

Shrink Rap Radio #200, March 20, 2009. Suicide Prevention Among LGBT Youth

David Van Nuys, Ph.D., aka “Dr. Dave” interviews Effie Malley + Big #200 Celebration

(transcribed from www.ShrinkRapRadio.com by Julia Soliday)

Excerpt: *Parents really make a difference, and that's one of the things that I feel is the benefits of this paper coming out because lesbian, gay, bisexual, transgender youth just benefit from the same things that all youth benefit from, that's family relationships, safe schools, caring adults, accessible providers, supportive friends, all the things we know that are important in adolescence.*

Introduction: That was the voice of my guest, Effie Malley. Effie Malley is a senior prevention specialist at the [National Suicide Prevention Resource Center](#). She's one of the authors of SPRC's [Suicide, Risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth](#) and has given numerous trainings on the topic. She works with federal grantees, advising them on youth suicide prevention and early intervention. She also works with a number of state-wide suicide prevention coalitions. She's particularly interested in research in practice issues and coalition building. Prior to working at SPRC, she was director of the [Suicide Prevention Partnership](#) for 5 years. She also consulted several years with non-profit organizations and foundations where she focused on health issues in the areas of mental health, brain injury, and suicide prevention. Earlier, Effie spent several years working in New Hampshire state government. She's the former state director of the New Hampshire Division for Children and Youth Services with responsibility for child protective and juvenile justice services. Now, here's the interview.

Dr. Dave: Effie Malley, welcome to Shrink Rap Radio.

Malley: Thank you. Great opportunity to talk about LGBT youth.

Dr. Dave: Yes. Well, something that you're not aware of is that this is my 200th episode, and, therefore, represents something of a milestone. You have the privilege of helping me celebrate this 200th episode.

Malley: Well, congratulations. That's a great milestone.

Dr. Dave: Yeah, thank you. And also it was fun to discover in the background information that you sent me, that you were finishing up your B.A. at the University of New Hampshire when I was there as an exchange professor. So, we were both at the University of New Hampshire at the same time, but we didn't know it.

Malley: (laughs) That's great.

Dr. Dave: Yeah, it's a small world. Well, I recently discovered your work as a result of a flyer I received in the mail, announcing the upcoming 42nd Annual Conference of the [American Association of Suicidology](#), at which you would be giving a workshop on Suicide Prevention Among Lesbian, Gay, Bisexual, and Transgender Youth. And so, I was very intrigued by that and I wanted to talk to you.

Malley: Great. We've been doing a workshop about lesbian, gay, bisexual, and transgender youth suicide risk and prevention for a few years. I think this is the fourth year we presented, I mean... This National Suicide Prevention Resource Center has presented at the American Association of Suicidology Conference on this topic.

Dr. Dave: Well, that's great. In case anyone listening would like to attend, it's a 3-day conference in San Francisco and will be held April 15th through 18th 2009, and we'll put a link to it on our web site. So, at any rate, as I read the blurb about you and LBGT Suicide Prevention Workshop, as well as other information I read about you on the Internet, I quickly saw that you're an expert on this topic and was eager to interview you. So, perhaps, we could start with a bit of your background and what drew you to work with suicide prevention generally, and with LBGT youth, in particular.

Malley: Well, my background is... I went to Trinity School of Government and studied government and soon after getting my degree, started working with New Hampshire state government with Governor Sununu specifically. And I worked with Department of Health and Human Services and children and youth services, in particular, and worked a lot with foster care, families, and kids in foster care, took some time off from government and starting working in the non-profit sector. A friend of mine had a terrible brain injury and started a foundation for people like himself who had experienced a brain injury, and he was looking for help getting the program started for people with brain injuries, and it was an expensive undertaking, so we were looking for outside funding. And I wrote a grant proposal comparing or pointing out the likelihood of suicide risk among people with traumatic brain injuries to get funding for this program. And while I did that, one of the funders thought the application we wrote was convincing, and asked me to come work with them. This funder had a couple of foundations in suicide prevention called the [Suicide Prevention Partnership](#). He had lost a son to suicide and was determined to make a difference, and try to prevent other people from dying this way. So, it was kind of a lateral move for me, and it was a topic I found fascinating. I first attended an [American Association of Suicidology](#) Conference back in 2002, and just found the topic was wide-reaching. It's such a complex problem, involving the individual, the family, society, cultural attitudes, and it's not a simple problem, as my friend Elaine Frank says, "If it was simple, we would have fixed it by now."

Dr. Dave: Yes. Well, how did you get involved, in particular, with lesbian, gay, bisexual, transgendered youth?

