

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

Additional Resources

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Mark Nickerson, LICSW
markinickerson@gmail.com
markinickerson.com

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Phase 1: Cultural Assessment: Exploring social identity, culturally-based trauma, and prejudice.

The following are questions to consider as part of an initial client history or when cultural issues emerge in other phases of the therapy. It is important to explore these questions in language that is attuned to the client. Offering examples of social identities can be helpful. Some psycho-social education may be needed to clarify the questions.

- Can I ask you some questions about your social and cultural experiences? If yes,

Social Identity:

- What social or cultural groups are most important to you?
- What are positive and negative qualities you associate with these groups?
- Are there any cultural or social groups that others identify you with and how has that been for you?
- Are there ways you can better understand yourself or the issues that brought you to therapy in a social/cultural context?
- What else would help me understand more about groups or cultures that are important to you?

Extended exploration:

- What are sources of pride and shame for your social groups?
- Have you even had to hide your social identity?
- (Consider introducing the Cultural Genogram.)
- (Consider introducing the Identity Circle.)

Social Trauma (discrimination, stigma/oppression)

- Have you ever felt seriously misunderstood or misjudged related to your social identity/culture?
- Are there ways in which you have been affected by discrimination, social stigma or oppression during your life?
- Do you have early memories of being avoided, shunned, ostracized, or devalued related to social dynamics?

- Do you have any early memories of being included or excluded from a group based upon your race/ethnicity, social class, gender, physical ability/appearance, etc.?
- Do you currently experience social microaggressions? (slurs, denigrating remarks, etc.)
- Have you had difficulties related to assimilating into another culture?

Social Trauma (discrimination, stigma/oppression)

If issues have opened up at this point, continue with:

- How have these experiences impacted you?
- What beliefs did you form about yourself as you were growing up that might be linked to your social experiences and/or culturally-based trauma?
- When did you first become aware of differences between types of people (wealthy people and poor people, different races)?
- Did these differences take on positive, or negative meaning, or both?
- How did members of your family handle apparent differences between people?
- What were your earliest experiences related to observing social stigma, prejudice or stereotyping? What was it like experiencing these dynamics?
- Do you avoid of certain types of people? ...get upset by types of people? feel powerless/ unsafe or inferior/superior related to types of people? have strong emotional or physiological reactions to types of people

Strong Beliefs about Society

- Do you have any strong beliefs about culture or society that you think are extreme, inflexible or problematic?

Prejudice

- Do you have any strong prejudices toward other people or types of people?
- How did you develop these beliefs?
- Do you see problems associated with having these prejudices?
- Do you want to better understand or change them?

Extended exploration:

- Explore questions above slanted toward illuminating exposure to prejudice.
- When have you objected to prejudice or stereotyping?

Cultural Genogram Questions

A culturally-focused genogram can be a valuable tool in exploring cultural identity. Diagramming your ancestral map can generate valuable insight into forces that may have shaped who you are today. These questions are designed to help you explore the perceptions, beliefs and behaviors of members of your cultural groups.

Please consider these questions for *each* group constituting your culture(s) of origin. Consider the implications of the answers in relation to your overall cultural identity.

1. What were the migration patterns of the group?
2. What were/are the group's experiences with social stigma and oppression? What were/are the markers of stigma/oppression?
3. What issues divide members within the same group? What are the sources of intra-group conflict?
4. Describe the relationship between the group's identity and your national ancestry (if the group is defined in terms of nationality, please skip this question).
5. What significance does race, skin color, and hair play within the group?
6. What is/are the dominant religion(s) or beliefs of the group? What role does religion and spirituality play in the everyday lives of members of the group?
7. How are gender roles defined within the group? How is sexual orientation regarded?
8. What prejudices or stereotypes does this group have about itself?
9. What prejudices and stereotypes do other groups have about this group?
10. What prejudices or stereotypes does this group have about other groups?
11. What occupational roles are valued and devalued by the group?
12. What is the relationship between age and the values of the group?
13. How is family defined in the group?
14. How does this group view outsiders in general and mental health professionals specifically?
15. How have the organizing principles of this group shaped your family and its members? What effect have they had on you?
16. What are the ways in which pride/shame issues of each group are manifested in your family system?
17. What impact will these pride/shame issues have on your work with clients from both similar and dissimilar cultural backgrounds?
18. If more than one group comprises your culture of origin, how were the differences negotiated in your family? What were the intergenerational consequences? How has this impacted you personally and as a therapist?

