6-2019

Stonewall: Developing A Historically-and-Culturally Based Empowerment Narrative Modality For Therapeutic Treatment With LGBTQ+ Youth

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A Clinical Research Project submitted to the Faculty of the Florida School of Professional Psychology at National Louis University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.

Tampa, Florida

April, 2019

The Doctorate Program in Clinical Psychology

Florida School of Professional Psychology

at National Louis University

CERTIFICATE OF APPROVAL

Clinical Research Project

This is to certify that the Clinical Research Project of

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has been approved by the
CRP Committee on August, 12th, 2016
as satisfactory for the CRP requirement
for the Doctorate of Psychology degree
with a major in Clinical Psychology

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Abstract

Despite more recent advancements in social acceptance and legislative advancements, LGBTQ+ peoples have continued to suffer from institutional and cultural oppression which has resulted in disproportionately higher levels of negative psychological outcomes, particularly for youth. The behavioral health establishment should be best-suited for addressing these concerns, but a history of stigmatizing LGBTQ+ peoples has created a paucity of population-sensitive treatment interventions which could be beneficial for use with younger people of sexually diverse identity. This paper posits that empowerment narrative therapy, with its emphasis on re-framing the stories of individuals to draw on their history of resilience to confront personal and social injustice, can be the basis for the creation of a modality which addresses the specific challenges of young LGBTQ+ individuals who have been isolated from their own community and cultural traditions. By examining ways in which other marginalized communities have utilized narrative empowerment approaches, this paper will propose a treatment intervention which seeks to empower youth of diverse sexual identities by drawing on their unique historical traditions of resiliency and resistance in order to create greater behavioral health outcomes and social change in their own lives and communities.

STONEWALL: DEVELOPING A HISTORICALLY-AND-CULTURALLY CENTERED EMPOWERMENT NARRATIVE MODALITY FOR TREATMENT WITH LGBTQ+ YOUTH

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CHAPTER I: INTRODUCTION

As minorities living in dominant, heterosexist societies, LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning) peoples have historically suffered from disproportionate levels of internalized psychosocial stress, persistent feelings of stigmatization, and the experiencing of widespread cultural oppression (Swank & Fahs, 20013; Sutter & Perrin, 2016). The type of repression experienced by sexual minorities has in some ways been unique from the experiences of other racial and ethnic groups who have also endured discrimination in that people of LGBTQ+ identity "have no physical or cultural markings, no language or dialect which could identify them to each other or to anyone else" (Clendinen & Nagourrney, 1999). This lack of a physical or socially-binding link or avenue of communication created a disconnection and isolation from the sense of belonging and solidarity traditionally which can often be found in communal responses to injustice.

Historically, dominant institutional forces in Western society have refused to acknowledge both the cultural context, civic standing, and individuality of citizens of diverse sexual identity, a treatment that has led to persistent feelings of alienation and marginalization for people who make up the subpopulations of LGBTQ+ orientation. Laws that have targeted or neglected to protect the basic human rights and dignity of LGBTQ+ peoples as well as overwhelmingly negative culture depictions have served to diminish the societal visibility and identity of sexual minorities (Harper & Schneider, 2003). Dominant culture heterosexism has created distinct levels of familial, social, and ethnocultural isolation and ostracism for sexual minorities.

In recent years, there have been significant advances made in the legal and legislative arenas while societal attitudes have gradually shifted, signaling a growing change in the

acceptance levels- and recognition of LGBTQ+ peoples in North American culture and civilization. Throughout many Western nations including the United States, court victories have secured freedoms and established the right to same-sex marriage equality (Obergefell v. Hodges, 2015), achievements that may have once seemed unimaginable to people of prior generations. In addition to these legal expansions, public opinion indicates that a substantial and growing majority of Heterosexuals now favor acceptance and tolerance for the civil rights and liberties of LGBTQ+ citizenry throughout society, the highest rate recorded up to this point in US history (Pew, 2017).

Yet despite many of the recent socio-cultural and legal advancements made by people of diverse sexual identities, studies demonstrate that heterosexist bias and discrimination still remain pervasive and prevalent in Western societies. "The day-to-day lives of (LGBTQ+) people are often punctuated with both blatant and subtle reminders of the prejudice that still exists," write Harper and Schneider (2003). The oppressive framework of institutional and interpersonal repression which targets sexual minorities continues to greatly impact the lives and behavioral health of LGBTQ+ individuals, contributing to a higher rate of behavioral health disorders rooted in the experiencing of stigma and prejudice. "The experiences of (L)esbians and (G)ay men in society place them at increased risk for some mental health problems," wrote Rothblum (1994).

Meyer's Minority Stress model (2003), an initial conjectural and structural assessment of psychological health risk, appraised the impact of these persistent "stress processes" which account for the effect that "the experiences of prejudice, expectations of rejection, hiding, concealing, internalized homophobia and (engaging in) ameliorative coping processes" have on the physical and mental health outcomes experienced by LGBTQ+ peoples. Most saliently,

Meyer's model demonstrated evidence that Gay men had far lower levels of self-acceptance and a higher likelihood of struggling with emotional distress and physical illnesses than that what had been reported by individuals who were coming from non-minority, non-stigmatized populations (Meyer, 2003).

BACKGROUND OF THE PROBLEM

The Psychological Impact of Bigotry on LGBTQ+ Peoples

Myer's (2003) research showed that the continual experiencing of systemic homobigotry and transphobia faced throughout an individual's lifetime can create a psychologically injurious effect on the long-term behavioral health and well-being of LGBTQ+ peoples. A study of sexual minorities in the US found that due to these increased levels of discrimination and internalized homophobia, Lesbians, Gays, and Bisexual people were 1.5 times more prone to develop mood and anxiety disorders; these same individuals were also more than 2.5 times more likely to have attempted suicide within their lifetimes (Rutherford et al., 2012). In states where anti-LGBTQ+ laws and statutes had been passed, individuals of diverse sexual identity were more likely to suffer from psychological distress (Rostosky et al., 2009). Lesbian, Gay, and Bisexual individuals have also exhibited a higher lifetime frequency of posttraumatic stress disorder (PTSD) than their heterosexual contemporaries (Alessi et al., 2013).

The institutional prejudice that has targeted LGBTQ+ individuals frequently creates challenges for Gays, Lesbians, and Transgender individuals who are attempting to access routine health care, social services, and civic participation in the US. Despite laws in many states that offer legal protections from discrimination, sexual minorities report enduring levels of bias and discrimination in the areas of housing and employment opportunities that are far higher than

those experienced by their heterosexual and cisgender peers (Kattari et al., 2016). LGBTQ+ employees have reported having to endure persistent feelings of rejection and having a sense of "poor well-being" within their work places. Many individuals disclosed that they maintained a fear of being targeted for mistreatment and receiving poor performance evaluations due to the eventual disclosure of their sexual identity (Gates, 2012). One in 10 LGBTQ+ individuals expressed "they have been personally discriminated against because they are LGBTQ when trying to vote or participate in politics" (NPR et al., 2017).

Institutional marginalization and exclusion also contribute to a lack of funding and accessibility to HIV prevention services and other relevant health and medical treatment care for LGBTQ+ peoples, particularly Transgendered individuals (Bauer et al., 2009). Nearly 20% of Transgender and gender non-conforming individuals reported having been homeless at some point in their lifetime and expressed that they did not feel safe enough to seek assistance based on previous experiences of orientation-based discrimination (NCT, 2017). Researchers found that health professionals often had inadequate exposure to people from marginalized communities and a dearth of the resources and type of training necessary in order to provide more culturally-specific and sensitive treatment for people of diverse sexual identities, further abating a medical culture where the needs of LGBTQ+ patients are frequently overlooked, relegated, or ignored (Rutherford et al., 2012).

LGBTQ+ Youth are Particularly Vulnerable

Young people who identify on the LGBTQ+ spectrum face even greater, overt resistance and oppression from the dominant culture than that which their elder counterparts have encountered (Higa et al., 2014). With less access to peer connections, social outlets, and cultural resources, LGBTQ+ youth experience higher levels of isolation, loneliness, and hopelessness

than adults of sexually diverse identity. This social disconnection often results in increased feelings of internalized shame, rejection, and self-stigmatization during what is an essential period of adolescent identity formation (Sullivan & Wodarski, 2002). "Unlike other minority youth who experience affirmation of their identity through families and communities, the absence of such supports impedes (LGBTQ+) youths' preparation for developing this social identity (Crisp & McCave, 2007).

The discrimination, stigmatization, and cultural messages of disapproval experienced by young people of diverse sexual identity can disrupt-and-derail the formation of identity during the developmental years. "Failure to form an integrated identity can result in identity diffusion and role confusion, which may be associated with poor psychological functioning and psychiatric disorders," write Harper at el. (2007). Young people of LGBTQ+ identity are particularly vulnerable to suffer negative behavioral health outcomes due to the rejection and prejudice endemic to living in a heterosexist society. These perceived fears and actualized negative consequences prevent many youth of sexually diverse identity from coming out to their families and in their communities (Heatherington & Laver, 2008).

Social Alienation and Distress

Early on in life, children of diverse sexual identity are met with messages of intolerance and oppression directly related to their orientation (Savin-Williams, 1994). LGBTQ+ youth face an amalgamation of "unique stressors"- identity repression, societal-and-familial rejection, threats of physical violence- that signify their differentiated treatment and oppression:

> The experience of being Gay or Bisexual (children) in our society overwhelms any potential differences in social categories involving age, ethnicity, race, social class or geographical region of the country (Sullivan & Wodarski, 2002).

Children of sexually diverse orientation are loaded down with a mantle of oppression that can be psychologically overwhelming, identity-inhibiting, and ultimately injurious to their overall behavioral health.

Young people of diverse sexual identity encounter patterns of targeted harassment and persecution throughout their adolescence. "Adolescents who struggle with issues of sexual identity and orientation often experience chronic stress resulting in part from childhood experiences of sexual, physical, and verbal abuse" (Rew et al., 2005). The experiences of bullying, victimization, and homophobic language are frequently linked in the lives of LGBTQ+ youth (Poteat et al., 2011b). Young people of diverse sexual identity report enduring high levels of victimization and distress than heterosexual youth (Poetat et al., 2011a).

The threat of violence is often a part of everyday life for LGBTQ+ youth; young people who do not conform to heteronormative societal values are at elevated risk of victimization during their adolescence (Toomey et al., 2010). One study of Gay, Lesbian, and Bisexual teenagers found that 80% of them had endured verbal victimization, 11% experienced physical attacks, and 9% reported being the victims of sexual assault between the ages of 6 and 13 (D'Augelli et al., 2006). This harassment comes from multiple domains of life and from figures who wield varying levels of power, ranging from peers to instructors to family of the individuals (Harper & Schneider, 2003).

Saddled by a negative self-conception of themselves, LGBTQ+ youth face greater challenges in establishing positive peer connections and developing significant social relationships, feelings of trust, and emotional bonds with others. Many LGBTQ+ youth experience social isolation that is amplified by a fear of their identity being revealed. This very-reasonable sense of distress "limits their openness with peers, and the concomitant sense of being different, which may exacerbate the sense of social disconnection from the experiences of others in their communities," write Sullivan and Wodarski (2003).

Researchers posit that the identity-related shame of internalized homophobia can have a significant impact on the physical and mental and physical health of young people of diverse sexual orientation. The internalization of stigmatizing beliefs can lead to greater proclivity for drug and alcohol abuse, psychological distress, shame, self-loathing and negative self-appraisal, increased suicidality, and reckless sexual behaviors (Rosario et al., 2001; Wright& Perry, 2006). The stigmatization frequently experienced by LGBTQ+ youth due to social alienation can lead to feelings of hopelessness and the adoption of a "fatalistic, alienated, and helpless outlook" (Sullivan & Wodarski, 2003).

Many of the institutions associated with the development of positive socialization and identity formation in the lives of non-stigmatized, heterosexual teenagers- Families, religious institutions, communities, and neighborhoods- instead manifest as negative, debilitative factors in the psychological well-being of LGBTQ+ youth. As Kelleher (2009) writes:

> While elevated levels of distress and suicidality were once believed to result directly from an (LGBTQ+) identity, it is now increasingly understood that such difficulties are associated with the adverse social conditions that these youth frequently experience as a result of the stigma that society attaches to their identities.

Family rejection, exclusion at school, and condemnation in religion all contribute to a diminishment of the identity of LGBTQ+ youth (Sullivan & Wodarski, 2002). A common expression in the (LGBTQ+) community is "When people come out, their families go in," reflecting the belief amongst youth of diverse sexual identity that their identity will lead to familial rejection (Crisp & McCave, 2007). In addition to such emotional distancing and estrangement, LGBTQ+ youth have traditionally been exposed to verbal, physical, and sexual abuse by family members in the home (Savin-Williams, 1994).

Many LGBTQ+ youth who seek acceptance in churches and other faith communities instead find social rejection and increased levels of depression and low self-esteem (Levy & Reeves, 2011). The very structures relied upon to provide stability and affirmation in the lives of adolescents often form the bulwark of oppression and stigmatization experienced by Gay, Lesbian, and Transgender teenagers. "At a time when peer pressure and the need to fit in is most salient, (LGBTQ+) youth often feel "different" from their peers," write Crisp and McCave (2007).

Schools and the Educational Environment

Educational institutions and the learning environment have often presented an emotionally distressful and physically dangerous atmosphere for LGBTQ+ youth, particularly during the middle school and high school years. In a study conducted from the years 2001 and 2009, as many as 12% to 28% of students who identified as Gay, Lesbian, or Bisexual were threatened or injured with a weapon on school property (CDC, 2011). Public and private acts of violence and discrimination are frequently hallmarks in the lives of LGBTQ+ youth, leaving them significantly more likely to be targeted with acts of terror and aggression than their heterosexual peers (Kelleher, 2009). In addition to threats of physical violence, high risk-gaps in

feelings of school belongingness and academic performance amongst LGBTQ+ students in middle school and high school were significantly higher than the rates demonstrated by Heterosexual students (Robinson and Espelage, 2011).

