Association for Gay, Lesbian and Bisexual Issues in Counseling
A Division of the American Counseling Association

AGLBIC News

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From our President: Our Call to Advocacy

Joy S. Whitman, Ph.D.

Since the last newsletter, many events have occurred nationally which affect us as counselors and as queer counselors. Of most importance right now is the national disaster of hurricane Katrina and the devastation left behind. I know that many of you have been affected by that tragedy as have some of our board and committee members. To all of you, I wish for a speedy return to your homes, to your loved ones, and to your lives as you hope them now to be.

Some of you have found ways to help while perhaps others of you have wondered how to help. ACA has put in place opportunities for us as counselors to get involved in the Gulf Coast area and in our own cities where evacuees have been relocated. What may not have been attended to, however, are the unique concerns and issues for the queer community. When we say that we want to find our family, do others understand what we mean? Do they understand that we want to be reconnected with our partners and chosen families? Will the Red Cross be lgbtqqi affirmative in their help? It is my suggestion that one way for us to help our community is to volunteer to educate the Red Cross and other organizations about the needs of lgbtqqi families during this and other crises.

Another way to help is to identify those local and national organizations that do tend to the needs of our community. I sent to our listserv information about an organization that helps gay youth and families. The National Youth Advocacy Coalition is partnering with national and local organizations to help our lgbtqqi youth and families affected by the hurricane. If you are interested in finding out more about that organization and the partners with whom it is connected, please visit http://www.nyacyouth.org

Massachusetts. Legislature

Other national events include those in Massachusetts. This month (September), the Massachusetts legislature, by a vote of 159-39, defeated the Travaglini-Lees amendment to the state constitution which would have denied marriage to same-sex couples and their families. This is great news for all of us, especially as contrasted with the conservative politics that have dominated our country and threatened our liberties as lgbtqqi individuals and counselors. I suggest we write to the legislators letting them know we support their decision to protect this right for our community. You can do so by visiting http://www.equalmarriage.org and http://www.mass.gov/legis/citytown.htm to identify various Massachusetts legislators.

California Victories

In California, three recent events ought to make us pay attention. First, two of the four individuals who, in October, 2002, killed Gwen Araujo, a transgendered teen, were found guilty of second degree murder for that crime. Their defense was that they "panicked" when they found out that she was anatomically male, and therefore engaged in a "crime of passion" justifying the brutal murder of this young teen. Their conviction is a small victory for our community. Again, I suggest we find ways to support the transgender community and educate ourselves and others. In this issue of the newsletter, you will find two articles focusing on transgender clinical issues. Including these articles is one small way that AGLBIC is advocating for the trans community. Please visit this link for other ways to advocate: http://www.gender.org/.

Second, this month the California legislature approved a bill legalizing same-sex marriage. The prediction, however, is that Governor Arnold Schwarzenegger will veto it. By the time you receive this newsletter, Gov. Schwarzenegger may have already taken action. I suggest that even so, we let him hear from us about this issue. You can do so by visiting Equality California's website, http://www.eqca.org/siteapps/advocacy/index.aspx?c=9oINKWMCF&b=1022279 and by writing to the governor at http://www.govmail.ca.gov.

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Nominations 2006-2007 Election

President: Phyllis Mogielski-Watson
Trustee: Bill Fenson & Anneliese Singh
Governing Council: Bob Barret & Ned Farley

Finally, last month, the California court affirmed same-sex parenting by granting full parenthood and legal rights to former partners without proof of legal adoption or biological connection. This decision is the first one nationally declaring parents as legal parents. For our community, this is a wonderful gain and dovetails with the recent adoption of the AGLBIC resolution recognizing and affirming the needs of same-sex parents and families. Again, I recommend that we continue fighting for this right in all of our states.

Our Advocacy/ACA Ethics

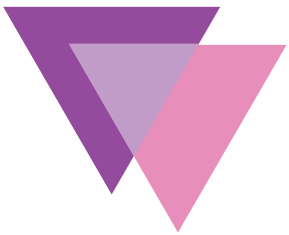
As lgbtqqi people, this obviously affects our lives and the lives of our clients. However, as counselors, these events call us to embrace our roles as advocates for lgbtqqi issues nationally as well as within our organization. AGLBIC members and the AGLBIC board tirelessly work to advocate for ourselves within ACA. Much has been done, and that work is not complete nor will it ever be.

All of these activities are wonderful demonstrations of the advocacy in which we engage. And with the adoption of the new American Counseling Association Code of Ethics, advocacy as a counselor activity is explicitly stated as one of our ethical obligations (ACA, 2005, A.6.a). I suggest that we continue our work and the mission of our organization as advocates for social justice for lgbtqqi people within the larger organization of ACA and within the contexts of our lives.

Of last note in this presidential column is one other addition to the new Code of Ethics to which I would like to draw your attention. Section C.6.e, Scientific Bases for Treatment Modalities, is of interest and importance to AGLBIC. This section states the following:

Counselors use techniques/ procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as "unproven" or "developing" and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm. (See A.4.a., E.5.c., E.5.d.)

This code will most likely cause many counselors to think about a variety of treatment modalities they heretofore believed to be valid; however, the key is that we take steps to protect clients from possible harm. I ask that you all look at this section and educate those clinicians and counselor educators who still believe that conversion/reparative therapy is a viable treatment option for lgbtqqi clients. Once again, we are called to advocate for our clients and ourselves, and this code may provide us significant leverage to do so.



-Joy

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Ned Farley, **Awards**
Ned Farley, **Nominations and Elections**
Ned Farley, **Bylaws**
Rhodes Gibson/Rob Mate **Webmasters**
Bob Rohde, **Historian and Archivist**
John Marszalak, **Media and Public Relations Chair**
Anneliese Singh, **Multicultural Consultant**

Men can be victims.

1 out of 4 gay men have experienced domestic violence. Founded in 1994 by a survivor of domestic violence, The Gay Men's Domestic Violence Project site is a wonderful collection of information regarding same-sex domestic violence including a section on the similarities and differences to opposite-gender domestic violence.

http://www.gmdvp.org/

Gay Men's Domestic Violence Project

All gay, bisexual and transgender men in crisis can call for support, emergency housing, referrals, education and information.

Crisis Line: 800 832 1901

U.S. to Montreal, CANADA

AGLBIC looks foward to seeing everyone at the next ACA Conference in Montreal, Quebec, Canada this coming spring 2006.

The AGLBIC Board recommends that all members obtain a passport before traveling to Montreal Canada for the ACA Conference this Spring 2006.

Since 9/11 security measures have tightened in the U.S. as well as our bordering neighbor Canada. Having a U.S. passport can be an effective tool to avoid experiencing issues when traveling to Canada, Canadian airport security will not accept U.S. driver's licenses. Even Canadian's traveling domestically need passports, as it is illegal for security to ask to see their driver's license.

If you do not have a passport, you may obtain an application at your local post office or at the following link:
http://travel.state.gov/passport/passport_1738.html

Educating the Masses

It is evident by the letters in Counseling Today, that many in our own field need to be educated regarding GLBT issues, especially regarding parenting issues.

Most importantly, I make a call out to all GLBT allies. Being an ally myself, I have experienced the power to influence and educate other non-gay indivduals with success! It does take time, but we need to do this for our friends, for our family, for our profession and for our community, glbt and non-glbt.

Family Pride Coalition has a collection of pages dedicated to myths and misconceptions covering topics of parenting status, relationships, children, morality, family structure, parenting ability, sex and gender. Just go to http://www.familypride.org and click the "EDUCATION" link on the left hand side of the page and go to the link "Myths & Facts".

