Doi: 10.32481/djph.2025.07.14

The Role of Dissociation in Surviving Severe, Systemic Bullying:

A Reflective Narrative for EMDR Therapists (and Trauma-Responsive Clinicians Serving LGBTQ+ Folx)

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Abstract.

The LGBTQ+ Community is experiencing a very organized, legislative effort to stop, block, and halt medical and mental health services at both the state and federal levels of government, and yet LGBTQ+ people experience higher rates of PTSD, warranting an imperative need for access to these services. This article will focus on how repetitive, systemic bullying often leads to complex trauma and dissociative experiences for survival, and how an integrative, culturally responsible therapeutic approach is necessary for EMDR trained therapists (and trauma-responsive clinicians).

Complex PTSD as Lived Experience: Growing Up Gay in Gettysburg, PA

It is easier for me now to close my eyes; and remember.

It is easier for me to remember, in part, because I am no longer alone. *I feel safe enough to process the trauma*, but make no mistake, it is not an easy time to remember. It is not an easy time to remember because the current political/social climate is like an extreme case of severe bullying that is both traumatizing and RE-traumatizing for many people within the LGBTQ+ community. The ACLU is tracking almost 600 anti-LGBTQ+ legislative bills as of June 2025, and the website TransLegislation.com has recorded over 940 bills introduced just this year

There was a time I lived without the memories of extreme bullying, having successfully blocked them from my prefrontal cortex so that I could focus enough just to graduate and get the hell out of Gettysburg to start a new life. I grew up in a town and at a time when being seen as a member of the LGBTQ+ community made one a target.

The trauma experienced by systemic oppression leads to masking one's sexual orientation and/or gender identity for years,[1] which often leads to the risk of increased social isolation (particularly among family, peer, or community support for fear of rejection) and dissociative experiences as adaptive tools for survival. This level of isolation magnifies and exacerbates negative narratives of self in addition to social isolation. It is arguably the strongest and most reliable predictor of suicidal ideation, suicide attempts, and lethal suicidal behavior among samples varying in age, nationality, and clinical severity.[2] In *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*, Surgeon General Dr. Murthy refers to scientific research saying, "About one in two adults in America reported experiencing loneliness" with LGBTQ+ individuals identified as having higher risk."[3]

I recall the spring of 1986. I can see the black rotary phone. I see my hand picking up the receiver to answer the call. I hear a male voice on the other end call me a dyke before also declaring that I would end up like Craig if I wasn't careful. Craig's body was found a few days

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earlier after being declared missing for several months. He was murdered. The severe bullying I was experiencing during my senior year of high school began when I was in 5th grade and had only escalated over the years.

Funny, not funny, is that my situation isn't a "one-off" or "an anomaly;" and without knowing for certain through news articles or Tik-Toks, I know for certain that many of our nation's LGBTQ+ plus kiddos, young adults and those of us who escaped our childhood bullies years earlier are experiencing trauma/re-traumatization, as well as engaging in all kinds of means to distract and dissociate–in both adaptive and maladaptive ways–from our current cultural climate.

Who was Nex? Who is Nex.T?

When I first heard about Nex Benedict's death in February 2024, I just knew it would be labeled death by suicide, and yet the actual cause was external to Nex.

The death of Nex Benedict represents countless numbers of kiddos who lose hope in a country, a community, a school, and yes, even and especially in their homes. These are spaces where they are subjected to narratives of **conditional** love, being unwanted just because of who they are, and being told they will go to hell if they do not change their ways. Nex ***was*** loved by their family, yet it wasn't enough to save them from the adverse impact of severe, relentless bullying because of who they were.

Calls are surfacing to reintroduce conversion therapy under new aliases, such as gender exploratory therapy. Lawmakers and branches of our federal government are using the fear of legal action and/or pulling federal dollars from state services offered by medical/mental health providers who follow evidence-based, culturally responsible, and legal gender-affirming care. This will lead to more trauma, more dissociative measures to survive the onslaught, and more lives lost because of ignorance and fear.

One of the worst traumas to experience and the most challenging to heal with is attachment-based trauma. This type of trauma includes what should ***never*** have happened to a person, as well as what ***never*** got to happen. Thomas Zimmerman, author of EMDR With Complex Trauma, succinctly outlines the developmental costs of attachment wounding, which leads to complex PTSD[4]:

1. A child not getting their needs met was wounding, and
2. The child is often blamed by the caregiver for having those needs, which leads to more wounding
3. The child has to develop coping strategies to survive those unmet needs, which is also wounding
4. A child, because of points 1-3, is probably missing a lot of the implicit learning (adaptive information/resourcing) that getting their needs met would have provided.

