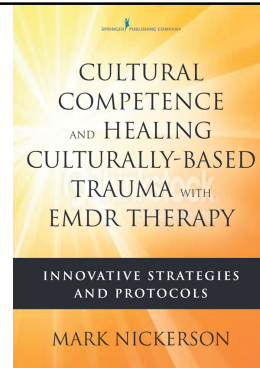**Restoring Dignity:**
Healing the Wounds of Stigma and
Prejudice with EMDR Therapy

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CULTURAL COMPETENCE AND HEALING CULTURALLY-BASED TRAUMA WITH EMDR THERAPY

INNOVATIVE STRATEGIES AND PROTOCOLS

MARK NICKERSON

Practicum experiences of EMDR clinicians

Undoing Stigma: EMDR Applications in the Dismantling of Socially Based Internalized Oppression and Prejudice
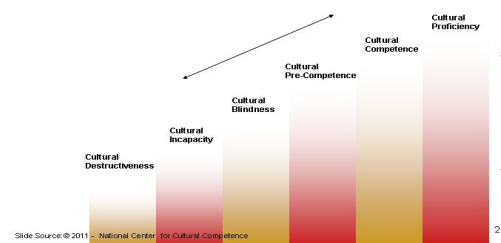

Cultural Competence and EMDR Therapy

1. Define and illuminate
2. Integrate best practices into EMDR therapy
3. Advance the dialogue amongst EMDR clinicians
4. Introduce new concepts and tools
5. Inspire continued attention, innovation, and research
6. Advance recognition of EMDR therapy for cultural competence

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Cultural Competence and EMDR Therapy

The quest for *cultural competence* is
a *journey* not a destination.

Cultural Competence Continuum
(Cross, Bazron, Dennis and Isaacs, 1989)

Cultural Proficiency

Cultural Competence

Cultural Pre-Competence

Cultural Blindness

Cultural Incapacity

Cultural Destructiveness

Slide Source: © 2011 - National Center for Cultural Competence

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Cultural Competence and EMDR Therapy

Why this matters:

- Cultural experiences are fundamental dimensions of every human being's life.
- Well-being is intertwined with social relationships and the well-being of one's cultural groups.
- Cultural values and affiliations can be a source of powerful and sustaining resources.
- Cultural context and culturally-based adverse and traumatic experiences should be a part of any clinical assessment and treatment plan.

Cultural Competence and EMDR Therapy

Four ways in which EMDR demonstrates cultural competence:

1. A theoretical model and clinical methods which have demonstrated effectiveness and adaptability across a wide range of cultural contexts
2. A clinical approach that encourages cultural attunement
3. A growing body of knowledge specific to different client cultural populations
4. The capacity to treat and transform the effects of culturally-based trauma
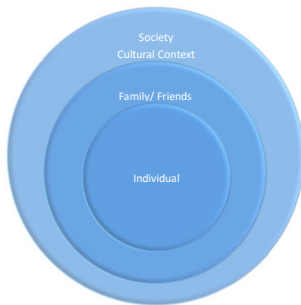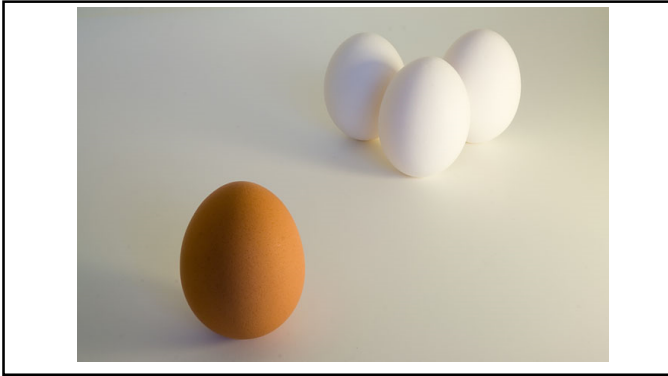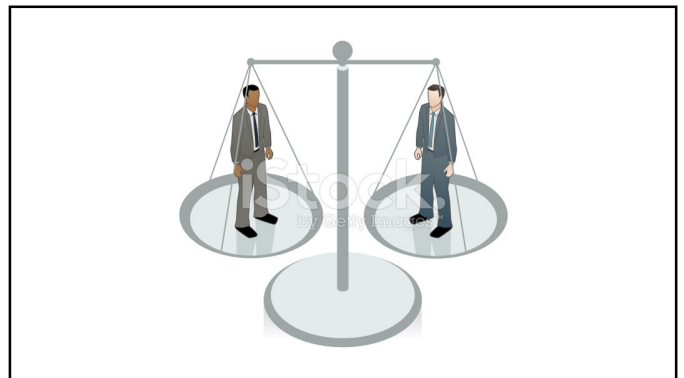
Clinical Stance

The "psychotherapist" culture has been criticized for operating with a *culture-blind* approach that too often tries to separate "cultural" issues from "personal" issues.