Malley: The [National Center for Suicide Prevention Resources](#) where I work, SPRC, had been interested in the topic and asked me to do a literature review. There was a lot of misinformation out in the field about this risk. There had been an important federal paper published, back in 1989, and it really was using research that was not properly done with random samples, and it was mixing apples and oranges, and came up with conclusions that were not valid, but is quoted repeatedly, repeatedly on the Internet. So, there's a lot of misinformation there. At the same time, research related to

lesbian, gay, bisexual, and transgender youth is reaching a new phase, using bigger samples. There's dialog about definitional issues, what it means to be gay. Are we talking about attraction, sexual behavior, how people identify themselves? And it seems that perhaps our culture is moving towards increasing openness or acceptance around issues of gender and sexual orientation. You know, this June, we're 40 years out from Stonewall Riots, and it just seems that there have been changes even though there are steps back too, I think, generally, the direction is forward. So, it really interested me to be having this opportunity to correct inaccurate information, to gather up all of this great new research and the findings that were coming out of it, and to work with a population, to me, it seems like it was an issue of social justice. There are just such disparities for lesbian, gay, bisexual, and transgender youth. I think, because of my work with children in foster care, I was sensitized to it and aware that there was this disparity out there, and I was interested in seeing what program providers and all kinds of providers that work with youth, whether we could make a difference or not.

Dr. Dave: You talk about some of the misinformation that's about on the Internet. Does any of that come to mind? Can you tell us what some of the myths or misinformation is?

Malley: Well, mostly, information on deaths. The number of lesbian, gay, and bisexual youth dying by suicide is not easy to arrive at. On death certificates, there isn't information about sexual orientation, so, there's no way to accumulate this information on a population basis. So, some web sites have information from this 1989 federal Health and Human Services department report that said homosexual youth represented up to close to a third of youth suicide deaths, and it also said that suicide was the leading cause of death among LGBT youth. Neither of these can we substantiate, and they are quoted repeatedly on the web. However, doing the literature review, we can establish that lesbian, gay, and bisexual youth are at higher risk for suicidal behavior. And I think we need to backtrack a minute and talk about what suicidal behavior is because it includes thinking, talking, and writing about suicide. It includes attempting suicide, and it includes death by suicide. So, this full range of behaviors included in the term "suicidal

behavior”, and we do see that lesbian, gay, and bisexual youth are 1 ½ to 3 times more likely to report suicidal ideation and 1 ½ to 7 times more likely to report having attempted suicide.

Dr. Dave: Interesting. Now, lesbian, gay, bisexual, and transgender individuals get lumped together in the LGBT category. But I’m wondering to what extent that makes sense, or if there might be differential issues for each subgroup that need our attention.

Malley: Sure. You know, I do a lot of training around this topic, and one of the basic distinctions I ask participants to make is between sexual orientation and gender identity. So, lesbian, gay, and bisexual youth are reflecting a decision, not a decision, but an orientation around their sexual orientation, and transgender youth, it’s about gender identity. So, that’s a bit of distinction. A lesbian youth could be transgender, as well. The research, generally, is about specific populations within LGBT youth, that’s why there’s such a range in numbers. So, there’s much more research done among lesbian, gay, and bisexual youth, and then some research done on transgender youth, done with transgender youth. And, I’m hoping that this is a new area that researchers are going to be going into. We can draw some assumptions about transgender youth, but most of the studies have been with convenience samples and rather small samples. It’s a challenging group to find research subjects for, but some of the common factors might be victimization that we see in lesbian, gay, and bisexual youth. We would also see in transgender youth and some of the issues around social rejection, family rejection would come up with transgender youth. It’s just the research has not established that strong a connection with some of the risk behaviors.

Dr. Dave: I’m sure you heard about proposition 8 here in California, that recently passed and outlawed gay marriage. I think gay rights advocates argued that this was a blow against civil liberties and would have a strong negative impact on the LGBT young people. It might even lead to higher rates of suicide. So, I’m wondering, if in fact, you’ve observed anything like that.

Malley: Well, these kinds of links are very hard to establish with suicide deaths, mostly because suicide is such a complex phenomenon. And the way I'd look at it with youth, whether they're lesbian, gay, bisexual, and/or transgender, or not, is we tend to talk in terms of risk and protective factors. And, even then, for one youth, the combination of risk and protective factors in their lives would not result in suicide, and another youth, they would. So, it's a very complex picture involving the individual and up through the family and the bigger community, and society, and the culture at large. As far as things that reflect discriminatia and stigma, minority stressors... Some researchers associated them with mental illness, like substance abuse, depression, anxiety, and other suicidal...other studies linked discriminatia and stigma with suicidal behavior itself. To make a connection between proposition 8 outlawing gay marriage and suicidal behavior is a difficult one to found and research.

Dr. Dave: OK. You know, it just popped into my mind to ask you, do you watch the [L Word](#) on HBO at all?

Malley: No. I'm sorry. I don't get HBO.

Dr. Dave: OK.

Malley: I'm familiar with the show, or aware of the show, I should say.

Dr. Dave: Yeah. I really would have been interested in your reactions because I think I'm getting a lot of my own education about gay issues through that show. I would have been interested in your reaction as a professional in this area as to its accuracy.