Humans are incredibly resilient, and our brains are amazingly adaptive to all kinds of environments. We are wired for survival, and so when the environment (caregivers/culture/community) doesn't provide all that would be wonderful to develop the mind, body, energy/spirit, and emotion to the fullest potential, we will modify and adapt to survive.

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The Four Selves

What follows is one possible way to explore creative adaptability, by engaging how the brain has different "selves" that process and interpret the environment from the framework of being LGBTQ. (Though, make no mistake, every human has the four selves!)

Conceptual Self

LGBTQ+ newborns are more often than not born into heterosexual/cisgender homes in which they are groomed for certain gender roles, beginning with gender reveal parties that announce what family/society expects of them while developing in utero. The creation of the conceptual self may begin before birth as a developing fetus hears parents talk to them, and perhaps tells them what they will be when they grow up!

I once had a client who identified as transgender say to me, "I think the first time I dissociated was sex assigned at birth." I believe them.

The conceptual self refers to our cognitive understanding of who we are - the mental models, beliefs, and narratives we construct about our identity. The *conceptual self is initially largely language-based and socially constructed*, involving both how we see ourselves and how we believe others see us. It is the stories people tell us about ourselves, and the stories we are told we need to align with. For example, many little children are told that *boys play with trucks and girls play with dolls* in our binary construction of gender.

Somatic Self

While the LGBTQ+ kiddo is growing up in a culture/community that centers the cisgender/heterosexual experience, their *somatic self never stops talking* with them. The somatic self is our embodied, physical sense of being. It encompasses our awareness of bodily sensations, physical boundaries, and the felt sense of inhabiting our body.

This includes: proprioception (awareness of body position), interoception (awareness of internal bodily signals like heartbeat or hunger), and the general sense of physical presence in space. The somatic self is largely pre-cognitive and immediate - it's how we know where our body ends and the world begins, and how we feel grounded in physical reality…*or not.*

Diane Ehrensaft in her book *Gender Creative Child*, encourages the reader to move from the socially constructed gender binary narrative to a more gender-expansive understanding, which she calls the gender spectrum. She speaks about the "Gender web [which] proposes that gender is a three-dimensional construction and that all children weave their gender web based on three major threads: nature, nurture, and culture–to arrive at the gender that is 'me'.[5]

She unpacks *Nature* as chromosomes, hormones, hormone receptors, gonads, primary sex characteristics, secondary sex characteristics, brain, and mind; and *Nurture* as socialization practices and intimate relationships (usually housed in the family, the school, peer relationships, and religious and community institutions), while *Culture* is society's values, ethics, laws, theories, and practices; and declares:

> Gender creativity is children's use of fanciful thinking, perseverance, fortitude, and finesse to incorporate the world around them into their inner psych and their gender as they know it and want it to be.

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Like artists with thread and loom, children possess inherent creativity to weave their authentic gender identity and sexual orientation through exploring possibilities. When the caregivers function as supportive witnesses, holding space for this creative process and reflecting emerging expressions back to the child, secure attachment develops. Unfortunately, many LGBTQ+ children lack this experience because parents often replicate their upbringing, perpetuating intergenerational trauma.

The Thinking Self

LGBTQ+ children often experience early conflict between their somatic self and conceptual self within cisgender/heterosexual culture. Their thinking self assumes control, attempting to solve the distress by disconnecting from authentic body narratives about identity and attraction. This thinking self—our internal narrator and decision-maker—may become like a drill sergeant forcing the somatic self to conform to dominant cultural expectations. They do this by incorporating dissociative tools to mask as successful assimilation for as long as the thinking self can enforce the forced narrative.

The LGBTQ+ thinking self dissociates from authenticity, working overtime to compartmentalize somatic experience and align with conceptual expectations for caregiver and community approval. This creates a disconnection from the body's wisdom about true identity and love.

The Observational Self

The observational self is the capacity to witness our experience without complete identification, noticing thoughts, emotions, and sensations without being consumed. This awareness cultivated through mindfulness practices provides meta-cognition and continuity, allowing us to float above cultural narratives and recognize: *I am different from the stories told about me, and I feel called to walk a path that has not been presented to me*.