Modified questions for a cultural genogram (adapted from Hardy and Laszloffy, 1995)

Therapist and Client blocks to Addressing Cultural Issues

Therapist blocks to addressing

Opening up the therapeutic scope to welcome cultural issues is often difficult for the therapist. Opportunities are often dismissed consciously or unconsciously. The following are examples of specific reasons a therapist might be unprepared or confused about how and when to welcome cultural issues into the therapy room.

1. What issues?
2. If the client wants to talk about cultural issues, they will bring them up.
3. The cultural issues aren't relevant to the therapeutic goals.
4. I don't know enough to help.
5. I'm too different to understand or be trusted.
6. It will be awkward; I'll just make things worse if I bring up cultural issues.
7. Life isn't fair. What's the big deal? Get over it.
8. This makes me uncomfortable, what do I do with my feelings?

Blocks to confronting a client's bias or prejudice or exploitive use of privilege:

1. If I confront their prejudice it may offend them.
2. I don't know how to confront a prejudice.
3. I don't know how to connect the client's prejudice with their therapy goals.
4. If I confront their prejudice, I will be perceived as an outsider.
5. I have the same prejudice, so who am I to challenge it.
6. There is a lot of truth in that prejudice, so why make it an issue.

Client readiness

After engaging in an assessment of our own preparedness for addressing cultural issues, we must approach the task of determining client readiness. Two questions are crucial to this process: Is the social and cultural identity relevant to the clients presenting problems and if so, how do we integrate it successfully. Even if social/cultural issues are relevant, clients may not bring them forward for a variety of reasons. Many are similar to the blocks for the therapist.

15 ways to be a more culturally attuned therapist:

1. Be willing to break the ice and talk about cultural issues
2. Show interest in cultural issues, but let the client dictate the pace.
3. Be prepared for trust issues toward “outsiders”
4. Include culturally-related experiences in your assessment
5. Be curious about a client’s social/cultural experiences, positive and negative. Ask questions?
6. Learn about the client’s culture from sources other than that person.
7. Learn about acculturation experiences
8. Talk about the forces of stigma, prejudice and oppression as part of standard socio-psychoeducation.
9. Fit EMDR information and protocols to the clients, not the other way around
10. Where appropriate, help link cultural issues to client’s needs, interests, and therapeutic goals.
11. Be aware of the meaning of cultural identities.
12. Self-reflect on the meaning of one's own cultural identities.
13. Understand and address personal blind spots and biases.
14. As therapists, walk the walk with your values
15. Ally with the needs for change for the client’s population.

Cultural competence focus areas for EMDR clinicians:

1. Understand the general importance of culture and the value of viewing 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 curiosity and humility about other cultures while being aware of and seeking to overcome one's own cultural biases.
4. Adapt EMDR therapy methods to a client's cultural context and needs.
5. Provide psychosocial education to clients as appropriate.
6. Empower clients in the face of culturally oppressive or stigmatizing conditions, including discrimination.
7. Implement EMDR interventions that effectively treat the internalized effects of culturally based trauma.
8. Implement EMDR interventions that effectively treat clients with culturally related prejudice and discriminatory behaviors, thus reducing the legacy of culturally based trauma.
9. Support and ally with humanitarian efforts for social change including victim/survivor empowerment, social justice and policy reform.
10. Sustain EMDR therapist organizations which support the cultural competence of practitioners and which are culturally competent organizations.
11. Seek ongoing education and training as needed to develop cultural competence.

Cultural competence focus area for EMDRIA as an organization

1. Endorse, as an organization, the importance of cultural competence, diversity and inclusivity.
2. Build and maintain cultural diversity of membership and leadership at all levels.
3. Make EMDR treatment options available to and effective with people of all cultures.
4. Define and develop standards of cultural competence within EMDR therapy and integrate them into overall core competency standards of EMDR therapy.
5. Define and maintain cultural competence standards for EMDRIA approved educational programs, trainers and EMDRIA approved consultants.
6. Compile knowledge, and support education and training regarding culturally competent EMDR therapy.
7. Support innovation and research related to culturally competent EMDR therapy.
8. Promote to the public, mental health organizations and policy makers the ways in which EMDR interventions have demonstrated cultural competence and effectiveness.
9. Collaborate regarding cultural competence with other EMDR and non-EMDR organizations.

Social/Cultural Identity

A social or cultural identity is a person's sense of who they are based upon groups they identify with or how they are viewed by others. Social identities can have both positive and negative feelings associated with them. Sometimes people are aware of the importance of these identities, sometimes they need to be explored to be better understood.