*We need to **embrace** culture, **not erase it**.*

Clinical Stance

Despite the fact that most psychotherapists have egalitarian value structures, support diversity and are aware of the importance of cultural forces on a macro level, psychotherapy practice too often ignores the additional "elephant in the living room" of social-identity and tends to understand and address disturbing life experiences within a "culture blind" analysis of interpersonal trauma.

Michael Ventura

ASK Model within EMDR therapy

1. **A**ttitude/Awareness
2. **S**kills
3. **K**nowledge

Cultural Humility…

1. Openness to explore one's own cultural perspectives and biases
2. Curiosity to learn about other cultures
3. Suspending one's own cultural centric views when entering the cultural identity of the client

Waters and Asbill (2013)

Skills

Culturally competent clinical *skills* are the clinical actions used by the clinician.

- Begin with fidelity to fundamental EMDR skills

Knowledge

Knowledge refers to having an understanding of both:

1. The importance of culture, in general
2. The specific cultural realities of each individual client

- Learn about the norms, values, beliefs, behaviors and needs of the a client's culture.
- Don't make assumptions that any one client fits a "cultural profile."

Collection of Articles: Multiple Authors

Stereotypes and Prejudice: Essential Readings, (Stangor, C., 2000)

The Handbook of Prejudice, Stereotyping, and Discrimination (Nelson, 2009)

The Oxford Handbook of Multicultural Identity (Bebet-Martinez & Hong, 2014)

Terminology:

Culture	Internalized stigma/oppression
Multiculturalism	Bias
Social/cultural identity	Prejudice
Entitativity	Stereotypes
In-groups and out-groups	Discrimination
Stigma	Microaggressions
Social Oppression	Acculturation

Entitativity

Entitativity represents the degree to which members of a group are bonded together in a coherent social unit.

Relevant factors that generally determine entitativity are:

(Campbell, 1958)

- Group size
- Degree of spatial proximity
- Amount of interaction
- Importance of social identity
- Perceived common goals
- Outcomes of group
- Interdependence
- Interpersonal bonds
- Organization
- Behavior among group members.

Stigma

Stigma is an ancient Greek term that originally referred to an indicator, such as a mark burned into the body **to designate the bearer as morally defective and to be shunned or disfavored**.

Stigma is a force of social control, often unjustly applied, and its impact can be profound and long lasting.

Virtually all people have experienced stigma thus making it **a universal point of shared experience**.

Social Oppression

Social oppression signifies the mistreatment of a person or a group of people in a way that reflects systemic inequalities.

Oppressive injustices are typically embedded in social structures and reflected in laws, intolerant attitudes of a dominant culture, and lack of access to important social and economic opportunities and resources.

Oppression is maintained through powerful social messages and people in "positions" of social power often collude with cultural oppression through discrimination, the perpetuation of stereotypes, and other mistreatment.

Bias

Bias is an inclination for or against something that is not based in objective thinking.

Social psychologists use the terms prejudice, stereotype, and discrimination to describe the components of social bias which are learned responses to a person or group of people that reflect a misperception.

These responses often result in misunderstanding, mistreatment and other maladaptive responses to the person or group.

"Bias is easy to attribute to others and difficult to discern in oneself."

Supreme Court Justice Anthony Kennedy
(statement from 2016 ruling on *Williams v. Pennsylvania*)

Prejudice, Stereotypes & Discrimination

Prejudice is a negative attitude or response pattern toward a group or toward members of the group. It is the learned **affective** component of intergroup attitudes. Prejudice can be implicit or explicit.

Stereotypes are "knowledge, beliefs, and expectancies about some social group" Hamilton and Trolier 1986. It is the **cognitive** component of prejudice that associates biased attributes (e.g. Morality and personality traits).

