

# SELAH - PAUSE AND REFLECT

**Celebrating June with**

**PRIDE!**

As we enter pride month, we can't help but look back on how psychology and psychotherapy have evolved over the years to be more inclusive of queer individuals. It's no secret that psychology/psychiatry has had a dark history in regards to homosexuality and queer identities with its use of conversion therapies, categorizing homosexuality as a disorder, and of course, putting the blame on mothers who are 'too smothering' for when their sons identify as homosexuals.

After categorizing homosexuality as a disorder (mainly a political decision) in 1950 the American psychiatric association received a lot of backlash for its decision and eventually removed it from the DSM. Today, DSM and APA maintain the stance that: "for behavior to be termed as a psychiatric disorder it had to be regularly accompanied by subjective distress and/or some generalized impairment in social effectiveness of functioning".

"I had been thrown out of a residency because I was gay; I had lost a job because I was gay. That perspective needed to be heard from a gay psychiatrist by an audience that perhaps might be more inclined to listen to a psychiatrist." - Dr. John Fryer at APA's 1972 panel: "Psychiatry: Friend or Foe to Homosexuals? A Dialogue."

There have also been varying takes and theories on homosexuality throughout the field's history. Freud viewed homosexuality, not as a disorder but as an arrested state of normal sexual development, a result of the Oedipus complex. Ellis later theorized that people 'choose' to be homosexual or heterosexuals and the only reason homosexuals are considered to be deviants is that they are a minority group.





For a long time, it was believed that trauma, family dynamics, and gender identity somehow play a role in an individual's sexual orientation. Data from various researches confronted these beliefs and Kinsey developed a scale to measure sexual identity, and publicly stated that sexuality is a 'spectrum and is part of a continuum of sexual behaviors.'

Today, the APA, Council of Europe, and various other organizations recommend that individuals belonging to the lgbtq+ community should not be treated as diseased individuals, and the mental health issues mainly experienced by them are due to stigma and discrimination that comes along their way. However, gender dysmorphia and lack of sexual arousal do still remain a part of the DSM. Much inclusion has been in the acceptance of homosexuality, but transgender, asexual, and other queer identities are still considered to be 'deviants'.

Acceptance has helped in the development of varying approaches and gay-affirmative therapies. Even though queer individuals seek therapy for similar reasons as strictly heterosexual individuals (stress, career or academic difficulties, relationship difficulties, etc.) they have to take the risk of experiencing anti-queer biases. There are various organizations today teaching queer-affirmative therapeutic approaches and how to be more inclusive in your practice, but there is still a long way to go for psychology and psychotherapy to be truly inclusive.



# Quick Picks

Here is a non-exhaustive list of pronouns that you can familiarise yourself with:

<i>He/She/They</i>	<i>Him/Her/Them</i>	<i>His/Hers/Theirs</i>	<i>Himself/Herself/Themself</i>
CO	CO	COS	COSELF
EN	EN	ENS	ENSELF
EY	EM	EIRS	EMSELF
XIE	HIRE ("HERE")	HIRS	HIRSELF
YO	YO	YOS	YOSELF
ZE	ZIR	ZIRS	ZIRSELF
VE	VIS	VER	VERSELF

Using these references, some examples can look like -

- Ze laughed with zir friends, enjoying zirself.
- Xie laughed with hire friends, enjoying hirself.
- Co laughed with co friends, enjoying coself.

To learn more about pronouns, you can access the blog on our website, [www.roomthespace.com!](http://www.roomthespace.com!)



# What's new in World of Mental Health

New research shows no evidence of structural brain change with short-term mindfulness training. Previous research done in 2018 suggested that there are observable changes in the brain structure after one follows the 8-week Mindfulness-Based Stress Reduction (MBSR) practice. This research also alleged that the changes also impact the levels of anxiety and depression among participants, where there were reduced levels of said symptomology.

The conversation around changes in brain structure is referred to as "brain plasticity" or "neuroplasticity" in which the brain has the ability to modify its neural connections or rewire itself. This is an important topic of research in the field of neuroscience and psychology because this is observable and without this ability, humans, as well as animals, would be unable to develop from infancy to adulthood. Neuroplasticity also plays a role in recovery from brain injuries.

There have been many pieces of research that try to explore the benefits of neuroplasticity and how we can amplify them to help with other behavioral practices.

This led to researchers looking into the connection between a stress reduction practice and whether or not it might help induce or increase levels of brain structure changes which would in turn benefit the individual in dealing with neural as well as emotional regulation better.

In the late 1970s, an 8-week Mindfulness-Based Stress Reduction (MBSR) program was developed by Jon Kabat-Zinn. This program, since its emergence, has been and still is considered an effective technique used to help with stress and coping with GAD (Generalised Anxiety Disorder), dealing with pain, and improving overall emotional regulation.