Pick one or more identities you would like to explore.

Ethnicity/Race

Age

Sex/Gender

Family role (parent, child, sib., spouse)

Work/Career

Social class (past/present)

Region (geographic)/Citizenship

Sexual/affectional orientation

Social interests/

Life path

Political views

Religion/Faith

Economic status

Intellectual style or ability

Physical abilities/disabilities

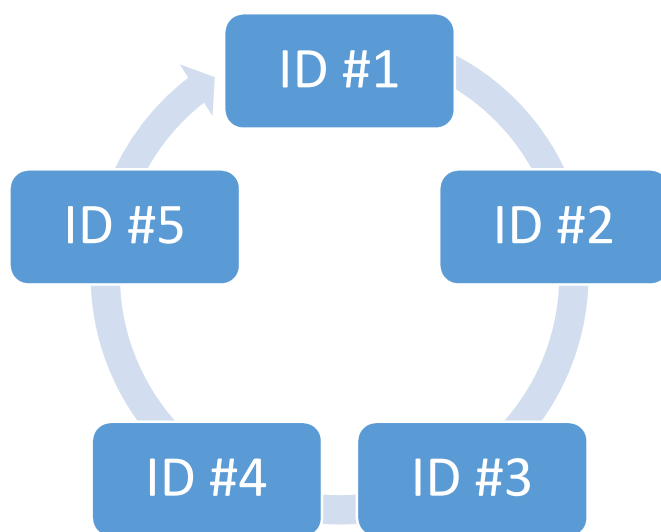
Physical appearance

Health status

Mental health status

Family/ancestral background

Other _____



1. Identify and list one to five personal social identities.

Social Identity 1 _____

Good memory _____

Bad memory _____

Social Identity 2 _____

Good memory _____

Bad memory _____

Social Identity 3 _____

Good memory _____

Bad memory _____

Social Identity 4 _____

Good memory _____

Bad memory _____

Social Identity 5 _____

Good memory _____

Bad memory _____

2. Resource development and enhancement- *As you get in touch with your positive memory, notice what positive qualities, feeling or beliefs about yourself you associate with that memory?*

- **Install positive associations and enhance with sets of BLS.**

3. Future template- *Holding in mind those positive qualities/feelings/beliefs, imagine carrying those qualities into the future. (Identify specific upcoming experiences if appropriate.)*

- **Enhance with sets of BLS.**

4. Explore negative memories and identify targets for reprocessing. *As you get in touch with your negative memory, how disturbing does it feel to you now on a scale 0-10? This*

5. Consider targeting negative memories for reprocessing.

6. Repeat with other identities.

Dimensions of social identities.

Social identities can have many characteristics. Below is a list of important dimensions of these identities. Given the limits of space in this chapter, they will not be discussed in detail though I am hopeful that the distinctions are evident and that this list will serve as an easy reference tool. Discussing these dimensions with the client can be helpful. Sometimes these differences can be more accurately viewed along a spectrum.

1. Visible to others or invisible to others (skin color/affectional orientation)
2. Conscious or unconscious (aware of identities meaning/unaware- meaning latent)
3. Ego syntonic or ego dystonic (aligned with identity/ in conflict with it)
4. Chosen or assigned by others
5. Valued by the person or not valued by the person
6. Valued by one's family or not valued by one's family
7. Valued by others beyond family or not valued by others beyond the family
8. Constant or temporary
9. Contextually variable or relatively stable
10. Accepted actively or passively or rejected actively or passively
11. Minority identity or majority identity
12. Easily assimilated into broader culture or difficult to assimilate
13. In relationship to another person, the identity is in-group or out-group
14. High status or low status
15. Earned or unearned

Targeting Prejudice: EMDR Protocol for Targeting Prejudice and Hostile Externalized Beliefs

This protocol is designed to target and transform hostile attitudes, negative stereotypes and prejudice.

Sometimes clients have negative beliefs (often referred to within EMDR therapy as negative cognitions (NCs)) that are linked to perceptions of others. These negative beliefs take forms such as hostile judgments and attitudes toward others, stereotypes and prejudiced beliefs. This protocol helps illuminate and transform these often unconscious beliefs.