Discrimination is the **behavioral** response consistent with prejudice and stereotypes. It includes direct actions of mistreatment and indirect actions including avoidance.

Microaggression

Microaggression is a term used to refer to an "unintended" act of discrimination often associated with implicit prejudice. The target of the microaggression may or may not be consciously aware of the act even though they may feel it.

term introduced by Chester Pierce (1970)

Acculturalization

Acculturalization is the process of adapting to the social norms of another culture. Berry (1984) depicted four types of intergroup relational possibilities related to acculturation.

Acculturalization

1. Integration: metaphor of a **salad bowl or tapestry**

Multicultural model whereby different cultural identities mix together for the benefit of all while individual cultural differences are valued and supported.

2. Assimilation: metaphor *of a* **melting pot**

A person or group surrenders their prior social identity in the process of taking on a new cultural identity.

(Berry, 1984)

Acculturalization

3. Segregation/separation: metaphor of a **dividing wall**

Different groups remain separate.

4. Marginalization: metaphor of **invisibility**

A person or cultural group isolates to maintain cultural practices and identity and remains isolated and in a weaker position related to the dominant culture.

Berry (1984)

Marginalization

The Psychological Effects of Oppression (Body, Mind and Spirit)

Impact of prejudice on wellbeing and mental health (victims of):
Research Substantiated

- Stigmatized/ oppressed people report lower life satisfaction.
- Being a member of low-status group can lead to many consequences including less employment, economic, political, medical and educational opportunities.
- Cultural values of minority groups are threatened by dominant cultures.

Types of Social-Identity Based Oppression/Stigma

- Sexism
- Racism
- Nationalism
- Ethnic discrimination
- anti-Semitism/anti-Muslimism
- Classism
- Elitism
- Heterosexism
- Ageism
- Adultism

- Physical appearance discrimination
- Intellectual style or ability discrimination
- Physical ability discrimination (able-bodyism)
- Mental health discrimination
- Cool kids vs. Outcasts
- Family differences (never married, single parents,....)
- Etc., etc.

Stigma and Mental Health Discrimination

2016 WHO / World Bank Global Summit On Mental Health

3 identified barriers to mental health services on a global level:
1. Having effective intervention services
2. Having resources to support the services
3. Overcoming stigma

Stigma and Mental Health Discrimination

Five common themes were identified related to mental health discrimination:

1. Invalidation
2. Assumption of inferiority
3. Fear of mental illness
4. Shaming of mental illness
5. Being treated as a second-class citizen

(Lundberg-Love, Nadal & Paludi, 2011)

Identity Wheel
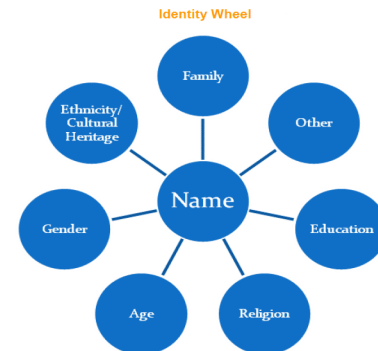
Social identity or Cultural identity

A *social identity (*or *cultural identity)* is one's identity related to associations with social or cultural groups.

Two types:

1. The meaning a person gains through a **chosen identification** with a group.
2. The meaning that is **assigned by other people or groups** of people to the person related to the identity, positive or negative

Social Identity- Aspects of the Self

- Social Identities can be understood clinically with familiar concepts such as **"parts of the self".**
- These aspects of the self have **varying degrees of meaning** to any one individual.
- These "aspects" carry *state-based* learning including positive affirming dimensions and negative or disturbing dimensions.
- **State-linked associations** are activated when the social identity "aspect" of self is accessed.

