ANTI-OPPRESSIVE THERAPIES AND METHODS OF HEALING FOR 2SLGBTQ+ YOUTH

by

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Acknowledgments

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Abstract

The resilience and activism stemming from 2SLBGTQ+ communities shaped the modern landscape of mental health counselling as we practice it today. A critical location for violence against 2SLBGTQ+ youth is within institutional structures that historically and presently stress and oppress individuals based on their race, socio-economic status, ability, sexual orientation, gender, and more. In recognition of the challenges that young 2SLGBTQ+ people face, access to therapy that is gender and queer-affirming is particularly important, if not lifesaving. Within this capstone, I propose that when therapists engage in anti-oppressive therapies alongside 2SLGBTQ+ youth, healing emerges from community, activism, and creativity. The mental health disparities that 2SLBGTQ+ youth face is political and so, there must also be a political nature to healing within 2SLGBTQ+ communities. Although history has presented 2SLGBTQ+ youth as a monolith, liberation offers a means of resistance that is intersectional; in many ways, liberation offers space for freedom. These methods of therapeutic practice are necessary for creating and imagining a radically different future for 2SLGBTQ+ youth within mental healthcare. This capstone will outline the review of literature, including the current gaps in research pertaining to 2SLGBTQ+ youth. The capstone will briefly discuss anti-oppressive therapies and more broadly explore the need for an anti-oppressive lens regardless of therapeutic modality preferences.

Keywords: youth, 2SLGBTQ+, gender, queer, anti-oppression, psychology

Table of Contents

Anti-oppressive therapies and methods of healing for 2SLGBTQ+ youth

Chapter 1

Introduction

In considering the mental health of 2SLBTQ+ adolescents, too often the narrative begins with individual capacity to withstand painful experiences. This is evident in the It Gets Better movement and within structures of counselling that instruct 2SLTBQ+ youth to self-soothe in order to withstand oppression. Therapeutic practice must engage 2SLGBTQ+ youth in authentic interpersonal counselling, while addressing cultural, economic, and political inequities (Prilleltensky & Fox, 2007). 2SLGBTQ+ people are already engaging in resistance to oppression and the task for counsellors is to join this movement urgently, both within their practice and in action. Counsellors must work to connect 2SLGBTQ+ youth's mental health to the roots of their oppression and to each other in collective solidarity in order for fundamental change to occur (Vodde & Gallant, 2012).

Canada passed federal legislation in 2005 that ensured legal protections for lesbian, gay, bisexual, and other sexual minorities. Canada passed similar protections in 2017 for transgender, gender non-conforming, and gender expansive people (Canadian Human Rights Act, 2018). Despite these changes in law, 2SLGBTQ+ youth face an increased risk for suicide, depression, anxiety, substance use, and trauma symptoms due to the ongoing discrimination within society's social fabric and institutions (Meyer, 2003). Between 25-40% of homeless youth identify as 2SLGBTQ+ and these youth are significantly more likely to be victims of violent crime (Gaetz et al., 2016). In spite of anti-discrimination laws, 2SLGBTQ+ youth continue to be overrepresented in these statistics. There is an assumption that increased access to legal rights somehow solves oppression, but rather it obscures systemic inequality (Sumerau & Grollman, 2018). The idea that legal change liberates oppressed people is a myth told by oppressive systems (Spade, 2012).

These statistics highlight the symptoms of systemic oppression however, they miss the resilience and diversity of experiences within the 2SLGBTQ+ community. A holistic picture of this information is critical in treating the mental health of 2SLBTQ+ people in a way that is trauma-informed and anti-oppressive. Wellness requires a just allocation of resources to 2SLBTQ+ youth and their communities in order to address the above statistics (Prilleltransky & Fox, 2007). This intersection of wellness and justice allows for therapists to explore community activism, collective liberation, and creativity as a means of wellness.