Mindfulness-based practices have been seen to be beneficial for all and there have been many long-term improvements seen in practitioners of meditation, mindfulness, and following yoga as a lifestyle.

The MBSR program was developed to be used in clinical practices where it could assist in patients' ability to cope with pain, emotional regulation, etc. This short-term practice of Mindfulness only introduces one to the concept, but to reap actual benefits, individuals need to adopt mindfulness as a lifestyle. Only then, when you familiarise yourself with the practices and techniques and make it a part of your daily routine, will you experience the true impact on your mind and body.

Past research in this decade has been able to find connections between brain structure changes after following the MBSR program. However, these were short-term practices and the longitudinal benefits of such research are yet to be discovered.



Another point to be noted is that these have been small-scale studies that cannot be generalized until reassessments are done with a wider population in mind. Kral et al., 2022 conducted recent research to assess whether the 8-week program truly has an impact on the brain structure. For this, 218 participants were chosen to go through the MBSR program and then assessed to observe any structural changes in the brain. In their research introduction, they mentioned, "(Previous) findings from a few small studies have permeated popular media with the notion that few weeks of training in MBSR can lead to measurable changes in brain structures and have been sighted over 3200 times combined." This is one of the major reasons why we need to keep testing the reliability of any research so that spreading misinformation can be avoided.

In their research, they assessed grey matter volume and density along with other aspects of the brain to observe any changes. Davidson's team was unable to reproduce the previous results seen in the research. This concluded that short-term MBSR does not cause changes in the brain structure. Kral et al. explained, "In the largest and most rigorously controlled study to date, we failed to replicate prior findings and found no evidence that MBSR produces neuroplastic changes compared to either control group, with either the whole-brain level or in regions of interest drawn from prior MBSR studies."

According to these findings, we can also say there is a need for intervention that's long-term and we cannot try to work on our mental health and well-being with short-term practices or quick remedies.

For a long time, there has been the trend of mindfulness which has taken control over the alternative practice for better mental well-being. At the same time, there is the polar opposite section which identifies it as an overhyped practice and advocates more on its potential downsides.

Whatever opinion one chooses to have is based on one's experience and is valid. Nevertheless, we need to acknowledge the research being done and the knowledge that comes with it. We need to be aware of the misleading information and how to maintain the authenticity of practice. There is no one fix for better mental health or brain development and this has been proven time and again. It is an amalgamation of healthy practices, habits, genetic disposition, environmental stimulation, and personal efforts. These include working on oneself and also using the practice of Mindfulness if that's what suits your growth. Mindfulness in itself might not give you all the answers you look for. It is a tool to add to your practice of learning and growing. Long-term practices will reap better results than quick fixes.

This finding was noteworthy because it allows us to be wary of gimmicks and understand that development and growth is a long and time-consuming process. Researching and educating ourselves will only help us in making more informed choices.



# Self Care Activity

*As a self-care activity, recall on a recent goal you were unable to achieve and reflect on these questions:*

1. How SMART was your goal?

<b>S</b> Specific	<b>M</b> Measurable	<b>A</b> Attainable	<b>R</b> Realistic	<b>T</b> Time-bound
<p>Do: Set real numbers with real deadlines.</p> <p>Don't: Say, "I want more visitors."</p>	<p>Do: Make sure your goal is trackable.</p> <p>Don't: Hide behind buzzwords like, "brand engagement," or, "social influence."</p>	<p>Do: Work towards a goal that is challenging, but possible.</p> <p>Don't: Try to take over the world in one night.</p>	<p>Do: Be honest with yourself- you know what you and your team are capable of.</p> <p>Don't: Forget any hurdles you may have to overcome.</p>	<p>Do: Give yourself a deadline.</p> <p>Don't: Keep pushing towards a goal you might hit, "some day."</p>

2. What helped you get closer to achieving the goal?

3. What factors had you miscalculated?

4. What are the things YOU can do to manage for these miscalculations in your next attempt?



# What's happening at Room?

- **Queer Affirmative Workshop** - Room is hosting an online workshop on 26th June 2022 to explore the inequalities, their impact on mental health, and distress experienced by the queer community. It is an attempt to encourage affirmative behavior towards the Queer community and promote their well-being. To sign up, please visit the website or write to us at [info@roomthespace.com](mailto:info@roomthespace.com)
- **Training and Internship** - Room offers internship and training programs for freshers and professionals looking to brush up on their counseling skills and gain skills in the humanistic and existential approaches. Details about the internship and training program and registration link are up on our website.

## Monthly Takeaway

*“I like the wine  
&  
not the label.”*

-David Rose, Schitt's Creek