High school students who were questioning their sexual orientation reported experiencing more bullying, homophobic victimization, higher rates of unexcused absences from school, poor academic performance, bouts of running away from home, exposure to prostitution, significantly higher levels of illicit substance use, intense feelings of depression, and suicidal behaviors that were much higher than Heterosexual- or openly-identified Lesbian, Gay, or Bisexual students (Sullivan & Wodarski, 2002; Crisp & McCave, 2007; Birkett et al., 2009; Robinson & Espelage, 2011; Poteat et al., 2011). Gay and Bisexual males frequently suffer high rates of PTSD associated with verbal abuse experienced while in high school, many continuing to experience flashbacks long after completion of their school years (D'Augelli et al., 2002; Rivers, 2004). Additional findings revealed that LGBTQ+ students were more inclined to struggle with eating disorders and the prevention of sexually transmitted diseases during their high school years (Higa et al., 2014).

For LGBTQ+ youth transitioning from their high school years, the university environment can also prove to be a threatening and hostile environment, both from an emotional and physical perspective. 20% of students of diverse sexual identity reported that they had experienced discrimination because of their gender identity or sexual orientation while applying to-or-while attending college (NPR, 2017). The Campus Climate Survey on Sexual Assault and Sexual Misconduct reported that three-out-of-four LGBTQ+ students reported experiencing some form of sexual harassment while nearly 10% of students of diverse sexual identities reported suffering sexual assault involving penetration (AAU, 2015). Instead of offering a

nurturing and validating atmosphere, college campuses often cultivate an ambiance that is detrimental towards the development of a positive, actualized identity and the maintenance of psychological well-being.

In addition to the high levels of overt victimization and the increased numbers of violence towards identified sexual minorities that have been reported on campus in recent years, LGBTQ+ students often find themselves subjected to acts of hostility, aggression, and degradation that have been associated with behavioral symptoms that include increased feelings of isolation, psychological distress, and emotional withdrawal. Rates of discrimination on college campuses are especially high for students within the Transgender community who reported experiencing constant marginalization and displacement due to the perpetuation of heteronormative and cisgender standards in their campus culture (Seelman et al., 2016).

Behavioral Health Risks for Youth of Intersecting Identity

Young LGBTQ+ individuals of color are of a particular risk for experiencing diminished behavioral health and an increased inclination towards self-harm (Harper et al., 2007). When a young person of diverse sexual identity holds multiple levels of identity within a racist and heterosexist society, they may then in turn face multiple levels of stratification and oppression. For example, an LGBTQ+ youth who also identifies as African-American is likely to be forced to contend with both homophobia and racism throughout their life, potentially adding to existing feelings of stigmatization and marginalization. Young racial minorities who identify as LGBTQ+ face a greater risk of developing behavioral health disorders due to the likelihood of discrimination they experience due to having these numerous marginalized identities (Poteat et al., 2011). In such circumstances, many Gay, Lesbian, and Transgender youth of color may feel

compelled to choose between their sexual orientation and their ethnic or racial identity (Harper & Schneider, 2003; Harper et al., 2007; Swank & Fahs, 2013).

The intersecting oppression of societal racism and homophobic- and cisgender-based discrimination can be an overwhelming obstacle for a young person who is attempting to cope with identity formation and developmental challenges in a heterosexist environment where they do not share access to many of the provincial resources available to adults (Sutter and Perrin, 2016). Because of this, LGBTQ+ youth of color are significantly less likely to have revealed their identity to their families. One study found that while about 80% of Gay and Lesbian Caucasians had been able to come out to their parents, only 71% of Latinos, 61% of African-Americans, and 51% of Asian and Pacific Islander youth felt it was safe enough to be able to come out at home (Grove & Bimbi, 2006).

African-American same-sex attracted youth were far more likely to have lowered levels of self-esteem and experienced suicidal thoughts more frequently than their counterparts of other ethnicities; young Gay and Bisexual African American males were also more likely to have suffered from depression (Consolacion et al., 2004; Mustanski et al., 2010). African-American and Latino Lesbians, Gays, and Bisexuals are also more likely to have a diagnosis for PTSD compared to their Caucasian peers due to their exposure to unique stressors related to their racial and ethnic intersectionality (Alessi et al., 2013). LGBTQ+ youth of color, particularly African-American Gay males, are at a greater risk of STD transmission (Crisp & McCave, 2007).

At a pivotal stage of their personality development, many young people of intersecting identities are forced to experience a dual rejection of themselves as both sexual- and racial minorities. The integration of ethnic and cultural identity into an "overall sense of self" is already an essential developmental area for minority youth (Harper et al., 2007). As previously

stated, many LGBTQ+ youth of color reported feeling torn between their ethnic and sexual identities (Swank & Fahs, 2013), leaving them less likely than their Caucasian counterparts to be enrolled in identity-based social and cultural activities or be engaged with community resources (Rosario et al., 2004).

Studies have indicated that African-Americans, Hispanics/Latinos, and Asian-Americans face higher levels of hostility and stigma than their Caucasian peers. In addition, sexual minorities of racially marginalized backgrounds frequently report experiencing racial bigotry in Gay and Lesbian restaurants and bars (Swank & Fahs, 2013). Many LGBTQ+ youth of color described feeling excluded and marginalized by what they viewed as the "predominately White, mainstream (G)ay community" (Harper et al., 2007) and reported feeling obligated or pressured to downplay their ethnic heritage when active in LGBTQ+ events and functions populated by Caucasians (Bowleg, 2012). For young people who come of age as both sexual- and racial minorities, the ingrained racism of Western culture can lead to amplified feelings of isolation, estrangement, and diminished self-worth.

Higher Rates of Youth Suicide

For LGBTQ+ youth, the stress and victimization induced by- and experienced through dominant culture rejection has frequently led to higher levels of suicidal ideation, attempts, and thoughts of self-harm. Suicide has continued to be one of the leading causes of death among Gay and Lesbian youth nationally in the United States (Russel & Joyner, 2001; CDC, 2010). Homophobic bullying was frequently a predictive factor for higher suicidality among LGBTQ+ youth (Poteat et al., 2011).

In general, LGBTQ+ youth are three times more likely to attempt suicide than heterosexual teenagers are (Sullivan & Wodarski, 2002). As one study showed, Lesbian, Gay, and Bisexual students in grades 7-12 were more than twice as likely to have attempted suicide as their heterosexual peers. 25% of Transgender youth were found to have reported suicide attempts (Grossman & Augelli, 2007). Young Gay and bisexual men in the United Kingdom were found to be as much as six times more likely to attempt suicide than their counterparts over the age of 45 (Hickson et al., 2016).

Young African-American males of diverse sexual identity were also more likely to experience suicidal ideation than their peers from other racial groups (Consolacion et al., 2004). Lesbian, Gay, and Bisexual youth who had previously attempted suicide were found to struggle with higher levels of depression, anxiety, and conduct problems at a later time in their development than youths who had neither attempted nor harbored thoughts of suicide. LGBTQ+ youths who have attempted suicide continued to demonstrate elevated levels of psychological distress long after their attempt (Rosario et al., 2005).

LGBTQ+ Youth and Homelessness

Mirroring the experiences of adults identifying as sexual minorities, LGBTQ+ youth are also markedly more likely to have experienced being homeless. While only 10% of the general youth population currently identify as being a sexual minority, as many as 40% of homeless youth identified as being LGBTQ+ (NCH, 2017). Frequently homeless due to family rejection, many LGBTQ+ youth find themselves the victims of abuse, sexual assault, and criminal victimization in-and-out of shelters. Homeless LGBTQ+ youth are more likely to be sexually assaulted or abused than their heterosexual peers (Crisp & McCave, 2007).

Being removed from the home also increases the likelihood that youth of diverse sexual identities will not receive treatment for basic health services or have access to essential mental health services which are necessary to cope with adverse circumstances (Abramovich, 2012). These resources are essential considering that compared to heterosexual youth, LGBTQ+ teenagers are at a disproportionately higher risk for problematic health circumstances, among them sexually transmitted infections, HIV (human immunodeficiency virus), unplanned pregnancy, suicidality, and sexual victimization (Rew et al., 2005).

Psychology: a History of Institutional Oppression

As documented, the systemic cultural oppression perpetuated by the larger Hetero-dominant culture has led to increased negative behavioral health outcomes and lowered levels of psychological well-being for LGBTQ+ peoples, particularly amongst youth. This continuing crisis demands a greater and more comprehensive consideration and responsiveness from mental health providers and the development and utilization of identity-affirming and population-sensitive therapeutic treatments and approaches. However, the treatment of LGBTQ+ individuals in psychology and behavioral health has had a long, divisive, and often shameful history of discrimination characterized by the employment of destructive diagnoses, the facilitation of a perennially hostile institutional climate, and the development of antithetical treatment modalities that have often caused more harm than good (Kelleher, 2009).

When it comes to the medical and biopsychosocial treatment of people of diverse sexual identities in Western culture, the tendency to view LGBTQ+ patients through a prism of pathology has had an overwhelmingly negative and punitive effect on the conducting of psychiatric research and employment of therapeutic practice throughout the history of the applied behavioral health fields. Far too frequently, the behavioral health establishment has historically

worked against the interests and psychological well-being of identified sexual minorities instead of advocating on their behalf. An overview of the history of the field's treatment of sexual minorities demonstrates how psychology has often contributed to the oppression of LGBTQ+ peoples.

Early Roots of Clinical Stigmatization

In the formative days of psychology's development into a science and academic discipline, intra-field discourse and discussion about same-sex and transgender identity were generally intertwined with the dominant heteronormative cultural-and-religious values of the day. Von Kraft-Ebing, a practitioner in the earlier days of psychiatry, promoted the notion that same-sex attraction was evidence of a congenital disease and psychiatric disorder; He was also instrumental in the clinical dissemination of the term "homosexual," (Drescher, 2009). Prior to the spread of this designation, Gay men were socially and clinically referred to as 'sodomites' or 'buggers' (Smith, 2007). Physician and sexologist Havelock Ellis, despite considering aspects of same-sex attraction as normal variations of biological expression, enabled further sociological stigmatization when he coined the term "invert" to refer to Gays and Lesbians in 1896 (Herek, 2012). These examples of the early stigmatization of the behavioral health and identities of LGBTQ+ peoples established a precedent that continued to foster negative implications for their treatment as the field progressed into the next century.

LGBTQ+ patients were almost universally viewed as suffering from an illness or pathology, a notion that would last throughout- and well beyond the formative years of what is recognized as modern psychology. For instance, a German study conducted in 1953 attempted to correlate the birth of Gay offspring following World War II as a way of asserting that prenatal stress was the reason for same-sex attraction (Smith, 2007). Prior to this, Steinach's research on

the sexual characteristics of rats led him to attempt to alter the identity of Gay men by performing castrations or replacement surgeries that replaced their testes with "normative" organs from Heterosexual men (LaVey, 1996). The consistent message sent by the psychological community for the majority of its history has been that LGBTQ+ peoples are disturbed, unnatural, and broken individuals who need to be cured, not affirmed.

Freud and Kinsey

Freud had offered a somewhat more dualistic view of LGBTQ+ peoples than other figures in the early days of psychology. By recognizing what he theorized was an inherent tendency towards bisexuality in human beings, he was dismissive of viewing Gays as abnormal or ill and fostered a degree of tolerance that was progressive for his day (Carroll, 2010). However, his belief that being Gay and Lesbian could be attributed to certain dynamics of parenting and social development did not allow for the recognition of the normative roots of LGBTQ+ identity. Ultimately, Freud's work led to further normalization of the notion that identified-sexual minorities suffer from an arrested psychological development that could be attributed to family dynamics (Drescher, 2009).

Like Freud before him, Kinsey both dispelled negative notions about Gay and Lesbian pathology while at the same time validating the belief that LGBTQ orientation was ultimately a choice. Theorizing that the capacity for same-sex attraction existed in every individual, he designed a continuum that rated Gay inclination on a numerical scale (Carroll, 2010). Kinsey went so far as to propose that terms like "heterosexual" and "homosexual" were invalid categorizations, believing that sexual identity is a continuously changing variable for most

people (Herek, 2012). In his attempts to reduce the stigmatization of sexual minorities, Kinsey ultimately de-emphasized the importance of identity for Gays and Lesbians.

Hooker

Through her use of psychological testing, Hooker was a pioneer in combatting what was still an overwhelmingly common view of LGBTQ+ orientation as being a pathology or choice. She accomplished this by being the first to conduct research and integrate case histories and evaluations of Gay patients into her conceptualizations (Smith, 2007). Hooker's studies and psychological testing provided empirical data that revealed that there were no qualitative differences between Heterosexual and Gay men (Herek, 2012).

Unlike her predecessors, Hooker disputed the unfounded basis for regarding LGBTQ+ peoples as abnormal or pathological by providing a statistically reliable and verifiable research base. Her work established the most significant basis for repudiating the commonly held view that LGBTQ+ peoples suffer from emotional disorders and opened the door for treatments that are affirming and validating for patients of diverse sexual identities (Carroll, 2010).

The DSM and Pathology

In its early years of use, the Diagnostic and Statistical Manual (DSM) reflected the traditionally accepted view that same-sex attraction was a sign of mental illness and maladjustment. Initially regarded as a paraphilia in the DSM-I and then as a "Sexual Orientation Disturbance" in the DSM-II, Gay, Lesbian, and Bisexual orientation was termed as "Ego-Dystonic Homosexuality" in the third edition (LaVey, 1996). Psychiatrists used these classifications to justify behavioral modification techniques such as electroshock therapy, used with the intention of decreasing same-sex attraction.

However, due to the strong advocacy of Hooker and many later practitioners as well as the striking lack of any evidence-based research that LGBTQ+ identity was the result of upbringing or sustained distress, the American Psychological Association finally removed Homosexuality from the list of psychological disorders that were previously recognized in 1974 (Bayer, 1975). Almost another 40 years later, activists argues that labelling expressions of gender variance as pathological would cause additional harm to Transgender individuals (Drescher, 2010). The APA replaced the diagnostic term "Gender Identity Disorder" with the term Gender Dysphoria in the hopes of de-stigmatizing the clinical experience and identity of Transgendered peoples (APA, 2012.