The resilience and activism stemming from 2SLBGTQ+ communities shaped the modern landscape of mental health counselling as we practice it today. Barbara Gittings, a queer activist in the 1960's, was instrumental in changes made to the Diagnostic and Statistical Manual (DSM) that removed homosexuality as a mental illness (Marcus, 2002). Trans and gender diverse activists continue to oppose psychiatric diagnoses and bring critical nuance to assessments required to access gender-affirming healthcare (Schwend, 2020). Mental health practitioners have a responsibility to evaluate the ways in which their practice pathologizes and enacts oppression on lives of those they serve or work alongside (Kennedy & Arthur, 2014). The following will outline the history of mental health repercussions for 2SLBGTQ+ youth as it has changed throughout time. This historical and current context shaped and continues to shape the therapeutic response with an increasing focus on collective liberation, community resilience, and creative expression (Anderson-Nathe et al., 2018). A review of literature on various therapies will be discussed, highlighting the ways in which therapists and clients collaboratively transform social and political landscapes for the betterment of 2SLGBTQ+ youth.

Within this capstone, I propose that when therapists engage in anti-oppressive therapies alongside 2SLGBTQ+ youth, healing emerges from community, activism, and creativity. In this

chapter, I will discuss the historical and present context for mental health disparities among 2SLGBTQ+ youth. In chapter 2, I will review the literature on therapies that are responsive to and/or created by members of 2SLBGTQ+ communities, namely queer, feminist, narrative, and art therapies. In chapter 3, I will propose a unique therapeutic group curriculum for 2SLGBTQ+ youth, informed by a combination of anti-oppressive therapies and a collaborative therapeutic approach which incorporates youth input and direction.

Background to the Research Problem

Young people experience many challenges that impact mental health in adolescence. Adolescence is a key developmental stage at which the brain differentiates from caregivers and prioritizes connectedness to peers (Benson, 2015). The term 'youth' is used to describe the periods of early, middle, and late adolescence between the ages of 13 and 25 (Kroger et al., 2010). It is worth noting that these definitions come from adult perspectives and research on youth. Mawn et al. (2015) highlights the importance of including and centering youth in mental health research as there are very few studies involving young people on issues that solely impact them. For all youth, differentiation can include clarifying gender, gender expression, and/or sexuality for oneself (Morgan, 2013). For 2SLGBTQ+ youth, this stage of development can present with added complexity due to social stigmas and norms. Queer and gender diverse[1] youth face further challenges in navigating educational, political, and social systems that are heteronormative, cis-normative, and increasingly homonormative (Morgan, 2013). A lack of community, family, and systems support through this process can lead to isolation, rejection, marginalization, depression, suicidality, self-injury, and/or anxiety (Wilson & Cariola, 2020).

[1] The terms 'queer and gender diverse' will, at times, be used interchangeably with 2SLGBTQ+. This is not only meant as an umbrella term for 2SLBGTQ+, but as a resistance to normativity. See definitions for a full description and context of the terms.

Inside the statistics on queer and gender diverse youth suicide is an inherent belief and bias that the mental health problem is solely located inside of the individual (Grzanka & Mann, 2014). Even with a complex understanding of society's discriminatory impact on the individual, the onus generally remains on the individual youth to endure society's oppression; this requirement to endure oppression translates to a lived experience of violence for queer and gender diverse youth (Grzanka & Mann, 2014). In recognition of the challenges that young 2SLGBTQ+ people face, access to therapy that is gender and queer-affirming is particularly important, if not lifesaving.

In considering what form of therapy might best suit the mental health concerns of queer and gender diverse youth, it is critical to explore the structures that define 2SLGBTQ+ mental wellness. The dominant narrative dictates that heterosexuality and the gender binary affect all individuals, not just 2SLBTQ+ people (Steelman, 2016). 2SLGBTQ+ youth are a diverse population, presenting with varying socioeconomic statuses, races, genders, abilities, and, with that, comes a wide range of therapeutic needs. A background to the unique concerns of 2SLBGTQ+ youth populations must include a critical analysis of traditional therapies and the ways in which they reinforce dominant norms upon these youth (Steelman, 2016). However, it is alarming how few empirically supported approaches for clinical treatment with 2SLBGTQ+ youth exist, indicating a structural erasure of queer and gender diverse wellness (Russell & Fish, 2016). This structural erasure is key in the holistic understanding of 2SLGBTQ+ trauma and resilience. Institutions, including the institution of mental health, has been complicit in social norms dictating who has the inherent right to belong, to access treatment, and to find safety; namely white, wealthy, heterosexual, cisgender men (Haines, 2019). This complicity is what Todd & Wade (1994) term 'psycolonization' which describes the way in which psychology

pathologizes resistance to ongoing colonial violence. The mental health concerns of 2SLGBTQ+ youth weave together the individual and collective experience similar to the way in which trauma is woven both through individual and social experience (Haines, 2019).