The following links will lead you to the APA documents online regarding their statements on sexual orientation regarding parenting and marriage and a study regarding Lesbian and Gay parenting that was published in 1995.

American Psychological Association Resolution on Sexual Orientation & Marriage
http://www.apa.org/pi/lgbc/policy/parentschildren.pdf
http://www.apa/org/pi/lgbc/policy/marriage.pdf

Study - Lesbian and Gay Parenting
http://www.apa.org/pi/parent.html

You can make a difference!

Karen R. Hartman, M.S. Ed.
Editor, AGLBIC News

http://www.survivorproject.org

Survivor Project
safety * empowerment * justice

Since 1997, the Survivor Project, a non-profit organization , has been dedicated to addressing the needs of intersex and trans survivors of domestic and sexual violence through caring action, education and expanding access to resources and to opportunities for action.

Courtesy of the Survivor Project at the back of this newsletter please find the following educational materials to educate and advocate for individuals who identify as intersex and trans. We have been given permisson to do so as long as we Please feel free to print and distribute freely. Please let them know where and how you are distributing the materials, and any comments on them via email [info@survivorproject.org].

Call for Research Participants

If you are lesbian, gay, or bisexual, we could use your help. We are conducting a study on strategies for counseling lesbian, gay, and bisexual clients. The study consists of reading a dialogue between a counselor and a client and responding to some questions about it.

Participation will take 15-20 minutes, and all responses will be anonymous. It is hoped that this study will provide insight into how counselors may work more effectively with lesbian, gay, and bisexual clients. If you are interested in participating, please click the link below or type the URL into your web browser.

Survey link: http://nausikaa.cs.purdue.edu

Thank you!

Penny Asay, M.A. & Ruth Fassinger, Ph.D.
Counseling Psychology
University of Maryland, College Park

Diversity Watch

Anneliese Singh, Multicultural Consultant

One of my colleagues is fond of bringing up how LGBTQI individuals and their heterosexual allies tend to struggle with a syndrome called "chronic solo functioning." Essentially, her thoughts are that as LGTBQI folks and their allies face the potential of "getting kicked out" of spaces that are dear to them (e.g., home, family, friends, work, places of worship) as they "come out," there can be a tendency to remain isolated and work on personal and professional projects alone.

So, in the spirit of not falling into the trap of chronic solo functioning as the Multicultural Consultant to AGLBIC's board, I would like to build a "Diversity Committee" that works specifically with the goal of infusing consideration of diversity issues throughout AGLBIC's activities. Please email me at nanakikaur@yahoo.com if you are interested in being a part of this committee. I especially invite students and heterosexual allies to consider being involved with this committee.

To give you an idea of current projects that Diversity Committee members could be involved with, I have listed a few:

1. Translating the AGLBIC Competencies into different languages in order to foster international collaboration and dialogues (currently, we have translations in Spanish, Turkish, and Mandarin).

2. Proposing collaborations, presentations, or workshops between AGLBIC and other ACA divisions or professional organizations.

3. Compiling a "tip sheet" on how the AGLBIC competencies may be used in tandem with the Advocacy Competencies from CSJ (Counselors for Social Justice) and the Multicultural Competencies from AMCD (Association of Multicultural Counseling and Development).

4. Proposing ways that AGLBIC may recognize the intersection of identities for LGBTQI individuals within and outside of our division.

I know many of you already are involved in significant and powerful advocacy efforts in the realms of diversity work, and I invite you to join the Diversity Committee! Plus, we can ward off the nasty effects of chronic solo functioning together.

http://www.worldaidsday.org

World AIDS DAY

December 1, 2005

Now in it's 18th year, World AIDS Day is about inspiring others to fight against HIV and AIDS thru education and support.

The first World AIDS Day was a result of a unique summit of health ministers who met in January 1988. They realized that a united global effort would be required to combat the spread of HIV and AIDS.

On this day, everyone is encouraged to show their support by wearing a red ribbon. The message... HIV is an issue for all of us.

Take care,
Karen R. Hartman, Editor
AGLBIC News

Call for AGLBIC Nominations

Once again it is time to begin thinking about who will be running for varying positions on the AGLBIC board for the 2007-2008 election year.

These positions will begin serving in July, 2007. While it seems a great distance away, keep in mind that we try to solidify our board nominations at our annual business meeting at the ACA conference. This year, that meeting will be Apri, 2006 in Montreal. We are soliciting for nominations for President-elect-elect (2008-2009), and Trustee (2007-2010). You can nominate yourself, or someone you know who you believe would be a good fit for our board and the work we do.

All board members provide some level of oversight to the day to day functioning of the board, most often chairing a committee or work group. To nominate, please submit a written letter which includes the name of the person you are nominating (self or other) as well as a brief description of why you believe this person would be a good fit for the position. If you are nominating someone other than yourself, I would suggest that you check with this person to see if they are willing to accept the nomination, and if so, include that in your letter.

The AGLBIC board is a volunteer board, however it is a satisfying experience to help nurture and guide our organization. It is expected that you can attend both our fall and spring board meetings, and be available by e-mail for board conversation and decision making. Generally, there is some travel and/or lodging reimbursement for the fall meeting, and a small stipend to cover the cost of an extra hotel night for the spring meeting, which is always held in conjuntion with the ACA conference.

Please send your nominations directly to me, either by e-mail or mail at the address below.

Ned Farley, Ph.D.
AGLBIC Past-President,
Chair, AGLBIC Nominations & Elections

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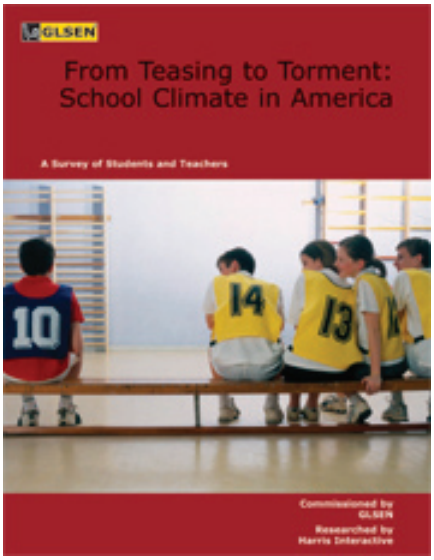
New GLSEN Survey:
From Teasing to Torment



GLSEN, or the Gay, Lesbian and Straight Education Network, announced the results of a new survey conducted on its behalf by Harris Interactive® titled "From Teasing to Torment: School Climate in America, A Survey of Students and Teachers." The national survey of over 3,400 students aged 13-18 and over 1,000 secondary school teachers, explores students' and teachers' experiences with bullying and harassment, and their attitudes about this serious problem in America's schools.

Go to the following URL to download the full pdf version of this report.
http://www.glsen.org/cgi-bin/iowa/all/news/record/1859.html

Intersex Initiative
Pacific Northwest / SF Bay Area / Japan

http://www.ipdx.org

Intersex Initiative (IPDX) is a Portland, Oregon based national activist and advocacy organization for people born with intersex conditions.

I have found this site to be more informative and user-friendly than the parent organization of the Intersex Society of North America [http://www.isna.org]. Also on this site you will find a 40 page PDF file on teaching intersex issues.

You have to love a site with a section entitled "Fun Hermaphrodite Facts" and "The Missing Vagina Monologue". The latter is a first person story written by an individual who identifies as intersex.