Therapeutic Oppression

Within psychology, the therapeutic relationship itself has continued to be marked by overt heterosexism and discriminatory practice towards LGBTQ+ individuals, with many patients reporting that they've felt hostility, defensiveness, alienation, and unsupportive responses from their providers during the course of treatment (Bowers et al., 2005). "Anti-Gay attitudes, commonly referred to as homophobia, in practitioners and other service providers can negatively affect (LGBTQ+) youth in a variety of settings including health," write Crisp and McCave (2007). Bisexual men seeking treatment often reported feeling that practitioners diminished their identity, feeling that their therapists saw them as simply confused or conflicted about their sexuality (Mohr et al., 2009). These negative attitudes and understated gestures can take the form of what Sue and Sue (2013) describe as diversity-based microaggressions, "brief, everyday exchanges that send denigrating messages to a target group."

Much of the psychological treatment received by LGBTQ+ patients has been characterized by subtle prejudice and ignorance. Shelton and Delgado-Romero (2011) identified

several forms of micro-aggressions that Gay, Lesbian, and Transgender individuals commonly encounter in their experiences with behavioral health providers such as avoidance, over-identifying, stereotyping, and expressing heteronormative bias. When delivered by therapists and practitioners, these microaggressions can be at best, impediments to progress and at worst, devastating blows to the psychological well-being of LGBTQ+ patients.

Despite the revised APA guidelines (2001) that state that "Lesbian, Gay, and Bisexual orientations are not mental illnesses," and that professionals "understand that same-sex attractions, feelings, and behavior are normal variants of human sexuality and that efforts to change sexual orientation have not been shown to be effective or safe," there are still licensed-and-practicing behavioral health care providers throughout the US who are protected to discriminate against LGBTQ+ patients by citing their right to practice their "religious freedom" (Benkhe, 2011). Several states have passed bills which have ensconced the right to deny treatment to patients based on their sexual identity while only 14 states have currently outlawed the practice of conversion/reparative therapy that specifically targets LGBTQ+ youth (Rudow, 2013).

The prominence of these bills and a prior history of delay in addressing injustice towards LGBTQ+ people indicates that Gay, Lesbian, Bisexual, and Transgender peoples are still not being vigorously advocated for- or represented by the APA (American Psychological Association) and other behavioral health organizations. This is especially important when recognizing that many LGBTQ+ peoples reside in communities which are still divorced from many of the vehicles of political power afforded to other groups of privilege, a factor that can be doubly impactful for youth who identify as sexual minorities.

The Need for Positive Therapeutic Interventions

Psychology's history of punitive treatment towards people of diverse sexual identities and the continued exercise of bias and discrimination demonstrated by many counselors and therapists towards their patients reveals that there still continues to be a need for the development of culturally-specific interventions addressing the needs of LGBTQ+ people. Previous negative experiences with feeling pathologized during therapy has left many patients of diverse sexual identity apprehensive and reticent to re-enter treatment (Heck et al., 2013). Throughout the course of its history, the field of psychology has not done enough to recognize the dignity of LGBTQ+ peoples and has given them little reason to believe that the specific behavioral health needs and concerns of their community would be met throughout the course of treatment.

Despite some advancements in the field's recognition of patients of diverse sexual identity, there remains a need for the implementation of behavioral health treatment modalities that are identity affirming, culturally sensitive, and acclimatized to the needs and experiences of LGBTQ+ peoples. Considering the elevated psychological risk factors that exist for younger people, the development of modalities that could acknowledge the disproportionate health risks impacting Gay, Lesbian, Bisexual, and Transgender youths would be particularly essential.

The ongoing societal marginalization and institutional stigmatization of sexual minorities requires the development and implementation of new therapeutic methodologies that recognize the context of historical oppression faced by LGBTQ+ peoples, facilitate positive emotional change, affirm levels of intersectionality that exist within the spectrum of identity, and create opportunities for increased individual empowerment and access to political autonomy. Young people of diverse sexual identity could benefit from a therapy that validates their experiences, encourages the individual to claim agency of their life, and facilitates a sense of belonging to an external community.

Empowerment Narratives

Empowerment narratives are a therapeutic approach that could be a beneficial avenue to begin meeting the specified behavioral health needs of many LGBTQ+ youth who experience diminished identity in a heterosexist society. The intention of empowerment narrative therapy is for the patient to focus on the process by which they have come to create a sense of meaning and functionality in their lives- how one interacts, determines their own behaviors, and perceives the world around them- through the assembling and construction of a life story that affirms their individual sense of purpose (Cohler and Hammack, 2007). By editing their personal narratives in a way that allows for self-affirmation and empowerment, individuals can create and maintain a core narrative that preserves and strengthens their sense of self.

Narrative therapy can have the dual benefit of developing individual resiliency and creating an autonomous, endowed sense of personal identity and strength while also facilitating access to external socio-political resources that provide further validation of self. As Cohler and Hammack (2007) write, "a narrative of emancipation emphasizes the multiplicity of identity development among Gay youth and restores notions of both agency and a life-course framework to Gay identity development." For LGBTQ+ youth who've grown up in a society that presents their lives and identities as negative and debilitating, harnessing the ability re-frame their lives in a positive and emboldened manner that affirms their orientation can facilitate the creation-and-sustainment of greater personal autonomy and purpose.

Set within a therapeutic model, empowerment narratives provide opportunities for people to find strength by telling and viewing their individual and collective stories through a prism of empowerment that separates, even liberates, the person from the problem. As Lord and Hutchinson (1993) describe the technique, "empowerment is a social-action process that

promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice." Empowerment narratives are opportunities for patients who have previously come to see themselves as victims to not only be able to revisit their experiences in a way that validates and affirms their own lives and strengthens their sense of personhood but also allows for the establishment of a link to the greater community around themselves.

Narrative and Community Empowerment

Rooted in the field of community psychology, Perkins and Zimmerman (1995) describe this type of collectivist empowerment as:

> An intentional ongoing process centered in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources or simply a process by which people gain control over their lives, democratic participation in the life of their community and a critical understanding of their environment.

The utilization of empowerment narratives can be a way to engender opportunities for socio-political inclusion that integrate individuals with cultural and communal resources that can facilitate access to power which has previously been denied to marginalized populations. Experiencing identity empowerment is essential to identifying oppression and creating both individual and communal change, factors that have been shown to be crucial and fundamental to the improved behavioral health of LGBTQ+ peoples and other oppressed groups and communities (Hanna et al., 2000).

Rappaprot (1995) recognized that communal narratives and personal stories are valuable resources in the construction of the individual self and the person's connection to their identified community:

> The goals of empowerment are enhanced when people discover, or create and give voice to, a collective narrative that sustains their own personal life story in positive ways. This process is reciprocal, such that many individuals, in turn, create, change, and sustain the group narrative.

Being enabled to tell one's own story is fundamental for marginalized peoples to break-free of dominant culture narratives that perpetuate stereotypes and diminish the lives and history of traditionally oppressed peoples.

Creating the empowerment to reframe one's experiences can "transform those very devalued traits of otherness into a newly esteemed ideal of selfhood and normalized social action" (Somers, 1994). Empowerment Narratives provide patients opportunities to find strength and develop resiliency by reframing their individual and communal struggles through a prism of psychological enablement and socio-political emancipation that validates and affirms their lives, strengthens their sense of personhood, and fosters a sense of belonging that can counter feelings of social disconnectedness.

Psychological Wellness in Narrative Therapy

Perkins and Zimmerman (1995) note that empowerment narrative interventions "enhance wellness while they also aim to ameliorate problems, provide opportunities for participants to develop knowledge and skills, and engage professionals as collaborators instead of authoritative experts." By creating therapeutic partnerships and encouraging dualistic empathy, empowerment

narrative modalities have the potential to address the detachment and lack of connection experienced by many LGBTQ+ patients who have felt rejected when seeking psychological treatment (Bowers et al., 2005).

This emphasis on establishing an egalitarian and collaborative therapeutic relationship is a principal strength of the empowerment modality and its potential for effectiveness in the treatment of LGBTQ+ patients. By moving away from dominant-culture stigmatization, a therapist using the narrative model has the opportunity to present-and-engage patients of marginalized backgrounds using a collectivist approach to creating personal change through genuine partnership and therapeutic alignment.

Joining with the patient in reframing their stories, the practitioner becomes engaged as a collaborator in the development of an ongoing narrative as opposed to taking on the patriarchal role of an authoritative expert which can result in the therapist being the party responsible for defining the nature and content of the patient's experiences instead of the patient themselves (Lord & Hutchison, 1993). Narrative therapy generates a sense of active partnership and community, constructing a genuine alliance between the therapist and the patient. This approach presents the opportunity to address institutional oppression while defusing and overcoming many of the resulting interpersonal microaggressions that have historically ruptured the therapeutic experiences of many LGBTQ+ patients.

Practitioners employing empowerment narratives have traditionally eschewed and rejected an over-reliance on pathology, recognizing the inherent bias that has characterized much of western psychology and its treatment of traditionally marginalized peoples (Lord & Hutchison, 1993). Treatment that is focused on developing personal empowerment identifies the patient's capabilities instead of cataloging their risk factors and prior experiences as failures that

need to be corrected or remediated. When using empowerment-based therapy, the patient and their life narratives are recognized by the therapist as strengths to be harnessed, not weaknesses to be diagnosed and stigmatized.

Reframing Identity and Enabling Agency

Such employment of narrative storytelling compels us to "think in terms of wellness versus illness, competence versus deficits, and strength versus weakness" (Perkins and Zimmermen, 1995). The patient is given the opportunity to re-examine their life from a perspective which has been self-liberated from oppressive dominant-culture ideologies and which instead draws on the inherent strengths found in their own cultural traditions and perspectives. Finding sustenance and strength in the rich history and cultural tapestry of the LGBTQ+ community could be a powerful tool when working with young patients of diverse sexual identity who have been conditioned to see their identities and their genuine selves as frailties and disadvantages.

Somers (1994) described how the facilitation of a patient's narrative identity can generate access to social action and stimulate a sense of personal agency that had previously been suppressed and excluded from marginalized communities and individuals, writing that the development of counter-narratives "is a crucial strategy when one's identity is not expressed in the dominant public." Whereas psychotherapy has traditionally resorted to pathologizing patients and sustaining a sense of victimhood and external reliance within the patient, empowerment narratives explore the role that environmental influences and social problems play on the individual and their problems (Perkins & Zimmerman, 1995). Instead of perpetuating the historical psychological pathologizing of LGBTQ+ peoples, a narrative approach could work to affirm the identities of sexual minorities and seek to trace the etiology of their community's

struggles and difficulties through a socio-political prism that validates their communal struggle while also creating connections with other marginalized populations.

Wellerstein and Bernstein (1994) have defined empowerment as a social action process that promotes the participation of people, organizations, and communities in gaining control over their lives within their community and the larger society. When accessed by patients from marginalized populations, psychological empowerment narratives can be used to address the specific psychological, cultural, and structural components of the patient's experience and functionality. Developing a sense of psychological empowerment through re-framing life narratives can facilitate the increasing of general health results through the amplification of personal autonomy, the integration of diverse communitarian connections, the expansion of access to political power, and the enablement of greater social justice outcomes.

Thompson (2007) introduced three key themes related to the socio-political basis of narrative empowerment: agency, resilience, and voice. Agency is the ability of patients to use their stories to create autonomy and increase the capacity to make decisions for themselves. Resilience speaks to the inherent reservoirs of resistance that exist in individuals and communities who have faced and endured historical oppression while voice refers to the importance of expression in the fight for equality for oppressed and disadvantaged peoples. The implementation of these components in the empowerment process integrates the individual with the larger group and the community around them (Thompson, 2007).

The Personal is Political

Feminist author and scholar Carol Hanisch (1969) addressed how institutional forces can impact the private lives and identities of oppressed peoples when she wrote "One of the first

things we discover in these groups is that personal problems ARE political problems. There are no personal solutions at this time. There is only a collective action for a collective solution." Hanisch (1969) reasoned that the political and personal intersections which meet in behavioral health can be dualistically therapeutic, advocating that "analytical sessions themselves are a form of political action." Practiced from a politically-informed orientation, empowerment-based narrative therapy can address the elevated levels of psychological harm experienced by marginalized peoples in western culture by confronting the corresponding socio-cultural oppression and inequality present in their daily lives.

The lives and stories of oppressed and exploited peoples have historically been an ignored and devalued resource; the development of empowerment narratives can facilitate and enhance a stronger, fuller sense of identity for the patient to build their identity upon (Rappaport, 1995). Communal narratives and personal stories are valuable resources in the construction of the self within the context of a larger community of support. Recognizing that the development of an autonomous and endowed identity is crucial to the creation of personal and social change, Rappaport (1995) writes:

> The mission of community psychology/social science can be understood as a calling to use our tools (research methods, critical analysis and observation, scholarship, social influence) to assist others in the job of turning tales of terror into tales of joy.

Reframing one's personal narrative can result in a self-initiated revision of previously experienced emotional content, allowing an individual to find sustenance and inspiration in a situation or experience that had previously engendered negative emotions. By drawing on their history of communal resiliency and achievement, LGBTQ+ patients can use empowerment narratives to restructure their individual- and group-identity in a way that shifts their perception

from that of seeing themselves as victims to recognizing themselves as survivors and eventually as advocates for themselves, their external community and culture, and eventually other disenfranchised peoples.

Statement of the Problem

Regardless of the acknowledged advancements they've made in several arenas of society, LGBTQ+ peoples continue to suffer from cultural stigmatism and socio-political oppression. These factors lead to the documented experiencing of increasingly negative psychological conditions and frequently negative health outcomes, particularly for youth of diverse sexual identities. Despite there being a recognition of a need for intervention and increased access to behavioral health services, the field of psychology has had a long history of mistreatment and marginalization against LGBTQ+ peoples. Today, there is still a great necessity for the development and implementation of treatment modalities and methods that can speak directly to the needs of people of diverse sexual identities who are suffering from both interpersonal and institutional oppression. Research demonstrates that youth who identify as LGBTQ+ are the most at-risk of suffering debilitating behavioral health outcomes due to heterosexist policies and homophobic social conditions.

