PSCP TIMES

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Why I Am a Member

Kristine Boward, Psy.D., PSCP President

I was recently discussing PSCP with a group of colleagues. We were talking about the many ways to spend our professional time as well as funds allocated for professional development. We were puzzling out the benefits and drawbacks of membership in local, state and national organizations. The discussion solidified many of my thoughts about PSCP and I would like to share them here.

First, I very much value PSCP's continuing education workshops. However, it isn't just the presence of these fine workshops that I value. I love that the CE program inspires local psychologists to own their power and expertise within the field. PSCP allows each of us to go from being a passive attendee of a workshop (valuable in its own right) to a presenter. Being a presenter prompts a new relationship with both the available research as well as our clinical work and professional identity. I recently presented a three credit CE workshop for PSCP. While I admit the task was daunting, I was also happily surprised with my increased sense of professional clarity. I felt rejuvenated and more confident in my clinical knowledge following the presentation. I also felt more connected to other psychologists who attended the workshop and discussed their work, thoughts and experiences.

I think that feeling more connected to the psychological community is my largest driving force in PSCPC membership. I initially joined to know "who are the people in my neighborhood." As I attended networking events and, eventually joined the PSCP board, I became acquainted with who was practicing where, who specialized

IN THIS ISSUE

in what, as well as how we each saw the field in different ways. When I took steps to open my own practice, I was able to call PSCP members who traded years of hard earned wisdom for a hot cup of coffee.

As time passed and I stayed involved, I have enjoyed many conversations on all manner of topics from insurance to theoretical approach to how one best arranges an office. I have compared white noise machines, shared rental contract templates, found resources to address human trafficking and connected with all manner of referrals. As a group we have broken bread and shared fears, hopes, concerns, and laughter. I will always be grateful and humbled to be part of a group of people so willing to share, think, learn and grow together.

Self-Disclosure Versus Self-Expansion in the Coming Out Process

Wayne Bullock, M.A.

We live in a heteronormative society, in which other sexual orientations are not recognized as healthy and appropriate. This prompts many homosexuals to hide or disavow their sexual identity early in life. It is this societal framework which necessitates a period of coming out for gay men (Herek, 1995). But what is coming out?

When we hear that someone came out, we generally take this to mean someone has shared their gay identity with someone else. We may not realize this is a process that will continue for the rest of the person's life (Cox, Dewaele, Houtte, & Vincke, 2011). The current psychological literature supports this view of coming out as an ongoing process, and even suggests that this process of making disclosures is a healthy behavior for gay men, and will help them in coming to terms with their fledgling identity. Research also suggests that by coming out, that is, by disclosing their sexual orientation to important others in their lives, gay men could improve their mental health (Glassgold, 2009; Safren, Hollander, Hart, & Heimberg, 2001; Safren & Rogers, 2001). This leads to a clinical practice approach with gay men which is affirmative and supportive, aiding them in managing anxiety while making disclosures of coming out (Glassgold, 2009; Safren, Hollander, Hart, & Heimberg, 2001; Safren & Rogers, 2001). While this is a helpful practice for some, as it does reduce psychological distress and promote greater psychological well-being, it appears that disclosing one's identity is not the therapeutic agent reducing psychological distress and promoting greater well-being (Allen & Oleson, 1999; Bybee, Sullivan, Zielonka, & Moes, 2009). Research indicates some gay men can come out and remain high on measures of internalized homophobia, angry with themselves and others due to their sexual orientation and lot in life (Allen & Oleson, 1999; Bybee, Sullivan, Zielonka, & Moes, 2009), and harbor intense shame around their identity (Allen & Oleson, 1999). It is this high level of internalized homophobia that leads to distress and lower quality of life for gay men, as opposed to

(Continued on p. 9)

Research on LGBT Families

Julie Levitt, Ph.D.