Enjoy!
Karen R. Hartman, M.S. Ed.
Editor, AGLBIC News

A brief history of AGLBIC-AL

by Frank Hrabe & Glenda Elliott

For at least the last decade, individual members of the Alabama Counseling Association (ALCA) have presented content sessions at the annual fall conference on gay, lesbian, bisexual and transgender (GLBT) issues. There were also informal networks of members who were sensitive to these issues.

During 2004, under the Presidency of Michael Lebeau, the focus of the Current Issues Committee was gay, lesbian and bisexual concerns. This was part of the 2004 theme of "The Counselor as a Leader: Courage - Compassion - Character." Dr. Glenda Elliott served as chair of the committee and solicited membership. Over sixty people became regular members of the list serve of the cu rent issues committee. Considerable support for the efforts of the Committee came from members of ALACES and ALMHCA. The committee began work encouraging members to submit program proposals for the fall conference, and was successful with 10 of the 75 content sessions devoted to sexual minority topics.

Articles about the work of the Committee were written by Dr. Elliott and published in all issues of the 2004-05 ALCA newsletter, The Quarterly, along with an article for the winter issue of the ALSCA newsletter. An article was also written by Dr. Elliott on "GLBT Issues in Counselor Education and Supervision" for the winter issue of the ALACES newsletter.

At the 2005 winter meeting of the ALCA executive council, as part of the report of the Committee on Current Issues, a motion was made and passed to establish a Gay, Lesbian Bisexual Issues in Counseling Interest Section. Under the bylaws of the State Association, an Interest Section is the first step toward formal recognition. Interest Sections are formed when at least 50 professional and regular members of ALCA sign a petition seeking recognition. An interest section may conduct business and meet during the fall conference. Also an interest section has non-voting representation on the ALCA Executive Council.

The section began work immediately holding several planning meetings during the spring. A formal governance structure was approved, bylaws written by Frank Hrabe also received approval, and fundraising activities began. Dr. Glenda Elliott and Frank Hrabe were selected co-chairs of the interest section. Also the section decided to seek formal division status during the summer Executive Council meeting of ALCA.

During this period of activity, the GLBIC Interest Section began to gather resources to assist the membership of the ALCA. Lists of publications, website resources, and individuals willing to speak on GLBT related subjects were developed. Almost immediately, requests for speakers and counselors familiar with GLBT issues were received. The interest section was able to assist in numerous ways: providing contact information and making referrals for counselors sensitive to the issues in

Continued on page 10...

An Update on The Journal of LGBT Issues in Counseling

As editor of the AGLBIC journal, I wanted to keep you all updated as to our progress. After signing contracts with Haworth Press last summer, we have been actively putting together our editorial board and soliciting for submissions. This is always a time consuming process, as it is important to insure that the editorial board is comprised of individuals who are skilled at being able to read and critique submissions, and make appropriate recommendations. I feel fortunate that we have such a board! While it took some time to identify those who would fulfill these duties, I am pleased to report that as of spring, we had filled the majority of the positions. If you remember from previous "updates", I planned the editorial board to represent all of the divisional areas represented in ACA, as well as have a graduate student representative and two "at-large" board members. In total, not including myself, this board would number at 22. Currently we have 18 positions filled. I am still looking for board members who are representative of the following divisions: AACE (assessment), ACEG (counselors in government), C-AHEAD (humanistic education/development), IAAOC (addictions/offenders). Please see related "call for editorial board members" in this newsletter.

In the meantime, these dedicated individuals have been working hard since spring, doing blind reviews of submissions as they come in. As is usually the case with a new journal, it takes awhile for potential contributors to find out about us, and thus submissions started off a bit slowly. As the summer has progressed, submissions have begun to come in on a more regular basis. None the less, I think our initial hope to have our first edition out by fall was a bit optimistic. Plus, the publishers prefer the first edition to be larger, basically the equivalent of a double issue. More splash, you know! As a result, we are just now putting the finishing touches on the first edition. This means that between my graduate assistant (think of her as my "assistant to the editor") and me, we are doing a last review of the accepted submissions, after final revisions, and putting the articles in an order that makes sense. This should be submitted to Haworth by the end of September. From this point, it takes approximately six months for the journal to complete the publication process, which puts our new target at late winter/early spring, 2006. This is ultimately about six months behind our initial target, but well within a respectable range for a brand new journal (or so I am told). Considering we want to have a quality, peer-reviewed journal, which means not accepting articles that are either not appropriate for us, or are not meeting minimum standards for scholarly work, I feel good about the quality and range of the articles that our first edition will represent.

So, keep breathing, and know that you will be receiving your copy in the near future. I appreciate your patience and support of our work!

Ned Farley, Ph.D.
Editor

Graduate Student and New Professionals

Opportunities for you in Montreal

Michael M. Kocet, Ph.D., LMHC
Committee Chair

I am very pleased to have the opportunity to serve on the AGLBIC board as a trustee, as well as chair of the Graduate Student and New Professionals Committee. You will notice a slight name change to the committee – the addition of "New Professionals". Including new LGBT professionals, whether as counselors or counselor educators is an important addition. New professionals include those AGLBIC members who have typically graduated within 1-3 years from a counseling program.

Volunteers Needed.

AGLBIC will once again have a presence in the exhibition hall during the 2006 ACA Convention in Montreal. Graduate students are needed to volunteer some time during the convention sitting the table and answering questions for individuals seeking information about AGLBIC and its mission. AGBLIC has the opportunity to provide some graduate student volunteers with either free conference registration or free tickets to the AGLBIC brunch. Student volunteers receiving free brunch tickets or free conference registration will be expected to cover a specific number of hours at the AGLBIC booth. For more information, please contact Michael Kocet at mkocet@yahoo.com or (508) 531-2721.

Want to be a Panelist?

The Graduate and New Professionals Committee is planning an exciting new event which will be held on Sunday, April 2, 2006 from 2-3pm. The Committee is seeking AGLBIC members (clinicians, counselor educators, and graduate students) who want to participate as a panel member to discuss issues impacting LGBT individuals in the counseling profession. The theme of the panel is: Having a C.L.E.A.R. Vision: Being LGBT in Counseling - From Grad School to Clinician to Researcher. We are seeking individuals representing a variety of diverse settings, experiences, and cultural perspectives on being LGBT.

Panelists will be asked to briefly share (about 5-10 minutes each) about their experiences as an LGBT person in their counseling setting. The panelists will then be invited to participate in a Q&A session with the audience to talk about the challenges, successes, and struggles facing LGBT counseling professionals. Practitioners will also talk about their current research projects related to gay, lesbian, bisexual, and transgender topics. We are seeking 4 individuals to serve on the panel. Opportunities for informal sharing following the panel will also be provided.

The purpose of this panel is to provide a time during the conference where AGLBIC members can share their stories and provide an avenue for support to other members. Some examples of potential issues being discussed during the panel include: being an LGBT doctoral student, dealing with homoprejudice in counselor training, dealing with coming out issues in the counseling profession, and how to deal with bias and discrimination.

If you or someone you know is a graduate student, new professional, or seasoned professional and is interested in serving as a panelist, please contact Michael Kocet, committee chair at mkocet@yahoo.com.

AGLBIC Brunch - See YOU There!

Students and new professionals are also encouraged to attend the AGLBIC brunch (April 2nd 11am-1pm), the business meeting (April 2nd 1-2pm) and the AGLBIC reception (April 2nd 7-8:30pm). All are encouraged to attend any and all these events.

Because LGBT individuals often face multiple forms of oppression, discrimination, and bigotry in our personal, social, familial, and occupational lives, it is critical to have a support system made up of individuals to facilitate our growth and development. AGLBIC is meant to serve as an organization to provide a safe forum to talk about issues and difficulties managing multiple roles and trying to affirm our place within the counseling field.