Dimensions of Social Identities

1. **Chosen or not chosen** (musician/physical appearance)

2. **Visible to others or invisible to others** (skin color/sexual orientation)

3. **Conscious or unconscious** (aware of the identity's meaning/unaware- meaning latent)

4. **Ego syntonic or ego dystonic** (aligned with personal identity/ in conflict with it)

Dimensions of Social Identities

5. **Shared with family or not shared** with family (ethnicity/physical disability)

6. **Valued by the *person* or not valued**

7. **Valued by one's *family* or not valued**

8. **Valued by *others* beyond family or not valued**

Dimensions of Social Identities

9. **Constant or temporary** (sex/mountain climber)
10. **Accepted by the person or rejected**
11. **Minority identity or majority identity** (relative to social context)
12. **Easily assimilated into broader culture or difficult to assimilate** (English speaking immigrant vs. non-English speaker)

Dimensions of Social Identities

13. **In-group or out-group** (relative to a particular social context)
14. **High status or low status** (relative to a particular social context)
15. **Earned or unearned** (college graduate/White person)

Social Identity Development

Research affirms that developing a cohesive ethnic identity offers many potential gains including:
- General psychological self-esteem; Happiness
- Decreased self-destructive behaviors
- Reduced risk that discrimination will lead to depression (Torres, Ong, 2010)
- Greater family cohesion for adolescents linked to stronger ethnic identity and related rewards (Kiang, Witkow, Baldelomar, Fuligni, 2010).
- Reduced risk for depression for older people identifying with groups. (Branch, 2001)

Social Identity Development

Many strategies can be used to identify and strengthen cultural linkages to information such as:

- The client's own positive-identity related memories
- Culturally related role models
- Learning about the culture
- Building relationships with others who share the culture
- Envisioning and enacting culturally affirming activities

Supporting External and Internal Acculturation

Berry (1984) depicted four types of acculturation. Identifying a client's cultural experience opens the doors to addressing needs.

1. *Integration* within society that allows for both the maintenance of one's cultural identities *and* an acceptance within the larger culture.
2. *Assimilation* by surrendering a prior social identity
3. *Segregation* from other cultures
4. *Marginalization* within it

Through the AIP Lens:

Information Processing

Social Attachment: Developmental Stages

Most significant relationships:

Infancy: Birth to 18 Mos.   **a constant caregiver**
Early Childhood: 18 Mos. to 3   **parents**
Play Age: 3 to 5 Years: **the basic family**
School Age: 6 to 12 :   **the school/neighborhood**
Adolescence: 12 to 18 :   **peer groups and larger world**

(Erikson, 1950)

Evolutionary Adaptations

- Action Systems- Defense and Attachment
- Essential for all age groups including infants- the ability to sort the many different objects, events and people encountered quickly and effectively into smaller numbers of meaningful categories
- Categorization occurs spontaneously on the basis of physical similarity, proximity or shared fate (entitativity)
- Attraction and prejudice are fundamentally related to social categorization and the perception of intergroup boundaries that define "we" from "they"

We innately trust those like us
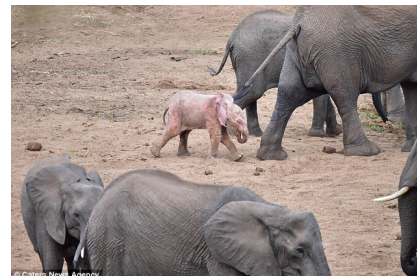
Primal Fear: Being "cut out of the herd"

In-group and Out-group

In-group and *out-group* distinctions depict the natural human tendency to evaluate whether someone is a member of one's own group or not, based on a range of determinants associated with social groupings.

Two Primary Dimensions of Social Grouping

	Ingroup	Outgroup
High-status group		
Low-status group		

Information Processing

While highly attuned to in-group information processing, the social brain can be very ineffective at accurately processing experiences with **out-group members** and **low status** members.

Because positive behaviors of out-group members are encoded on the concrete level, they tend not to generalize to reduce stereotypes.

Information Processing

Toward those perceived as in-group members, people tend to:
- Retain more detailed information
- Biased toward retaining positive information
- Remember ways in-group members are similar and outgroup members are dissimilar
- Be more forgiving

Information Processing

Based upon these perceptions, toward those perceived as in-group members, people tend to:

- Show preference with reward allocations and esteem.
- Display more prosocial and cooperative behavior
- When there are limited resources, show greater generosity and more personal restraint.
- Create a decreased sense of psychological distance which facilitates the arousal of empathy.

Information Processing

People tend to:
- Encode undesirable actions of out-group members at a more abstract level (e.g. she is hostile vs. she slapped the girl)
- Encode desirable actions of out-group members at more concrete levels (e.g. she walked across the street holding the old man's hand vs. she is helpful)
- Attribute positive behaviors and successful outcomes to internal stable characteristics (the personality) of in-group than out-group members

Information Processing

- Out-group stereotypes containing information pertaining to traits, dispositions, or intentions are not likely to be influenced by casual observing of counter stereotypic outgroup behaviors.