For the important issue of Lesbian, Gay, Bisexual Transsexual and Queer (LGBTQ), herein referred to LGBT issues and rights under the law and within our society, I am sharing what the American Psychological Association (APA) has been doing to support this minority group. Until we have equal rights for all minority groups that correspond with rights for the majority of Americans, we are continuing to support a society that has tiers of rights and privileges that correspond to how a given group is perceived within our culture. Discrimination against those groups that do not appear similar enough to our majority occurs because they are considered of lesser status. The term from Peace Psychology in the title of this article, Structural Damage," refers to the impact of unevenness in economic, social, legal, educational, and political supports for various minority groups in our communities and laws that result in undermining those who are perceived as different from so-called mainstream Americans. Herein I believe lay our concerns as psychologists.

In this article, I am reviewing findings in two areas that are part of an amicus brief supported by the APA, the National Association of Social Workers (NASW), the American Association for Marital and Family Therapy (AAMFT), the American Psychoanalytic Association, and the Hawai'i Psychological Association. This is APA's most recent brief on the subject of LGBT rights, in this instance developed for the United States Court of Appeals for the Ninth Circuit as an Amici Curiae in support of Plaintiff-Appellants, submitted to the court on 10/25/13. See Case Nos. 12-17668, 12-16995, and 12-16998, SEVCIK v. SANDOVAL on the http://www.apa.org/pi/lgbt/ website.

I am drawing from this material because it represents a wide and in-depth review of the literature accepted by the organizations that are named in the brief. Nathalie F.P. Gilfoyle, attorney for the APA along with Paul M. Smith of Jennifer & Block LLP in Washington, D.C., are Counsel for the Amicus Curiae brief that was submitted.

I will review the highlights of the research cited in the brief with respect to conversion therapy (i.e., efforts to change the gender identification of LGBT individuals), same-sex marriage, and family relationships and raising children in LGBT households as compared with heterosexual households in the United States. The research team has reviewed extensive literature and has made efforts to remain unprejudiced with respect to studies that may demonstrate conflicting findings. The results of the most extensive literature are interesting and at the same time, not surprising, that is, known to us as psychologists for some time. Most studies are from peer- reviewed journals and from reports that are carefully scrutinized and from well-established researchers.

First, on the basis of research findings, homosexuality is considered a "normal

(continued on p. 11)

Social Constructionist and Essentialist Views of Sexual Identity

John J. Rooney, Ph.D.

As part of understanding sexual identity formation, ink has to be spilled discussing the historical foundations that delineated it as a construct. It is common knowledge that homosexual behavior is a historically documented phenomenon. The Athenians were disposed to it, and even the manliest of Spartan soldiers were recorded as involved in homosexual behavior as a way to bond their phalanxes together. However, as Broido (2000) interestingly asserts, perhaps these acts were not homosexual because the cultures that contained them did not recognize homosexuality as an identity, as a result, "people (within that society) could not see themselves as homosexual or bisexual" (Broido, 2000). The debate between such socially constructed views and traditional essentialist views of sexual behavior colored the progress of scientific inquiry into homosexual identity.

Garnets and Kimmel (1993) define essentialism as "a theory of social science that posits that some aspects of people are fixed, stable, and fundamental to their sense of themselves" (Cited in Broido, 2000). In Krafft-Ebing's Psychopathia Sexualis, he asserted that homosexuality was the result of "mental illness, emotional shallowness, and the inability to maintain relationships" (Mondimore, 1996, cited in Broido, 2000). At the core, the view held by scientific authors such as Krafft-Ebing were essentialist (and pathologizing) approaches to conceptualizing sexual identity. For essentialists, sexuality is a piece of identity core to an individual no matter the social or historical context in which one lives. To those with this viewpoint, many Greeks and Spartans would have been homosexual or bisexual even if they did not have the words to describe them as identity constructs. According to LeVay (1996), essentialists look for the root cause of homosexuality and are roughly split into those who posit genetic and those who posit environmental causes (Cited in Broido, 2000). Essentialism is currently the most common way that individuals, homosexuals included, conceptualize of the formation of sexual identity. It was Alfred Kinsey who published the first documented challenge to the predominantly essentialist views that dominated the zeitgeist of the time (Broido, 2000). His conceptualization of homosexuality and heterosexuality as lying on a continuum freed the scientific community of their tendency to put people into reductive, simplistic boxes and allowed them to think of sexuality as existing on a continuum. McIntosh (1968/1981) further challenged essentialism by arguing "that homosexuality is not a condition intrinsic to a given person...but rather [it] is a role defined by society, which people adopt or are forced to adopt" (Cited in Broido, 2000). It was from these assertions that social constructionism was born as a means of conceptualizing sexuality. According to Broido (2000),

