

Coming Out of Shame: A Model for working with Internalized Racism and Internalized Homophobia

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EFT and Multicultural Factors

- EFT operates from a phenomenological perspective
 - Strives to understand and validate client's experience, rather than searching for objective, rationalistic truths
- Empathy and warmth are central to the practice of EFT
- The therapeutic alliance is seen as the primary foundation to effective EFT work

Beyond Empathy...

- Despite our best efforts to understand and validate each client's experience, we are limited by our own knowledge, exposure (or lack thereof), and life experiences
- Racial/ethnic/sexual minority clients possess a unique set of lived experiences that may drastically differ from our own
- Our failure to recognize these differences can:
 - Cause ruptures to the therapeutic alliance
 - Hinder the effectiveness of our interventions – including tuning into important nuances in chair work

Minority Stress

- Meyer (1995) developed a model of minority stress that has been repeatedly validated
- Although not originally developed to encapsulate racial/ethnic minorities, it may serve as an illustration of stressors faced by a continuum of minority clients
- The concept is based on the premise that minority individuals in a heterosexist/racist/white privileged society are subjected to chronic stress related to their stigmatization

Minority Stress – Cont.

- Includes 3 components:
 - **Internalized Homophobia/Racism:** Direction of societal negative attitudes toward the self
 - **Stigma:** Expectations of rejection and discrimination
 - **Actual Experiences of Discrimination and Violence**
- Associated with higher levels of depression, perceptions of stress, anxiety, and health problems, as well as lower levels of meaning in life, etc.

LGB Identity Development

- Models begin with a stage in which individuals use multiple defense strategies to block recognition of personal homosexual feelings
- These defensive strategies are maintained for an unspecified time period in an attempt to minimize an individual's same-gender feelings
- The process of expending energy to deny and minimize feelings is shown to have negative consequences for overall emotional health
- A gradual recognition and tentative acceptance of same-gender feelings emerge as they come to accept that their feelings are not heterosexually oriented
- This is often followed by a period of emotional and behavioral experimentation with homosexuality, often accompanied by a growing sense of personal normality

Sexual Orientation Development

- Cass's Model includes:
 - **Identity Confusion** – First awareness of same-sex thoughts, feelings, attractions
 - Responses: Men may keep emotional involvement separate, while women may have deep, strongly emotional but non-sexual relationships
 - Need: Explore internal positive and negative judgments, permission and encouragement to explore sexual identity as normal
 - **Identity Comparison** – Accepts possibility of being gay, but maintains heterosexual identity and may see as temporary
 - Responses: Grieve losses of things given up by embracing their sexual orientation (marriage, children) or compartmentalizes SO

Cass's Model Cont.

- **Identity Tolerance** – Acknowledges they are likely LGB and seeks out other LGB individuals to combat isolation
 - Responses: Recognizes being gay doesn't preclude other options and seeks out LGB culture
 - Needs: to be supported in exploring own shame feelings derived from heterosexism and internalized homophobia
- **Identity Acceptance** – Person accepts themselves and attaches positive connotation to LGB identity rather than tolerating it
 - Responses: Accepts gay identity but may compartmentalize it; often less contact with heterosexual community; selective disclosures
 - Needs: Explore grief and loss of heterosexual life expectations, continue exploring internalized homophobia, find support in making decisions about disclosures

Cass's Model Cont.

- **Identity Pride** – “I’ve gotta let people know who I am”; divides world into gay and straight; Us-them quality to social and political
 - Responses: Gay “good”, Straight “bad”; gay culture largely sole source of support
 - Needs: Explore anger, support in exploring heterosexism, skills for coping with reactions to disclosures and resisting defensiveness
- **Identity Synthesis** – One aspect of self rather than entire identity
 - Responses: Anger at heterosexism but less intensity, allows trust of others to build
 - Need: Integrate so that instead of being “the” identity it is an [essential] aspect of self

Racial Identity Development

- Atkinson, Morten, and Sue's Racial and Cultural Identity Development Model (1998)
 - Served as foundation of racial and ethnic identity models to follow
 - Conceptualizes the basic progressions an individual goes through when defining his or her racial identity
 - Covers basic cross-race processes, but it is recommended to view more comprehensive models for different races that have been developed (e.g., Cross and Fhagen-Smith's Model of Black Identity Development, etc.)

Atkinson et al.