I encourage all AGLBIC members to share their thoughts on how to re-energize the organization and find ways to partner with other ACA Divisions, state branches, and other professional organizations. We must all be stakeholders in our organization and ensure that divergent points of view are freely expressed and welcomed! If you have any ideas, suggestions, or comments about the Graduate Student and New Professionals Committee – we'd love to hear from you! Please send your ideas to mkocet@yahoo.com.

AGLBIC
Graduate Student
Committee

We could use YOU!
in the Graduate Student
Committee...

Interested?

please contact
Michael Kocet at
mkocet@yahoo.com

Transgender Emergence: A Family Affair

by Arlene Istar Lev LCSW, CASAC

Gender variant experience is not simply an internal psychological process that needs to be navigated by transgender and transsexual people, but it is also a relational and systemic dynamic that intimately involves family, friends, loved ones, and all social relationships. Family members have been viewed as extraneous to the process of evaluation and treatment. The literature offers very little hope that marriage or partnership to a gender variant person could be emotionally fulfilling, or that marriages and families can mature through gender transitions.

Gender variant people are embedded in a complex matrix of familial and societal relations and their unique relationship to their sex and gender identities impact family members in numerous ways. Parents struggle to understand the issues facing gender variant children and youth, and children often need to address the concerns of parents who are facing gender transitions. Spouses of transgender and transsexual people —husbands, wives, partners, and lovers— are often thrown into emotional chaos following the disclosure of a desire to transition; this is equally true for gay, lesbian, and bisexual spouses as it is for heterosexuals. Brothers, sisters, aunts, uncles, adult children, and grandparents, all struggle with trying to make sense of and come to terms with transgender identity and/or transsexual sex changes in their loved ones. Until very recently family members have managed these emotional upheavals in their family life-cycle with little actual "help" from helping professions.

Unlike LGB people, transgender people cannot "come-out" (to themselves) and remain closeted if they are to actualize themselves. Many LGB people are "out," have partners, but live discrete lives for professional or personal reasons. Transgender, and certainly transsexual, people need to "re-make" themselves physically and socially in order to express their gendered sense of self. Trans people who chose to transition are also dependent on the medical profession in a way that LGB are not. Finally, when transgender and transsexual people cross-dress, or transition, their gender expression impacts the lives of their loved ones. Having a parent go from being a daddy to a mommy is very confusing for children, not to mention their friends and their teachers. Having a daddy who only wears a dress sometimes, is hardly less confusing. Having a husband who feels his inner self is really a woman, does not only impact a wives social and professional life, but also her sexual life. It can raise questions about her own sexual identity, as well as how she is perceived even if she is very secure about her sexual identity. Being involved with a transsexual can shift the meaning of one's own sexual orientation and cause tremendous interpersonal and marital problems.

Just as transgendered and transsexual people move through a developmental process of Emergence, of coming-out and coming into their authentic selves, the family members of gender variant people also experience developmental processes. The family Emergence model depicts the developmental processes of the whole family system, and is viewed within a lifecycle framework. Family Emergence involves a complex interaction of developmental and interpersonal transactions. It is an adaptive process, one that family members are often unwilling participants in, and in-which they may feel somewhat like hostages on another person's journey. There is an important distinction between engaging in one's own transgender Emergence because there is an inner pull to live more authentically, and being "forced" to cope with another person's emergent transgendered feelings and family members often express resistance, avoidance, and denial about even beginning the process. The four stages are listed below:

Discovery and Disclosure

When a partner or spouse is disclosing transgenderism, there is often a sense of shock and betrayal experienced by their partner. Richard Doctor (1988) outlines four basic areas of concern for spouses, including security issues (i.e., "what will the neighbors think?"), marital tension caused by the crossdressing, concerns regarding the children, and effects on their sex life.

Turmoil

Following the disclosure, discovery or revelation of transgenderism, is often a time of high stress filled with marital and familial conflict. It is not unusual for loved ones to become shut down and cold; refusing to discuss the gender issues, and in some cases pretending that nothing has been revealed, as if ignoring it will make it go away. Other unsolved issues in the family often begin to surface including financial problems, health issues, past extramarital affairs, in-law problems, career conflicts, and parenting disagreements. Sometimes the Turmoil stage is delayed, with family members appearing supportive, open, and even inviting of the transition.

Negotiation

This stage is noted by the realization that the gender issue will not simply "go away," and will have to be adjusted to in some manner. The Negotiation process often involves questions of whether or not they can "handle" their spouse having a sex-change, and what level of changes they feel they can live with. The process of limit setting is fundamental to transitioning or even accepting transgenderism within families. Partners need time to adjust the ideas of having a transgendered wife, husband, lover, partner, or spouse.

Balance

Balance does not necessarily infer transition; it does not infer permanent resolution of the gender issues. It means that transgenderism in no longer a secret, that the family is no longer in turmoil and has negotiated the larger issues involving transgenderism. The family has learned that there is a difference between secrecy and privacy; they will negotiate their own unique balance of revealing information if privacy is a concern, but they are not sworn to a painful secrecy. Balance means the family is now ready to integrate the transgendered person—as a transgendered

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person—back into the normative life of the family.

Families that are capable of moving through their fear, shame, and ignorance regarding gender variance, are often able to find contentment and satisfaction in their daily family lives. As more people are recognizing and coming to terms with their gender issues, family members will be seeking support from clinicians. It is essential that clinicians remember – and help family members remember -- that transgender people are as precious and valuable as any other family member. Transgender emergence involves the whole family, and should be treated as any other lifecycle transition – difficult, challenging, frightening, but ultimately rewarding. Clinicians must believe that families can successfully negotiate these changes in order to assist people in productive and healthy transitions. Transgender Emergence is a family a family affair, a family emergence, and loving families can make it to other side together.

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the geographic area; making presentations to professional groups, schools, and university classes; and, in many cases, directing counselors to resource materials. Requests were also received from community agencies, including the Jefferson County Family Court, the Crisis Center, and the Division of Child and Adolescent Psychiatry at the University of Alabama at Birmingham

On July 22, 2005, the Interest Section formally petitioned the Executive Council of the Alabama Counseling Association for recognition as a new division. The council approved the petition without a single negative vote. It should be noted that this was accomplished during the leadership of President Paul Hard who developed the theme of "We are Family: One Vision - Many Voices."

During this same period, on behalf of the interest section, Frank Hrabe petitioned the Association for Gay Lesbian & Bisexual Issues in Counseling (AGLBIC) of the American Counseling Association for official recognition as a division of AGLBIC. This petition will be considered at the fall meeting of the AGLBIC Board of Directors.

A full slate of officers was elected to AGLBICAL, with Donna Melder becoming the first president of the division. The officers not only assumed the position with approval of the division status, but immediately became active taking part in the fall conference program selection process and the awards process for ALCA.

Call for Awards Nominations

As AGLBIC Past-President and Chair of the Awards Committee, I am seeking nominations for outstanding contributions in three areas. These awards, which are described below, will be awarded at the AGLBIC Brunch at the ACA Conference 2006 in Montreal.

The AGLBIC Service Award and the Joe Norton Award have been in existence for quite some time. However, the AGLBIC board voted last spring (2004) to create an additional Graduate Student Award to regularly recognize and honor the outstanding contributions of graduate students. Please carefully consider who might deserve recognition in each of these three categories and send your nominations to me ASAP:

Joe Norton Award:
This award is presented annually for an outstanding contribution to the GLBT community. Nominees can be either an individual who has made a significant contribution in the city or region in which the ACA conference is held or an organization that has done so. This year we are seeking nominations in the Montreal area. When making a nomination, please include the person's or organization's name and contact information along with a letter outlining why you believe the nominee is a contender for this award.