(Continued on p. 13)

Being gay in grad school today

Jonah Kauffman Epstein

After the Supreme Court rulings this spring many people rejoiced and celebrated for good reason. For those of us who have experienced discrimination and live in a state with a ban on gay marriage, this was an important moment, but just a step towards the goal of equality and feeling safe within a society that has been far from fair to us. This day was an emotional one for me as I saw that change can occur, and it gave me hope that the future will be brighter than the past. While optimistic, I was experiencing mixed feelings as people posted on Facebook and sent congratulatory texts and calls. I felt as though something important had happened, but that so much more has to be done. In my opinion ,we cannot let up, over- celebrate, and forget about all of the hard work that is left to do.

Having completed one full year in Grad school at a Catholic school, I can say that my experience as an openly gay Psy.D. student has been very positive. While I can only speak about my personal experience, I feel as though things have gone well and that I am well accepted by my cohort and supported by the faculty. My school has a class on human diversity which covers issues related to the LGBT community and other marginalized communities. Outside of class, my program has multiple forums and resources devoted to addressing the needs of LGBT and other marginalized communities in and out of school. Most importantly, I feel comfortable sharing my experience and as though both my peers in school and the professors support me and others who identify as

(Continued on p. 8)

Call for Submissions

Having something to say? The PSCP Times wants your articles. PSCP members and student members are invited to submit articles and essays.

All articles should be relevant to the professional practice of psychology. While articles may address any subject, or any issue of current interest, it is essential that the focus be on the role of psychologists, psychology as a discipline, or the impact on psychologists of the topic addressed. These articles are by psychologists, for psychologists. Please keep that in mind when submitting an article for consideration.

In addition to articles relevant to psychology, students are invited to submit the abstract of their approved dissertation, along with a brief biographical note, for inclusion in the 'Student Profile' section.

Please contact Doug Rushlau, editor with submission guidelines and requirements for inclusion: idrpscp@gmail.com

Staying together, growing apart: working with couples through a gender transition

Maureen Osborne, Ph.D.

Over the past fifty years, transgender people have begun to emerge from the closets they were once forced to occupy by rigid social norms. Transsexuals were once required by medical protocol to divorce their partners and advised to move far away from their family and friends as a condition of being recommended for reassignment surgery. Cross-dressers gathered in clandestine social clubs, where they found acceptance among a coterie of others with similar desires. Today, however, there is a growing movement celebrating gender diversity, and a burgeoning profession of specialists aimed at helping transgender people find comfort when their experienced gender conflicts with their birth-assigned one. Transgender people have achieved significant gains in public visibility and there is a growing acceptance of their legitimate social, workplace, and medical needs.

Against this historical backdrop for 20+ years, I have been privileged to develop a thriving clinical specialty working with clients experiencing gender dysphoria. A theoretical background in contextual family therapy naturally oriented me toward the special familial and social justice issues that arise with a gender transition. In particular, I have taken a special interest in the journey of the spouse or significant other. The non-trans partner is typically confronted with an avalanche of personal emotions and social/familial challenges which s/he "did not sign up for". The decision of whether to remain in the relationship and what form it might take in light of the new reality is a gut-wrenching one that depends on an ever-changing kaleidoscope of factors. As the transgender partner works to navigate the steps necessary to achieve gender authenticity, the cis gender (i.e., non-transgender) spouse is forced to re-evaluate his/her own position in the relationship.

What factors influence the reaction of a spouse to learning that his/her partner is trans? A major one is the timing, context, and content of the disclosure. There is a big difference in the damage done between partners if there was some effort to share the issue early on in the relationship, even if the truth was minimized. Contrast this with the cis spouse of 10, 20, or 30 years accidentally discovering some articles of forbidden clothing, or finding a picture of the spouse in female attire! To be fair, most transgender folks approach a marriage or committed relationship with the belief that love will overcome their gender dysphoria, and it sometimes does, for a period of time. When it reappears, as it inevitably does, they often try to manage the condition with secretive episodes of gender expression. Or, they might simply grit their teeth and gut it out, which has its own negative mental health consequences.

