

TIPS ON WORKING WITH SELF-WORTH WITH LGBTI CLIENTS

- Be willing to explore how your client feels about being LGBTI, using the language they have used to identify themselves. It is not uncommon for individuals to feel ambivalent or even negative about their feelings and attractions and it may be a relief to be able to discuss this openly.
- Explore how negative opinions/beliefs are developed as a way to help clients to a place of insight, self-acceptance and worthiness. This may involve some myth busting of privately held negative beliefs about LGBTI people, which some clients may not even be aware of carrying with them.
- Negative self-worth can be expressed as many conflicting emotions or traits which might be visible in a therapy context. These may include, but are not limited to, anxiety, poor body-image, perfectionism and anger.
- Anger can be a common expression of low self-worth for some LGBTI people. It may be useful to explore how an emotion such as anger may connect with a person's underlying beliefs about LGBTI and possible internalised phobias. It can also be useful to provide external context, for example, that anger may be an understandable response to living in a society where homophobia / transphobia is prevalent.

- It can help clients to understand that negative thoughts and beliefs about bodies, relationships and genders have come from socially prevalent messages about LGBTI people and are part of a larger social context. Even if they have not been exposed to active discrimination or harassment, it is common for LGBTI people to have been affected by these messages and for some people to experience some aspects of secrecy and shame.
- Part of good therapy or counselling will involve listening for beliefs and stories of self that contain social negativity about being LGBTI and helping to introduce the beliefs and stories that resist these cultural stereotypes.

SELF-WORTH

A QLIFE GUIDE FOR HEALTH PROFESSIONALS

For a long time in Australia, lesbian, gay, bisexual, transgender and intersex (LGBTI) people have been actively and passively excluded from many aspects of social, cultural, occupational, religious and family life.



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SELF-WORTH

There are many cultural assumptions of how a person's body, gender and relationships "should" be, that exclude diversity of many LGBTI people's lives. Forms of exclusion include laws prohibiting or censoring same-gender sexual activity and relationships, medical practices that create barriers to affirming one's gender or control over bodily determination, and social attitudes that lead to discrimination, exclusion and stigma.

In the past two decades Australia has seen significant law changes with respect to LGBTI Australians including the decriminalisation of same-gender sex in all states. However, it is still not uncommon for high profile or powerful people (including on behalf of organisations) to make comments that are disparaging of LGB people, trans people or people with intersex characteristics. LGBTI people still face legal discrimination in regards to relationship recognition and in certain occupations and workplaces.

INTERNALISED PHOBIAS

LGBTI people may be surrounded by homophobic and transphobic narratives throughout their growing up. These negative messages can be pervasive and people may believe and absorb these dominant cultural messages rather than question or challenge them.

Devaluing the worth of LGBTI people overall may lead to individuals internalising self-doubt, which can then disrupt LGBTI people's lives in subtle and overt ways. People may believe that they will never have (or deserve) lives as valid or meaningful as their non-LGBTI peers and that no matter what they do "they will never be good enough". Believing these dominant negative messages is often referred to as internalised homophobia or transphobia.

A definition of internalised phobias is "negative feelings that LGBTI people may feel about themselves due to accepting external negative messages about LGBTI sexuality, gender or biological sex characteristics." Homophobic or transphobic beliefs can be based on negative stereotypes, misinformation, prejudice and ignorance, usually based on false or discriminatory beliefs. When these are internalised by LGBTI people, they may be experienced as shame, denial, low

self-worth or acts of self-injury. LGBTI people may also express internalised homophobia in external ways, such as showing disdain for other LGBTI people.

These negative self-beliefs and behaviours can affect people at any age. However, LGBTI children and adolescents are especially at risk of adopting erroneous beliefs concerning LGBTI people and how they then regard themselves. Older LGBTI people will often identify that some negative self-views can be traced back to early formative experiences or messages during childhood or adolescence.

MICRO-AGGRESSIONS

The vast majority of LGBTI people have been told that they are "not normal" either directly by people close to them, or indirectly, such as through social and media commentary.