In the protocol, the term Externalized Negative Cognitions (ENCs) is used for the negative beliefs about the target of the belief (the "other"). While typically in EMDR therapy we see the value of identifying and accessing a client's negative beliefs about themselves, many client's negative beliefs about themselves are obscured by a negative belief that is externally focused. Rigid, inaccurate perceptions about others are often negative projections of internal issues that remain unprocessed due to the external focus of responsibility. Also concerning is the impact these beliefs may have when they inform discriminatory or abusive behavior toward the object of the negative belief. Generally speaking, chronic prejudice and hostility are manifestations of lack of information, misinformation and dysfunctionally stored information based upon unresolved traumatic or disturbing past experiences and thus should be treatable with EMDR. Prejudice is also often reinforced by existing social values. EMDR clinicians must maintain awareness of the externalization process to help identify ENCs and point them out explicitly to clients in an appropriate clinical manner because these beliefs often lie unexamined and unlinked to internal experiences.

Often, clients have hostile attitudes, judgments and prejudices toward individuals associated with a group of people to which a person has a prejudice. These attitudes are generally self-limiting for the person who carries them and often cause harm to the targets of these attitudes.

Sometimes these prejudice-driven negative beliefs about others come to light in such forms as "justified" emotional rage, "reasonably" drawn judgments, "commonly accepted" attitudes and go unchallenged by those that share them. Sometimes these attitudes are more latent, ego dystonic biases that a client does not want to have and may feel shame about.

Prejudicial attitudes are learned and can be dismantled when they are targeted for EMDR reprocessing. ENCs may be identified as a treatment issues to be addressed during Phases 1 and 2 or may appear as a block to identifying a negative belief (NC) about the self during the Phase 3 Assessment before reprocessing.

Wherever possible, during the history taking and preparation phase, clients can be guided to identify an apparent "ENC" and assisted to identify a negative belief about the self that is associated to the ENC. This may help prepare for a more efficient Assessment Phase.

Often, however, this issue emerges during the Assessment Phase. In this case, the clinician may sense the presence of an ENC that blocks access to the NC about the self. In this case, it can be helpful to identify the ENC and then move to the NC about the self.

In addition to opening access to the NC about self, the identification and articulation of the ENC about the other generally leads to illumination about externalized negative beliefs as they may link to personal trauma as well as to current life difficulties.

It is also effective to identify an externalized positive cognition (EPC). Sometimes, the difficulty a client has maintaining a positive belief about another person is an indicator of the strong EPC. So it is important that therapeutic work bring about more adaptive EPCs. The script offers the option of asking the client for a more adaptive EPC during the assessment phase in a manner parallel to how the standard PC about the self is identified. However, if this adaptive EPC is not easily accessible to the client, do not force it. Whether this step is taken or not during the assessment phase, an adaptive EPC should be identified and installed during the Installation Phase.

Scripted EMDR Protocol for Targeting Prejudice and Hostile Externalized Beliefs

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Phase 2: Preparation (if needed)

- Normal preparation as needed.
- Consider reprocessing prior memories of being the target of discrimination. This builds adaptive empathy and realizations that can assist the prejudice reprocessing.
- *What is a personal quality of yours that will help you address this prejudice (e.g. open-mindedness, sense of fairness, curiosity)? Can you think of a time in your life where you had this quality? Access memory and enhance with bilateral stimulation (BLS).*

Target selection: Identify prejudice. *What is the prejudice (stereotype, hostile belief) you would like to reprocess today?*

What prejudice would you like to address?

Phase 3: Assessment

Picture/ image: *What memory/thought related to the subject of the prejudice evokes the strongest reaction? What specific picture comes to mind?*

Externalized Negative Cognition (ENC): Negative Cognition: *What words go with that picture that best describe your negative belief about the subject of the prejudice now?*

Negative cognition (about self): *What words go with that picture and that belief (repeat ENC) about the subject of the ENC that best describe your negative belief about yourself now?*

Positive Cognition: *When you bring up that picture, what would you prefer to believe about yourself instead?*

VoC: *When you think of at that picture/image/incident, how true do those words (Repeat PC about the other from above) feel to you now on a scale from 1 to 7 where 1 feels totally false and 7 feels totally true?*

1 2 3 4 5 6 7

Emotions: *When you bring up that picture and those words (Repeat the NC), what emotion(s) do you feel now?*

SUDs: *On a scale of 0-10, where 0 is no disturbance or neutral, and 10 is the highest disturbance you can imagine, how disturbing does the incident feel to you now?*

1 2 3 4 5 6 7 8 9 10

Body: *Where do you feel it in your body?*

Phase 4: Desensitization and Reprocessing

Proceed to reprocess with normal procedures. If a recent memory, consider a float back to earlier memories.