Purpose of the Review

By reviewing other models, approaches, and studies of the impact of empowerment narrative on other diverse and marginalized communities, this paper seeks to posit that the use of an empowerment narrative therapy can be structured and designed to provide a culture-specific treatment that could address many of the behavioral health issues faced by young patients of

diverse sexual identity, particularly focusing on the inherent benefits of recognizing the vastness of intersecting identities and rich cultural heritage of the LGBTQ+ community.

Questions to be addressed

The intent of the following chapters is to provide answers to the following questions: How can an empowerment narrative be designed for application with young LGBTQ+ patients? By focusing on the general goals and directives of narrative treatment modalities, this paper will seek to affirm how a treatment modality of this type best address the psycho-social needs of younger patients of diverse sexual identity.

Can the methodologies of previously developed culturally-specific empowerment narratives be of potential value for use in a cross-cultural manner with individuals of diverse sexual identities? There is a small body of recorded empowerment narrative treatment models, approaches, and research centered on the uses and benefits of this type of modality with patients and individuals from other marginalized communities. By studying and comparing these models and approaches, this study will seek to establish that there is a cross-compatibility and shared benefit within these treatment modalities and observations for LGBTQ+ patients who also hail from traditionally-disenfranchised populations and communities.

What are some potentially effective methods that an empowerment narrative model which have designed for use with LGBTQ+ youth be employed? What are reasonable goals that practitioners employing this approach could aspire to attaining in their use with young individuals from of sexually diverse identity? This study will attempt to addresses key factors and areas which could potentially impact the behavioral health of young patients of diverse sexual identity by proposing a framework for the development of a population specific,

collectivist-based empowerment narrative modality that will focus on treating the needs of a patient population which consists of young people of Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning orientations who struggle with behavioral health symptoms such as depression, anxiety, and trauma which have been demonstrated to be endemic to populations who face cultural oppression and marginalization.

Should an empowerment narrative model seek to be applicable to meeting the needs of the varying and intersecting identities represented by the LGBTQ+ spectrum? What are specific factors of intersectionality that should be considered when addressing variables and differing experiences for LGBTQ+ patients? How can historical events specific to the population being serviced be incorporated into their treatment through the use of empowerment narratives? Recognizing the diversity of the LGBTQ+ community and the varying orientations and aspects of identification which are intrinsic and inherent within the spectrum of sexual identity, this study will propose using the unique cultural-and-historical significance of the 1969 Stonewall Rebellion as a basis for creating a communitarian-based empowerment narrative approach. This paper seeks to explore how an approach rooted in the activation and engagement of a narrative-based activism and advocacy could provide universal benefit and value for patients of varying and intersecting identities within the LGBTQ+ spectrum.

CHAPTER II: LITERATURE REVIEW

The cultural stigmatization and systematic oppression experienced by LGBTQ+ peoples throughout the history of western society has created an environment where behavioral health needs of that population are excessively greater while access to care is disproportionately lesser. The psychosomatic health discrepancies experienced by patients of diverse sexual identity have been shown to be linked to persistently high rates of cultural marginalization and institutional discrimination (Meyers, 2003).

The lack of access to comprehensive, identity-affirming behavioral health treatment that LGBTQ+ peoples have traditionally suffered from has contributed to the elevated frequency of depression, anxiety, suicidal ideation, and trauma symptoms experienced within this population. The cultural discrimination and systematic socio-political repression faced by sexual minorities is at the heart of the behavioral health crisis that has historically impacted the lives of LGBTQ+ individuals.

Empowering Marginalized Peoples through Narrative Modalities

There are several existent models, approaches, and research analyses involving aspects of narrative empowerment that have been used with patients and individuals who have experienced oppression in their communities and backgrounds. These modalities and observations provide further insight into how similar therapeutic approaches could be successfully applied to other populations who have faced discrimination. Acknowledging their status as a marginalized group who have faced systemic discrimination in multiple domains of society, LGBTQ+ patients can benefit from the application of strength-based modalities that treat behavioral health symptomologies by focusing on the facilitation of a sense of increased self-esteem within the

individual while simultaneously developing levels of identification with an extended community and culture. This augmented experience of belonging can encourage improved levels of social equality, representation, and elevated agency and autonomy for individuals of diverse sexual identity.

A culturally-based, empowerment approach that focuses on changing behavioral health outcomes should ensure that actions are ultimately determined by the patients themselves. Addressing the need for greater engagement between health practitioners and underserved communities, Wallerstein (1992) offered a means of achieving this goal through the employment of a group dialogue-centered process as the basis for an education-focused empowerment model. She writes that

> Empowerment is an action-oriented concept with a focus on the removal of formal and informal barriers, and on transforming power relations between communities and institutions and government. It is based on an assumption of community cultural assets that can be strengthened through dialogue and action and focuses on power relations and intervention strategies. Empowerment includes both processes and outcomes with empowerment of marginalized peoples as an important outcome in its own right, and also as an intermediate outcome in the pathway to reducing health disparities and social exclusion.

An empowerment narrative approach can enable patients to negotiate and strategize communal solutions through more nuanced identification of problems, the assessment of socio-economic circumstances, and by the development of collectivist action strategies which can facilitate the creation of interpersonal and social change (Wallerstein, 1992). Narrative re-

framing evokes change in both the individual and their surroundings, making them an agent of socio-political change.

Addressing Symptomology through Socio-political Engagement

LaRoche and Tawa (2011) developed a comprehensive three-stage empowerment narrative treatment modality that was based on experiences recorded during the conducting of psychotherapy groups consisting of young African-American and Latino residents who lived in an urban housing project in Boston which had been beset with high rates of community violence and gang activity. The model LaRoche and Tawa (20011) employed aimed to not only improve behavioral health symptoms related to significant exposure to community violence, but also sought to enhance the participants' ability to transform their sociocultural context through promotion of peace-based conflict resolution and the development of individual and community-centered narrative dialogue .

Similar to the health and wellness disparities experienced by young people of LGBTQ+ orientation, people from communities of color continue to be disproportionately affected by violence in urban areas (CDC, 2017). High posttraumatic stress disorder (PTSD) rates amongst youth in inner city communities has been attributed to the frequent, often daily witnessing of homicides and gang fighting. The excessively high rates of violence experienced by youths in Boston spurred LaRoche and Tawa (2011) to develop an empowerment narrative model that would incorporate an awareness of the socio-cultural context which the youths lived in as well as the inherent strengths they used to cope with adversity: "Many ethnic minority adolescents' cultural characteristics are assets that can be utilized when coping with adverse socioeconomic circumstances."

The authors developed their empowerment narrative model while working with 6 youths of color- four males who identified as African-American and two Latino males- who attended a psychotherapy group held at a health services center in Boston, MA. The patients had been attending therapy for differing periods of time and had been referred for treatment due to their exposure or involvement with violence in their community. During the course of the group, three distinct, non-linear stages emerged: Addressing basic needs and symptom reduction; exploring individual narratives; and fostering empowerment and peace through community action. LaRoche and Tawa (2011) write that their model was specifically designed to be malleable and applicable for use "when developing culturally sensitive hypotheses and interventions" with other oppressed populations.

The first step of the model consisted of addressing chief complaints and reducing symptoms which presented an opportunity for the authors to begin treatment planning and minimizing each patient's immediate difficulties. This was initially achieved by ensuring the safety and stability of the patients, frequently a key factor when treating individuals from marginalized communities who may be exposed to violence in their homes and communities. LaRoche and Tawa (2011) found that there were benefits from taking a communal approach to individual safety and encouraged the patients to inquire and monitor the health and safety of others from within the group. By taking these preventative measures, the authors created an environment conducive to a greater intracultural connectivity that could be harnessed outside the bounds of the group and could potentially stimulate greater community interactivity.

Another factor in the first step of the model was attending to-and-reducing the troubling symptomology of what the patient was facing while maintaining an understanding of the cultural context of their difficulties. While not ignoring the larger etiology of discrimination's role in the

frequent manifestation of conditions of anxiety and depression in the lives of oppressed peoples, the authors realized that providing immediate interventions through individual therapy and psychiatric care can enable greater involvement and increased commitment to achieving the goals of treatment. By treating the patient through a culturally sensitive prism, "symptoms that are informed by their context are better understood and somewhat depathologized" (LaRoche & Tawa, 2011).

Fostering a sense of self-understanding and empathy through the use of psycho-education can help patients to explore and recognize how their symptoms can be seen as normative responses to traumas related to the experiencing of oppression and discrimination. Normalizing and developing a sense of self-acceptance of the individual's symptoms through the use of a cultural context can lead to the development of greater empathy for others and increased allocentrism and cooperative and supportive interaction with other members of their community (LaRoche & Tawa, 2011). Patients in the first stage of the model were also encouraged to engage in peer- and social-networking with others of shared identity in order to facilitate continued communication and intracultural contact.

The second step of this model involved enabling a personal and contextual exploration of the individual's own narrative experience. "By telling, examining, and then retelling their stories and continually deepening their understanding of them, (the patient) can start to identify and then question their personal and cultural expectations," thus leading to a greater understanding of the effects that social injustice has had on the patient and their community (LaRoche & Tawa, 2011). Expanding the social awareness of patients can lead to an increased awareness of the complexity of the social systems that impact their daily lives and functioning.

For young people hailing from disenfranchised backgrounds, "psychotherapy is often a set of ongoing dialogues through which they can better understand these different cultural realities and social expectations" (LaRoche & Tawa, 2011). The internalized self-hate that is frequently experienced by marginalized peoples (e.g., homophobia, racism, classism, and sexism) often manifests as an oppression-based symptomology; by confronting the context of their condition, the patient can develop a narrative that liberates their experiences from the denigration of stereotypes and internalized persecution.

Within the LaRoche and Tawa (2011) empowerment narrative model, the therapist is mandated to assume the role of an active collaborator when addressing issues of discrimination and oppression faced by the patients. Providers employing this approach are encouraged to take a clear stance against the oppression experienced by marginalized youth, recognizing that maintaining a neutral position could be associated with complacency in the face of the injustice experienced by their patients. "During this second stage of the intervention model, therapists can increasingly become open about their own emotional processes, as well as sharing their feelings about the therapeutic relationships and group process" (LaRoche & Tawa, 2011). When working with disempowered youths, the role of the provider continues to evolve throughout the relationship as the established treatment goals begin to align with the increasingly emboldened narrative arc of the patients.

The third stage of the LaRoche and Tawa (2011) intervention model involves fostering empowerment and peace through community action. This included incorporating the ongoing personal change developed within the patient with transforming structures of oppression in their communities and the larger society. "Individuals become empowered as they understand themselves and begin to realize that they can have a voice" (LaRoche & Tawa, 2011). The

increased cognizance of a patient's own sociocultural environment and experiences of oppression can lead to a desire to create personal change, assuming a role of advocacy, and a further transformation of the individual's own cultural context.

By adopting a role of political advocacy, the patient being treated within this model can begin to recognize the necessity of aligning with the struggles of other oppressed peoples. "(The individual's) struggles have a new meaning and are motivated by a desire to prevent others from suffering similar misfortunes and deprivations" (LaRoche & Tawa, 2011). Recognizing the shared experiences and commonality of injustice waged against other marginalized peoples can further empower a young person of disenfranchised identity who previously saw their own narrative through a prism of social isolation and interpersonal neglect.

Participants in the LaRoche and Tawa (2011) model were able to use narrative re-framing to develop and employ a collectivist critique of existing social structures and their impact on communities of color and low SES status. The patients reported that this led to experiencing an increased sense of inter-community solidarity that crossed cultural lines and created connections with other disenfranchised peoples. This engagement of communitarian values through collaborative community action projects that endorsed and promulgated messages of peace and non-violent resolution generated new, previously inaccessible modes of challenging structural discrimination (e.g., racism, socioeconomic injustice, discrimination, community violence) that could reasonably be accessed by other marginalized groups.

Creating Empowerment through Counter-narratives

Societies frequently create and propagate dominant cultural narratives that validate avenues of domination and the withholding of political power from marginalized communities

and peoples. Counter-narratives are a means for disempowered individuals and populations to re-frame their stories in a manner that challenges negative messages and validates the identities of oppressed peoples. Grabe and Dutt (2015) described a thematic approach to liberation psychology based on the development of individual-and-communal counter-narratives drawn from the experiences of Nicaraguan women who were members of el Movimiento Autónomo de Mujeres (Autonomous Women's Movement) during the Revolución de Sandinistas from 1967 to 1979, an armed political response to a violent, generations-long dictatorship in Nicaragua which had been condemned by the international community for its human rights violations and violence against its own citizenry.

In mobilizing as a socio-political movement, Nicaraguan women faced a dual challenge of oppression from the US-backed regime of Somoza as well as disenfranchisement and sexist relegation within the larger insurgency movement. Women in Nicaragua, frequently the victims of kidnapping, rape, torture, and murder, experienced horrific psychological trauma and found that they had few advocates for themselves and their children (Alegría & Flakoll, 1983). The dominant, patriarchal narrative in Nicaragua told women that they were weak, ineffectual, and voiceless victims who had no say in the course of the nation and no place in the revolutionary struggle. Political factions on both the right and the left had consistently suppressed the rights of the nation's women and dismissed their right to agency; this climate of exclusion and oppression eventually spurred the development of the Autonomous Women's Movement (AWM).

The AWM provided the organization-and-mobilization of resources and communication, supplying homes and shelter for their female comrades' protection and defense while also enlisting and encouraging men to join the revolution in defense and advocacy of their families. Most importantly, the group affirmed and validated the identity, purposefulness, and utility of

women from a socio-cultural perspective in a way that challenged the dominant perceptions of women prevalent in Nicaraguan culture and Western society.

Though the group's aim and goals were overtly socio-political, their motivations and outcomes were rooted-in the psychology of empowerment through personal and collective narrative. Grabe and Dutt (2015) write:

> Engaging with narratives articulating the experiences of those with the least structural power can challenge dominant narratives surrounding practices that perpetuate injustice. Moreover, it is possible that knowledge gained from engaging with these counter narratives may fuel a critical awareness of societal inequities that can support efforts to enhance the well-being of those whose rights are being violated.