The field of counselling has been criticized for its lack of attention to power and oppression of sexism, homophobia, and racism (Moodley, 2007). The history of Western psychology developed inside specific cultural and political norms that reinforced normative states of mental health (Haines, 2019). These norms view 'queer' as abnormal, which reinforces a normative state of being as 'not queer' (Tilsen & Nyland, 2010). Anecdotal and qualitative research from the voices of 2SLGBTQ+ youth argue for destabilizing norms as it is central to freedom and liberation (Rudy, 2001). Within the system of psychology, there exists a question as to whether Western expressions of therapy simply perpetuate oppression for queer and gender diverse people of colour (Heath, 2019). As the system of psychology grows in its development, steeped in the present reality of racism, homophobia, and sexism, there is a concern that psychology is unknowingly participating in white supremacist, heteronormative patriarchy (Heath, 2019). Counselling psychology can perpetuate colonial ideologies and practices that uphold the oppressive colonial state, which Todd & Wade (1994) name as 'psycolonization'.

The Need for Gender-Affirming Care

Research indicates that among the gender diverse umbrella, transgender, genderqueer, Two-Spirit, and non-binary youth have an increased risk of mental health concerns (Ybarra et al., 2015; First Nations Centre, 2012). Trans, genderqueer, and non-binary people are twice as likely to consider suicide than lesbian, gay, bisexual, and other sexual minorities (McNeill et al., 2017). This is further explained by minority stress theory, which posits that those who experience acute marginalization, such as trans and gender diverse youth, may experience adverse health effects

due to the stigma perpetrated by society (Meyer, 2003). It is clear that cis-normativity and the gender binary of 'male' and 'female' is engrained in the social fabric by examining the high rates of verbal harassment, physical violence, and sexual assault perpetrated against gender-diverse youth (Katz-Wise et al., 2018). In a national survey conducted with trans youth, nearly two-thirds reported self-injury in the last year while 1 in 3 youth had attempted suicide (Veale et al., 2015). Forty-three percent of trans youth respondents did not access mental health supports because of previous negative experiences with a counsellor (Veale et al., 2015). This research is critical for mental health clinicians to reflect upon and incorporate into therapeutic approaches in order to address barriers to accessibility and safety for all clients. A further exploration into the harmful assumptions and use of these statistics as a means of resistance and anti-oppression is located in Chapter 2.

An Intersectional Therapeutic Response

There is a critical intersection between various social inequities and the resulting mental health disparities for 2SLGBTQ+ youth. This intersection is the point at which counsellors have the ability to integrate an anti-oppressive stance with social justice-oriented therapies in an effort to honour the needs of all queer and gender diverse individuals, their families, and their loved ones. These steps are necessary for a number of reasons. First, psychology's history of mistreatment towards 2SLGBTQ+ people can be seen in those who were, and still are, pathologized, gatekept from accessing medical or other services, subject to conversion therapy, and/or criminalized for their identities or expression (King, 2019). Second, for queer and gender diverse people who are also Black, Indigenous, and/or people of colour, mental health disparities are compounded by an ongoing reflection of so-called Canada's history of racist expression in the present-day (Haines, 2019). The understanding of these layers of social location within

oppressive systems was identified as “intersectionality” by Kimberle Crenshaw (1989). Oppressive colonial systems impacted, and continue to impact, Indigenous communities by enforcing the gender binary and the attempted-erasure of the sacred role of Two-Spirit people within Indigenous cultures (First Nations Centre, 2012). As a result of this ongoing shame, denial, and isolation, further mental health concerns can emerge (First Nations Centre, 2012). Images of white, wealthy, gay, cisgender men are dominant within queer media, contributing to intersecting oppressions and erasure of the diverse 2SLGBTQ+ experience (Berube, 2007). In recognition of these historical and present impacts on QTBIPOC (queer and trans Black, Indigenous, and/or people of colour), it is essential that the field of counselling offer appropriate services that honour a diversity of experiences and reflect queer and gender diverse lives and histories, and their many diversities, back to clients. In the words of Black, gay writer and activist James Baldwin (1980), “history is not the past. It is the present. We carry our history with us. We are our history” (p. 125).