Although the extent of damage to relational trust varies as a factor of the timing and context of the disclosure, it invariably lands a sucker

(Continued on p. 14)

(Continued from p. 5)

LGBT. I feel safe and as though, if something negative was to come up, that it would be appropriately dealt with.

While a mostly positive experience, there are still areas of my experience which are not ideal, or where I do not feel as comfortable as I would like. For example, the area of self- disclosure and what to do when I experience microagressions and heteronormative comments both in school or in clinical work is somewhat unclear. There is a grey area there, and until people stop equating gay with something that is bad or lesser than ideal, this will continue. Also, school cannot teach or improve the experience of having to come out or speak up when I feel uncomfortable. Maybe there is not a right answer, or something that a school can do to train us that will make this easier, but it goes to show that both as a society and as profession, there is more to do. It would be easy to be content and celebrate the Supreme Court's decision. While it is clear that both my school and that the field of psychology is doing a lot to promote equality and destigmatize homosexuality, there is a lot more to be done.

Research by our Student Members

Relational Psychoanalytic Perspectives of Gay Men

Wayne Bullock, M.A.

Gay men undergo a process of coming out which is both an internal acceptance of their same sex attraction and also an external disclosure of this aspect of their identity to others. This process generates considerable anxiety resulting from the internalization of homo-negative messages that results in internalized homophobia. This anxiety and shame associated with internalized homophobia can result in a myriad of maladaptive behaviors and increases risk for poor mental health adjustment, poor relationship satisfaction, and increased risk taking behaviors. There is sparse literature depicting how gay men develop their sexual identities and also little illustrating how to manage internalized homophobia and shame during the process of integrating one's sexual orientation into the rest of the person's self-concept. This dissertation proposes relational psychoanalysis as a theoretical lens in order to better understand how gay men's identities form as well as how to facilitate the process of coming out for gay men. Relational psychoanalysis provides a valuable lens in order to view the developmental aspects of the coming out process, as well as providing a conceptualization of how internalized homophobia and shame affects gay men by viewing some aspects of gay men's identity as dissociated.

Bullock is a 5th year student at Widener University's Institute for Graduate Clinical Psychology. A self-confessed convert to relational thinking, he credits Div 39 (psychoanalysis) and PSPP, the local chapter of Div 39, for stimulating and supporting his development in the relational line of therapy.

Save the Date: Practice Building Seminar 1/12/13

Insurance 101: Basics of Credentialing, Contracting and Billing

Are you considering a private practice? Wondering how the world of insurance works? Kristine Boward, Psy.D. will be discussing the basics of accepting insurance plans. Come learn the difference between credentialing and contracting, the process of applying to become part of an insurance plan, how to submit a claim, the pros and cons of accepting insurance, and more. This will be a forum to ask questions in an open environment, to better determine your next professional steps.

When: January 5, 2014, 2:00 p.m.

Where: The Center, 133 Ivy Lane, King of a Prussia, PA 19046 Cost: Free to members, $100.00 for non members

R.S.V.P. To: info@philadelphiapsychology.org or 215-885-2562

(Continued from p. 2)

whether the person has made disclosures or not made disclosures (Allen & Oleson, 1999; Williamson, 2000).

What does this mean for clinicians working with gay men? First, whether someone is out or not should not be assumed to be a gauge of how well-adjusted someone is to their sexual orientation. Also, working to manage a client's anxiety arising from making disclosures will be an important part of the work, but it is not the work. Helping the client to formulate meaning and construct an identity that allows him to be gay while being the other parts of himself is of paramount importance. An example of this can be found in the experience of a gay man who tries to distance himself from his gay identity if he is religious, but develops an increasing awareness of his same-sex attractions. It is not uncommon for gay men to reject their religious selves in an effort to allow space for the gay aspect of self to flourish, because tolerating the inherent conflict between sexual self and religious self is overwhelming (Rodriguez & Ouellette, 2000). Fontenot (2013) reports that homosexually identified persons are more likely than heterosexually identified persons to leave their faith. Therapeutic work with gay men thus must also include working to aid the expansion of the self (Mitchell, 2005), leading to a more authentic lived experience and reduced internalized homophobia. Another common way of managing the conflicts evoked by coming out is to come out in some areas of life and not others; for example coming out to other sexual minority persons, but not straight friends or family.