The experience of the women in the Nicaraguan revolution demonstrated that oppressed peoples can find more than solace in the shared narrative of persecution; they can also harness the means to enable psychological liberation by joining the 'personal' and 'political.'

Participants in the Nicaraguan revolution developed practical, socio-psychological interventions that would generate a more expansive and inclusive notion of human rights while inspiring a political agenda that would "improve women's lived experience" in light of their political and cultural repression (Grabe & Dutt, 2015). The resulting notions of empowerment were shaped from these women's efforts to combat dominant culture narratives through the reframing of experiences gleaned from their own lives and which focused on increasing access to internal strengths through facilitating an awareness of how women were being impacted by external political forces.

Grabe and Dutt (2015) met with 13 women from 9 different regions of Nicaragua who identified as leaders in the AWM and who had been involved in revolutionary politics there for nearly two decades. Based on interviews and research conducted with the participants, the authors were able to determine three fundamental steps derived from the empowerment narrative process which was originated by women of the Sandinista revolution and assessed the impact of that their counter-narrative approach had on participants.

First, the marginalized individual must recognize the need to seize on an awareness of the prevailing dominant cultural narratives and how they have been used to oppress their community and themselves. This approach encourages practitioners to recognize that adversative social climates ultimately can destabilize the emotional well-being of the people who are being oppressed, resulting in the subversion of the individual's narrative identity to fit the dominant view of themselves. Grabe and Dutt (2015) explain that once a dominant narrative of subjugation has been accepted by the population that has been targeted, those individuals will be more likely to accept the accompanying levels of oppression that afflict them. The women of the AWM came to recognize that their lives were being impacted by the circulation of dominant societal attitudes that communicated negative and suppressive views of womanhood and the concepts of freedom and justice.

The conditioned-tolerance and acceptance of inequality can lead to a diminished autonomy and control over one's narrative and perception of self which results in the individual experiencing a perpetual state of psychological distress and self-blame. According to Grabe and Dutt (2015), an effective aspect of the counter-narrative model was "the identification of specific events whereby most women came to understand inequitable and oppressive realities firsthand, which thereby solidified their commitment to contesting the dominant narrative." By developing

a greater recognition of how culturally-imposed dominant narratives justify social oppression, the individual can begin rejecting the perpetuation of stereotypes and work to divest themselves of rigidly-mandated heterosexist and racist notions. The liberation psychology of counter-narratives can enable a greater sense of personal identity, increased individual autonomy, and improved emotional health.

The second feature of the counter-narrative empowerment approach consisted of the individual beginning to construct counter narratives that are based on their own lived experiences and which recognize their inherent strengths and resiliency in facing challenges. Grabe and Dutt (2015) observed how a psychology of liberation was capable of elevating an individual's personal narratives from regarding themselves as being in a position of marginalization to feeling empowered enough to develop critical perspectives that could then facilitate proactive social change in their surroundings. Contingent on breaking the negative narrative structures imposed by dominant cultures and transforming negative self-perceptions is for the individual and other members of oppressed communities to begin developing and embracing counter-narratives that accentuate self-worth and power.

The third theme of the counter-narrative empowerment model entails the individual's realization of their sense of duty to other oppressed peoples and how they can begin activating intercommunal assets to create social liberation in their society. The individual counter-narrative gives birth to an expanded and inclusive narrative that sees the individual's liberation and psychological wellness as being wedded to the freedom of others who face oppression within their community. The Nicaraguan women of the AWM described this critical process as conscientización, the development of a communitarian attentiveness to societal inequality that

revealed an approach "whereby their awareness and analysis were continuously evolving to facilitate a deeper understanding of how to enhance justice" (Grabe & Dutt, 2015).

Counter-narratives can transmit the experiences of those with less structural power and highlight areas in need of change. "Demanding and achieving support for rights that have been neglected may involve those with less structural power collectively confronting and challenging dominant ideologies and narratives," write Grabe and Dutt (2015). Further:

> Through the women's stories, we observe how the initial development of problematization and conscientizacion surrounding gender inequality led to a duty to address injustice. Establishing political autonomy and a network of organized women was in direct response to the women's increasing awareness of marginalization.

Being empowered to challenge negative societal messages can enable the individual to develop a worldview that connects political systems and policies to the well-being of their communities, establishing and attending to the link between mind and society.

The efforts by women of the AWM to foster and implement positive counter-narratives throughout their movement yielded interpersonal, legislative, and socio-cultural outcomes (Grabe & Dutt, 2015). Throughout the remainder of the Sandinista Revolution, the women in the AWM demonstrated an increased confidence in addressing the root causes of oppression by simultaneously critiquing the culture of women's exploitation while working to address the consequences of that exploitation. Historians and social scientists have noted that the Nicaraguan women's contributions to the armed struggle and the advancements females made in the recognition of their leadership capabilities were unprecedented in the history of independence struggles throughout the world (Kampwirth, 2001).

Nicaraguan women were also able to channel their empowerment and personal narrative work into policy and legislative achievements. The ratification of the Inter-American Convention against Violence towards Women was introduced by members of the AWM and the Law against Violence towards Women was eventually passed in 1996, criminalizing femicide and misogyny while establishing the state's duty to protect the human rights of women and to prosecute perpetrators of gender-based violence. As Grabe and Dutt (2015) note, "Establishing political autonomy and a network of organized women was in direct response to the women's increasing awareness of their marginalization." The counter-narrative approach to empowerment appeared to be integral to the connecting of improved self-esteem with an engagement and orientation towards human rights and an increased sense of duty to others.

The women surveyed in Grabe and Dutt's (2015) study reported experiencing increased levels of personal empowerment due to their feeling enabled to challenge dominant ideologies and develop resistant attitudes and outlooks towards human rights violations and exploitation. The counter-narratives embraced by the AWM affirmed that when individuals mobilized locally, they were able to take control over their own lives rather than relying on traditionally unresponsive power structures in their communities or through external interventionists. Stigmatized peoples have frequently been conditioned to view themselves as victims in need of being 'rescued'; Counter-narrative empowerment methodologies instead encourage the facilitation of partnerships, support, and self-reliance through the re-framing of personal stories and life-stories.

Identity and Advocacy

As demonstrated thus far, the oppression of sexually-diverse populations and people from marginalized communities contributes to the experiencing of negative mental health outcomes.

Narrative empowerment modalities can provide an avenue for excluded individuals and disenfranchised populations to counter dominant culture structures and contentions through the construction and assertion of authentic identities and inherent communitarian strengths. In their study on the effects of widening health-and-wealth inequalities for migrant Tongan and Samoan women in New Zealand who identify as 'Pacific peoples,' Williams et al. (2003) found that the "politics of cultural and gender identities became inseparable from those of public advocacy" within the framework of narrative empowerment. For oppressed peoples, psychological empowerment and improved behavioral health outcomes are linked to collectivist approaches that draw on a culturally-specific and identity-validating foundation.

Citing the application of therapeutic story-telling among socially-and-economically excluded groups, Williams et al. (2003) describe the symmetry between identity-affirmation and social change in the attainment of an improved sense of agency and well-being within individuals. Working with members of several different identity groupings from New Zealand over the course of 3-6 months, researchers facilitated narrative therapy groups that sought to maximize emotional healing capacities for individuals who had "experienced a sense of disconnection and lack of cultural pride within their families and ethnic communities" (Williams et al., 2003). In addition to depression and anxiety, group members faced cultural discrimination and alienation, limited employment opportunities, high crime rates, and limited access to sustainable housing.

The practitioners employed an empowerment narrative framework that would focus on the reconnecting of Tongan and Samoan identity and the recovery of a sense of emotional completeness within the participants. By sharing individual and communal experiences, participants were encouraged to feel empowered to increase their role in addressing the effect of

poverty, discrimination, and other aspects of social marginalization on their community. "Storytelling is acknowledged as a method for building trust and connection between people, lending itself well to the task of strengthening relationships in fragmented communities" (Williams et al., 2003). Practitioners emphasized the potential of identity and culture to serve as catalysts for the accessing of individual-and-community resources through social action.

Williams et al. (2003) detailed the therapeutic benefits of narrative empowerment for the participants, noting that the structured and collaborative basis of the story-telling was instrumental in facilitating a family-like setting that encouraged generous disclosure among group members: "It was emphasized that the privilege of hearing another person's story was a gift and that the listener's part was just as important as that of the teller's." As empowerment narratives are shared and explored between members of marginalized communities, the commonality of themes can form camaraderie between individuals and may generate external sources of emotional support.

The storytelling work done by the group, with its emphasis on embracing the indigenous culture, identity, and commonalities of migrant populations in New Zealand, was empowering for group members. Participants "became increasingly more outspoken about the ways in which they experienced being stereotyped and treated as 'low-income, immigrant Tongan and Samoan women' by government agencies within the private sector and by the general public," reported Williams et al (2003). Narrative engagement was shown to be invaluable as a method of building personal and group power which can liberate disenfranchised peoples to challenge the dominant institutional power in society.

Researchers cited six particular categories where the Tongan and Samoan women reported achieving positive emotional health outcomes and acceptance: Healing and

transformation; Confidence building; Drawing courage and inspiration; Reconnection and pride in identity; Group building and belonging; and an increasing awareness of different cultures and world views. Participants stated that "sharing stories in a space in which one's identity and 'being' was held sacred and nurtured not only strengthened each group member's sense of who they were, it also gave them an increased sense of belonging" (Williams et al., 2003). Empowerment-based narrative modalities that incorporate specific elements of the individual's cultural identity can provide multiple levels of therapeutic benefit and expanded awareness to marginalized peoples.

Through challenging dominant culture narratives about their personal and collective identities, group members demonstrated new skills and abilities and took new leadership roles within their local communities and increased their self-advocacy activities: "Group member awareness and agency, individually and collectively, was increased through a growing consciousness that wove back and forth, linking the personal and political worlds" (Williams et al., 2003). In addition to assuming active roles of support in their immediate groups and areas, embracing a narrative empowerment approach which is rooted in the cultural traditions of its participants can activate and affirm a more meaningful connection between marginalized individuals and their communities.

Embracing the Cultural Roots of Empowerment

Frederick (2009) described an Empowerment Narrative approach that focused on the enablement of Aboriginal women in Australia to overcome the psychological effects of institutional racism and colonial-based disenfranchisement by drawing on a shared, inherent historical tradition of resistance, autonomy, and sovereignty. Working with twenty self-identified women of Aboriginal descent who reported struggling with societal alienation, bouts

of depression, and difficulty accessing health care in their communities, Frederick (2009) promoted an emphasis on the benefits of recognizing the storied past of native peoples in Australia as a basis to spur self-empowerment, encouraging the patients to re-frame their own sense of imposed powerlessness and begin to see themselves as emboldened individuals in the context of a potent, autonomous, and capable community.

Patients were administered face-to-face interviews and engaged in a participatory research process that embraced indigenous methodology combined with an ethnocentric data collection included gathering documents and observations pertinent to the individuals connection to their heritage. Key to Frederick's (2009) observation was how effective the usage of empowerment-based, historical imagery, particularly the employing of battle-orientated words (i.e., "conquer," "fight," "warriors") in raising critical consciousness amongst Aboriginal women. The participants emphasized the de-colonizing of societal concepts that frequently manifested as a means of oppression in their daily lives. As one participant explained to Frederick (2009):

> Warriors raise problems and questions that need to be addressed and articulate their needs and wants along with advocating for other Aboriginal people. We cannot be a warrior and be too fearful to ever use our voice or the other gifts you may have in battle, such as writing or mobilizing people and organizations.

By re-appropriating cultural language, imagery, and historical experiences from the dominant culture while challenging narratives of oppression, marginalized peoples can regain power over their self-image, defy stereotypes, and foster communitarian alliance-forming and political activism that can be instrumental in producing personal change.

Frederick's (2009) approach to narrative empowerment also makes note of the essentiality of intracommunal advocacy for disenfranchised peoples. As Grabe and Dutt (2015) noted, a key element in the attainment of psychological empowerment for individuals from oppressed communities is the development of an independent voice and the enablement of self-reliance. "Aboriginal women cannot and will not become empowered if they keep being spoken to, being spoken for, and spoken about. It is through Aboriginal women's voices being heard and being enacted that Aboriginal women will become empowered" (Frederick, 2009). The stories and histories of oppressed peoples are most effectively communicated and are most therapeutically beneficial when being expressed by those who have lived these experiences.

The participants of Aboriginal descent in the study expressed a greater sense of re-empowerment in their lives, augmented feelings of confidence, a strengthened sense of cultural autonomy, an improved position of negotiation and engagement with society, and an increasing sense of power over their own lives. An empowerment narrative study based on channeling the inherent cultural strengths of the targeted population base could potentially "be utilized for use with other peoples that have experienced disempowerment through genocide, racism, colonization or imperialism, for example slavery in the USA" (Fredrickson, 2009). Oppressed peoples of varying backgrounds and populations suffering from the psychological effects of oppression and discrimination can benefit from experiencing the affirmation of their specific cultural narrative and the recognition of the varying strengths and assets which are inherent in their historical traditions.

Narrative Activism

DeAngelo, Schuster, and Stebleton (2016) focused on the importance of joining narrative identities of empowerment to socio-political activism amongst young students of undocumented

status. Commonly self-identified as DREAMers (Development, Relief, and Education for Alien Minors), there are upwards of 250,000 undocumented students currently seeking degrees in the higher education system of the United States. Based on interviews and research conducted with 16 Hispanic, Latino, and Asian students of undocumented status at a university in California, DeAngelo et al. (2016) were able to identify the essentiality of connecting empowerment stories to collectivist activism and identity formation, writing that "narrative exposes the injustices that the community faces."

Being that the majority of these DREAMers are of Hispanic and Latino descent, students of undocumented status are faced with complex levels of socio-political difficulties and challenges. "Undocumented students face language barriers, poverty, visible minority status, unequal educational opportunities as well as racism, discrimination, microaggressions, and neo-racism societally and in their educational experiences" (DeAngelo et al., 2016). Like members of other marginalized populations, the narratives of many undocumented students with intersecting identities are developed in accordance with the counter-narratives espoused by the oppressive system that the individual lives within.