Malley: One thing I just want to comment on is just the context for youth suicide in this country, because a lot of people are not aware what an issue it is, that suicide is the third leading cause of death for youth in our country between the ages of 10 and 24. And in some youth groups, it's higher than that, whereas in population of all ages in this country, suicide is the 11th leading cause of death. Many more suicide deaths than deaths to homicide, 80 percent more, roughly. And when we talk about lesbian, gay, and

bisexual youth having a higher rate of attempted suicide, there's also some research that shows their attempts are more serious. And the research I'm talking about is looking at the intent that youth had when they made the attempt, and the lethality of the means they used to attempt to kill themselves and how rescuable were they. And it turns out their attempts were more serious than other youths' attempts, and because their attempts are higher in number, and because they are more serious. One thing we theorized in this paper is that there are probably more deaths by suicide among lesbian, gay, and bisexual youth, and I hope that this stimulates further research on the question because I think it's a great topic.

Dr. Dave: Yes. I've already made reference to your upcoming workshop at the American Association of Suicidology Conference. Who's the intended audience for your workshop?

Malley: Well, since it's a suicide prevention conference, a lot of people that come to the conference are working in suicide prevention programs, and let me just take a moment to explain what that is because a lot of people aren't familiar with that. There are basically two approaches to suicide prevention. One is case finding and referral. So, identifying youth that are at risk for suicide and then referring them for services, whether it's a mental health clinician or a natural healer or some kind of community support. The second approach is reduction of risk factors and enhancement of protective factors. So, if a problem in a youth's life is a family that's not supportive or not safe, a lack of a peer group, we look to address these things and build up supports around the youth. So, a lot of people that I work with are working in youth suicide prevention and doing training of other people who have contact with youth – we call them “egg-keepers” – to recognize the warning signs for suicide, and to make sure that youth get connected with services. The training that I do, typically... They are people who work in school systems, mental health clinicians, administrators of youth services. Some people are from LGBT youth organizations. There's a big range of people that attend a training like this. One thing that's been interesting to me, and I've really enjoyed and learned from is, often a number of the participants are lesbian, gay, bisexual, or transgender themselves, and they really

heighten the process aspects of the training. So, I developed a training that will soon be an off-the-shelf toolkit training. I've developed it to have two co-presenters, and one of them needs to be sexual or gender minority.

Dr. Dave: Yes. I see that you have a co-presenter at that workshop. Is that the case in your presentation?

Malley: Yes.

Dr. Dave: OK.

Malley: One thing we talk about a lot in the workshop is “cultural competence”, but not in terms of ethnic or cultural minorities, we talk in terms of gender or sexual minorities. There's a lot of people who work in social service or human service agencies are used to that “cultural competence” approach.

Dr. Dave: Yes. Now, I see one of the topics you'll be covering has to do with terminology that workers in this field need to understand. What's some of the terminology that they need to know?

Malley: Some of them we talked about a little bit earlier, just the difference between gender identity and sexual orientation. Others... There's a lot of interest about transgender issues and inter-sex issues. And I think what happens is, people don't have a forum anywhere else for these kinds of questions, and when they feel comfortable in the group, in the training that we do, these questions come up. We also talk about terms in suicide prevention, for example, that suicide behavior includes suicide deaths, attempted suicide and suicide ideation. And it's interesting because I've trained all over the U.S. and some states are not as far along with the issues of lesbian, gay, bisexual, and transgender youth, and they tend to really dwell on the terminology. They really want to get it straight. And maybe, there's some fear of moving forward, whereas in states... I've done a number of trainings in Massachusetts, and as you know, they've led the way with a number of programs for lesbian, gay, bisexual, and transgender youth.

So, they are eager to get onto, OK, where are we at? What can we do to improve things for these youth?

Dr. Dave: Earlier, you mentioned the toolkit that you're developing. What are some of the elements of that toolkit?

Malley: They'll be a powerpoint presentation, but they'll be trainer notes with it, and an implementation guide. The idea is that I get asked to do this training all over the country, and I really have a lot of responsibilities at my job, and can't do that kind of training all over the country. So, the idea is the toolkit would allow other trainers in the field out in their agencies to do the training themselves and they'll be instructions about what they need to prepare. Some people found the powerpoint, because it represents the latest in research findings, was missing the youth voice. So, what I did is I went back and combed through research and things I've picked up over the years with that... put from... that use the actual words of lesbian, gay, bisexual, and transgender youth. And it's not all gloom and doom. Some of it is very positive, talking about discovering their identity and getting support. Some of it is sad and talks about people's internal lives and homophobia, being victimized or treated cruelly. But that's kind of a context, the quotes presented through a powerpoint format, and we have a number of resource sheets. I've relied on a number of organizations that do this kind of work. And we have exercises to make it interactive. And the idea is I've set up the toolkit so a variety of audiences and trainers could use it and they can take what's relevant for the group they're training. The full training would be about four hours, and sometimes groups have a lunch time to do a training, like an hour or an hour and a half, so they might have to cut it down. So, the way we're presenting it is it's going to be open and people can use it as they see the need.

Dr. Dave: Boy, this toolkit would've really been useful to me years ago. When I first got my Ph.D. at the University of Michigan, I got a job, actually training people in suicide...training volunteers for a hotline that we set up at the university to serve the community and suicide prevention was a big part of that. At the time, the main source of information out there was the

writing and teaching of, I think it was Dr. Edward Snyderman. That was some time ago.