Dissociation is contextually adaptive or maladaptive. The observational self's separation from dominant, constricting narratives allows young people to explore their inner sense of being, asking, "Who am I?" This is when LGBTQ+ youth find a voice to name their truth and seek their tribe.

LGBTQ+ children are born into isolation, raised by cisgender/heterosexual caregivers subscribing to binary narratives, while hearing from politicians, principals, and preachers that they are not enough. This attachment-based trauma occurs within a community; therefore, healing requires affirming the community. LGBTQ+ people need their tribe—family of choice– with a DNA connection being bonus points. Finding our people means finding affirmation, unconditional love, and encouragement to live authentically.

Delaware: An Affirming State; and Yet…

Delaware is becoming a destination state for LGBTQ+ persons and families. Parents are deciding to relocate to a state that will support their LGB and especially TQ+ children. If one were to research the legal protections for LGBTQ+ folx in Delaware, one would see the First State ranks as one of the safest places to be if LGBTQ+; and yet the Gay Lesbian Straight Education Network (GLSEN) published the findings of the 2021 National School Climate Survey demonstrating Delaware schools do not feel safe for most LGBTQ+ secondary students.[6] The 2024 results are not yet available.

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The 2021 National School Climate Survey State Snapshot for Delaware includes the following details:

In Delaware, transgender and nonbinary students in particular experienced gender-based discrimination, specifically being prevented from: using their chosen name or pronouns (40%), using the bathroom that aligns with their gender (25%), using the locker room that aligns with their gender (30%), wearing clothing deemed "inappropriate" based on gender (12%), and playing on the school sports team that was consistent with their gender (19%).

I recently led an ethics training through the NASW Delaware/NASW West Virginia chapter, comparing the statistics of both states in the 2021 National School Climate Survey. You'd think the Delaware percentage rates would be a lot better in all categories (Table 1). They *are* better, but not as strong as one would hope, and I believe the reason is that: *"You can change laws. However, it is not until you change hearts that real cultural shifts may occur*."

Table 1. Delaware vs. West Virginia: LGBTQ+ School Climate Comparison

Category	Delaware	West Virginia
Hearing Homophobic Remarks	92% of students reported hearing them frequently or often	97% of students reported hearing them frequently or often
Feeling Unsafe Due to Sexual Orientation	60% of students felt unsafe	70% of students felt unsafe
Verbal Harassment (Sexual Orientation)	65% of students experienced it	75% of students experienced it
Access to LGBTQ+-Inclusive Curriculum	25% of students had access	15% of students had access
Presence of GSA (Gender & Sexuality Alliance)	40% of students reported having one at their school	20% of students reported having one at their school

Trauma Narratives for LGBTQ+ Children: Growing Up Queer/Transgender In America

When parents struggle to support their queer children, I often say: "I'm sorry our culture made no space for your family and that you live with fear for your child's safety. I appreciate you're here learning to embody unconditional love." Most parents of transgender children are cisgender—they never questioned their gender identity because their birth assignment matched their inner knowing.

The gender binary is socially constructed; characteristics and roles associated with male/female are culturally created, not inherently biological. What "masculine" or "feminine" means is learned through social interaction, not determined by assigned sex.

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Pause and consider: "How do you know your gender identity? How did you learn what it meant to be the gender matching your assigned sex? How did you know who you were attracted to?" Our binary culture promoting cisgender/heterosexual norms means most never examine major identity aspects.

> However, when we challenge binaries of any kind, we expose assumptions that uphold them as culturally and historically contingent, rather than as ostensibly universal and "natural." When we deconstruct binaries that limit a people's way of being in the world, we open up possibilities for a proliferation of identities." Gender Binary is inextricably tied to the discourse of patriarchy, which dictates ideas of "normal" masculinity and femininity, particularly in regard to social power, authority and privilege. (p.17, p.39)[7]

Most LGBTQ+ kiddos, simply grow up with cisgender/heterosexual parents who never had a thought that maybe the newborn they were holding would be queer or transgender (it just never crossed their minds as a possibility); however, we queer folx don't get random glitter bombs dropped on us by some celestial being converting us into rainbow fabulousness. In the immortal words of Saint Lady Gaga, we are simply "born this way!"

Instead, the trauma narratives of growing up LGBTQ+ in the American landscape may be best understood this way[8]:

- Knowing at a young age you are different before knowing the words LGBTQ+
- Pretending to be who you aren't, trying to fit into the socially constructed binary narratives
- Because messages from family and community highlight your existence as flawed based on who you are and who you like/love
- Left without a safe enough mentor or coach to counter this cisgender/heterosexual norm self-hatred and shame begin to grow within the inner psyche; and
- The child is left alone, fearing abandonment by those they long to be loved by, often leaving them with a glaring choice to dissociate from who they are to survive.