With the protections of the Deferred Action for Childhood Arrivals (DACA) act existing in a tenuous state as of this writing, undocumented students are forced to function in an environment of perpetual emotional distress where they know their legal status could be terminated at any time. The impact of living with the already high levels of stress faced by members of disenfranchised minority populations in the US coupled with the ceaseless fear of deportation can significantly impact the psychological well-being of these students in a negative fashion. Similar to many LGBTQ+ youth who cope with the fear that they may be "outed" at any time and against their will, many undocumented students find themselves suffering from

increased levels of stress, clinical levels of anxiety and depressive symptomology over being exposed or targeted due to their status (DeAngelo et al., 2016). Facing such dehumanization and rejection, young individuals coming from disenfranchised communities who experience stigmatization may feel compelled to conceal or refute their sense of identity and cultural association.

As demonstrated in studies of LGBTQ+ youth, young people from oppressed populations who are able to identify more openly with their culture and their sense-of-self generally experience greater behavioral health outcomes than their peers who are forced into repressing their authentic selves (Russel et al., 2014). For many undocumented students, embracing their heritage, identity, and personal stories through activism provides an opportunity to achieve a greater emotional congruity while creating social change. "First, narrative provides a way for an individual to recast his or her own identity by incorporating activist actions into his or her sense of self. Second, narrative becomes a way to more deeply connect with the collective identity," writes DeAngelo et al. (2016). The integration of individual empowerment narratives with collectivist activism is essential to creating positive psychological change for people of marginalized populations.

Using a constructivist approach which asserts that individuals create their own narrative and experiential frameworks for understanding and navigating their world and experiences, the authors identified three factors inherent in the development of narrative-based empowerment activism. First is Coming to Activism, which "plays a prominent role as a category with underpinnings that allow DREAMers to increase self-awareness through critical reflection as they advocate for self and other community members through activist work" (DeAngelo et al., 2016). By embracing external engagement, an individual from a disenfranchised community

uses their narrative story to assess their own identities, develop awareness and begin constructing levels of personal empowerment in their lives.

Pushing for Existence is the second factor essential to the development of empowerment narratives in the activism of undocumented students. DREAMers live in a society where their identity and existence is continuously minimalized, suppressed, and discriminated against. According to DeAngelo et al. (2016), "Advocating for policies and succeeding in securing rights for the self and others confirms an empowered undocumented identity." For the oppressed individual, the assertion of identity through activism is essential to the validation of their story and the accessing of internal psychological strengths. "Activism, therefore, discernibly melds into the construction of an empowered undocumented identity that burgeons as it evolves" (DeAngelo et al., 2016). With increased political engagement and a commitment to collectivist activity, individuals from marginalized populations can create a more congruent and healthy sense of self.

The third factor of this empowerment-based activism is Inscribing Power. For undocumented students, this meant demanding personal power by employing and sharing counternarratives that challenged dominant culture perceptions of DREAMers as being inferior and undeserving of their opportunities and access to education.

> Narratives are ways through which power is inscribed for undocumented students. Narratives are essential to inscribing power because they are ways through which meaning is processed and biographies transmitted to others. One's immigration story and personal biography is crucial to untangling the notions of power and how it is situated for undocumented students. It may be that narrative sharing, even if narrative sharing only

> results in a DREAMer hearing another's narrative, disrupts and interrupts the linearity of one's imagined identity (DeAngelo et al., 2016).

Marginalized peoples can benefit from hearing the activist-based empowerment narratives of others, gaining strength to navigate and challenge oppressive systems and create improved behavioral health outcomes.

As participants in the study grew increasingly comfortable integrating their cultural strengths, accepting their identity as undocumented students, and engaging in activism, they benefited from increased self-reliance and the expansion of self-advocacy. "Activist work becomes an integral component of an individual's biography or narrative," write DeAngelo et al. (2016). Over 80% of DREAMers surveyed were directly engaged with students-rights activism and those participants who were not still reported experiencing the peripheral benefits from other's activism. The students who were not active reported feeling more confident in seeking out resources (i.e., scholarships, financial assistance) and creating social connections with other undocumented students which they attributed to activists in their campus community who raised awareness about undocumented identity (DeAngelo et al., 2016).

An embrace of activism also led to greater willingness of undocumented students to attend therapy groups and these same participants reported experiencing feelings of increased resiliency in what they described as a racially-oppressive social atmosphere (DeAngelo et al., 2016). For disenfranchised peoples, culture-centered activism and empowered story-telling can lead to the creation and sustainment of empowered, actualized identities in the face of sociocultural oppression, discrimination, and racism.

Cross-cultural Effectiveness of Empowerment Narrative Treatments

The previously discussed treatment modalities and methods of narrative empowerment therapy and engagement described in this paper were designed for- and specifically address the conditions facing individuals from marginalized and oppressed populations and communities. Oppression and discrimination target multiple communities of identity across the reach of society. Hanna et al. (2000) wrote that the groups who constituted oppressed peoples included

far more than the actual victims of oppressive governments. They range from groups such as ethnic minorities; gay, lesbian, and bisexual persons; women; and persons with disabilities; to victims of physical, verbal, and sexual abuse, and at-risk children and adolescents.

While the circumstances and levels of repression affecting these groups are diverse and often distinctive, a common theme marking the experiences of people facing discrimination and societal inequality is the widespread suffering of negative mental health conditions and an increased and disproportionate symptomology of depression, anxiety and distress. Hanna et al. (2000) expressed the notion that "Oppression is, in reality, the primary source of all psychopathology that does not have its basis in disease, illness, or genetics." Distorted behavioral health outcomes can frequently be traced to the levels of social injustice and discrimination an individual is exposed to within their society.

As oppression produces a commonality of adverse behavioral health symptomology, the previously discussed studies and modalities also demonstrate that there are cross-cultural approaches to the development of narrative-based identity empowerment which can be effective in the treatment of diverse communities. A frequent strand found in several approaches was the importance of facilitating an alignment with- and creating cooperative communal connections with the struggles of other oppressed peoples. By recognizing how injustice affects multiple

communities, marginalized populations can work together to address inequality and increase access to additional supports and resources.

Oppressed peoples from multiple communities also benefitted from the creation of an expanded awareness of the existent dominant culture narratives in their societies. Attaining a recognition of the negative impact that these dominant-culture depictions had in the dissemination and reinforcement of negative stereotypes and false belief systems throughout society provided individuals opportunities to begin facilitating the development of culturally-oriented counter-narrative interventions. These positive engagements identified strengths and resources in the historical traditions, cultural values, and personal stories of the individuals from the oppressed population and frequently led to improved behavioral health outcomes.

Another theme which was identified as being beneficial and applicable for treatment of patients who come from marginalized communities across cultural lines was the encouragement of individuals to develop a recognition of the role that activism plays in creating their own empowerment narratives. By embracing Hanisch's (1969) theory that there is an intrinsic connection between the political and the personal, creating a commitment to collectivist activism which is drawn from the therapeutic re-framing of one's individual experience can be essential to the formation of a balanced, healthy, and autonomous identity.

Previously discussed research demonstrated that the behavioral health of patients of diverse sexual identity is positively impacted when these individuals are able to live their stories in an open and transparent manner (Rosario et. Al., 2001; Legate et al., 2012; Russel et al., 2014). For individuals of LGBTQ+ orientation, the embrace of personal narratives of emancipation and experiencing the affirmation and acceptance of their authentic identities are

essential tools for negotiating a society of inequality and oppression (Cohler & Hammock, 2007).

The results, findings, and effect of these approaches on empowering disenfranchised peoples can be instructive towards facilitating the development of a culturally-specific narrative approach designed to specifically address the psychological empowerment of LGBTQ+ individuals. By focusing on the benefits of the expansive intersectionality of their communities and embracing the richness of their collective history, patients of diverse sexual identity can create counter-narratives that can generate behavioral health benefits on both an individual- and communitarian basis.

CHAPTER III: PROPOSAL

Creating an Empowerment Narrative for LGBTQ+ Youth

Considering the circumstances and challenges faced by sexual minorities which have discussed to this point, there exists a need for the development of a treatment modality that could be designed with the intent of addressing the specific behavioral health needs of LGBTQ+ youth. Empowerment narratives, with their emphasis on challenging and re-framing negative experiences and dominant culture perceptions, can be impactful for young patients of diverse sexual identity who could benefit from the development of an expanded sense of identity and connection between themselves and others from their community.

Narrative-based treatments have shown a capacity to provide a therapeutic basis for marginalized individuals to develop an empowered sense of personal agency through the creation of their own alternate stories. Patients who participated in developing unique-and-individualistic narrative outlooks expressed that they felt empowered and enabled to take greater responsibility for creating successful change in their own lives (O'Connor et al., 1997). As shown in the previous chapter, the benefits of communitarian-oriented empowerment narratives have been demonstrated to be effective across cultures. Individuals from marginalized communities have experienced greater health outcomes when they have been able to view themselves as part of the narrative of a larger population, culture, and history.

Incorporating Culture and History

Recognizing the inherent therapeutic strength that can exist in membership and cooperative action, young people of LGBTQ+ orientation could be well-served by a treatment modality which emphasizes storytelling that can be employed in group- and individual- therapy.

Drawing from their own personal experiences as well as the iconography of their larger culture can enable a collective understanding of oppression through narrative empowerment. The creation of a greater cultural identification by emphasizing the intersectionality and history of the LGBTQ+ community can potentially foster a connection between a healthier identity formation and an increased cognizance of social agency, an acknowledgment of how the 'political self' can manifest within the therapeutic process (Hanisch, 1969).

A fundamental goal of a narrative empowerment modality designed to generate therapeutic benefit through the affirmation of LGBTQ+ identity and culture is to spur the facilitation of political resistance to repressive dominant culture narratives. As Fredericks (2009), Williams et al. (2003), and Grabe and Dutt (2015) demonstrated in their studies of the use of storytelling to create liberation in marginalized communities, oppressed peoples can glean strength and resiliency from a recognition of their shared cultural history of activism and struggle. The histories of resistance, strength, and empowerment which are unique to an oppressed community can serve as a reservoir of empowerment that oppressed peoples can use to inspire their own therapeutic narrative of empowerment.

Like other marginalized populations, the identities of LGBTQ+ peoples have traditionally been undermined by dominant culture depictions of themselves as a weakened, defenseless, and perpetually diminished community. People of diverse sexual identity who are raised in a heteronormative and bigoted society are shorn of historical roots and exposed to minority stress factors that often lead to significantly debilitating mental health factors (Meyers, 2003). The systemic cultural erasure and identity reduction experienced by Lesbians, Gays, and Bisexual men and women "is seen as interfering with the perception of the world as meaningful and

orderly and leading to a victims' sense of the world as insecure and of themselves as vulnerable" (Kimmel & Mahalik, 2005).

Dominant culture representations of Gay men as effeminate and enfeebled produces conflicting emotions regarding gender roles, low self-esteem, interpersonal difficulties, and internalized distress (Sanchez et al., 2010). Negative portrayals and dominant culture narratives of LGBTQ+ peoples are attributed to disproportionately high rates of body image dissatisfaction and eating disorders among Gay men, Lesbians, and Bisexual women (Kimmel & Mahalik, 2005, Smith et al., 2017). The distorted and damaging norms and depictions of LGBTQ+ peoples produced by heterosexist societies can lead to diminished health outcomes and pose a grievous threat to the identity development of young sexual minorities.

Young people of sexually diverse identity are frequently unaware of the accomplishments and history of the LGBTQ+ community and often do not have access to positive public figures in their communities due to homophobia and discrimination (Harper et al., 2007). "Libraries may not carry sufficient numbers of books that address (LGBTQ+) youths' lives and may block internet content about (LGBTQ+) people and history from their computers," write Crisp and McCave (2007).

Sexually diverse youth rarely learn their history in school and positive-and-accurate media images that reflect their community have often been sparse.

> The invisibility of positive (LGBTQ+) role models and historical figures denies (LGBTQ+) youth a sense of connection to successful others who share their sexual orientation and restricts them from experiencing the positive impact that such an affiliation could have on their self-esteem (Harper et al., 2007).

Young LGBTQ+ individuals would be well-served by a therapeutic approach that engages their history as a community, embracing their cultural resiliency and linking them to the accomplishments of others of their orientation who share their challenges.

As previously demonstrated in Chapter II, there is a precedent for the infusion of collective cultural history and experience into therapeutic treatment. Focusing on Aboriginal women who struggled with marginalization and depression in Australia, Fredericks (2009) took note of how impactful personal narratives can be when rooted in a communal history and tradition. The study also showed the positive effect for individuals who are able to re-appropriate and reclaim the historical vernacular and identity of their communities, rooting their own struggle for equality in the past of their people.

In addition, Harell and Rowe (2014) discuss the essentiality of incorporating African-American historical achievements and experiences into therapy with Black patients, noting that treatment based on the person-culture-context is indispensable to achieving the goal of counteracting the effects of institutional and interpersonal racism and discrimination. When using Cognitive-Behavioral therapy (CBT) to treat Native American and indigenous Alaskan children for exposure to trauma, practitioners integrated tribal-specific chronicles, songs, and oral traditions into the development of "trauma narratives" and gradual exposure processes (Bigfoot & Schmidt, 2010).

A community which has been oppressed by the stereotypes of dominant culture narratives can draw on the communal assets of cultural resiliency, strength, and resistance found within their traditions and stories. For LGBTQ+ youth who have experienced oppression and rejection throughout their lives because of their identity, Stonewall and other records of cultural resistance

from their own history can help these individuals begin to reframe their personal narratives from that of being victims to being warriors for justice and dignity.

The history and significance of the 1969 Stonewall Rebellions can serve as a powerful access point and catalyst in the creation of a therapeutic approach which seeks to create a more expansive sense of community, identity, and empowered engagement for youth of diverse sexual identity. Exposure and understanding of the events surrounding Stonewall can increase visibility to role models, cultural affirmation, and positive depictions of the cultural-and- historical legacy of their community Arguably no event in contemporary history and culture has marked a greater convergence for the awakening of political power, the assertion of civil rights, and the initial integration of the intersectionality of identity in the LGBTQ+ community than the Stonewall Rebellion did.