Malley: Yes. Yes, that'd be very interesting to see the kinds of things you'd talked about then and what we would talk about now. One thing I talk about in the training is how people that answer hotlines need to be aware of suicide risk among sexual and gender minority youth. It helps their interviewing and assessment of callers to know this. They should be looking for referrals that are inclusive for LGBT youth. So, it really can effect what people talk about on hotlines.

Dr. Dave: OK. Now, earlier you were mentioning "cultural competence" in schools and agencies. Now, tell us a bit more about "cultural competence" and what does that mean in this context?

Malley: Well, it's very interesting because I think a number of federal requirements require "cultural competence" and a lot of grantees do a one-day training, but really that's not what "cultural competence" is about at all, or diversity training. You know, really it needs to be comprehensive and ongoing. So, it would involve not just outreach to the community you're trying to be competent about, but it would mean involving them from the get go, with program design and evaluation, giving the organization feedback, reviewing policies and procedures, having all the minorities represented in your staff and on your board. It's really a pervasive policy and it can be time consuming. It takes involvement of the community through all phases, but it ends up with a really different product than a one-day training would.

Dr. Dave: Yes, and I can hear how in, as you describe your program, how you've kind of woven those elements into what you're doing. So, that's wonderful modeling.

Malley: Yes, and, you know, one of the basic points we open the training with, is that being lesbian, gay, bisexual, or transgender is not in itself a risk factor for suicide or any suicidal behavior. It's really social stigma and discrimination that are associated with feelings and behaviors, and including suicidal behavior. And that most lesbian, gay, bisexual, and transgender

youth don't engage in suicidal behavior. It's very important to have that contact before talking about the sad things about some youth who have a hard time and do think about suicide and attempt and die by suicide.

Dr. Dave: You know, this show, Shrink Rap Radio, is directed to people who are interested in psychology and quite a few listeners are students or are thinking about becoming students. They want to be involved in the helping professions and so, it's interesting, your undergraduate major was not psychology. You talked a little bit about your background, but you didn't go back that far.

Malley: (laughs)

Dr. Dave: So, you ended up getting an M.P.H., right? A Master's in Public Health?

Malley: No, I got a Master's in Public Administration. I was actually working at UNH at that time. I was helping to run the art gallery at UNH, you may remember it from your years there. And we were looking at all kinds of sudden and abrupt budget cutbacks coming out of our state capital, and I got very interested in the processes of government and how that works and how it impedes getting services to the public. So, I went back for my Public Administration degree.

Dr. Dave: So, that's an interesting pathway because you, actually your major was English, if I recall.

Malley: Yes, yep.

Dr. Dave: And so, somehow through the M.P.A., the Master's in Public Administration, you've actually found a way to be very directly involved in a form of people helping.

Malley: That's right, and you know, while I was at UNH, I took a number of courses. I took psychology and social psychology, a number of social work courses, preschool education, education, human development. A lot related

to people. It's just I couldn't get a toehold on what my niche was, but, like you say, I ended up here by an interesting route anyway.

Dr. Dave: Yes, yes. Now, you work for the Suicide Prevention Resource Center. Tell us a little bit about that organization.

Malley: Well, SPRC is a large federally funded center, and the purpose is to provide prevention support, training, and resources. And we assist mostly federal grantees who are doing youth suicide prevention, but we also work with state wide suicide prevention coalitions. And what we do is try to help these organizations and individuals develop suicide prevention programs. Suicide prevention is a relatively new field. So, we're still developing the evidence base. It's not like there's a huge range of evidence base practice. What we tend to rely on now is the best practices, what we know to be the best practices that include consensus statements and agreement around general principles and are based on research findings, but are not at the same rigorous level of randomized control trials and huge population studies that other fields might have. So, we do a lot of work with suicide prevention programs, but we're also reaching out seeking to partner with other groups, for example, working with lesbian, gay, bisexual, and transgender youth suicide risk. We're working with the American Foundation for Suicide Prevention, and we've partnered with the [Gay and Lesbian Medical Association](#) for a conference a couple of years ago to discuss this with a number of leading researchers mostly in the medical arena.

Dr. Dave: Would you have any advice for listeners who might be parents of lesbian, gay, bisexual, or transgender kids?