Oppressive Therapeutic Practice

A critical location for violence against 2SLBGTQ+ youth is within system structures that historically and presently stress and oppress individuals based on their race, socio-economic status, ability, sexual orientation, gender, and more (Lamoureaux & Joseph, 2014). To reconceptualize pain, trauma, or violence as outside of the client might be distressing or confusing to the counsellor who has been trained to primarily address inner healing. Particularly, those counsellors who have been trained in Western psychology have a stronger emphasis on healing the individual as opposed to collective or community healing (Tredinnick & Fowers, 1999). In recognizing the ways that traditional therapies have wielded oppression against queer and gender diverse youth, clinicians have the opportunity to reconceptualize their practice by

deconstructing power dynamics and adapting unique, non-traditional approaches (Shannon, 2020). When presented with the trauma of oppression, counsellors can address the individual's inner healing journey as well as pivot in a proactive direction towards social activism and collective transformation to address existing inequities (Haines, 2019). In order to do so, addressing and locating oppressive violence is of critical importance for mental health counsellors because failing to do so has the harmful effect of perpetuating social inequities (Hyden, Wade, & Gadd, 2015).

Counsellors are called to address how mental health is situated within its social context (Sinacore, 2011) because in failing to do so, the counsellor risks perpetuating discrimination, power, and oppression of the client within the therapeutic space (Kennedy & Arthur, 2014). In practicing therapy within a so-called Canadian context, counsellors must look to Indigenous feminism to understand the ongoing gendered process of settler-colonialism (Arvin et al., 2013). The field of counselling has a particular responsibility to consider the ways in which individuals and groups are targeted, deprived, and dominated resulting in serious mental health consequences, oftentimes intergenerationally (Chang, Crethar, & Ratts, 2010; Vera & Speight, 2003). Although this self-reflection on behalf of the therapist is central to modern-day counselling education and practice, it is important to note that the therapeutic modalities may themselves hold bias and inequity in their treatment, originally intended for an individualist, heterosexual, cis-gender, Western client (The Task Force on Responding to the Truth and Reconciliation Commission of Canada's Report, 2018). Counsellors who are unaware of their power, both in the therapeutic space and in the world, are ineffective at providing proper care to clients whose trauma is exacerbated by oppression (Goodman & Gorski, 2015).

Systemic Impacts on Mental Health

Legal, social, and political factors disproportionately impact oppressed communities and subsequently the mental health of those individuals and communities (Jackson, 2011). For 2SLGBTQ+ youth, this can show up as the ageist belief that young people do not have maturity to understand the complexity of their gender or sexual orientation and are often barred from making decisions regarding their own body. Barriers such as access to bathrooms, gender-affirming and affordable healthcare, competent providers, safe and affordable housing, and affirming identity documentation, all of which are human needs that are politically and socially influenced, can cause significant distress for trans and gender diverse youth (Jonah, 2016). These systemic inequalities have real-world impacts on mental health in ways that counsellors regularly witness within therapeutic practice, such as anxiety in public space or hypervigilance in the scanning for discriminatory threat (Jonah, 2016). It is this reality that inspires counsellors to engage in anti-oppressive therapies in an effort to act in best-practice for clients and address root causes of mental health crises. It is also these social and political inequities that have prompted 2SLGBTQ+ communities to advocate and create therapies by, for, and with queer and gender diverse youth.

Purpose

The purpose of this capstone is to review the available literature on justice-oriented therapies that centre queer and gender diverse communities, creativity, and activism and interrupt the ways in which counselling perpetuates oppression for 2SLGBTQ+ youth. The literature review will question: what therapies centre 2SLBGTQ+ youth's resilience, brilliance, and creativity in healing? In what ways do anti-oppressive therapies respond to the mental health needs of 2SLGBTQ+ youth? What ethical responsibilities do counsellors have to engage in anti-oppressive practice when working alongside 2SLGBTQ+ youth clients and the greater

2SLGBTQ+ communities? How can counsellors, clients, and communities re-imagine and transform social landscapes for 2SLBGTQ+ youth using therapeutic art, collective action, and joy?