AGLBIC Service Award:
This award is presented to an AGLBIC member who has served AGLBIC and/or the larger GLBT community through forwarding the mission and values of AGLBIC. Please include the nominee's name and contact information along with a letter of nomination outlining why you think this person should be considered for this service award.

Graduate Student Award:
This award is a new category. It has been established to honor a graduate student member of AGLBIC who has contributed significantly in one of three areas:

1. Representing or embodying the mission of AGLBIC through direct service for AGLBIC or in the field of counseling;

2. Furthering knowledge of GLBT issues through an outstanding research contribution; or

3. Providing service or research that specifically focuses on furthering the knowledge of and commitment to issues of diversity within the GLBT community.

Please send your nominations directly to me, either by e-mail [nfarley@antiochseattle.edu] or mail at the address below.

Ned Farley, Ph.D.
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Midwest Bisexual Lesbian Gay Transgender Ally College Conference in Sioux Falls

You or your students are invited to submit a proposal for a workshop for the Midwest Bisexual Lesbian Gay Transgender Ally College Conference in Sioux Falls, SD in Feb. 17-19, 2006. You can find the proposal forms and registration forms online at www.mblgtacc.org under the conference tab. The conference co-chairs and committee members are looking forward to some excellent presentations, speakers and entertainment. We hope you can be a part of this event either by presenting a workshop or by bringing a group of students to this largest such college conference.

If you have any questions,
feel free to ask Carmen or Tony,
co-chairs at info@mblgtacc2006.org

AGLBIC Journal
Call for Articles

The Journal of GLBT Issues in Counseling, is the Journal of the Association of Gay, Lesbian & Bisexual Issues in Counseling, and is published by The Haworth Press. The journal publishes articles that specifically focus on issues and concerns related to the health and well being of sexual minority individuals, families, and communities. The intent is to offer a variety of ideas and perspectives for counselors and related professionals who work with Gay, Lesbian, Bisexual, and Transgendered persons, their families, and communities. As such, submitted articles should focus in one of the following areas:

Research Studies: Articles within this focus represent qualitative and/or quantitative studies that contribute new understanding to the field of counseling as it relates to sexual minorities. These manuscripts should include an introduction, review of the literature, methodology, data analyses, results, and discussion. Implicit in these is clear descriptions of the studies purpose and implications for future research.

New/Innovative Practices: Articles within this focus represent ways of approaching counseling, counselor education, training, supervision, or program design that reflect new ideas or innovative approaches that are grounded in counseling theory and/or research.

Conceptual Articles: Submissions in this focus represent original thinking related to the theory and practice of counseling. These might include a review of the literature, which critiques and integrates previously stated ideas; a presentation of new theoretical perspectives, or perhaps addressing a new way of utilizing previously published work.

All submissions should be prepared according to the guidelines of the most recent Publication Manual of the American Psychological Association, including the use of citations and references, and inclusion of non-discriminatory language. Manuscripts should be sent as attachments via the e-mail address below, or on disc. All work should be done in Microsoft Word. Tables and figures should be used only when essential, and illustrations or graphs should be embedded in your manuscript at their appropriate place. If accepted for publication, final manuscripts should be publication ready when submitted. It is the author's responsibilities to secure permission to use any copyrighted materials within their manuscript.

The Journal of GLBT Issues in Counseling expects authors to follow the most current ACA Code of Ethics and Standards of Practice.

The Journal of GLBT Issues in Counseling understands that authors bear full responsibility for the accuracy of all referenced, quotations, tables, figures, and the overall content of their article.

Please submit articles to Ned Farley, Ph.D., Editor, The Journal of GLBT Issues in Counseling at **nfarley@aus.edu**. Confirmation will be sent via e-mail.

Transgender Phenomenon/ Psychodynamic Viewpoint

By Lin Fraser Ed.D.

Introduction

What I will be presenting today is a model for doing psychotherapy with transgender (TG) people across the lifespan. This is a developmental model based on a combination of contemporary psychodynamic psychosocial identity theory, Jungian theory and transgender peoples' stories of their lives as described in therapy.

The model operates, as its starting point, from the assumption that the TG self can be a legitimate/authentic self and not a defense. In other words, this is a trans-affirming (non-pathological) model of transgender identity. It includes the strengths and problems that might emerge from the unique path of transgender identity development and also describes how these concerns might be addressed in therapy.

Issues that emerge in psychotherapy with transpeople are the same concerns that emerge for anyone else. These include issues of self and self-in relation, issues of identity and issues of relationships, issues of autonomy and connection, and issues of identity and intimacy. For the transgender person, however, these issues are both psychological and physical, because this condition is both a mind and a body condition (a mind that doesn't fit the body).

In this article, I'll be discussing these issues as they emerge across the lifespan and as they emerge in therapy, from the perspective of pre, during and post-coming out phases of TG identity development. What I hope to do is leave you with things to think about, things I've seen and thought about, culled from thirty years of practice from a Jungian feminist perspective, all in San Francisco. Hopefully, then, you can put these descriptions into your own theoretical framework.

Cultural shift

But first, I want to mention the wider context from which this clinical thinking emerges. We are in the midst of a cultural shift regarding the "Transgender Phenomenon". It is the latest of shifts in which people themselves, who had been defined by a dominant culture that put them in categories of inferiority, objected and redefined themselves.

It began with the civil rights movement, and then moved to the women's movement, then gay, and now trans. In each situation, a protest emerged against pathologizing. For example, with women, standard psychodynamic theory held that women had an inferior superego with a lower capacity for moral development, with an inferior soul or none at all, and less cranial capacity which led to poor reasoning. Women were seen as less grown-up, more childlike, like blacks. Gays have been in the same position, being defined as other and inferior. Like women, blacks and gays, via racism, sexism and homophobia, transpeople have been inferred to have an inherent inferiority with the added dimension (like gays until 20 years ago) of psychopathology attached to the prejudice. But, the tide is turning, at least in some areas of the world, certainly in San Francisco, and among younger people who are more comfortable with gender diversity and fluidity.

As clinicians, we are responding to both the human rights concerns, and to what we hear and see in our practices. We are responding to the lived experiences of TG people, fitting the theory to the people and not the other way around. And in AGLBIC, we can lead the way.

Psychodynamic and Jungian Theory

That said, we don't need to throw the baby out with the bathwater in terms of psychodynamic theory. If we remove the explicit or implicit psychopathology from trans identity, this theory can be very useful in understanding and helping the trans person in psychotherapy.

For example, the following are some current concerns of contemporary psychodynamic thinking that might be useful in working with a trans person: a) a focus on the development of identity and the importance of relationships, seeking to understand how an individual develops a coherent identity, a strong sense of self, and a sense of connectedness, including a capacity for empathy. b) how early patterns of relatedness that develop in childhood continue throughout the lifespan, c) how adaptive unconscious processes and defenses work, d) how the role of representations of the self and others learned in childhood, create both distortions and healthy relationships and e) how a relational therapy based on insight, empathy and compassion can modify either unconscious or painful processes.

Psychotherapy from a Jungian perspective is about fostering individuation, "being who the person is meant to be", and addresses questions of meaning and expansion of consciousness. What that's about is helping a person develop a healthy self and finding meaning in relation to one's own ego (self with a little s) and to others (intimate partner, family and community) to work, and to Self with a big S (God).