The goal when working with gay men is not to move to "integration" between the different aspects of self that make the person who they are so that they are conflict free. Bromberg (1996) has stated that one's self-states will often hold contradictory aspects that will lead to conflict for the person. Psychological health is the ability to tolerate this conflict and to "stand in the spaces" (p. 516) without having to stand firmly in one while losing the other. Using the above example, effective therapy with gay men would

facilitate development of the ability to be religious and gay, and to tolerate any conflicts that may arise for the person, instead of rejecting one part of self to reduce conflict. Alternatively, the goal may be for the person to feel equally comfortable being out with friends, family, and coworkers. By witnessing both the 'not-me' (the unaccepted gay self), and the 'me' (the presumably tolerable aspects of the self, and so knowable to others), the therapist can bridge the two. This allows the patient to expand their sense of self, to incorporate the not-me as a part of the me (Bromberg, 1996; Stern, 2009), to allow one's gay self to be a part of the rest of their self, and a part of their daily life. This will by definition increase the person's ability to more easily make disclosures regarding his orientation, but this is the result of increased comfort with himself as opposed to the goal of therapy.

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(Continued from p. 3)

expression of human sexuality" (p. 4 of the Amicus Brief). One's sexual orientation is related to attraction to others and must be viewed in terms of relationships, because that is where it is expressed. Although homosexuality initially was viewed as a mental disorder in the first Diagnostic and Statistical Manual (DSM) in 1952, the National Institute of Mental Health, five years later, concluded that there was no evidence to support this classification. Based on that study and others, APA declassified homosexuality as a mental disorder in 1973.

To continue, most gays and lesbians do not view their sexual orientation as a choice. While some clinicians have offered treatment designed to change sexual orientation, so-called conversion therapy has not been shown to be safe or effective (see Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009).

A second finding is that like straight couples, lesbians and gays form stable, committed, long-term relationships, the vast majority in such relationships, 40-70% gay men and 45-80% lesbians, with many in committed relationships for 10 years or more. See Peplau & Fingerhut, 2013. In addition, empirical research demonstrates that same-sex couples have relationship satisfaction similar or higher than do heterosexual couples. See Balsam, 2008. Taking this further, marriage as an institution offers benefits with respect to social, psychological and healthcare that are denied couples in same-sex unions. These advantages include better physical and mental health than observed in heterosexual couples living together but not married. (Brown, 2000). However, we must be aware that straight couples stay together for reasons that may not be connected to happiness—there are external restraints that press couples to remain together, including sense of family obligation and moral and religious values, as well as economic realities. However, couples who find marriage rewarding are most likely to remain married (Heaton & Albrecht, 1991). In that same-sex couples stay together despite being unable to legally marry and live under conditions of societal disapproval and discrimination, adds credence to the data that support the duration of their relationships as long-lived.

A third finding is that many same-sex couples have children and the adjustment of children are not dependent on parental sexual orientation or gender, this finding based on some 30 years of research and hundreds of studies. What seems most important to adjustment of children are three variables: (1) qualities of parent-child relationships, (2) qualities of relationships among adults in children's lives, and (3) availability of economic and other resources (Lamb, 2012). While research supports the idea that two parents in the household are more effective in providing foundational support for children than are one parent households, there has been no research directly comparing adjustment of children raised by a same-sex couple with those raised by a single lesbian, gay, or bisexual parent. Keep in mind that poverty may provide a harsh environment for children and it easy to see why children with greater economic privilege, who live in safer neighborhoods, eat more nutritious food, and may be exposed to less environmental pollution may fare better than those living in economically

disadvantaged neighborhoods. See Brooks-Gunn, Duncan, & Aber, 1997.