The following review of literature will provide an overview of therapeutic modalities that centre 2SLGBTQ+ experiences, and whenever possible, the literature will highlight therapies created within queer and gender diverse communities. Anti-oppressive therapies reviewed will focus on a therapeutic response that centres healing through pleasure, joy, community, and social change. In Chapter 3 I will propose a unique process-focused group therapy for 2SLGBTQ+ youth inspired by a collaboration of therapies reviewed in Chapter 2.

Theoretical/Conceptual Framework

The theories applied to the analysis of reviewed literature include queer theory, liberation theory, and intersectional feminist theory. Friere et al. (2018) interprets oppression as a force that serves to dehumanize people by pitting oppressors against the oppressed, stripping all people of their agency and liberation. This definition will guide the way in which therapeutic modalities are evaluated as acting in solidarity with 2SLGBTQ+ youth or conspiring against them, either in action or in silence. These frameworks offer important lenses through which to consider the literature on 2SLBTQ+ youth because dominant psychological research focuses on pathologizing the mental health of 2SLTBQ+ youth and limiting the emergence of their brilliance. Queer theory emerges from a history of activism and theorists who focus their gaze on the diverse scope of future possibilities (Acadia, 2021). Queer theory indicates that the medicalization and pathologizing of 2SLGBTQ+ clients serves to reproduce power imbalances between therapists and their clients (Boggan et al., 2017). Liberation theory questions whether psychology acts in complicity with oppression if therapeutic work ignores the social injustices, and resulting trauma,

experienced by historically and presently oppressed people (Martín-Baró, 1996). This capstone will not limit 2SLGBTQ+ people to a single identity because a truly anti-oppressive and liberatory framework must be able to accommodate the complexity of intersectionality (Cantrick et al., 2018). And lastly, intersectional feminist theory calls for a non-neutral stance and a politicized therapeutic approach (Prochaska & Norcross, 2018). Feminist theory steps into the realm of activism, collaboratively making change to the psyche and society to stand alongside the client and all of humanity (Goodman et al., 2004). Feminist theory provides a space for collective healing, empowerment, and growth for individuals and communities inside and outside of the counsellor's office (Vera & Speight, 2003).

Contribution to the Field

This topic is critical for all therapists to engage with as 2SLBTQ+ youth are currently experiencing high rates of harm within mental healthcare as well as within society. 2SLGBTQ+ youth are incredibly powerful in their creative responses to this harm, which can help to guide the field of counselling towards a more equitable future. More broadly, this capstone serves to call therapists into the arena of resistance and activism.

Reflectivity and Positionality Statement

I am a white settler student, writing and learning on the stolen lands of the Sḵwx̱wú7mesh (Squamish), Stó:lō and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) and xʷməθkʷəy̓əm (Musqueam) Nations. I am of Irish, Greek, and mixed European ancestry. I am a queer cisgender woman who delights in the resistance and joy of 2SLGBTQ+ people, which I have done my best to highlight in this piece of writing. My attempts to honour the diversity of 2SLGBTQ+ people will certainly fall short. I welcome critique and reflection as it is part of my

lifelong commitment to learning, anti-oppressive therapeutic practice, and liberatory queer joy. This capstone is not written in first person and is not about me, but in some ways it is. My interest in this topic was/is constructed by my experiences and/or witnessing of oppression within academic, medical, carceral, and mental health institutions. Most of my therapeutic work has been alongside youth who have guided, inspired, and humbled me. The exploration of the research included in this capstone has been truly transformative for me. My hope is that this synthesis of wisdom can act as an invitation for myself and other mental health clinicians to engage in anti-oppressive therapies in pursuit of liberation for all people.

Definition of Terms

Anti-oppressive practice: Anti-oppressive practice is a meta-method of therapy that includes advocacy as a non-negotiable responsibility of the therapist (Brown, 2019). This practice recognizes the clinical relevance of privilege and systemic barriers both within and outside of therapeutic sessions (Ansara, 2020). This therapeutic stance is dedicated to the principles of social justice. Anti-oppressive practice acknowledges the connection between oppressive social systems and the personal struggles of those with oppressed identities (Boggan et al., 2017). Anti-oppression seeks to challenge the established norms that create social division by celebrating diversity and encouraging solidarity among people (Dominelli, 2002). Anti-oppressive practice is interested in the personal, cultural, and structural dynamics of power and ways in which to subvert these forces without reproducing oppression (Yee et al., 2006). Anti-oppression's commitment to resisting systemic forces is a political act, and as such, requires that therapy become political (Boggan et al., 2017).