Individuation is also uniquely challenging for the trans person because in order to be who they were meant to be, they must challenge societal norms, and expectations of family and loved ones, what others tell them "they are meant to be". They must challenge the generally accepted certainty of the stability of biological sex and gender, what most people believe to be fixed and immutable.

The Jungian perspective works well with transgender people, however, because it is not as concerned with cultural rules and conformity and is more interested in developing who one uniquely is in the larger world. It is not so culture bound and can be contextual and relational, thus opening a wider frame in which to connect

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with the Self. Jungians are also not particularly concerned with pathology. Jung said Freud took care of that, leaving space for him to focus on health and possibility. And today, contemporary psychodynamic theory can do the same.

Overview

I want to briefly take you through the life path of a TG person from a developmental perspective and then address the main psychological issues that emerge in therapy. As I mentioned before, for the transperson, the primary concerns are the same as for everyone else: how to develop a healthy self and self-in-relation, and how to experience empathy, trust and the capacity for intimacy.

The unique challenge for the trans person is that the developing gendered self is hidden from others; hence the person develops that self in secret and alone. Then, to avoid stigma after coming out, the person often hides again, at least they hide their trans history. Although this secrecy is changing as the culture changes and as it moves away from a strict binary system of gender, and people are able to live more authentically, we still have a long way to go. All of us, including transgender people live and must learn to negotiate in a binary world, perhaps for the trans person, more than for the rest of us, even though they might not fit the binary. We still live in a binary world, even in San Francisco.

Also, in going through the phases of TG identity development, as mentioned before, I'm operating from the perspective that the transgender self can be an authentic self and not a defense. Going in the direction that the trans identity is a defense, false self, or complex opens up an entirely different discussion that may be psychologically accurate for a minority of people presenting with gender issues. Therefore, the therapist does need to hold that possibility in mind, especially in the early stages of therapy. Nevertheless, because that situation is relatively uncommon, and this article needs to be brief, I will not digress in that direction other than to mention it.

Transgender Identity Development-Early Life.

An early developmental task for all of us is to develop a sense of a separate and gendered self along with basic trust and the ability to attach. In terms of general identity theory, we all begin to have a separate sense of self between the ages of six and eighteen months, during what Lacan calls the "mirroring" stage of development. We see ourselves in the mirror of others who care for us. According to this theory, the self is constructed in mirror relationships with others and in the actual mirror when we see ourselves in the mirror and say, "hey, that's me!"

For most people the gender that is mirrored to us matches our own self-concept, as is the gendered image in the mirror. But, for the trans person, this process is more difficult. The gendered reflection is wrong. For them, parallel and dual development of selves occurs. There is 1) An internal sense of self that does not match the body that develops in secret over time that nobody sees, that is invisible and thus unmirrored and 2) A false gendered self that society mirrors.

Thus, two developmental lines exist that develop over time. The transperson is developing a self that is unseen while society mirrors someone else. As a result, the central psychodynamic question becomes: How does one develop a self when no one sees you? In fact, the reality becomes that what other people see is a self that you are not, and actually validate, reinforce and mirror that which is not you, at least in a gendered sense. And then, how does that invisible self learn how to relate, to connect and to trust others? I think it's obvious, from a developmental perspective, how difficult this task might be for the young transgender person.

The good news, of course, is that the TG person as a human being, is, of course, mirrored, and thus the essential self can and does learn trust and relatedness. Nevertheless, major distortions can and do occur as a result of the unintentional, but quite faulty mirroring of the gendered self. As a result of this developmental difficulty, the key therapeutic tasks then become, first, seeing (in the psychological sense) the person in their appropriate gender and then, helping them to relate authentically.

Moreover, as a result of what happens in the developing trans persons' early life, certain issues might emerge that can be addressed in psychotherapy. For example, the young person might become shy, isolated, introverted, depressed, mistrustful, a good actor, reactive rather than assertive, and very lonely. On the other hand, they might also develop a rich internal fantasy world, self-sufficiency and a good deal of resilience. They could also have difficulty locating a core sense of self and try to become someone else. Some might even appear hyper masculine or feminine, trying to please, and maybe mistrust their own feelings. Typical feelings might include feeling like an alien, thinking, "I'm crazy", and "I'm the only one," with common defenses of splitting, numbness, repression, memory problems and dissociation, as the only means to cope. Generally, we see all the things that occur when one has a shameful secret, but in this case the secret is one's self.

Adolescence

Aside from self and identity issues, body issues emerge during adolescence. For trans youth, this is the time of the betrayal of the body when secondary sex characteristics emerge. It also involves giving up of the dream that "I really am or will grow up to be a man or a woman", that somehow this will happen, despite evidence to the contrary.

With body-hatred, can come, especially toward gendered body parts, dissociation, and the lifelong (pre-transition)experience of a disembodied self. Many report experiencing themselves as "all-mind"; some even have an identification with DATA from Spock, or of being more a machine than a person, or an alien. Some develop their minds at a cost to the body and many are very smart. Some develop an interest in computers rather than people. Life can feel "like a science fiction movie" when the body parts develop so very wrong.

Again some are shy, feeling "I don't fit in" and are perhaps socially awkward. Some FTM's find a place in the lesbian culture

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The "y" in "Ally"

by Peter Ji

When I tell others that I, a heterosexual male, am striving to be an ally to the LGBT community, sometimes they ask me, "why are you doing that?" It is my impression that sometimes people ask me that question because they are curious about why I choose to be an ally. My friends and acquaintances know that I am a heterosexual and know that I do not have any family members who are LGBT. For them, it seems that I have no immediate ties to the gay community and hence no legitimate 'reason' to be involved. My position is that to be an ally, you are not required to be LGBT or to have a family member who is LGBT. Anybody can be an ally. Rather than trying to explain why I choose to be an ally, I focus on the benefits of being an ally. Writers note that allies gain pride and self-worth when they make meaningful connections with the LGBT community (e.g. Broido, 2000; Evans & Herriott, 2004; Gelberg & Chojnacki, 1995). I experience these benefits as well when I engage in ally behavior and these benefits are "reason" enough to be an ally.

It is not uncommon for heterosexual allies to encounter less than positive reactions when they openly state they are an ally to the LGBT community. People may question an ally's motives and even speculate about an ally's sexual orientation as a potential reason for why he or she would want to be an ally (DiStefano, et al., 2000; Getz & Kelty, 2005; Washington & Evans, 1991). Getz & Kelty (2005) reported that one heterosexual female student recalled that when she explained to her family that she was part of a training program to become an educator for LGBT issues, her family responded, "Why are you doing that? Are you a lesbian?" It is my impression that I encounter similar experiences. At times this experience was hard on me because when people questioned why I was an ally, I felt I had to defend myself. I was not sure why I reacted so defensively until I read an account by Becker (1998). He stated that although "why" questions were ostensibly a reflection of a person's natural curiosity, asking a person about the nature of him or herself sets up a situation where the person had to conjure a profound, intellectual explanation to explain him or herself to the satisfaction of the interrogator. Becker (1998) said it best – "They answered my 'why?' question briefly, guardedly, pugnaciously, as if to say, "OK, Buddy, was that good enough for you?" (p. 58).

The problem with conjuring responses for "why" questions is that such exigent questions require a "good" answer that makes sense and is defensible (Becker, 1998). Furthermore, the criterion for a "good" answer is that it must conform to a motive that is in accordance with acceptable social norms (Becker, 1998). Thus, even if I could extol that being an ally to the LGBT community is important because everyone deserves fair justice and equal treatment, those reasons do not seem to be "good enough." Perhaps the only "acceptable" reason I can give for being an ally is that I have a family member who is LGBT or that, in actuality, I am gay. Otherwise what is my motive? Why am I doing this?