Therapeutic endeavors involving LGBTQ clients—particularly Transgender and Gender Expansive individuals—requires addressing the trauma of growing up Queer in the U.S., within a framework that deconstructs systems of oppression including but not limited to: race/ethnicity, gender, sexuality, neurodiversity, disability, class, body size, religion, and colonialism. A clinician must pay attention to where they land on the Wheel of Power and Privilege, created by Sylvia Duckwork, with their clients from an intersectional framework to be most effective in cultivating a holistic therapeutic alliance for the trauma healing journey.

The Adaptive Architecture of Survival: Dissociative Resilience in LGBTQ+ Development

The dissociative continuum, originally conceptualized by Pierre Janet,[9] is explored further by both the work of Fisher[10] and Marich,[11] with the latter incorporating lived experiences from the

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global community into the clinical narrative. Dissociation is a complex neurobiological response that shifts from an adaptive resource to a crucial survival strategy based on environmental demands. For LGBTQ+ individuals navigating identity development in heteronormative systems, dissociation may often serve as a balancing act between authenticity and safety.

At the gentler end of the continuum, young LGBTQ+ individuals may practice being present without full engagement, allowing their consciousness to retreat during discussions about traditional family structures or heterosexual relationships. This response helps them maintain psychological integrity and safe connections.

As external pressures, such as bullying, increase, Fisher's idea of "going away but staying present" may emerge. Here, dissociation becomes creative adaptation; for instance, a transgender adolescent might feel their consciousness hovering outside their body during stressful events at school or home. Similarly, questioning youth may mentally disengage during conversations about dating, preserving crucial family ties while retreating to safe internal spaces.

At the more complex end of the continuum, LGBTQ+ individuals may have encountered rejection, conversion attempts, or violence. In these situations, dissociation may lead to and/or be a contributing factor to the emergence of multiple self-states. Each self-state reflects different aspects of creativity that come into existence as an act of love to protect the person.

This internal dynamic allows the person to navigate the painful choice between authenticity and safety. Dissociation serves as an adaptive response, whether it occurs unconsciously, consciously, or both. This response honors the resilience and creativity that LGBTQ+ individuals exhibit in preserving their humanity. They do this within oppressive environments that demand conformity, all while continuing to seek connection.

LGBTQ+ individuals are at increased risk for experiencing intersectional trauma, including yet not limited to socioeconomic marginalization, racial discrimination, and ableism. These compounding trauma exposures can amplify psychological distress and heighten reliance on dissociative coping mechanisms.

An Integrative Approach to EMDR for LGBTQ+ Folx

Transitions Delaware has a service philosophy that believes that mental health care is a collaborative journey between therapist and client. Our practice is grounded in trauma-informed, identity-affirming approaches that recognize the impact of minority stress while celebrating the resilience and strength of the LGBTQ+ community. We commit to meeting each client where they are, honoring their lived experiences, and supporting them in achieving their mental health goals.

This practice philosophy reflects my personal values and professional ethics over the last 35 years, providing clinical care and community training, raising the baseline for culturally responsible LGBTQ+ healthcare across the aging spectrum. I prioritize helping providers' hearts become more open, kind, compassionate, and responsible rather than simply prescribing best practices supported by policies and procedures. The “why?” matters as much as the “how?” for lasting change to take hold and become the new normal.

This principle of responsible clinical care centered in cultural responsibility matters with Eye Movement Desensitization and Reprocessing (EMDR), too, as a wonderful treatment modality

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for working with LGBTQ+ folx who have experienced trauma, especially complex trauma; and like all treatment models works best from an integrative, collaborative framework.

Interweaving Modalities

Integrating EMDR with narrative therapy, Internal Family Systems, somatic interventions, and mindfulness cultivates holistic trauma treatment addressing cognitive, emotional, somatic, and existential dimensions. During preparation, narrative exploration identifies problem stories while parts work acknowledges trauma-carrying aspects of Self-states (Parts)/Ego states (parts). Somatic awareness and mindfulness strengthen dual awareness and distress tolerance for effective processing while also cultivating opportunities for System Mapping and increased internal communication among Parts of the System.