Why Stonewall?

One summer evening at a bar in New York City during the late 1960's, a revolt against police brutality and oppression spearheaded by members of the Gay, Lesbian, and Transgender community took place, forever connecting the word 'Stonewall' with LGBTQ+ empowerment. As one historian noted of Stonewall's impact on validating the struggle and oppression of people of sexually diverse identity, it was "the shot heard 'round the world" (Faderman, 1991). Another observer remarked that "No event in history, with perhaps the exception of the French Revolution, deserves more to be considered a watershed" (Armstrong & Crage, 2006) while others likened the incident to the Boston Tea Party and Rosa Park's refusal to be moved to the back of the bus (Edsall, 2003).

Often viewed as the catalyst of the LGBTQ+ liberation movement and a defining moment in the lives of sexual minorities in the US, contemporary historians frequently divide Gay history as occurring "before Stonewall" and "After Stonewall" (Harper & Schneider, 2003). Yet both prior to-and-after the Stonewall Rebellion, other acts of defiance and civil disobedience were observed throughout the US and in other nations (Thomas, 2011). What was it about the events at this particular bar in 1969 that have since made Stonewall the flashpoint of LGBTQ+ political power?

Returning to the events and circumstances of the event are helpful in understanding the importance and power of the rebellion. Even in larger, more "liberal" cities like New York, LGBTQ+ peoples still faced oppression and persecution when attempting to gather and socialize in public places. As Wright (1999) observed

> In society at large, the penalties for homosexuality were severe. State laws across the country criminalized same-sex acts, while simple affectionate acts in public such as two men or women holding hands could lead to arrest. Even declaring oneself as a (G)ay man or (L)esbian could result in admission to a mental hospital without a hearing.

Bars in the LGBTQ+ community were frequently "the primary social institution," a place to meet friends and sexual partners, and the closest that most people of diverse sexual identity could get to experience a public aspect of their personality (Armstrong & Crage, 2006).

The Stonewall Inn was itself a bar that served as a dance club and 'bottle club' which catered to a diverse assemblage of both privileged and marginalized Gay, Lesbian, and Transgender patrons, many of whom were homeless young people who'd been displaced and had

nowhere else to turn. One writer described it as "a bar for people who were too young, too poor, or just too much to get in anywhere else" (Thomas, 2011).

The Rebellion

The Stonewall Inn was openly owned-and-run by the mafia in New York and subject to the "time-honored ritual" (Wright 1999) of monthly police harassment that frequently resulted in arrests and beatings intended to shame the LGBTQ+ patrons (Teal, 1971). On June 28th, 1969, seven plain-clothes detectives and a uniformed officer entered the bar, demanding identification papers from the customers, escorting them outside, throwing some into a waiting police bus while shoving others off the sidewalk and into the street (Wright, 1999).

As the raid proceeded, a restless mood began to spread amongst the patrons and observers. A scuffle broke out when a Lesbian placed in handcuffs was escorted from the door of the bar to the waiting police wagon several times, as she escaped repeatedly and began fighting with the police. The woman continued battling with police for ten minutes before finally imploring the crowd to action by shouting at bystanders, "Why don't you guys do something?" (Carter 2004). This action was followed by a Transgender woman who stood in the doorway of the bar, blocking police and striking poses of defiance. One activist who was present remarked, "There was no one thing that happened or one person, there was just a flash of group-, of mass anger" (Wright, 1999).

Individuals in the crowd began shouting slogans at the officers and soon echoes of "Gay Power" were heard in the street. As the news spread throughout the neighborhood and across the city, hundreds of Gay men, Lesbians, Bisexuals, and Transgendered peoples, made up of

African-American, White, Hispanic, and predominantly working class backgrounds, converged on the area immediately around the Stonewall Inn to join the fray (Wright, 1999).

The refusal of the crowd to not disperse and begin agitating and responding to police actions was unusual as patrons generally sought to "slip away" and escape from the police raids of LGBTQ+ bars (Armstrong & Crage, 2004). However, for many of the participants in the struggle that night, the Stonewall represented more than just a bar or club. "It catered largely to a group of people who are not welcome in, or cannot afford, other places of (LGBTQ) social gathering. The Stonewall became home to these kids. When it was raided, they fought for it" (Teal, 1972).

An Empowered Response

Police reinforcements were soon brought in but they found themselves matched by even more protesters, emboldened and increasingly rebellious. A group of Transgender women and drag queens formed a chorus line and 'kicked' their way towards the overwhelmed and undermanned policemen (Carter, 2004). Bottles, rocks, coins and other items were hurled at the attacking officers and the police soon sought shelter within the Stonewall itself, barricading themselves inside in order to avoid the growing crowd (Thomas, 2011).

The crowd grew more assertive, freeing the arrested patrons, damaging the police vehicles, and attempting to light the bar on fire. The lead detective on the scene at the time later recalled, "I had been in combat situations, but there was never any time that I felt more scared than then" (Wright, 1999). Additional police reinforcements, firemen and tactical police squads eventually arrived on the scene, freeing the trapped detectives from the bar but they soon found themselves retreating as many observers reported that police were being chased up the street by

the crowds of angry protesters (Teal, 1972). Authorities were stunned by the show of force and had never encountered or expected such a response from the LGBTQ+ community, not understanding that the crowd of protesters saw their response as "a lancing of the festering wound of anger at these kinds of unfair harassment and prejudice" (Thomas, 2011).

It was nearly daybreak when a détente was established and many of the protesters assembled in the park near the Stonewall, in awe of their own actions that night and celebrating the open nature and diversity of the assemblage. LGBTQ+ peoples, so accustomed to being shamed and hidden, now embraced and expressed affection openly and with an increased sense of pride. One protester described the scene as having "a certain beauty in the aftermath of the riot," saying "It was obvious, at least to me, that a lot of people really were (G)ay and, you know, this was our street" (Carter, 2004).

Political Mobilization

The following evening, the demonstrators returned and their numbers had now grown into the thousands. Despite being torn apart and gutted during the rebellion the previous night, patrons re-assembled at the Stonewall Inn, shifting their actions and attention to a more overtly political tone and stance (Carter, 2004). Leaflets were handed out, titled "Get the Mafia and cops out of Gay bars!" (Wright, 1999). Another leaflet read:

> "The nights of Friday, June 27, 1969 and Saturday, June 28, 1969 will go down in history as the first time that thousands of Homosexual men and women went out into the streets to protest the intolerable situation which has existed in New York City for many years" (Armstrong & Crage, 2006).

The historical importance of those nights were not lost on the protesters and they quickly began to mobilize into activism. As one participant reflected, "I immediately knew that this was the spark we had been waiting for years" (Carter, 2004). In the wake of the riots, intense political discussion and engagement began to take place amongst the city's LGBTQ+ community.

During the first week of July, a small group of Lesbians and Gay men started talking about establishing new organizations which would be called the Gay Liberation Front (GLF) and the Gay Activists Alliance (GAA), the first publicly outward acknowledgement of their cause that LGBTQ+ peoples had made, similar to those of other marginalized groups (Thomas, 2011). Chapters of the organizations quickly spread to every American major city in the US, as well as in areas of Canada, Australia, and Europe (Armstrong & Crage, 2006). Activists and organizations fighting for LGBTQ+ rights and equality soon aligned themselves with other social justice causes, making the GLF and GAA prominent in the struggles for women's rights, ending the Vietnam War, and the Civil Rights movement (Wright, 1999).

Stonewall, Identity and Self-Concept

Upon recognizing the historical treatment of LGBTQ+ peoples, the circumstances and normative values of the era, and the significant developments that proceeded it, the watershed-historical nature of the Stonewall Rebellion is apparent. "The word "Stonewall" has entered the vocabulary of Lesbians, Gay men, Bisexuals, and Transgendered people everywhere as a potent emblem of the community making a stand against oppression and demanding full equality in every area of life," notes Wright (1999). The Rebellion served as the pivotal moment in Western culture and history when sexual minorities asserted their right to a healthy, affirming sense of identity and self-concept. The event remains a powerful gateway for young LGBTQ+

individuals to begin re-framing the negative, disenfranchising narratives that have created obstacles to their development and behavioral health.

Stonewall was, in itself, a collective act of psychological empowerment and socio-political counter-narrative (Armstrong & Crage, 2006). The events of that first evening of resistance served as a repudiation of the heterosexist, dominant-culture narrative that people of diverse sexual identity existed alone in a vacuum and without a community. LGBTQ+ peoples were conditioned to believe the story that they were powerless and unable to stand against oppression and discrimination. As Wright (1999) wrote of the revolt, "The 'usual suspects' departed from the script and decided to fight back." LGBTQ+ peoples chose to re-write their story, their history, and their future that night when they rose up to fight.

Stonewall also marked a moment in LGBTQ+ history when the personal and political lives described by Hanisch (1969) authentically intersected, leading to a political revolution which had been spurred by individual empowerment. The Rebellions represented an embrace of the collectivist and intersectional identity of the Gay, Lesbian, and Transgender community and an opportunity for LGBTQ+ peoples to connect across the spectrum of orientation and claim a sense of unity and wholeness which had previously been denied.

For individuals of diverse sexual identity who have grown-up with a sense of isolation and abandonment, Stonewall represents the embrace of commonality with a community beyond themselves, one bound together by history, resistance, and shared experience. The recognition of the diversity of orientation and identity within the spectrum of sexuality that happened at Stonewall encouraged and enabled LGBTQ+ individuals to see-and-feel solidarity with other oppressed peoples in other marginalized communities.

Stonewall also produced the first sustained steps towards attaining the political power that has enabled the civil, sociological, and psychological progress made in Western culture to this point. The marches and early political organizing following the initial revolt were antecedents to the nation-wide visibility of the Pride movement and the lobbying groups which enabled and cultivated direct challenges to hetero-dominant institutional power. The Stonewall rebellion and its defiance of oppressive systems and norms led to a legacy of political action and empowered identity-affiliation. Stonewall was a moment when LGBTQ+ peoples seized power and defiantly confronted the heterosexism and oppression of the larger society.

The events surrounding Stonewall also enabled the LGBTQ+ community to begin addressing the significant connection between homophobia and physical-and-mental health problems (Meyer, 2003). Gays, Lesbians, and Transgender people faced a society that continually told them that their difficulties arose from their orientations and their identities. Stonewall empowered the LGBTQ+ community to reject this narrative and embrace the assertion that communities who suffer from significant behavioral health problems are themselves an oppressed group (Nelson et al., 2001).

The political mobilization initiated by Stonewall provided the vehicle to begin challenging the medical establishment's view of diverse sexuality as a pathology. These protests, rallies, and direct confrontations of the psychiatric establishment led to the removal of diagnoses in the DSM that treated Gay, Lesbian, Bisexual, and Transgender people as if they were sick or suffered from disorders (Bayer, 1975).

50 years later, the story of the Stonewall Rebellion- one of courage, resistance, and collective unity in the face of overwhelming institutional oppression- continues to retain its benefit as a counter-narrative of historical empowerment. The lessons inherent in Stonewall can

be used in therapy to help young people of LGBTQ+ identity create their own stories of strength, turning "tales of terror into tales of joy" (Rappaport, 2000).

Framework for an Empowerment Narrative Modality for LGBTQ+ Youth

This paper identifies five key goals that a historically-and-culturally centered empowerment narrative modality for youth of diverse sexual identity should seek to meet. The first goal and second goals would be to promote the individual's sense of internal and external strength and safety while countering-and-reducing the effects of previously-experienced stigmatization and oppression. A third goal should be to help foster an articulation of identity and culture that will enable the individual to become more 'fluent'-in and incorporated into the customs, traditions, and the validation experienced by having a shared LGBTQ+ history, community, and tradition.

Fourth, practitioners employing such a modality should seek to help individuals re-frame their individual stories to reflect the pride and resiliency which are rooted in the common narrative themes and experiences of their community. Finally, a fifth goal should be to facilitate a sense of cross-cultural alignment between LGBTQ+ youth and individuals from other marginalized communities, identifying issues for advocacy, becoming engaged in activism, and speaking out on behalf of justice, acceptance, and equality.

Step 1: Identity Awareness

The first step or theme in this proposed modality would be that of Identity Awareness. From an early age, young LGBTQ+ individuals often internalize the negative, homobigoted messages and attitudes of the dominant culture. This prevailing shame can dictate the terms of adolescent identity formation, leading to diffusion, role confusion, and poor psychological

functioning. Young patients struggling with the effects of developing in an oppressive, heteronormative environment would benefit from being affirmed and validated for their identity, having an increased sense of belonging, and enjoying the recognition of their membership in the broader LGBTQ+ community through historical engagement and identification.

These treatment goals can potentially be accomplished through the use of historical-and-cultural psychoeducation (i.e. documentaries, readings, oral histories, access to speakers and participants) introduced by the therapist. By employing and historical-and-cultural psychoeducation (i.e. documentaries, readings, oral histories, access to speakers and participants) like those of the Stonewall Rebellion, a therapist can focus on promoting feelings of normalization, acceptance, and pride in the identity of LGBTQ+ youth by drawing connections between themselves and members of their extended community. The modeling of historical figures who asserted their sense of agency and independence in the struggle for LGBTQ+ equality can be used to help today's youth of diverse sexual identity to re-frame their own narrative history in a way that inspires greater autonomy and an emphasis on personal strengths.

Establishing pride in identity and finding safety in belonging can be facilitated by using culturally-specific case management to link patients to positive community resources that exist for LGBTQ+ youth such as the Gay, Lesbian, and Straight Education Network (GLSEN) or the LGBTQ Student Resource and Support group. "Developmentally, having ties to other LGBTQ+ peoples are critical for challenging stereotypes and learning about the LGBTQ+ role," note Wright and Perry (2006). The culturally competent therapist can assist in creating intra-community connections for LGBTQ+ youths. These links can be essential in achieving the integration that Thompson (2007) saw as essential to integrating the story of the patient with the narrative of their surrounding community.