- **Conformity** - One identifies with white culture, learns and assumes stereotypes and has no inkling to identify or learn about their own racial heritage
- **Dissonance** - Encounter is the catalyst for one to question white culture and begin an interest in one's own racial group
- **Resistance and Immersion** - Individual withdraws from white culture to delve into his or her own racial exploration in the effort to define a new identity
- **Introspection** - Individual actively seeks to integrate the redefined identity into the dominant culture without compromising aspects of his or her own racial or ethnic identity
- **Synergistic Articulation and Awareness** - Optimum identity; Individual is able to identify as he or she wishes, appreciate other cultures including the dominant culture and balance all aspects of his or her heritage

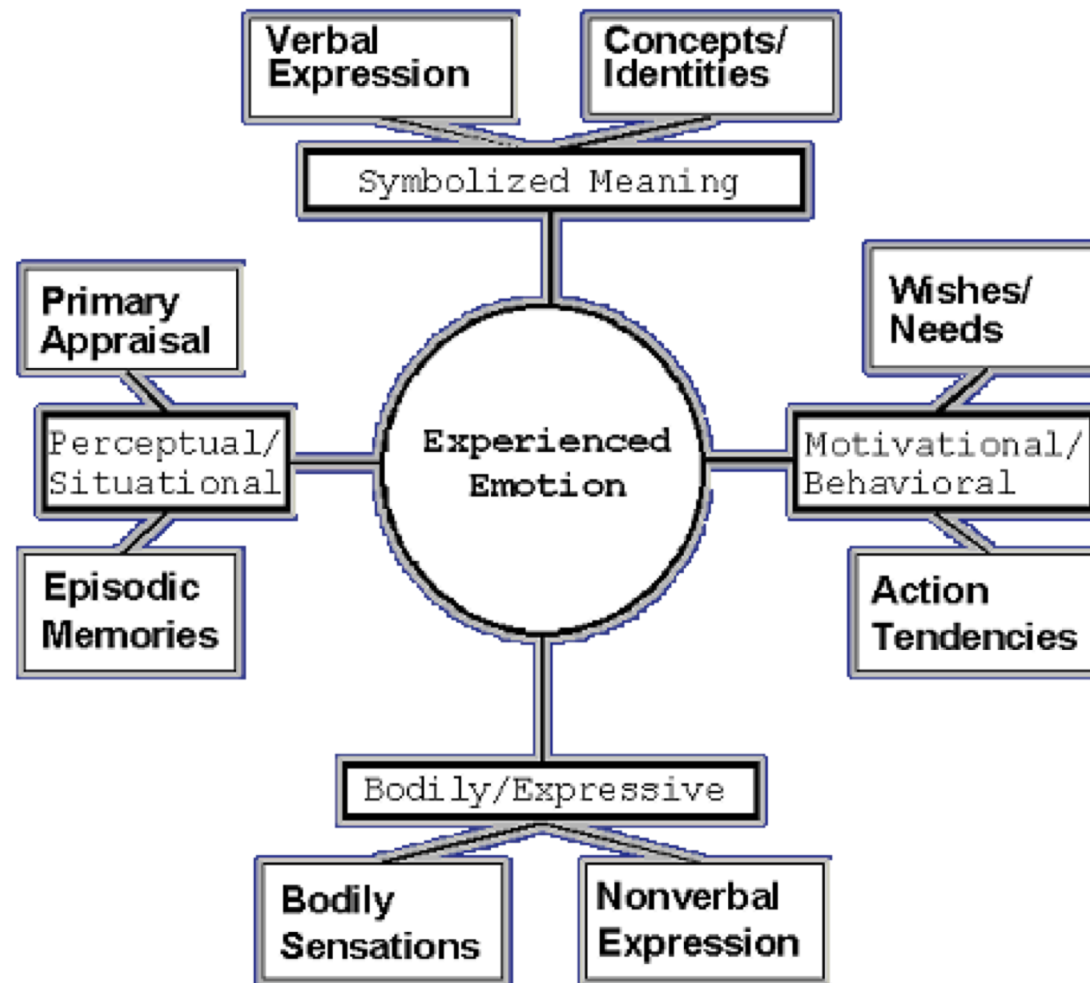
Inception of a new EFT Model

- Work frequently with LGBT and Racial Minority Clients
- Recognized common themes that seemed to arise of primary maladaptive shame
- Unfinished Business chair work, while necessary, was not sufficient in addressing maladaptive emotion schemes
- Modification of existing EFT tasks emerged through empathic attunement to core pain, leading and following, and trial and error

IH/IR Task – Working Model

- Usually begins through activation of emotion scheme which manifests in self-criticisms
- Find that this self-criticism is usually shame that has been internalized through societal, familial, socio-cultural values and standards [of the dominant culture]
- Self-critical processes seem to take one or both forms
 - 1) introjected external, universal [dominant culture] individual (e.g. Christian counselor, Church, White relationship partner, etc.) that typically expresses contempt/disgust
 - 2) internal, protective self-critic who is attempting to protect the self against rejection, alienation, loss of privilege, etc. – most similar to an anxiety split

Emotion Scheme



Markers for IH/IR Work

- Primary Maladaptive Shame [connected with differentness]
- Self-criticisms
 - Client feels worthless, fearful, shameful about general self-worth and/or self-efficacy
 - Client feels unlovable
 - Client feels contempt or disgust for self