The processing phase enriches bilateral stimulation by facilitating memory integration, internal parts communication, nervous system awareness, and mindful witnessing. Somatic techniques maintain optimal arousal while Parts/parts work honors internal complexity without pathologizing protection. Post-processing integration uses narrative re-authoring to weave experiences into empowering life stories with input from different Parts/parts.

This model effectively treats complex trauma's fragmentation across multiple domains. Combining EMDR's processing efficiency with modalities addressing meaning-making, internal coherence, embodied healing, and present-moment awareness offers comprehensive recovery, honoring trauma's complexity and human resilience.

The Narrative Approach: Client-Centered/PRIDE-Centered

Narrative therapy treats LGBTQ+ persons with complex trauma by separating authentic identity from harmful societal narratives and internalized stigma. Clinicians strengthen outcomes by intentionally reframing stories from shame-centered to pride-centered narratives. For example, transforming "I'm broken because I'm gay" (negative/shame) to "I courageously live authentically despite adversity" (positive/pride), or shifting "My transition makes me abnormal" to "My transition reflects my strength and self-knowledge." This same principle applies to persons living with strong dissociative experiences that align more with Self-states than Ego states, with the therapist either celebrating or welcoming all Parts (self-states) and all parts (ego states).

The Disorder is Not the Client: Decentering the Medical Model

As language shapes culture and culture shapes language, clinicians must reframe shame narratives away from the medical model's disease-centered, "expert-driven" approach that pathologizes normal client experiences while elevating provider authority over lived experience. Rather than post-traumatic stress *disorder* or dissociative identity *disorder*, reframe to post-trauma responses and dissociative identity experiences.

This approach helps clients distinguish their authentic selves from discrimination and rejection, reducing shame by affirming that clients did nothing wrong and are not wrong for who they are. The disorder belongs not to the person in your office, but to the systems, communities, and individuals who cultivated the traumatic events.

This collaborative, non-pathologizing stance validates LGBTQ+ identity and dissociative experiences while addressing discrimination, minority stress, and trauma's impact, enabling

clients to integrate experiences into coherent, empowering narratives that honor both identity and recovery.

Welcome All P/parts of the Client into Therapy: Acknowledging the Dissociative Spectrum

I once had a Plural Transtastic client say to me regarding their headmates, *claiming space in the external world is too often rare, yet so validating*. Coming out and being affirmed matters for LGBTQ+ folx; and it matters for LGBTQ+ folx who are plural, too, where every Part of them is welcomed and invited into the healing narrative.

Ego states (or "little 'p' parts") are flexible, context-dependent shifts in how we show up, often blending naturally in response to relationships or environments. For example, your "work self" might emerge in meetings—more confident and composed—while a call from a critical parent might draw out a younger, more defensive self. These shifts are usually smooth, like adjusting the volume on different aspects of identity to feel safe or effective in the moment. Whereas Self-states (or "big 'P' Parts")—also known as Headmates, Insiders, or System Members—are more distinct and are often, yet not exclusively, rooted in trauma or attachment disruptions. The DSM recognizes both endogenic and traumagenic formation of Parts. Unlike ego states, these Parts often have clearer boundaries, unique roles, preferences, and memories, as well as dis/likes from what will help in grounding to what is their favorite color or ice cream flavor. They may switch or remain present simultaneously, with varying levels of awareness of each other.

During all Eight Phases of EMDR, a therapist is encouraged to welcome all P/parts into the therapeutic alliance. Where ego state work focuses on fostering fluid integration and co-consciousness, self-state work involves recognizing and engaging each Part as a distinct entity, intending to build respectful internal dialogue and coordination that I like to frame as "integrative collaboration" among the headmates, partnered with a mantra "all of you(s) are stronger together."

The Layers of Identity: Transgender, ADHD, Autism, Aphantasia, Complex PTSD, Ehlers-Danlos Syndrome, and PCOS

When working with anyone in the LGBTQ+ community, especially transgender folx, please be aware that certain "complementary" diagnoses often will present at the start of care or during your therapeutic work together. A comprehensive bio-psycho-social is highly encouraged.

