lesbians

- **Being** blank slate as therapist is not helpful
- **Using** affirmative language
- **Seeing** the problem with Gays and Lesbians as what has been done to them through cultural and societal homophobia and heterosexism
- **Understanding** that an studies and research shows that adolescents can handle a developing homosexual orientation. It is the homophobia and heterosexism that they cannot handle.

Group therapy whenever possible!

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Role of Therapist

- Do your homo-work! and be familiar with and sensitive to gay issues
- Encourage the couple to have ongoing contact by the couple with a gay/lesbian community
- **Do Not Assume** that just because the Gay/Lesbian couple is coming to counseling that their problem is being Gay/Lesbian (although sometimes it is)
- Be aware that the reluctance of a Gay/Lesbian couple to therapy imitates what Gay/Lesbian do in life.....constantly monitoring whether they are safe or not.

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Role of Therapist

- Do not expect GL couples to look like straight couples
- Examples include having open relationships, merging of women
- Forms.....language on them
- Transference/Countertransference
- Correct Language (If saying homosexual, teach to use word Gay/Lesbian/Queer)

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Summary

- All sex and gender variance is innocent until proven guilty
- Learn from your clients:
 - Alternative forms of relationships and family
 - The range of gender expression
 - Universal issues regardless of gender
- Queer paradigm promotes good practice and celebration of diversity

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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