Sometimes I feel my experience is similar to that of a lesbian or gay person who tries in vain to explain her or his sexual orientation to a person who is not lesbian or gay. I cannot explain to someone's satisfaction why my intellectual, emotional, personality and biological mechanisms are hard-wired into me, resulting in my desire to be an ally. I cannot explain myself any better than how I explain why I like classical music over jazz, Coke over Pepsi, and the White Sox over the Cubs. I am who I am; I am comfortable with myself and my desire to have an ally identity.

Rather than searching for a cause that explains why I am ally, I explain my reason for being an ally by sharing my positive experience when I make connections with LGBT persons. Becker (1998) states that when inquiring about a person's behavior, asking a "how" instead of a "why" statement elicits a better response because that person can tell stories that include all the details that the person feels are important. Thus, my stories describe the positive relationships I form and the positive feelings I receive. For example, at a recent event, I met a gay man and we shared our personal stories. During our conversation, I was struck when he said that several years ago, when he "came out" as a gay man, at that time, he felt he did not have an identity. My first reaction was, "I have not heard that before. If you 'came out,' then you identified yourself as a gay man. What do you mean when you say that you did not have an identity?" For him, even though he identified himself as gay, he did not know what 'type' of gay man he should or wanted to be. He perceived that there were many ways that a gay man could present himself and he was not sure how he wanted to present his gay identity. For example, he was not sure what he valued or what type of gay man he found attractive. I expressed that I have never felt the need to choose what type of masculinity best fit my identity as a heterosexual man, let alone come to a point when I realized I was a heterosexual man.

The conversation was engaging. I understood his experience, he expressed that he learned about my experience as a heterosexual man. Was it that important to me that I tried to listen to his experience? Yes. It was equally important to him that he understood my experience. Both of us realized that it was refreshing to know that even though we had an identity that was different from each other, we could understand each other's experience. My position is that it is an abject exercise to figure out why I strive to be an ally. After making connections such as the one I recently made, the issue of "why" I am an ally no longer matters to me. Rather, the benefits are reason enough to continue to strive to be an ally.

References

Becker, H. S. (1998). Tricks of the Trade: How to Think About Your Research While You're Doing it. University of Chicago Press: Chicago, IL.

Broido, E. M. (2000). The development of social justice allies during college: A phenomenological investigation. Journal of College Student Development, 41(1), 3-18.

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and MTF's in the gay world, others find a place in "geek" culture, many feel isolated with little dating. Some are asexual or continue to develop their sexual self in secret and may become sexually hyperactive with the self. MTF's may fall in love with an image of themselves as a woman and become "all-in-one" and solitary. They may develop a relationship with the mirror and do their own mirroring since no one else will. Some have few sexual partners and have difficulties with sex and intimacy because the body is wrong. If they are active, many become adept at sexual role-playing, with dissociation from gendered body parts. Most experience guilt and shame and feel the isolation of living with a secret.

Yet, this is also a time of finding images that matter, especially representations of other trans people. In the words of one of my trans colleagues, it's a time of developing a self and keeping the hope alive by "searching for tidbits". It's a time of developing imagination, believing "I can really do this," a time of developing resilience and patience.

As clinicians, we need to take a closer look at the resilience and strength of the trans person during this pre-coming out period. We need to ask the question, how does a person develop a stable sense of a gendered self without being mirrored by others, because trans people can and do? One would actually expect more trouble than we see. Hence, we might have a laboratory for studying the development of ego-strength, imagination, and hope.

Coming Out

People often come to therapy during this phase of identity development. Due to hormonal and psychosocial changes, it can be a time of a second adolescence. This adolescence, thankfully, is accompanied by the wisdom of chronological age but usually without peer support. Although the impact of starting the appropriate hormones is sometimes overwhelming, it is usually accompanied by a sense of "rightness" and relief. Many psychological and physical changes occur with medical masculinization and feminization.

Transition is a very self-focused time. "The space that it takes up in the psyche" can look selfish to others. It is a time where meeting other trans people to build up self-representations is important. People are dealing with both relief and fear, especially around stigma and rejection. This coming out process is very visible; there is no possibility of hiding.

The new and authentic gendered self now has the opportunity of finally being seen and mirrored. Often, however, the person in transition may look unusual so that what is seen and mirrored doesn't necessarily match the inner image and may, in fact, increase a sense of alienation. Hence, the reality of the early presentation may involve giving up the fantasy again, giving up the dream.

Coming out is a time of negotiating love and work. People ask the question, "Who will love me/accept me at work? Where do I fit in?" It involves the loss of the old self and relationships in the old gender, dealing with discrimination, stares and feeling different, once again.

But it is also feeling rightness in their gender for the first time. Some may also be experiencing an unexpected shifting sexual orientation along with learning how to live in the new gender role without much socialization. Many experience a sped up adolescence developing from an inner image without the normal adolescent friendships and social feedback. Hence, once again the person experiences a lack of mirroring. Some experience anger and ask "Why me?"

Therapists Tasks

It is not surprising, therefore, that the therapist's tasks are primarily those of seeing and mirroring. The therapist is often the first person to really see the authentic self, to know the secret, literally helping the person to come out. There is tremendous relief in just telling their story and also hearing their story for the first time. It may be the first time that in telling their story in a nonjudgmental environment, that they get to see themselves in their own image and not somebody else's.

An important point to remember is that this self is very vulnerable and the therapist needs to operate with great care. This self is young, fragile, and inexperienced even though the person may be chronologically much older. This is a hidden, precious, and protected vulnerable self, that has been a lifelong fantasy, but one that can also be filled with guilt and shame. It may be quite untrusting, can be easily shamed and may be maligned and seen as an anomaly outside the office, even hated and subjected to violence, and certainly subject to rejection.

This self is young, fragile, and inexperienced even though the person may be chronologically much older.

The therapist and client need to hold the possibility of the shared image of the dream but also hold the possibility of its loss, or at least some of it as the authentic self emerges. Relational and trust issues are central. For me, with some people, I need to be quite interactive, not just reflective, because the self has been so protected. One useful image is helping like a midwife with a difficult birth. For me, extroverted feeling in Jungian parlance, works, because many transpeople, at least MTF's are often introverted thinking types. Also, sharing of information helps, sharing knowledge of the path others have traveled, and facilitating the way for the person who has few external images to reflect this journey.

In terms of the mind body mismatch, the therapist provides information, support, and referral for hormones and surgery and can provide information on the shifting sexual orientation and on other aspects of transition.

Coming out can be a tumultuous time. With coming out, there is often pressure to move quickly, like "a tempest in a teapot" and the person is often self-focused and absorbed. If they move too quickly, it can be like a bull in a china shop that can lead to damage or a too early birth that once started, can't be held in the womb but then suffers from prematurity.

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Transgender Phenomenon continued...

The therapist's task is always to see, but also to contain and to hold (like for others in transition). The office is both a holding environment and a place of safety. The therapist needs to hold both or all the possibilities of where a person could land, or, alternatively, never really land on the gender spectrum but instead maintain fluidity. In other words, the therapist maintains the same stance of compassionate neutrality that would be used in any good therapy.

Also, it's a time of mentoring and functioning as a role-model. Many experience relational naiveté in general and especially in the new gender role. Therefore, for both the therapist and the trans client, feeling-in-connection is paramount.