If SUDs moves to zero or one, proceed to installation.

Installation:

Positive Cognition: *When you bring up the original subject of the prejudice, do the words "repeat the original PC" still fit, or is there another positive statement you feel would be more suitable?*

Assess VoC (1-7), *Hold the PC and the subject together.* Sets of BLS to strengthen.

1 2 3 4 5 6 7

Administer BLS to strengthen PC to most adaptive resolution

Do not complete Body Scan yet.

Evaluate Externalized Negative Cognition: *From 0 (completely false) to 5 (completely true), how true do the negative words about the subject of the disturbance (repeat original ENC) feel now?*

0 1 2 3 4 5

If 1 or 2, apply BLS to see if negativity comes to zero or ecologically correct. The clinician should look for generalized or exaggerated nature of the negativity to dissipate. Sometimes there is some truth to a belief. Proceed to installation of a positive cognition related to the original subject.

If over 2, look for another memory target that is linked to the continued externalized negative belief.

Externalized Positive Cognition (EPC): *When you bring up the original subject of the prejudice, what positive or neutral words describe a revised belief that you now hold about the subject of the original prejudice?*

VoC: *Think about the subject, and those words (Repeat PC from above). From 1 (completely false) to 7 (completely true), how true do they feel?*

1 2 3 4 5 6 7

Hold them together. Administer BLS. Continue to strengthen to most adaptive resolution.

Perform Body Scan

Closure: If session is incomplete, get SUDS of original and current target.

1 2 3 4 5 6 7 8 9 10

Whether desensitization was complete or not, consider returning to the original target and identify a temporary fitting self- related PC and externally- related PC. Install. The purpose of this is to assure an improved belief toward the targeted issue as the session ends in the event that the client will be interacting with the target of the negative belief.

Create closure and containment.

Protocol for Targeting Social Privilege and Advantages

Would you like to explore issues related to any advantages or privileges that you have in life related to your any dimension of your social identity such as race/ethnicity, nationality, social class, sex, appearance, age, education, etc.? If yes, then... When you think of one or more of these advantages, what comes to mind? Take a moment to notice some of these advantages with an attitude of appreciation and gratitude. Enhance positive associations with sets of bilateral stimulation (BLS). Instruct the client to put any disturbing feelings into a "container".

What is a personal quality of yours that will help you consider the experience of those who do not have these advantages? (e.g. honesty, courage, curiosity)? Can you think of a time in your life where you had this quality? Access memory and enhance with BLS.

When you think of another person or group of people who have been disadvantaged, what comes to mind? What specific image most clearly captures these disadvantages? Proceed with standard protocol.

Targeting Social Disadvantages

Would you like to explore issues related to any disadvantages that you have in life related to your any dimension of your social identity such as race/ethnicity, nationality, social class, sex, appearance, age, education, etc.? If yes, then... When you think of one or more of advantages that you do have in life, what comes to mind? Take a moment to notice some of these advantages with an attitude of appreciation and gratitude. Enhance positive associations with sets of BLS. Instruct the client to put any disturbing feelings into a "container".

What is a personal quality of yours that will help you consider the reality that others have advantages that you don't? (e.g. strength, courage, resilience)? Can you think of a time in your life where you had this quality? Access memory and enhance with bilateral stimulation (BLS).

When you think of another person or group of people who have advantages that you don't, what comes to mind? What specific image most clearly captures these advantages?

Proceed with standard protocol.

Treatment Planning- integrating social identity

1. Identify three of your clients who have likely faced significant stigma or oppression in their life.
2. Imagine being one of those clients and explore their possible Blocking Beliefs related to bringing these issues forward in therapy. (check those that seem possible.)
3. Look at Therapist Blocking Beliefs, and identify possible barriers that you might have (or might have had before this training), related to bringing attention to these issues with certain clients in their therapy. (check those that seem possible.)
4. Perform a Future Template to envision a plan for you to address these issues in future clinical sessions with a client. (See below)

Future Template:

1. Establish and access a positive cognition, a personal quality, a skill and/or another resource that will help with the future plan
2. “Holding _____ in mind, I would like you to imagine coping effectively with_____”
3. Sets of BLS to refine and enhance.

Enhance with multiple sets of BLS until fully strengthened. Add in new skills and resources as needed.

If significant distress continues, target and reprocess memories linked to the distress.

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