There is no finding that supports the idea that same-sex couples are less competent to raise children than are their heterosexual counterparts. This statement is based on many studies. Moreover, there is much data to support that children of same-sex marriage are as well-adjusted as those of heterosexual marriages. Here refer to the Report of the National Academy of Sciences' Institute of Medicine (2011). Also, children with gay and lesbian parents do not differ in their gender identification (i.e., perceiving themselves a female or male). In addition, most studies have not found reliable differences between children of same-sex unions when compared to heterosexual ones with respect to gender role conformity. See Patterson, 2013. In fact, children raised in either kind of family generally turn out to be heterosexual in orientation. Again see Patterson, 2013.

A concluding point of the amicus brief describes the stigmatization of same-sex couples, linking the depriving of such couples of an institution, namely marriage, and the concomitant feeling of inferiority (p. 24 of the amicus brief). I shared the findings of the amicus brief, not so much because I think people are unaware of the extensive research findings, but to remind us about our responsibilities to support this minority group in addition to other under-served populations that also may experience societal injustices.

My thanks to Clinton W. Anderson, PhD, Director, Lesbian, Gay, Bisexual, and Transgender Concerns Office, and Associate Executive Director, Public Interest Directorate, the American Psychological Association. The website for Dr. Anderson is found at http://www.apa.org/pi/lgbt/. The website offers documented studies, APA initiatives with regard to needs actions in behalf of the LGBT community, and pamphlets and other information that may be shared with clients and families.

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National Academy of Sciences' Institute of Medicine. (2011). *Report of the National Academy of Sciences' Institute of Medicine*. p. 243, concluding that "studies show that [the children of lesbian and gay parents] are well adjusted and developmentally similar to children of different- sex parents."

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(Continued from p. 4)

social constructionists believe "social and historical contexts shape and circumscribe the possible ways in which people can understand themselves and others." They assert that there is no universal biological, environmental or spiritual determinant of sexuality and that labels such as heterosexual, bisexual and homosexual are both historically and culturally bound (Broido, 2000). Rather than the specific cause of homosexuality, constructionists prefer to study the way that societies "define and grant power to ways of being sexual and forming loving relationships" (Broido, 2000). McIntosh (1968/1981) argues that "society created the role of "homosexual" as a form of social control" (Cited in Broido, 2000). For example the news is full of controversy regarding adolescents socially punishing heterosexual behavior via behaviors such as bullying and ostracization.

As modern therapists, we need to be aware of the way that social pressures have shaped our clients and how they conceptualize their identity. Therapists should prepared to utilize both philosophical lenses in their work because they will have clients who identify as gay, lesbian or bisexual and ascribe essentialist etiologies to their identity and they will have clients who "report their experience of their erotic attraction as changing, or as not central to their identities" (Broido, 2000). One of the most useful things that social constructionism allows therapists to consider is that many people will have experiences that do not fit easily into the socially constructed terms designated to describe sexuality (Broido, 2000). The important thing for a therapist to do is to validate the client's perception of their identity as either a central part of themselves or as a less important part of their identity. The debate between essentialist and social constructivist viewpoints wages on, with current research beginning, as suggested above, to advocate athoughtful and client-centered mix of the two (Broido, 2000).

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(Continued from p. 7)

punch on a marriage or committed partnership.

Spouses will typically feel that they were deceived or fooled and that their partner is not the person they thought s/he was. This sentiment is aptly described in the title of Helen Boyd's excellent memoir, She's Not the Man I Married. What happens after the big reveal is where the real heavy lifting begins, and where a competent and trans-knowledgeable therapist can be a key factor, whether or not the spouse is willing to enter the therapy room. As a contextually oriented therapist, I always consider it my responsibility to include and imagine the side of the cis partner when working with a transgender client, whether or not the relationship survives in its existing form. Over the years, I have seen numerous workable solutions achieved by partners who are willing to bravely and creatively seek ways to redefine their relationship. This is especially important when the partners have children, because they tend to follow the lead of the cisgender parent in their willingness to accept and adjust to their trans parent's gender change.