Beware of Flooding Out the CNS (Central Nervous System): Widen the Window of Tolerance

In EMDR (and other forms of trauma processing treatment modalities), flooding the nervous system happens when the therapist moves too quickly to process the trauma narratives with clients who have a narrow window of tolerance. A resource to understand how different Parts may be having different experience with tolerance is called The Wheel of Tolerance by Katarina Lundgren.[12] Complex trauma involves attachment breaches, and so it matters greatly for the therapist to take time to connect with every P/part presenting for therapy to cultivate opportunities for attachment repair. Additionally, each P/part may be resourced by different tools from the mindfulness and/or DBT toolbox. Working with the client to foster inner communication and collaboration to learn what tools each P/part will want to use for staying in

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the window of tolerance matters greatly. Slow and steady is fast when addressing complex PTSD.

Bringing It All Together: The Power of Community in Healing with Complex PTSD

I am still turning my gaze toward the positive energy and radiant hope felt the moment I watched Governor Matt Meyer sign Executive Order #11 on Friday, June 20th at Camp Rehoboth, making Delaware the latest state (joining at least 14 other states and Washington, DC) in providing legal refuge for individuals seeking and providing gender-affirming care, with the order explicitly protecting information of both patients and providers. Thank you, Governor!

At the moment of the signing, I realized I left out a deep sigh along with unspoken worries held in my body centering around unanswerable questions on how I would keep Transitions Delaware clients and clinicians as safe as possible during this unprecedented time in our nation. It feels really good to know that our state government is elevating our visibility and protection rather than trying to erase us from the community, which leads me to encourage you, the reader, to consider the following.

Healing with complex PTSD often involves the release of the deep, long-held, unspoken (and even unrealized) trauma from earlier times in our lives. The journey of recovery becomes more complicated when the environment is riddled with retraumatizing experiences. The daily headlines of doom may block the illumination of the two truths we, as LGBTQ+ people, are experiencing.

1. Our safety and freedom as equal citizens in this great country are under attack, **and**
2. We are not alone in the energy and effort to create a more perfect union in which we are seen and celebrated as LGBTQ+ people.

We have a community. We have allies.

If you identify as cisgender and/or heterosexual, please keep checking in and supporting your LGBTQ+ family, friends, and neighbors. Members of the LGBTQ+ community may not be aware of how the daily onslaught of attacks is impacting their central nervous system, and connecting with people who are kind and caring is some of the best healing medicine around.

If you identify as a member of the LGBTQ+ community, please remember to find your people! It can feel overwhelming, and easy for app-based analytics to flood your social media feed with negative narratives that crowd out voices reminding you that you belong, you matter, you are beautiful, you are important!

I wish to close with the words of two pioneering activists, trans liberation trailblazers, and foundational figures in the modern LGBTQ+ rights movement in the United States:

> We have to be visible. We should not be ashamed of who we are. I'm tired of living with labels. I just want to be who I am. I am Sylvia Rivera. ~ Sylvia Rivera
>
> No pride for some of us without liberation for all of us. History isn't something you look back at and say it was inevitable…It happens because people make decisions that are sometimes very

impulsive and of the moment, but those moments are cumulative realities. ~ Marsha P Johnson

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References

1. Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, *12*(1), 465–487. PubMed
2. Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010, April). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575–600. PubMed
3. Department of Health and Human Services. (2023). Our epidemic of loneliness and isolation: The U.S. surgeon general's advisory on the healing effects of social connection and community. Washington, D.C.
4. Zimmerman, T. (2024) EMDR with complex trauma. EMDR Training Collaborative: EMDR Cleveland.
5. Ehrensaft, D. (2016). The gender creative child: Pathways for nurturing and supporting children who live outside gender boxes. The Experiment.
6. Gay Lesbian Straight Education Network. (2021). School climate for LGBTQ+ students in Delaware. https://maps.glsen.org/wp-content/uploads/2023/02/GLSEN_2021_NSCS_State_Snapshots_DE.pdf
7. Tilsen, J. (2021). Queering your therapy practice: Queer theory, narrative therapy, and imagining new identities. Routledge.
8. Kort, J. (2018). LGBTQ clients in therapy: Clinical issues and treatment strategies. W. W. Norton & Company.
9. Craparo, G., Ortu, F., & van der Hart, O. (Eds.). (2019). Rediscovering Pierre Janet: Trauma, dissociation, and a new context for psychoanalysis. Routledge.
10. Fisher, J. (2017). Healing the fragmented selves of trauma survivors: Overcoming internal self-alienation. Routledge.
11. Marich, J. (2022). Dissociation made simple: A stigma-free guide to embracing your dissociative mind and navigating daily life. North Atlantic Books.
12. Lundgren, K. (2019). The wheel of tolerance. Live the Change. https://www.livethechange.se/index.php/blog/the-wheel-of-tolerance