Chairwork Model

- 1) Clarify with client to discern who the self-critic appears to represent (e.g., self vs. some other – universal potential partner, church, bully, etc.)
- 2) If it is internalized self-critic, proceed with self-critical chairwork to expose self-criticisms and impact on the self; work toward negotiation/integration
- 3) If it is the introjected external, universal [dominant culture] individual/group (e.g. Christian counselor, Church, White relationship partner, etc.) move to enact
 - Results in:
 - Assertion of Self through adaptive anger
 - Collapse of Self, signaling need for Chairwork for Self-Soothing/Self-Compassion

Self-Critical Chairwork (Internal) V. 1

Self-Critic

1. Criticize/Make

Anxious (Criticize the self/make anxious)

3. Fear -

Protection (“What is it like to hear how this is affecting her?”)

5. Response to

Self, and Needs

(Acknowledging very real risks associated with identifying, living minority identity and/or disclosure)

Experiencing Self

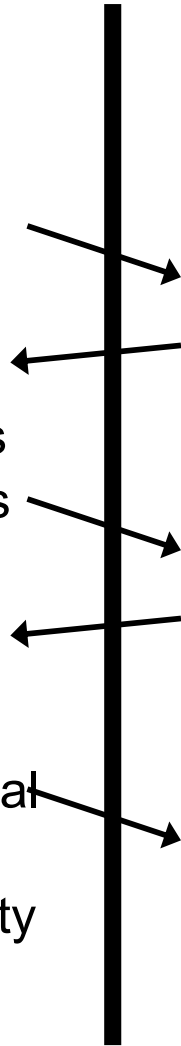
2. Shame/Hurt

(“What does it feel like to hear these criticisms?”)

4. Differentiate Hurt, Fear, Anger (and Needs) (Core Emotional Pain)

6. Respond to Critic's

needs (Negotiating balance between real protection from danger/risks and creating space for self/minority identity)



Self-Critical Chairwork (Introject) – V.2 Self-Asserts

Societal Critic

1. Criticize (Have Critic Criticize the self)

3. Strengthen Contempt/Disgust (Usually attempts to annihilate difference)

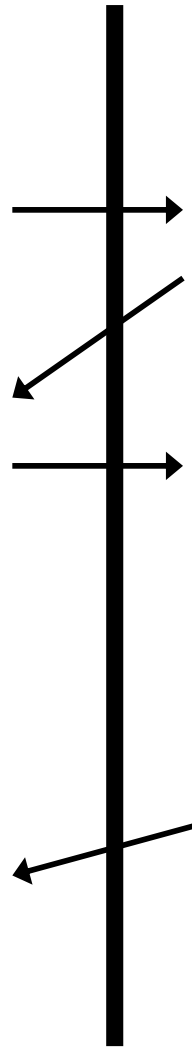
Experiencing Self

2. Shame/Hurt (“What does it feel like to hear these criticisms?”)

4a. Self Collapses (move to Self-Soothing/Compassion Chairwork) →

4a. Anger (“F*** you”, “I reject..”, you do not get to define me...)

↓
5. Differentiation/Self-Assertion (Beginnings of new, internally defined values and standards (e.g., deservedness, respect, compassion), identification of needs – e.g., affirming supports, disclosure, boundary setting)



Markers for IH/IR Work

- While self-criticisms may be and may signal start of a task for chairwork, the shame may also emerge in problematic reaction points, vulnerability, focusing, etc.
- Appears that the most effective intervention point as shame emerges (whether in or out of chairs) is to identify the episodic memory first associated with this “bad” feeling
- Episodic memory then paints an evocative picture of first experiences of difference and/or recognition of need to avoid being the self (and relatedly black, gay, etc.), due to the risk it poses for rejection

Self-Soothing/Compassion Chairwork

Child Self

Experiencing/Adult Self

Checking in with the Child – Ongoing/As needed (“What is happening for the child as you say this? How does this touch them? What do you see now?”)

1. Evoke Image of Child (often from episodic memory)

2. Speak for Child (“What is he feeling? How was this to hear these messages”) – Therapist may repeat and heighten evocative elements of memory/period

3. What did/does Child Need? (Protection, Safety, Support)

4. What does the Child Need to hear? (Protection, Safety, Support)

5. How can you give this to them? (In the moment – [can you go over and hug the child], Carrying forward – practical, interpersonal, environmental)

Conclusions

- Non-Linear [Chair tasks] in addressing shame
- Even if Self-Critic is Internal, clients eventually seem to need to confront societal discourse (whether the universal privileged other is fully introjected or not) – seems most effective in chairs (or imaginal if chairs cannot be used)
- Also, Chairwork for Self-Soothing/Self-Compassion appears helpful (if not necessary) for strengthening the self, even if the internalized version of the Self-Critic can soften and successfully integrate/negotiate with the Self