A second major element in the outcome of a cis-trans relationship is the degree of self-awareness present in each partner. An examination of each partner's own individual life context as well as his/her narrative about the relationship is an important part of the therapy process. A thorough history-taking, including a family-of-origin genogram is an indispensable tool in this approach. As in all couples therapy, a better understanding of the way in which each individual's life history has led them to this point in the relationship allows the therapist to help them to make better decisions about their future. There is also a pressing need for each partner to address issues of personal shame, anger, guilt, unresolved family-of origin conflicts, and internalized messages from exposure to a transphobic culture. Finally, the justice perspective of contextual therapy encourages both partners to acknowledge and give weight to the positive contributions each has made to the relationship, notwithstanding the damage done. For example, many wives have commented that they were attracted to the female sensibilities of their partners.

There are many challenges that confront a couple when a transgender identity is disclosed, especially when there is a plan to pursue a public gender transition. Among these are:

• Damage to mutual trust - Secrets and lies are part of the fabric of a trans person's life, and a spouse is invariably dragged along.

• Potential loss of intimacy - Physical and emotional intimacy are intertwined with gender roles in a relationship, and changes create uncertainty and reticence to engage.

• Unrealized hopes/dreams - Couples have an imagined future in which the stability of gender roles is assumed, and there are many ways in which a gender transition can create disruptions.

• Perceived loss of shared history - A partner may mistrust the narrative truth of the couple's past with the revelation of this major unknown fact about the spouse.

• Changes in personal identity - Gender identity defines personal identity as a wife/ husband, father/mother, sister/brother, daughter/son.

• Changes in social status - The stigma elements of being a transgender person or partner can cause social status to plummet.

• Competition for time/attention - A cis spouse who does not feel ready to be seen by others with his/her trans partner can feel abandoned when the trans partner engages in public expression of their inner gender.

• Changes in sexuality - A cis spouse may feel turned off by the partner's gender change, leaving them without a sex partner, or conversely may feel ashamed of continuing to experience sexual attraction to the "wrong" gender.

• Disclosure to children and friends/relatives - A cis spouse is put into the position of deciding whether and how to disclose the trans partner's status, with all the attendant anxiety and fear of rejection, bullying, etc.

• Confronting transphobia - Most cis people have no personal awareness of the degree of transphobia in our society, and this often creates fear, anger, and resentment.

After personal histories and current challenges have been identified, therapeutic work with cis-trans couples requires a deft balancing of the legitimate needs of the transgender partner to find gender comfort and authenticity with those of the cisgender partner, who is struggling to adjust and adapt to the new reality of his/her relationship and all the changes it brings. The therapist must frequently remind the couple that the cisgender partner has only recently come into this cataclysmic knowledge, while the trans spouse has experienced a lifetime of awareness of this identity, albeit with periods of suppression. Counseling patience with the spouse's journey without discounting the genuine need of the trans partner to make progress with gender transition can be a delicate therapeutic dance. It is important to emphasize that gender transition happens to BOTH partners, and respect for each other's process is an important part of a successful passage. I always let them know that this is going to be a feelings roller coaster, and that they will need to buckle up!

The ongoing work of therapy with these couples involves building skills in engaging dialogue and negotiation. Some useful principles I suggest to them include the following:

ENGAGING AND MAINTAINING TRUST-BASED DIALOGUE

• Make time to talk - don't avoid
• Listen without preparing your response
• Reflect before reacting
• Treat your partner with respect and expect it in return - avoid blaming, rationalizing, and name-calling
• Think about what you need and ask - don't demand
• If you don't want to be a victim, don't assume the role
• Ask clarifying questions before responding
• Speak from your own ground - don't make assumptions about your partner's feelings or motives
• Be ready to accept responsibility for any part of your partner's grievance that you can honestly agree with, without "buts"

• Take a time out if you need it, but don't avoid tough conversations indefinitely
• Identify and speak to the most important

issues, and let the others go
• Start small and build on your successes
• Try new ways of communicating - Letters? Emails? Texts? Notes on the mirror?

FREE AND FAIR NEGOTIATING PRINCIPLES

• Decide on your bottom line and make it known, but avoid ultimatums.
• What you need today may change over time - be open to revisiting agreements.
• Try to imagine the kind of relationship possible - don't linger in resentment or romanticize the past.
• Keep your sense of humor - this is tough, but there are greater tragedies
• Ask for trans-free couples time.
• Don't give in to keep the peace, or be silenced by a more verbal partner.
• Don't take advantage of your partner's guilt and shame to set terms that are impossible to meet.
• Be willing to accept that the relationship may not survive, but could also become stronger and more honest.