- Simply the use of pronouns like "us" and "them" can evoke different templates of information processing.

Phase 1- Culturally-Aware Psychosocial History and Assessment

- Affirms culture and social identity
- Attunes to client's cultural needs
- Provides psychosocial education
- Uncovers difficulties and memories related to internalized social stigma/oppression and prejudice

Phase 1:
History Gathering and Case Formulation

Can I ask you some questions about your social and cultural experiences?

Consider completing a cultural genogram

CULTURALLY INFLUENCED BELIEFS

Methods for identifying culturally influenced beliefs

1. Socially-based negative cognitions
2. State-based social identity cognitions
3. Internalized cultural messages
4. Internalized stereotypes
5. Externalized Negative Beliefs

The Need for Social Connection

Human needs for social **connection and belonging** include needs for:

acceptance	appreciation
belonging	closeness
community	friendship
mutuality	partnership
shared realities	support
being "known" or "seen"	trust

Socially-Based Negative Cognitions

The normal fulfillment of the need for **social connection and belonging** can be violated by social experiences including:

• Ostracism
• Exclusion
• Discrimination and oppression
• Stigmatization
• Other micro-aggressions

Violations in this domain create social insecurity and aloneness.

Socially-Based Negative Cognitions

• Negative and Positive beliefs within the domain of *connection* **and** *belonging*

Though this realm certainly overlaps with elements of the domains of responsibility/self-worth and safety, the need for interpersonal connection is fundamental to well-being and often the primary unmet need when linked to socially-based trauma.

Socially-Based Negative Cognitions

Negative Cognition	Positive Cognition
• I'm alone	I have others with me
• I don't belong	I do belong (inherently)
• I am disconnected	I can connect with others
• I'm an oddball/weirdo	I'm unique, as are all people (its OK)
• I'm a reject	I deserve respect and inclusion
• I'm an outsider	I'm worthy, I have my groups, I can join others

State-Based Social Identity Cognitions

Not uncommonly, adverse or traumatic experiences are linked in memory to a social identity.

Accessing the memory network associated with this social identity can lead to for more full reprocessing and resolution.

Often the negative belief itself can be articulated in relationship to the social identity.

State-Based Social Identity Cognitions

Negative Cognition	Positive Cognition
• I'm a bad mother	I'm a good mother
• As a man, I'm inadequate	As a man, I am okay as I am
• I'm old and washed up	I'm older than some and have value
• I'm too young to be valued	I'm young to some and can speak up
• I'm uneducated and don't belong	My education is different than some and I can find my place
• Based upon my appearance, I'm not acceptable	I appear as I do, and I am acceptable

State-Based Social Identity Cognitions

• *When you think of yourself as a (specific social identity) in relationship to (a person of another social identity, group, or the larger society), what memories come to mind?*

(If negative)*,* ask:

• *What picture goes with that memory that represents the worst part? What words go with that picture that best describe your negative belief about yourself now?*

Internalized Cultural Messages

Negative cultural messages can be internalized even when a person knows the message is inaccurate and destructive.

Internalized Cultural Messages

Examples of cultural messages include:
• Soldiers can't be weak
• Transgendered people are weird
• Sex is bad
• If you aren't thin, you aren't attractive
• Stay in your place (social position)
• If you can't speak the language, be silent
• One's value is based on how much one has/earns

Internalized Cultural Messages

Exploratory questions:

• *When you think of your current problem, what judgments or messages do you feel society making?* or,

• *What do you hear society saying? When in your life did you first hear that message?*

Target for reprocessing.

Internalized Cultural Stereotypes

Similar to other negative cultural messages, negative stereotypes can be internalized even when a person knows the stereotype is untrue or a gross generalization.

Internalized Stereotypes

Is there a stereotype about some aspect of your social identity?
_____

When you think about that stereotype, what comes to mind (thoughts, feelings, memories)? How disturbing does it feel to you now (SUDs, 0-10)?

When in your life did you first hear that stereotype?

Target that experience for reprocessing.

Culturectomies

- The two-hand interweave is a strategy for expunging cultural messages as part of the *culturectomy* technigue.
- During the culturectomy, the client separates the "true self" from the negative internalized cultural message by putting them in different hands.
- Using BLS sets to process the associations, the client explores the discrepancies.
- Sometimes, interweave questions and information assist adaptive resolution.

