

TIPS FOR COUNSELLING RESILIENCE

- Seeking out supportive communities is one of the key ways that minority group members such as LGBTI people can develop resilient responses to discriminatory experiences. Communities can be found and/or developed in person, online or by telephone. Therapists can help by connecting clients to community networks and resources and making thoughtful referrals.
- Finding a balance between an internally generated sense of strength and the need for validation from supportive others can sometimes be difficult for LGBTI people. Trust and openness may be difficult for individuals who have experienced rejection or internalised messages that they are flawed or inadequate. Helping clients to explore trust and openness in relationships can help build resilience.
- For some LGBTI people, a greater sense of resilience can be harnessed by publically challenging negative views about LGBTI people and by raising awareness among non-LGBTI people about issues encountered in their day-to-day life. This advocacy and education could occur in online spaces or through volunteer activities for LGBTI community organisations.
- Greater resilience can develop when individual experiences of stress and discrimination are handled with empathy and trust in a therapy setting. People who are supported well in consultation with mental health professionals or in positive dealings with other experts and/or mainstream service providers are more likely to seek help in future.
- Resilience can look different for each individual client and can include vastly different concepts and sources of strength. Even behaviours that you might consider unhealthy may have been beneficial and life-saving ways of coping for people. Be willing to explore with your client what resilience means to them and to focus on their strengths.

RESILIENCE

A QLIFE GUIDE FOR HEALTH PROFESSIONALS

Resilience is the capacity to cope with change and challenges, as well as the ability to bounce back following hardship or during difficult times.



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VERSION 1.0 AUGUST 2016

RESILIENCE

THE EFFECTS OF STRESS CAN BE ACCUMULATIVE OVER LONG PERIODS OF TIME

People can experience stress in relation to their lives as lesbian, gay, bisexual, transgender and intersex (LGBTI) people, as well as to the stressors of everyday life.

For LGBTI people, stress and adversity can come in the form of family or relationship problems; emerging sexuality, gender identity or experience or physical characteristics; health problems; workplace issues; and financial stressors; among others. The prevalence of discrimination and prejudice towards LGBTI people can add significantly more stress over the life span for LGBTI people than compared to their non-LGBTI peers.

The acronym 'LGBTI' reflects diverse people and populations, although there may be similarities between groups in terms of how they relate to dominant cultures, social interactions and/or shared values. Also, L-G-B-T-I groups are not mutually exclusive; for example, someone may be both trans and a lesbian, just as some trans people and some people with intersex characteristics may be heterosexual rather than part of LGB communities. However, most LGBTI people share the experience of being part of a minority population and are highly likely to have been subjected to exclusion, discrimination and stigma as part of their life.

Due to the experience of dealing with varying degrees of discrimination, prejudice and trauma, many LGBTI people may become remarkably resilient. This may

include developing a unique set of personal strategies to deal with societal prejudice and to survive in stressful environments.

Some of these strategies and adaptive behaviours may be more functional than others. For example, some people have made friendships and support from other LGBTI individuals an indispensable part of their resilience routine, while others avoid social contact and public spaces to feel safe. While social isolation and loneliness are key issues when thinking about the mental health of LGBTI people, from a standpoint of resilience and survival this instinct to retreat can at least be understood.

Older LGBTI Australians have lived through a time in the nation's history when they suffered higher levels of stigma, discrimination, criminalisation, family rejection and social isolation. Part of this history includes LGBTI people taking action to change laws, attitudes and institutional practices. This personal and collective responsibility to create positive change is a significant aspect of some LGBTI people's individual stories and is linked to the resilience many LGBTI people demonstrate.

RESILIENCE AND DISCRIMINATION

LGBTI people demonstrate considerable resilience in looking after themselves and their communities, despite adversity. Although many LGBTI people may have developed resilience and lead fulfilling lives, they remain at increased risk of depression, anxiety, suicidal ideation and suicide.

Violence, marginalisation, bullying and social exclusion in schools, workplaces, families, friendships and wider society are documented risk factors for poor physical and mental health for LGBTI people.

Despite these obstacles, many LGBTI people show continuing resilience by maintaining meaningful and regular contact with biological relatives and surmounting initial difficulties; building their own non-biological families when biological relatives fail to support and accept them; acting as active caregivers, especially to other LGBTI people; and building strong community organisations and networks.

LGBTI people are confronted on a daily basis with issues of identity management and disclosure, due in part to the assumption that all people are non-LGBTI unless otherwise specified. As such, people who are LGBTI show courage in affirming who they are to others in ways many other people are not called on to do. They may also have to reflect on who they are and how they want to live much earlier and more frequently in life than non-LGBTI people.

A 2009 study found that counsellors and practitioners familiar with LGBT people believed many of their clients to be resilient; responding to hardships and personal tragedies with notable resiliency, remarkably creative in devising ways of transforming hardships into opportunities and continuing to make significant contributions to society despite being denied access to supports available to most other groups.

DEVELOPING RESILIENCE IN THERAPY

Mainstream mental health services tend to focus on individual psychological intervention, rather than on social interventions. Approaches that focus primarily on harm reduction and negative behaviours are often called 'deficit perspective' approaches. These approaches can cast LGBTI people as the problem, as they don't take into account the effects of ongoing discrimination and stress.

In contrast, empowerment-focused approaches recognise people's existing skills and seek to build resilience.

Due to the experience of dealing with varying degrees of discrimination, prejudice and trauma, many LGBTI people may become remarkably resilient, and develop a unique set of personal strategies to survive.

Such approaches emphasise the importance of service providers advocating for their client with others in their lives and developing strategies to effectively respond to discrimination. Advocacy can also help minimise risk factors such as homophobia, transphobia, negative views of people with intersex characteristics, cisgenderism and heterosexism.

Therapy with LGBTI clients should involve identifying and validating existing strategies for resilience and where possible assisting clients to develop additional ones, while acknowledging the context of LGBTI people's lives within family, social, political, medical and legal systems.