Malley: Yeah, that's really important. Parents really make a difference, and that's one of the things that I feel is the benefits of this paper coming out because lesbian, gay, bisexual, transgender youth just benefit from the same things that all youth benefit from, that's family relationships, safe schools, caring adults, accessible providers, supportive friends, all the things we know that are important in adolescence. But, you know, a couple of examples about family connections... There was some research from Eisenberg and Resnick that is really important for LGB youth (lesbian, gay,

bisexual youth) to have strong family connectedness. They were half as likely to have suicidal ideation. And, you know, family connectedness is not some mysterious potion that we can bottle. And, it's just that the researchers defined it as things as simple but difficult or allusive as families having fun together, youth feeling cared for and understood, the ability of youth to talk with their parents. So, those are basic things, and then a piece of research that came out late last year by [Catilin Ryan](#) – it was published in Pediatrics – it's really exciting work that Catilin Ryan is doing, and she has worked with these youths for decades and really has done wonderful work. But, she found that lesbian, gay, and bisexual young adults with high rates of family rejection were over 8 times more likely to report having attempted suicide, and they also had other poor health outcomes. Now, family rejecting behavior could include blaming a child for anti-gay mistreatment that they experienced, or it could excluding them from family outings, could be making disparaging comments, calling them names. What was important was it just implied an intervention that was fairly straight forward and simple to help families identify these behaviors and to know how damaging they were, and then just to reduce those specific behaviors because they're precursors of suicide risk. So, it doesn't mean that a family has to embrace gay lifestyles or whatever they think this big issue is. They just have to be accepting of their youth, their child.

Dr. Dave: Well, that certainly makes sense to me.

Malley: Yeah.

Dr. Dave: Now, some percentage of my listeners are therapists, counselors, or mental health professionals in training. Do you think a person needs to be LGBT themselves in order to work effectively with this group?

Malley: That's a great question. You know, I think different lesbian, gay, bisexual, and transgender youths would have different answers for that.

Dr. Dave: Mm-hmm.

Malley: I think it's a very individual thing. I think it goes a long way just to be aware of the issues, for example, the issues around victimization and personal safety is important one to check, the issues about disclosure... You know, a lot of youth identify themselves as gay very early nowadays, but they might be scared to be disclosing this to their family or friends, and some of them disclose quite early and have negative reactions. They get thrown out of their homes, beaten up, rejected by their friends. So, it's really important to consider decisions around disclosure carefully with their clients, but as to whether the counselor themselves have to be sexual or gender minority, I think, would really be up to the client. However, I think there are a lot of youths that have expressed that they need accessible therapists without saying they need to sexual or gender minority. I think kids are just looking so hard for someone that feels supportive that whether a person was sexual or gender minority or not would not make a difference.

Dr. Dave: Right. How can professionals and professionals in training get up to speed for this sort of work?

Malley: Well, one thing is being aware of the issues. You know, one way to do it would be to take the training or just to look at the training when it's available online later this year, or to read the white paper or other pieces of research, books about being lesbian, gay, bisexual, transgender, and really, you know, being open to youth and being available for talking about issues, not pushing issues on the kids, but being ready when they're ready to talk about them, and being accepting makes a big difference. A number of youths have told me that just seeing a rainbow posted on a teacher's door has gotten them through a tough year of high school because they felt like there was a teacher who understood what they were going through just by that simple symbol.

Dr. Dave: Yes, yes.

Malley: There are so many things, particularly, teachers can do, I feel like a very important thing is to stand up when there's harassment and to witness it, to not allow that to continue because it's very common now for kids in school to say, "That's so gay," in a demeaning way. And those things can

be insidious and grow into victimization and bullying, and things that are very damaging plus it just creates an environment that is not healthful for all kids, not just for lesbian, gay, bisexual, transgender, but that kind of lack of acceptance is not healthy for any kids in my book.

Dr. Dave: You know, it's paradoxical – I see a lot of movies – and it seems to me there's something paradoxical that's happening in the media where it is more open and yet it's still... there are these stereotypes that are used, intended to be humorous and funny, and so, I see it as kind of a double-edged sword. It seems to be saying, hey, this stuff goes on and we know about it, and maybe, at one point, it's healthy to say we can laugh about it. At the same time, though, it seems to me, that some of these stereotypes are being reinforced. Maybe you don't go to the movies as much as I do or watch as much T.V. (laughs)

Malley: (laughs) Well, I just sort of know... that doesn't get as far. No, I do think the media is important as a reflection of what a culture's feeling, and I think our culture is pretty divided on issues about sexual orientation and gender identity, for example, a number of parents I've heard from say, well, I think it's OK for kids to be gay, I just don't want my son or daughter to be gay, which is really a double standard, and I think talking about some of these issues can bring people to a new level. On the other hand, some people tend to be entrenched and supported by government and religious structures that are complicit in some of these attitudes.

Dr. Dave: That makes me wonder if you or your organization has ever received threatening messages or pressure from the outside.

Malley: I'm not aware of that.

Dr. Dave: Well, good. I mean, good if it's not happening.

Malley: Yes, yeah.

Dr. Dave: OK. Well, Effie Malley, you've been very gracious with your time, and I want to thank you for being my guest today on Shrink Rap Radio.

Malley: Thank you for having me and it's a great opportunity to talk about some of the issues. I really enjoyed the opportunity for clarifying about suicide risk for lesbian, gay, bisexual, transgender youth. And letting people know that most youth are not engaging in suicidal behavior, but there are things we can do that make a difference in the lives of kids, making our schools safer, being more accessible to them and just trying to be open and connect with them. So, I really thank you for the opportunity, David, and I really enjoyed talking today.

Dr. Dave: Wonderful, and you're very welcome, and I thank you.