Post-Transition and Later

This time is one of consolidating the sense of self. It's a time of experiencing issues relating to love and work in the new gender role. It's a time of bodily integrity along with the growing realization that the fantasy cannot really come true. Sometimes sexual issues emerge, longing for a genetic penis or vagina and dealing with the lifelong self-image vs. reality. There are the ongoing questions of "Where do I fit? Who will love me? Should I tell? Not tell?" Shifting sexual orientation can still be a surprise, and some find partners within the trans community. Others accept celibacy and solitude while others find nontrans partners. Many grow quite comfortable, both in terms of their bodies and roles.

Issues of meaning become paramount in this phase. People wrestle with the issue of authenticity and feelings of fraudulence. Some ask if they're going from one closet into another. Others feel longing and disappointment for the loss of youth in the appropriate gender. Some MTF's mourn the loss of being a pretty maiden while FTM's worry they'll be perceived as boy like, rather than as men. The latter often report a continued sense of invisibility because they pass so well. This is both welcome and disconcerting.

The major conflict in this stage is how can a person be authentic if they can't tell the truth? The issue, then, is one of authenticity vs. avoidance of stigma. "If you truly know me, you'll reject me or at the very least you'll treat me differently, differently than you would if you thought I was genetic, so I'll lose the dream." And they're right. But many feel if they're not truthful, they're a bit of a fraud. So this becomes an ongoing dilemma throughout the lifespan.

People resolve the conflict differently; their paths aren't the same. Some lean in one direction of the conflict and stay "in stealth" mode, while others lean toward the other and tell the truth. But then, they never experience their lives the way they'd like to, unless they have truly embraced their trans or third gender status. Most tell the truth to their friends, but not to the larger world.

For the therapist, this quandary leads to activism, to educate and help change the culture to accept and hopefully someday celebrate gender variation.

For the transgender person, the lifelong task becomes coming to terms with and accepting their reality and to have pride in truly living a life of individuation, becoming who they were meant to be. And finally, to find meaning in the wisdom of really knowing gender in ways that only a transgender person can, to find meaning in their unique perspective and journey.

(Adapted from Plenary Addresses at HBIGDA Conference, Gent, Belgium, September 2003 and AGLP Annual Meeting, San Francisco May 2003)

AGLBIC News, the newsletter of the Association of Gay, Lesbian, and Bisexual Issues in Counseling, is published three times annually. The AGLBIC News is published on-line in the summer and fall. Our Pre-conference issue is a mailed hardcopy. The publication dates and submission deadlines are:

Dates & Guidelines

Pre-conference edition:
March 1st.
Submission Deadline:
January 15th.

Fall On-line edition:
November 1st:
Submission Deadline:
September 15th

Summer On-line edition:
July 1st:
Submission Deadline:
May 15th

Submission Guidelines
Submit articles and items of interest to our readership and members that are current and informative. Submissions that encourage dialogue and opinion are especially encouraged.

All text submissions can arrive either by email [formatted in MS Word, .rft or embedded in an email] to the editor. Please note that the editor has the right to edit your submission due to space considerations and/or content issues.

Please send your submissions to:
Karen Hartman, M.S. Ed, Editor of the News
raed8@comcast.net(H)

Disclaimer: Although the AGLBIC News attempts to publish articles and items of interest that are consistent with the mission and goals of AGLBIC, they do not necessarily reflect the overarching opinions, policies, or priorities of AGLBIC or ACA.

Recent Research on GLBT Issues

Families living with HIV. By: Rotheram-Borus, M. J.; Flannery, D.; Rice, E.; Lester, P.. AIDS Care, Nov2005, Vol. 17 Issue 8, p978-987.

Increased High Risk Sexual Behavior After September 11 in Men Who Have Sex with Men: An Internet Survey. Chiasson, M.; Hirshfield, S.; Humberstone, M.; DiFilippi, J.; Koblin, B.; Remien, R.. Archives of Sexual Behavior, Oct2005, Vol. 34 Issue 5, p527-535.

The prevalence of partner violence in a group of HIV-infected men. Shelton, A. J.; Atkinson, J.; Risser, J. M. H.; McCurdy, S. A.; Useche, B.; Padgett, P. M.. AIDS Care, Oct2005, Vol. 17 Issue 7, p814-818.

Conducting HIV Interventions For Asian Pacific Islander Men Who Have Sex With Men: Challenges And Compromises In Community Colaborative Research. Operario, D.; Nemoto, T.; Ng, T.; Syed, J.; Mazarei, M.. AIDS Education & Prevention, Aug2005, Vol. 17 Issue 4, p334-34.

Career Counseling With Persons Living With HIV: An Ecological Approach.Barrio, C.,;Shoffner, M..Career Development Quarterly; Jun2005, Vol. 53 Issue 4, p325-336.

Sexual Identity Development And Synthesis Among LGB-Identified And LGB Dis-Identified Person. Yarhouse, M.; Tan, E.; Pawlowski, L..Journal of Psychology & Theology; Spring2005, Vol. 33 Issue 1, p3-16.

y in Ally continued...

DiStefano, T.M., Croteau, J. M>, Anderson, M. Z., Kampa-Kokesch, S., & Bullard, M. A. (2000). Experiences of being heterosexual allies to lesbian, gay, and bisexual people: A qualitative exploration. Journal of College Counseling,3, 131 – 141.

Evans, N. J. & Herriott, T. K. (2004). Freshmen impressions: How investigating the campus climate for LGBT students affected four freshmen students. . Journal of College Student Development, 45(3), 316-332.

Gelberg, S., & Chojnacki, J. T. (1995). Developmental transitions of gay/lesbian/bisexual -affirmative, heterosexual career counselors. Career Development Quarterly, 43 (3), 267-273.

Getz, C, & Kelty, E. (2003). Identity development models: One size fits all? Heterosexual identity development and the search for allies in higher education. Paper presented at the 84th meeting of American Education Research Association, Chicago, IL.

Wanted Editorial Board Members

The Association of Gay, Lesbian, and Bisexual Issues in Counseling (AGLBIC), a division of the American Counseling Association (ACA) is accepting applications for editorial board members for its new journal, titled *The Journal of GLBT Issues in Counseling*. This referred journal focuses on publishing articles that address the important issues relevant to Gay, Lesbian, Bisexual, and Transgendered peoples and their significant others. Areas for submission include: (1) new research in the field of counseling, (2) a review of the literature that critically integrates previous work around a specific topic, (3) introduction of new techniques or innovation in sevice delivery within the counseling field, or (4) theoretical or conceptual pieces that reflect new ideas or new ways of integrating previously held ideas.

We are looking for those who have a background/experience with this population and counseling related issues that involve our work. This includes those who work in the following arenas: counselors, counselor educators, and other counseling related professionals that work across a diversity of fields, including school counseling, mental health, couple and family, colleges and universities, and the public and private sector. Preferably, these individuals will also have a history of publication of scholarly works, or expertise in specific counseling areas that will be of benefit to the reviewing of journal submissions.

In particular, we would like to have an editorial board representative from the major counseling areas represented in ACA. Therefore, in addition to the areas mentioned above, specialization in areas such as assessment, adult development and aging, humanistic orientations, multicultural issues, rehabilitation, spirituality, group work, addictions and offender treatment, and career and employment are also encouraged.

To apply, please send a cover letter outlining your interest and reasons for applying, as well as a current Vita, to: Ned Farley, Ph.D., editor, nfarley@antiochsea.edu. You may also mail an application to the following address: Ned Farley, Ph.D. Chair, Mental Health Counseling Program Center for Programs in Psychology Antioch University Seattle 2326 Sixth Avenue Seattle, WA 98121-1814

Ideas Requested

If you have ideas or article suggestions/submissions for moving AGLBIC forward in our exploration of the inherent diversity in our organization, please email Anneliese Singh at nanakikaur@yahoo.com