Robin Shapiro (2009, 2016)

"…wanting to be non-prejudiced is not the same as being non-prejudiced."

Siri Carpenter "Buried Prejudice"
Scientific American Mind

Implicit Prejudice

"It's a monumental task to get White people to realize that they are delivering microaggressions, because it's scary to them. It assails their self-image of being good, moral, decent human beings to realize that maybe at an unconscious level they have biased thoughts, attitudes and feelings that harm people of color."

Gaertner and Dovidio (2014)

Aversive prejudice refers to the biased person's aversion to being seen as prejudiced.

Understanding Prejudice
Through the AIP Model

The word prejudice is a derivative of *pre-judge*, which captures the core of the problem.

Prejudice is part of the human tendency to assess a situation based on limited information.

- Prejudice is an essential adaptive tool that all human beings use to make quick assessments and quick decisions.
- Prejudice is based upon past learning and the modeling of others and
- Evolutionarily, it has been an aid for survival when people don't know who to trust.
- From a young age, human beings determine who they can trust and who they cannot trust-based often on superficial, visual information.

The Neurology of Prejudice

fMRI study:

- White people were exposed to Black faces for 30-msec and 525 msec.
- More amygdala activation occurred in the short exposures.
- Activity in the prefrontal cortex (PFC), stimulated by the longer exposure time, correlated with lower amygdala activity.
- Interpretation- The PFC was presumed to hold learned explicit information that countered the implicit prejudicial reaction in the amygdala region.
- Interpretation- The short exposure did not allow for the regulatory cortical activity to be activated.

Amodio and Lieberman (2009)

Prejudice Reaction

Core components of these successful strategies include:

1. Increasing motivation and decreasing defensiveness
2. Activating mindful attention
3. Providing nonbiased information
4. Strengthening prefrontal cortex awareness of nonbiased perceptions
5. Desensitizing the amygdala reactivity to triggers of prejudice

Externalized Negative Beliefs

Four characteristics of prejudice:

(1) Negative
(2) Overgeneralized
(3) Inaccurate
(4) Directed at others

(Allport, 1954)

Do you have any strong prejudices toward other people or types of people?

Targeting Prejudice

Mark Nickerson

• Identify Prejudice or subject of prejudice
• Identify E NC (externalized NC about the targeted other)
• Identify NC (about self)
• Complete Assessment and Desensitize
• Install PC (about the self)
• Identify and install a E PC (about other)
• Future Template related to the target issue

Targeting Stereotypes

• *Do you have any stereotypes you'd like to work on?*
• *When did you first learned that belief?*

Sometimes it is useful to ask,

• *Is there some part of you that believes something else? Just notice that?*

This information can lead to full reprocessing with the Protocol for Prejudice.

Cultural Competence Goals for EMDR Practitioners

1. Understand the importance of culture and of framing individual client issues within a cultural context

2. Understand the important dimensions of culture specific to each client (including norms, values, beliefs, needs, etc.)

3. Maintain an attitude of humility while being aware of and seeking to overcome one's own cultural bias

Cultural Competence Goals for EMDR Practitioners

4. Adapt EMDR methods to a client's cultural context and needs

5. Educate and empower clients to be culturally aware, as appropriate

6. Implement EMDR interventions that treat the internalized effects of culturally-based trauma

Cultural Competence Goals for EMDR Practitioners

7. Implement EMDR interventions that treat culturally-related prejudice and discriminatory behaviors to reduce the legacy of culturally-based trauma

8. Support and ally with humanitarian efforts for social change including victim/survivor empowerment, social justice, and policy reform

9. Build and sustain EMDR therapist organizations which support the cultural competence of practitioners and which are culturally competent organizations

Cultural Competence Goals for EMDR Organizations:

1. Make EMDR therapy/treatment available to people of all cultures.

2. Support innovation and research to adapt EMDR methods to a client's cultural context and needs

3. Compile knowledge, and support education and training regarding culturally competent EMDR intervention

Cultural Competence Goals for EMDR Organizations

4. Collaborate with other culturally concerned, trauma intervention organizations including EMDR membership organizations, EMDR humanitarian assistance organizations, and non-EMDR organization allies.

5. Build and maintain diversity of membership and input within EMDR communities.