Dr. Dave: I hope you got as much out of the interview, with Effie Malley, as I did. Toward the end of our conversation, when I asked about the portrayal of sex and gender minorities in the media, Effie mentioned having seen [Milk](#) with [Sean Penn](#). If you haven't seen that movie, I highly recommend it. First of all, Sean Penn gives an amazing performance. He's so completely [Harvey Milk](#) that I had to remind from time to time that it was Sean Penn. In many of his movies, Sean Penn feels like, well, Sean Penn. In this one, he doesn't, he really transcends himself. You heard me mention that I was teaching at the University of New Hampshire for two years. I think it was during those two years that the actual Harvey Milk drama occurred. Being out of the area, it didn't have that big an impact on me, other than to leave me scratching my head, what? Dan White, a San Francisco supervisor, shot and killed another supervisor and the mayor? And then there was the Dan White "Twinkie Defense"? It all seemed too bizarre to comprehend, so one thing I really appreciate about Milk, the film, is that it shows the buildup to that whole bizarre incident, and makes it understandable. The film is also very successful in depicting why sexual orientation must be seen in the context of human rights. I highly recommend it. Something I've never spoken about here, is that one of my sons is gay. I would've brought it up during the interview, but I first wanted to make sure I had my son's permission to speak somewhat openly here. I didn't think to seek that permission from him until after the interview. I bring it up now to be somewhat self-congratulatory. In the interview, Effie Malley emphasized the importance of family acceptance. A few years back,

my son shared with me a comment that some of his friends had posted on his MySpace page to the effect that he's the only gay guy they know who has a good relationship with his father. I have to confess that hearing that made me feel really good, so I guess, I get a gold star in that department. Effie also made reference to a white paper several times during the interview. I'll post a link to that paper in the show notes at ShrinkRapRadio.com.

Sometime back, I received an email suggesting I had ignored gay issues on ShrinkRapRadio, so it was partly in response to that request that I decided to feature this interview on ShrinkRapRadio rather than Wise Council. I hope that listener is listening now.

(applause)

Thank you, thank you. Thank you, yes, this is the wonderful milestone celebratory 200th episode, 4 years in the making. And I'm looking forward to playing the sound clips you sent, and reading your congratulatory emails. You're too kind. No, really, really, you're too kind. OK, let's settle down now. OK. So, maybe I'm getting carried away. All of you students of [Carl Jung](#) out there, this is what the Jungians call "inflation". Mea Culpa. Mea Culpa. And speaking of inflation, I'd really to see our audience grow over the next 100 episodes. So, please, remember to spread the word about ShrinkRapRadio to your friends, classmates, colleagues, parents, kids, and so on. There are even flyers on our site, under the Promos tab, that you can print out and distribute, or tack onto bulletin boards. I recently discovered how to do a search on Twitter, so, of course, I did a search on ShrinkRapRadio to see if there was any chatter about the show on Twitter, other than my own posts. Happily, I discovered that some of you have been announcing new episodes as they come online. I've been doing that, and I guess, some of you have been doing what they call "a retweet", so let me encourage others of you to follow suit. We will not retreat, but we will retweet.

There is an excellent companion piece to today's interview on my other podcast series at WiseCounselPodcast.com. It's the most illuminating interview with [Dr. Thomas Joiner](#) about his new theory on why people

commit suicide. And you know, in addition to my 200 episodes here, I believe I now have another 50 interviews on Wise Counsel. Whew, sometimes, I wear myself out. Thank you for your generous donations, and your patronage of our sponsors, using the discount links on our site for GoDaddy, PetMeds.com, BrookStone, and BudgetCarRentals. You'll find a big green donate button on our site along with links to our sponsors. And now, let's hear what you, the listeners, have to say.

"Happy Birthday to you, Happy Birthday to you. Happy Birthday Dear ShrinkRapRadio Podcast, Happy Birthday to you. Hi, Dr. Dave, this is [Andy Hunt](#) from [Practical Well-being](#). I apologize for the singing, and I promise I will never do it again. But I just had to wish you all best for your 200th addition. It's a fantastic job of work you've done, and the shows are always interesting and informative. It's a great thing to the rest of the world. Thanks a lot. All the best now. Bye-bye."

"Hey, Dr. Dave. I just wanted to call and let you know that I really enjoy your podcasts. It's made a big impact on my life. I feel like because I listen to your show, I'm growing as a person. A lot of things that have plagued me over the years are beginning to be resolved, and I really enjoy being able to listen to all of your podcasts. I just wanted to leave a message letting you know I really appreciate what you're doing, and keep up the good work. Thank you."

"Hey, Dr. Dave. This is Bryan Cooper, a senior psychology student at Sonoma State, and I'm calling to congratulate you on your 200th episode. ShrinkRapRadio is awesome. Bye."

"Hi, Dr. Dave. This is [Bob Warrenbath\(sp\)](#) from Drumbow, Ontario, Canada. Congratulations on your 200th show. I've listened to all your podcasts. I share many with my wife and I sometimes give some to my kids too. It's great brain food for the whole family."