Discrimination in the lives of LGBTI people can be described as an ongoing series of interactions, events and daily hassles that are termed 'micro-aggressions'. These micro-aggressions can be subtle or overt and can lead to modifying one's behavior, or internalising blame. LGBTI people often experience micro-aggressions as hurtful, disappointing or traumatic. Experiencing micro-aggressions on a regular basis can lead to decompensation (which is described below), poorer mental health and the uncritical acceptance of negative beliefs of one's LGBTI identity or experience.

Difficulty accessing peer support can exacerbate mental distress and can hinder the development of positive self-concepts, self-esteem and resilience. This is especially pertinent for LGBTI people who may not have positive role models or messages to combat the micro-aggressions that happen every day.

DECOMPENSATION

Australian and international researchers have suggested the concept of 'decompensation' as an alternative to 'internalised phobia' as a more accurate and contemporary way of describing LGBTI experiences. 'Decompensation' is the vulnerability that occurs when an individual

feels incapable of compensating for the systemic trauma arising from being outside social norms, and when defenses against stressors no longer function.

In the context of LGBTI people's experience, decompensation refers to the vulnerabilities that arise when LGBTI people become overwhelmed by frequent or intermittent effects of systemic trauma arising from heteronormative and cisgenderist cultural codes that place the individual as an 'outsider' due to their sexuality, relationships, gender history, expression or physical characteristics.

People may believe that they will never have lives as valid as their non-LGBTI peers and that "they will never be good enough"

Decompensation is similar to the notions of coping and developing coping behaviours. Engaging in compensatory behaviour does not necessarily mean a person feels that they are coping well. People may engage in behaviours such as avoiding LGBTI-specific social events or venues, or only socialising in secret. While these behaviours may alleviate anxieties in the short-term, they may potentially lead an individual into a cycle of low self-worth or self-hatred over time.

EXPRESSIONS OF NEGATIVE SELF-WORTH

There are a range of ways that negative self-worth may be expressed. The following are some examples that may be present particularly for LGBTI people.

Denial: Some LGBTI people will deny their sexuality, gender identity or their physical characteristics and attempt to suppress related feelings, emotions and urges. They may do their best to shut out aspects related to LGBTI characteristics, and may have long-term relationships with partners that do not know of their internal struggles. Lives built around denial can potentially feel unfulfilled and lonely. It also may lead to highly segmented experiences of self and low self-worth.

Aggressive Denial: Some people feel strongly that they should not be thought of or labelled as LGBTI in any way. These people may repress their feelings, actions and desires and publicly express extreme, hateful and bigoted views against those who are LGBTI or perceived to be.

Fear of Discovery / 'Closeted': A person may try to hide their sexuality from family, friends, work colleagues and others by "passing as straight"; hiding their attractions to everyone that they know and love. Many people describe the closet as a life-shaping pattern of concealment. Being closeted has been linked with high-anxiety, low self-esteem, poorer employment and job satisfaction, increased risk for suicide and, a general lack of fulfilment.

Avoidance or Discomfort of other LGBTI people: Individuals may prefer not to socialise at known LGBTI venues or events for fear that they will be seen going to/from those areas. Another example may be someone who chooses not to speak to another person at work who they regard as LGBTI as they worry about being presumed LGBTI themselves. Discomfort with other LGBTI people may also manifest as racist, ageist or sexist beliefs regarding others' compatibility as sexual partners or friends, or may involve questioning the motives or undermining the integrity of other known LGBTI people.

Impossible Attractions: An example of this may be a gay man who happens to be in love with a mate who identifies as heterosexual, or a heterosexual trans woman attracted to a chauvinistic man who declares he "only dates 'real' girls". These fantasy relationships may be experienced as safer than seeking out relationships that may be more achievable, but come with labels and associations of being LGBTI. When this pattern is repeated a number of times, it may signal its connected to negative self-worth.

Risk Taking and Destructive Behaviours: Feelings of low self-worth may play out in risk-taking behaviours such as unsafe sexual practices or drug and alcohol misuse, which may lead to increased risk of being exposed to blood borne viruses and other STIs, or adverse events from drug and alcohol. A person's concepts of worthlessness may be internalised, and then later expressed outwardly as recklessness or apathy over the fate of their physical body or state of mind.