I have come to treasure my work with these couples. It is a calling. If you work with a couple in gender transition, enjoy it, but be sure to leave your assumptions outside the door!

Peer Consultation Groups

Research shows that psychologists involved in a peer consultation group are less likely to be implicated in a lawsuit, less likely to describe feelings of burnout, and rate themselves as more satisfied with their career. PSCP offers a range of peer consultation groups. We invite you to join an existing group or contact Heather Green, Ph.D. to explore hosting your own peer consultation group. Dr. Green can be reached by phone at: 215-901-9990 or via e-mail at drheathergreen@gmail.com. Peer Consultation groups are a chance sharpen clinical skills, learn from peers, fight professional isolation, and gain clarity on difficult cases. They are a meeting of peers and are not meant as any form of supervision. Although some consultation groups welcome student members, these groups do not take on a supervisory role.

Diversity Group via Skype

This group meets one Friday per month from 9 – 11am via Skype though the particular Friday each month changes. For those interested in joining please contact group leader Dr. Takako Suzuki at the number listed below. The group discusses culturally responsive/adaptive ways to effectively treat individuals, couples, and families with different cultural backgrounds. Diverse cultural groups include: race/ethnicity, gender, sexual orientation, older adults, religious/spiritual affiliation, disability, those with socioeconomic challenges, and more. Discussions can be related to, but not limited to: acculturation stress, cultural identity formation, interracial marriage and families, intergenerational issues, discrimination, etc. Participants are asked to bring a case to discuss. Student members are welcome. Dr. Takako Suzuki can be contacted at suztakako@gmail.com or 610-526-2928.

Mindful Therapist Peer Consultation Group in Melrose Park, PA

The Mindful therapists peer consultation group is for mental health professionals, and those in training, who integrate mindfulness into their professional work for self-care and/or client care. A personal daily meditation practice is required of all participants – this can be from a variety of wisdom traditions, including but not limited to, the Buddhist traditions from which MBSR/MBCT are derived. Participants in training must be currently enrolled in a graduate program with a focus on mental and/or physical health. We meet in Melrose Park, PA on the first Tuesday of each month from 10am to noon. We begin with a sitting meditation practice. For more information please contact Chris Molnar, Ph.D. at Chris@MolnarPsychogy.com or 267-287-8347.

Autism Spectrum Disorders Group

This group will meet monthly on Wednesdays from 9-10:30am at the offices of Drs. Cindy Ariel and Robert Naseef in Old City, 319 Vine Street, #110. The focus of the group is on the treatment of autism and related disabilities in children and adults, as well as on treatment strategies and support for families/caregivers. Interested participants should contact Dr. Cindy Ariel at cariel@alternativechoices.com or 215-592-1333.

Peer Consultation Group in Media PA

Dr. Greg Milbourne plans to continue general consultation group at his office in Media, PA, assuming he can add new participants. Previously the group had met on one Friday per month, though Dr. Milbourne is willing to be flexible on the meeting date and time to accommodate the group. If interested, please contact Dr. Milbourne at 610-348-7780 or e-mail him at Milbourne@gmail.com to get details about the next meeting.

Peer Consultation Group in King of Prussia, PA

This is a general consultation group that meets every other Monday at 1pm at the offices of Dr. Kristine Boward. Please contact Dr. Boward at 610-659-3763 or e-mail her at KBoward@CenteredPsychology.com if you are interested in participating.

Classifieds

Selling vintage copies of magazine. Have 4 issues from volume 2 (1968); 7 from vol. 3; all of vol. 4; 9 from vol. 5; 7 from vol. 6 and odds and ends from vol. 8-18. This was the first popular psychology magazine, and these early issues give a rare history of where our profession was in the late 1960's and early 1970's. Any reasonable offer accepted.

Edward S. Marks, Ph.D.
215-280-4187 or
edmarksr@gmail.com

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