"Hi, Dr. Dave. This is [Heather Gout](#) from the [Naked Soul Podcast](#). I'm sorry, I've tried two times to send a message through Skype, and to be honest, I just think I need more time to learn how the software works."

Anyway, congratulations on reaching episode 200 of ShrinkRapRadio. I think I speak for more than myself when I say that you provide the kind of material that just would not be available through other public media. And thanks for choosing to podcast because you're reaching out to a world-wide audience, and those of us who leave outside the United States really appreciate it. May ShrinkRapRadio live long and prosper. I look forward to the next 100 episodes."

"Hi, Dr. Dave. This is Kate from the U.K. Congratulations on your 200th episode. I hope you manage to make 200 more."

*"Greetings, Dr. Dave. This is **Maurgen Holcomb(sp)** from San Jose, saying congratulations on show 200. And here's a little sound byte for you if you choose to use it. "You've been shrink wrapped by Dr. Dave. All the psychology you need to know, and just enough to make you dangerous." Congratulations, Dr. Dave. Namaste."*

"Hey, Dave Van Nuys. This is Rick, in San Diego, the insomniac, wishing you a happy 200th show. Smokin'."

*"Hi, Dr. Dave. It's **Sarah Hunter-Radcliffe(sp)** congratulating you on 200 terrific talk shows and looking forward to many, many more."*

"Happy 200th show, Dr. Dave. From Rome, in Tucson. I've also been noticing that you have an interest in Eastern Philosophy on your show, so I thought I would tell you about a new mantra that I'm learning. It's amazingly therapeutic. You need to use your name in third person in the mantra. So, anyway, so say you're Dr. Dave. You say, 'Help Dr. Dave release his attachment to his ego identity and to the attachments to the drama that he associates with this identity.' Well, I say it like this, 'Help Rome release his attachments to his ego identity and his attachments to the drama that he associates with his identity. Help Rome release his attachments to his ego identity and his attachments, blah, blah, blah, blah...' I think you get the gist. Well, Dr. Dave, again Happy 200th, and have a happy 200 more."

(applause)

Along with our very appreciative studio audience, I want to thank you for those voice messages you sent in. You can't imagine how much they warm my heart. And now, let me read some of the written congratulations.

The first one comes from down under, and reads:

"Hi, Dr. Dave. Congratulations on reaching 200 shows. I've listened to them all, some, multiple times. I'm not a student, professional, or even an amateur, however, my regular immersion in your show has changed my attitude and approach for the better, plenty of room for reflection after every show. The combined effects of counseling changes in my life, your show, and aging all add up. I not only enjoy the content, but admire your knowledge, humility, and approach to the interviews. There was also a sense of sharing in the early days, as technical issues were out on the table, and then progressively addressed. That sense remains because, I think, you put so much of yourself out there with your comments and honesty. You've created an amazing body of work and you should be incredibly proud." I am. "I'm only sorry that I've not been a better communicator. I have contacted you once before, and you did my email on the show a long time ago, but not since. I've just sent a donation, and I hope that others will do the same to recognize your ongoing work, amazing foresight, and resilience. Regards." And that's from Jim Swindon, Melbourne, Australia.

The next one reads:

"Greetings, Dr. Dave. Congratulations on show number 200. This is Maureen, and I've been a loyal listener since you first started your podcasts. Thank you for continuing to enlighten and inspire the hungry minds out there. We are listening intently. Please keep cooking up your superb interviewing style. You've definitely got your recipe down with topics to satiate any brain craving. You've come a long way, Dr. Dave, and I'm looking forward to the tasty shows to come. Keep shrink-wrapping us. Namaste, Maureen."

"Hello, Dr. Dave. Congratulations on 200 episodes. I can't thank you enough and express how much you've helped me. You've helped me get through some very tough, dark periods in my life, and for that, I can never truly thank you. You've made such an impact on my life and my development. You truly are a hero to me and I wish you and your entire family the best. Please don't ever feel bad about not being an extremely well-known psychologist, or not having made huge imprints in psychology books. I know I'm not the only one when I say this but to me, you mean the world. Again, I can't thank you enough. Thank you for making me a better man, and better father, and for that, my children and family thank you. Your grateful friend." That comes from Rick Ocampo.

Finally, Stewart Lawson writes, and he titles it "Simply Sensible Shrinking Describes the Last 4 Years:"

"What a feast of information. As the amateur's amateur, your material and style, which I discovered in the early days of Internet casting, as provocative and attractive. Congratulations on 1) seeing an opportunity, 2) having the skill, and 3) spanning the professional and amateur divide. For the most part, you've offered a change to the daily perspective and raised issues that ranged from the creative to the pure and topical. I would anticipate that your success is because you have experts and have avoided the pitfalls of self-diagnosis, and an issues page. As a layperson, getting the entry point to your subjects is vital. It is good to be stretched by the material, especially when it is relevant to global events, personalities, and subjects requiring tolerance or awareness. Some ideas: 1) a weekly news history spot by a guest maybe, 2) dummie's guide/theme spot once a month, and 3) go for the sponsorship and keep it all tight. 200 issues... Who would have thought we would all still be here? Congratulations to you, your family, your sponsors, contributors, and the steadily expanding listener group. Roll on 400."

