



## **Getting Mental Health Support Shouldn't Have To Be Edge Play; Find A Therapist Who Gets You In The SMPD**

by Sossity Chiricuzio, PQ Monthly

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Having to argue about whether temporary piercings as part of a grief ritual can be a healthy self expression is not conducive to my mental well being. Having to defend my sexual choices and expression, or my choice of partner(s), or our relationship structure, or inclusion of other people in those is not conducive to my mental well being. Having to convince a therapist about the validity of your identity is not conducive to anyone's mental well being.

There are many therapists here in Portland who agree, and have come together to form the SMPD (Sexual Minority Provider Directory,) an online directory of local therapists that specialize in supporting diverse sexual identities and expressions, and alternative relationships structures. I asked them to share some of their thoughts about the landmarks of kink, polyamory and radical sex in the Portland mental health landscape. (A full listing of the providers can be found at [gltbcounseling.com](http://gltbcounseling.com).)

**PQ:** *What catalyzed the formation of the SMPD?*

**Kirk Shepard, MA:** The SMPD began in the year 2000 as an informal response to the growing need for clinicians who were well-informed and compassionate to LGBT folks. It was originally called the Sexual Minority Providers Alliance and consisted of LGBT identified therapists. Many of the founding

clinicians are still on the directory today. In the past year we have expanded to include clinicians who support non-monogamous relationships and diverse forms of sexual expressions.

***PQ:** Has the need for kink/poly friendly therapists increased in the last decade here in Portland? If so, what do you think are the contributing factors?*

**Megan Wyckoff LCSW:** In a recent survey by the Mercury, nearly 42% of Portland identified as something other than monogamous and 33% as something other than heterosexual. Portland hasn't always been welcoming to these populations and it is still a challenge for some to be "out" and open as there are still ramifications at work, in families and communities.

That said, I think we are seeing a large cultural shift around marriage and relationships, with a greater acknowledgment and understanding that desire isn't always vanilla, and relationships and loving can look many different ways. Ensuring that these communities have a wealth of resources and access to well informed providers is essential for the over-all wellness of the city.

***PQ:** Even with something like 50 Shades Of Gray, and the exploring it has inspired, the realities of kink are still largely a mystery to the general public. How do you see this playing out in mental health?*

**Meg Jeske LPC:** I believe it is our job as clinicians to be a safe place to bring questions, concerns, experiences both positive and negative, and that we need to know enough about the type of kink being explored to provide support. We should not rely on our clients to teach us what we need to know, that's on us—to read, network, consult with peers or supervisors to fill in any gaps in our own understanding.

I also think the widespread popularity and accessibility of something like *50 Shades* creates an opportunity for mental health folks to add questions about BDSM to our usual inquiries about the sexual and relational lives of our clients. Being the one to broach this topic could create the necessary permission for a client to speak openly about these aspects of their desire and their experience.

***PQ:** There has been a long running division in the queer community around mainstream vs.*

*alternative, including disparities reflected in income and resources. How do you see this reflected in terms of mental health, and how do you address it?*

**Joseph E. Doherty, PhD:** Stigmatization and judgment of each other within the queer community sadly has been a longstanding and painful issue, inflaming the lack of belonging that ALL queers already feel in the 'mainstream' world. I see it complicating the trauma my patients have already experienced, so as a Psychotherapist I take the lead in naming it and making it 'safe' for it to be discussed in the therapy office.

Patients need to know that it is not only OK but healthy to honor their specific feelings surrounding their marginalization and stigmatization by their 'own' community. Honoring the fragmentation of the GLBTQQI to my patients decreases the feeling of isolation and separation from others and 'normalizes' (for lack of a better term) their personal experiences.

*PQ: Relationships are often complicated by differences like class, culture, politics or age; but there can also be differences in needs around relationship structure and sexuality. What have you learned about working with couples in this situation?*

**Kacee M. Markarian, MA. LMFT:** Being a therapist shows me firsthand that each person and each relationship is beautifully unique. When it comes to differences in needs, it's important to question assumptions about what can and cannot work for any particular relationship. Radical love in the 21st century more often includes radical acceptance and celebration of your partner's needs. That's possible even when those needs are radically different from your own, as long as basic needs such as love, appreciation, emotional intimacy, and mutual trust are the foundation of the relationship.

When the individuals in a relationship express differing needs and desires in the realms of relationship structure and sexuality, harmony is more likely in the context of self knowledge and honest, open communication. Wildly divergent desires can be, at the extremes, either a liberating pathway to deeper connection and self awareness or a dark road filled with confusion, chaos and suffering. If people are willing and able to have clear communication by taking personal responsibility for their own emotional reactions to perceived threats to the relationship, they're more likely to find harmony.

***PQ:** Gender is evolving quickly these days and the general population often doesn't keep up with information and language relating to genderqueer, agender and transgender people. How do you handle this topic with your patients, and what advice do you have for people when they meet someone whose gender they find perplexing?*

**Anna Cullop, MA, NCC**

I strategize with my clients to relieve feelings of burden, like providing well-informed resources to those who are uninformed rather than using their own experience as a teaching tool. We largely work on increasing resiliency, self-worth, healthy boundaries, and building community that is both knowledgeable and affirming.

If you are perplexed by someone's gender presentation, try stepping back and sitting with the discomfort. Ask yourself "What about my upbringing, cultural norms, privilege or beliefs are being confronted in this moment?" so you can begin to unpack whatever fears or phobias are present. Get familiar with gender neutral pronouns like "they and them," and work on using language that is affirming to everyone, "hi folks" verses "hi guys."

***PQ:** If there were one piece of advice you could give to a therapist encountering a client who is kinky, poly or otherwise sex radical for the first time, what would it be?*

**Kirk Shepard, MA:** When clients are in a monogamous, hetero-normative and/or vanilla relationship and are struggling with jealousy, sex, or intimacy, they can call a therapist or run to a book store and find tons of resources and support. Clients who are kinky, poly, or sex radical should have the same opportunities to be seen and heard without judgment. There are many ways to engage with sexuality and relationships. I encourage other therapists to confront their own fears and socially imposed norms about relationship structures and sexual partners.

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