Knowing that many Gay, Lesbian, Bisexual, and Transgender youth have very limited exposure to role models, mentors, or peers from their community, these resources can potentially open the door to positive relationships that can provide essential support and assistance. As research as shown, compassionate community systems can be beneficial to increased health outcomes for LGBTQ+ youth (Crisp & McCave, 2007).

Having a supportive network of others can ameliorate the alienation youth may be experiencing due to distress over their sexual identity and satisfaction with support systems can reduce negative behavioral health symptomology for individuals of diverse sexual identity (Rothblum 1994; Lee et al., 1999). For young people of diverse sexual identity, having access to a supportive community can help shift a personal narrative from a solitary one marked by loneliness to a story rooted in communal joy and friendship.

The threat of violence- in schools, the community, and the home- frequently inhibits LGBTQ+ youth from being able to explore or acknowledge their own identities. Establishing safety is key to practicing affirming therapeutic work with LGBTQ+ youth (Crisp & McCave, 2007). The fear of reprisal for assault can exacerbate a sense of hypervigilance and make it difficult for young patients to feel endowed to begin developing their sense of self and re-framing their stories. The practitioner's providing of a safe setting and environment for young people of diverse sexual identity is essential to enabling their self-expression and aiding in the development of a personal narrative that reflects their internal strengths and a greater sense of empowerment.

LGBTQ+ youth of can find strength in being exposed to positive portrayals of themselves in the larger scope of their community's history. Dominant cultural narratives continue to transmit negative messages regarding the identity and characteristics of youths and people of

diverse sexual identity. Therapists working in this modality can draw on the lesson cited by Grabe and Dutt (2015) that oppressed peoples can challenge negative perceptions and societal conditioning by identifying and drawing on the strengths and stories of resistance of their community's traditions. Through the confirmation of shared levels of strength, power, support, and courage that have been displayed within their history, LGBTQ+ youth can craft empowerment narratives that are reflective of strength and pride.

Another area of establishing Identity Awareness is in affirming the intersectionality of LGBTQ+ individuals. Young people of diverse identity who hold multiple levels of identity benefit from being able to create narrative that sustain the diversity of their strengths and experiences. "Successful resolution of dual minority identity can create resiliency that will provide positive behavioral health outcomes, positive affective states, reduced behavioral difficulties, and increased access to academic achievements" (Harper et al., 2007). By forming cross-cultural alignment within their communities, youth of diverse sexual identity can accumulate greater numbers of internal allies in their lives and experiences. "(LGBTQ+) communities have been exemplars of the way in which stigmatized and oppressed people can work together toward multiple levels of empowerment;" write Harper and Schneider (2003).

The therapist can use the diversity of the LGBTQ+ community to draw out the intrinsic and shared commonalities which could be beneficial to enhancing an even more significant sense of belonging while creating a more collectivist narrative. "Even when some members share membership in some of these multiple identity groups, each individual will have (their) own unique set of reactions and experiences" (Harper & Schneider, 2003). An approach that recognizes and incorporates the strength of integrating the variety of perspectives and

experiences found in the LGBTQ+ community will enable the creation of narratives that find empowerment and sustainment in inclusivity.

Step 2: Identity Independence

In the Identity Independence phase, therapists work to help LGBTQ+ youth reframe their individual experiences in order to separate the person from the problem. The developmental challenges faced by youth of diverse sexual identity are often rooted in the internalized homophobia and oppressive conditioning of heteronormative culture that tells them they are "wrong" or inherently damaged. "Failure to form an integrated identity can result in identity diffusion and role confusion, which may be associated with poor psychological functioning and psychiatric disorders" (Harper et al., 2007).

For LGBTQ+ youth to be empowered to begin shifting their narrative from victim-to-survivor, the therapist needs to help them in confronting the dominant culture assertions that tell sexual minorities that their identity is the basis of their symptoms.

> Homophobia and heterosexism are the root of the problems for (LGBTQ+) people, and not anything inherent in being a sexual minority. This understanding is the cornerstone of the development of a positive (LGBTQ+) identity. It represents a perspective transformation that is fundamental to the empowerment of (LGBTQ+) people (Harper & Schneider, 2003).

By identifying the role that societal oppression plays in the messages that are transmitted to youth of diverse sexual identity, the therapist can help patients write an empowered narrative of individual victory over institutional repression.

The therapist's affirmation of LGBTQ+ identity as healthy and validated is imperative to help enable the patient to see the importance of congruency and authenticity. Having generated a safe environment where youth can discover a fuller sense of self and identity as a member of a community, the therapist can assist them in how they choose to outwardly identify. The coming-out process for LGBTQ+ peoples can be a harrowing and delicate process, particularly when the individual feels little control over the circumstances of their disclosure.

Studies have shown how coming out can lower levels of sexual identity distress for youths (Rosario et al., 2001; Sullivan and Wodarski, 2002; Wright & Perry, 2006; Legate et al., 2012) while closeted individuals frequently suffer a greater prevalence of psychological disorders (Meyer, 2003; Harper & Schneider, 2003). For many young people of diverse sexual identity, revealing their identity spurred increased levels of activism and engagement on behalf of same-sex rights and freedoms (Swank & Fahs, 2013). At this stage of the modality, the therapist can help LGBTQ+ youths who have chosen to disclose their identity in the community by incorporating their decision into the narrative as an act of re-claiming both personal-and-political autonomy in their lives.

As youths of diverse sexual identity become increasingly confident with themselves and embrace their identity status, an inventory of strengths and internal resources can support the facilitation of additional resiliency factors and a decreasing of social anxiety. "If the adolescent can become more comfortable with their sexual orientation, their self-esteem will increase and their distrust of others and feelings of being ill at ease will decrease" (Sullivan and Wodarski, 2002). For many LGBTQ+ youth, increasing self-acceptance of their own story can enable them to more fully and ably accept the stories of others.

Accessing individual power in concert with a joining of communal values- including an amplified awareness of the individual's community and shared history- can facilitate further acceptance and comfort with the individual's personal identity. Revisiting LaRoche and Tawa's findings, "Individuals become empowered as they understand themselves and begin to realize that they can have a voice (2011). This confidence can help facilitate the next stage of transition, where the individual moves from the role of survivor to that of being an advocate for others who are in-need and oppressed.

Step 3: Identity Action

In the Identity Action phase, a therapist can work with the individual to begin taking a more active role of incorporating activism into their ongoing narrative development. Embracing political engagement and affirming the spirit of revolution through self- and community-based advocacy for the rights of LGBTQ peoples can create a sense of communitarian empowerment. Gays and Lesbians are more likely to enjoy the psychological benefits of LGBTQ+ activism and engagement than heterosexuals (Swank & Fahs, 2013). Confronting societal injustice and creating opportunities for advocacy and empowerment within the community can lead to increased feelings of self-efficacy and the facilitation of greater self-reliance within the narrative framework being composed by LGBTQ+ youths.

Whereas in the initial stage the therapist was creating linkages to community resources, in the third stage of an empowerment narrative, the individual could be encouraged to begin reaching out to- and on-behalf of others, acting as an agent for social change and acceptance. This can be achieved through overt actions such as challenging structural discrimination through engagement with socio-political action groups in communities and schools (i.e. Gay-Straight Alliances) or gestures which may be less out-front but are just as important, such as attending

local Pride marches or initiating friendships and offering peer support and mentorship to other LGBTQ+ youth in the community.

Similar to Stonewall, patients can be encouraged to see their own lives as acts of political action, recognizing that actions like coming out to family and friends, asserting gender status, choosing a new name, and the adoption of family-by-choice are not just personal choices but are in fact acts of resistance and revolution against heterosexism and discrimination. As DeAngelo et al. (2016) reported, an individual's activism can be a form of identity-assertion and a validation of their burgeoning life-story. The Identity Action stage can enable the construction of an empowered identity that enables the challenging of dominant culture narratives through activism for young people of diverse sexual identity in their everyday lives.

Recognizing the strength of intersectional identity in the Identity Action phase is essential to crafting successful community activism. As Stonewall demonstrated, creating resistance and action steps can be most effective when incorporating the power of a diverse community with a shared political purpose. "Deprivation theories suggest that a desire for social change is strongest among people who have more than one stigmatized identity; When addressing issues of multiple identities, many have argued that political activism may be patterned among the social divisions that rest within an aggrieved population" (Swank & Fahs, 2013). The narratives of LGBTQ+ youth which are created within this modality could increase their therapeutic efficiency and expand their socio-political influence by ensuring that the multiple levels of diversity are represented in their composition.

Finally, the stories assembled by youth of diverse sexual identity can cultivate connections with other communities who have also faced their own experiences of injustice. In Ralph Ellison's seminal novel about the African-American experience of living with- and

resisting racial discrimination and identity subjugation, Invisible Man (1952), he addressed how groups can endure varying levels of societal oppression by writing, "Who knows but that, on the lower frequencies, I speak for you?" While their experiences of inequality may differ, young Gay, Lesbian, Bisexual, and Transgender youth can draw on their shared experiences of repression to empathize and connect with each other across the divides of race, gender, and religious creeds.

Having ascertained the impact that oppression has had on their own communities and begun the work of devising methods and steps to address these factors, young people of LGBTQ+ identity can find motivation to work with these other communities who, as LaRoche and Tawa (2011) noted are "suffering from similar misfortunes and deprivations." Therapists can use this modality to help patients of diverse sexual identity to structure narratives which identify and align with the interests of other marginalized peoples in combatting injustice and addressing the racism, bigotry, sexism, and discrimination experienced by people of color, women, and other minority communities.

CHAPTER IV: DISCUSSION

Implications and Limitations for Theory and Future Research

This literary review seeks to lay the groundwork for the exploration of the development of a modality which could use empowerment narratives in therapy as a means of addressing the disproportionately negative behavioral health care outcomes faced by LGBTQ+ youth. In compiling insights and results gleaned from models and approaches used with other marginalized populations it becomes apparent that despite many similarities and levels of co-functionality, there remain further challenges in the development of a structured model that could meet the varied needs of a population as diverse as that of the LGBTQ+ community.

A more extensive exploration of the adaptability of theoretical orientations that could be optimal for implementing this modality would be advisable. Written and compiled from a multicultural/feministic perspective, the modality would seemingly lend itself best to theories that are less structured and flexible as well as those that are amenable to the integration of political context into treatment. That being said, this paper cited CBT therapies that had employed aspects of narrative theory into their framework (Bigfoot & Schmidt, 2010), so further contemplation of the malleability of this proposal's compatibility with multiple orientations would be useful.

Another area for study would be determining measures which could be used to accurately assess the therapeutic benefits of this proposal. Several cursory assessments could be used for general readings of the patient's functioning at the start of- and during therapy (Beck Depression Inventory; Beck Anxiety Index), as well as to evaluate the levels of progress achieved throughout the course of treatment.

Considering the role that internalized homophobia plays in the emotional and psychosomatic distress suffered by patients of LGBTQ+ identity (Meyer, 2003; Swank & Fahs, 20013; Sutter & Perrin, 2016), an assessment designed to assess for negative attitudes towards identities of diverse sexuality could provide helpful information to the therapist for developing patient conceptualization and treatment planning within this proposed model. The Modern Homophobia Scale (MHS) and the Homophobia Scale (HS) are two of the more recent measurements which were designed to measure cognitive, behavioral and affective aspects of homobigoted attitudes and outlooks.

An additional factor that could use more consideration is what changes may be required when administering these interventions in a group setting? Based on the emphasis that this proposal places on spurring cooperative action through a collectivist lens as well as establishing the importance of creating social connections within the larger LGBTQ+ community, a group setting could be optimal for this modality. Group settings can often provide additional opportunities for the effective dissemination of psychoeducation (i.e., film presentations) and linkages to resources and events in the community in addition to facilitating an atmosphere where young people can be supported and encouraged by peers of similar backgrounds and identification levels.

A significant concern when proposing and designing a modality meant to address multiple patients of varying identities is the concern that treatment is being developed with too general a scope. The identities and experiences of Gay men, Lesbian women, Bisexual and Transgender individuals are diverse, complex, and hardly uniform. Attitudes and viewpoints towards the diversity of populations and identities found on the sexuality spectrum frequently vary as well, manifesting as separate constructs of evaluation (Worthen, 2013).

Ideally, a modality designed to work with so many different communities would benefit from being aware that despite collective similarities, populations do differ significantly in their needs and outlooks. Practitioners should resist the urge to apply modalities to populations as diverse as the LGBTQ+ community with a 'one-size-fits-all' approach (Worthen, 2013). Instead, therapists working with patients of diverse identity should be mindful of the multiple-and-fluctuating levels of risk, prejudice, and oppression which are experienced by patients of sexually diverse backgrounds.

An area that was not fully addressed within this proposal was what would constitute the desired level of cultural competency which should be held by the practitioner employing this modality. Though counselors of shared or similar diverse sexuality are generally more effective in garnering positive behavioral health outcomes when working with other sexual minorities, heterosexual therapists who demonstrated support of- and an alignment with LGBTQ+ peoples were also seen as effective (Stracuzzi et al., 2011).

Practitioners of all genders and sexual identities can be effective when treating patients of LGBTQ+ background should they work towards creating an affirming, validating, and non-judgmental therapeutic environment (Chojnacki & Gelberg, 1995; Heck et al., 2013). Despite the best intentions of providers in this area, Sue and Sue (2002) discuss how cultural competency is a skill that requires life-long commitment, learning, and refinement from its practitioners. No therapist, regardless of their intent or experience, can ever hope to completely master this area of treatment awareness.

Understanding this, therapists working with patients from diverse sexual backgrounds should aspire to be able to provide treatment that is affirming and validating of their identity. When it comes to specifically working with LGBTQ+ patients, Crisp and McCave (2007)

provide several domains which a practitioner would be well-served to focus on: Becoming familiar with the terminology of the community; The demographics and diversity of the population; Symbols, historical dates and events and contemporary figures; Experiences of oppression and the laws and policies that are affecting LGBTQ+ youth; Community organizations, assets, and resources available to patients; and the models for LGBTQ+ identity and interventions for the coming out process. Patients could benefit from the inclusion of these minimum considerations for practitioners who may consider using this modality.

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