And here's another one that reads:

"Hi, Dr. Dave. Congratulations on the approach of episode number 200. Considering all the hours of preparation and post-production you do, I think it deserves to be called episode number 2,000. Thank you so much for your

generosity in producing these wonderful shows. I look forward to hearing a great many more of them in the future. Cheers, from Joe, in Australia."

And Joe has been a long-time transcriber, I might add.

"Dear Dr. Dave," the next one reads. "I have not been much of a correspondent, but I have been a long-time listener to your podcast. In fact, whenever I buckle my seatbelt and turn on my iPod, the click-wheel automatically turns as if magnetized, to ShrinkRapRadio. I sometimes think I'll skip an edition that doesn't sound as if it would interest me, but with one exception, when I get into the interview, I find each one fascinating and worth listening to. And one out of nearly 200 ain't bad. So, I just had to stop procrastinating and make a donation. I know you've had a lot of quiet, but avid listeners out there just like me. I recently listened to #192, [Living Forward and Giving Back](#) with [Isabelle St. Jean](#), and was really inspired by it. It was especially relevant, since I'm planning to retire in June. How heartening to hear someone affirm that this is a time to reengage with life, rather than retire from it, that we boomers are "the ancestors of the future", that mid-life and later is an opportunity to invest more intensely in our inner lives, so we can bring more light into the world. I ran right out, virtually speaking, to Amazon to look for a copy of her book. I was disappointed not to find it there. It must be very new." And let me insert a comment that I forwarded this to Isabelle, and she was able to hook this listener up with a copy of the book. "I have to say, Dr. Dave, that one reason I love ShrinkRapRadio is the ambience you have created on the show. You, yourself, are so willing to reveal your thoughts and feelings, that it feels quite personal. I also like your style of interviewing, which elicits the best from your interviewees. I feel like I'm joining a close community every time I tune in." You know, that's exactly the feeling I hope to create. She goes on to say, "Congratulations on approaching your 200th show. May there be many more to come. All the best to you. Emily." And that's Emily Tochee, librarian at a library in Vermont.

The next one reads:

"Dr. Dave, my name is Laura, and I'm a counseling psychology doctoral student in Ohio. I just want to say thanks for your show and congratulations on your upcoming 200th episode. I just found your show a couple of months ago, yet I've already found it to be a valuable source of ideas, information, and inspiration, as I attempt to pinpoint my interests and carve a niche in this wonderful field of psychology. I've been especially encouraged by the fact that you often speak with psychologists who are approaching their work in a non-traditional or unconventional fashion. I especially enjoyed your recent interviews about eco-psychology, holistic therapy, and psychological entrepreneurship. Thank you for your open mind and innovative guests. I will look forward to another 200 episodes of ShrinkRapRadio." And that's from Laura, in Akron, Ohio.

Well, I hope I got them all in here. If I missed yours, I apologize. I know many of you subscribe to the show in iTunes or some other feed-reader, and consequently, you may not go to the ShrinkRapRadio web site. Now, you really must go to the web site today to see a couple of photos in today's show notes. First, there's a banner graphic for the 200th episode that long-time listener, Cody, in Israel, created. Thank you, Cody. And then, there's the delightful photo submitted by listener, Brad Jacobson, from Australia, showing him at the ocean wearing a ShrinkRapRadio t-shirt and holding up a really cool sign. You have to see it. And, just when I was contemplating pulling the t-shirt ad from the site, now I'm encouraged to leave it up, hoping that others of you will choose to become walking advertisements for ShrinkRapRadio. I love it.

Let me remind you that you can save on all your domain name needs by using our discount codes at GoDaddy.com, for example, using "shrink1" at checkout will give you 10% off of any order. Using "shrink2" at checkout will get you 20% off any order of \$50 or more, and "shrink3" lets you buy ".com" domain names for only \$7.49. Now, these GoDaddy discount codes are each designed to save you money based on what you want to buy, or the amount you want to spend and save. Each discount code can be used over

and over again, so you can keep on saving. Simply use "shrink1", "shrink2", or "shrink3" at checkout, depending upon which one will save you the most money, or go to the GoDaddy link at ShrinkRapRadio.com for more information on our money-saving offers at GoDaddy.com.

Well, I think I'd better rap it up for today. Remember to send your emails to shrink@shrinkrapradio.com. Remember that, in addition to emails, you can also leave comments about individual shows on the comment's area on the site. You can leave voice mails on Skype, we're on "shrinkpod". You're encouraged to leave voice messages using the "My Jingle" button on our site, and in the U.S., you can leave voice mail on our phone at 206-337-0622.

Thanks to my guest, Effie Malley, for sharing her work on suicide prevention among lesbian, gay, bisexual, and transgender youth. On our next episode, I'll be interviewing psychiatrist, [Dr. Judith Orloff](#) on an approach that she calls [Energy Psychiatry](#). Until next time, this is Dr. Dave saying, "It's all in your mind."