Colonialism: From an Annishnaabe perspective, colonialism is an historical and a present acting system that diminishes the extent of physical, emotional, cultural, and spiritual freedom that Indigenous people have based on oppressive power structures intentionally created and upheld by settlers (Talaga, 2018). Within a therapeutic context, Riel Dupuis-Rossi (2020) describes colonization as a "forced model of relationship on Indigenous Peoples that is fundamentally about domination and subjugation. This form of genocidal violence infuses every level of our existence. There is no consent. (para. 1)"

Social justice/justice-oriented counselling: Most definitions of social justice emphasizes the equitable access to resources that all people and groups deserve (Toporek, Kwan, & Williams, 2012). Another common theme within counselling's description of social justice is the actions that ensure equitable opportunity to fulfill individual and collective potential (Adams, Bell, & Griffin, 2007). Goodman et al. (2004) define social justice counselling as therapists who employ education and professional action "to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination" (p. 795). Grzanka et al. (2019) argues that "counseling psychologists should organize their social justice ambitions towards dismantling White supremacy at the level of organizations and systems, especially predominantly White institutions and including professional psychology" (pp. 480-481).

2SLBTQ+:

2S, Two Spirit, refers to an Indigenous individual's fluidity of gender, sex, sexuality, and/or identity as well as specific community roles. This description varies among Indigenous nations and is impossible to define, as the very practice of definition and categorization is a colonial concept (Whitehead, 2018). Two Spirit people were, and are, revered and often embody roles as

visionaries, counsellors, storytellers, healers, and medicine people (Mesa-Miles, 2018). “Since European colonization, the existence of the Two Spirit community has been systematically denied and culturally alienated from the Aboriginal identity. 2 Spirit members bear witness to this activity in the form of racism, sexism, and homophobia in the courts, the streets, the education system, the media, and in other lesbian and gay organizations within the dominant Canadian society” (2 Spirit People of the First Nations, n.d.). Two Spirit is placed in front the LGBTQ+ as a way of signifying that Indigenous wisdom and decolonization must always be centred in conversations of mental health and within queer and gender diverse communities. **L**, lesbian, refers to women who are physically, romantically, and/or emotionally attracted to other women (GLAAD, n.d.). **B**, bisexual, refers to a person who has physical, romantic, and/or emotional attraction to those of the same gender or to those of another gender (GLAAD, n.d.). **T**, transgender, refers to a person whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth (GLAAD, n.d.). **Q**, queer, is an umbrella term for someone whose sexual identity, gender identity, and/or gender expression is outside of the definitions of heterosexual or cisgender. This term was once, and at times still is, considered to be offensive and has since been reclaimed by some people to describe themselves, however it is not universally accepted within the 2SLGBTQ+ community (GLAAD, n.d.). +, the plus sign is inclusive of the many other gender and sexual diversities that exist amongst the queer umbrella. One particularly important community that is often left out of consideration within queer populations is **intersex** people. Intersex refers to a person whose genitalia is ambiguous at birth. Intersex people have been subject to non-consensual genital reconstruction surgery which can have significant mental health repercussions in the future (GLAAD, n.d.). The diversity of gender and sexuality cannot possibly be reviewed, defined, or properly honoured within this

capstone. The exclusion of the many other genders and sexualities is likely contributing to continued erasure of those identities. I hold those people close to my heart and commit to honouring them beyond this piece of writing.

Significance

The significance of this capstone project derives from the way in which mental health has direct correlations to oppression for 2SLGBTQ+ youth (Burnette et al., 2019; Bouman et al, 2017; Brave Heart & De Bruyn, 1998; Ussher, 2010). The use of therapy in response to the experiences of injustice and resulting mental health challenges for 2SLGBTQ+ youth will be considered and reviewed. In imagining a more just world, therapists have an opportunity to act in solidarity with 2SLGBTQ+ youth clients in imagining and building this future. Despite advances in social and legal human rights, the suicide rate for lesbian, gay, bisexual, and transgender individuals is higher than heterosexual and cisgender individuals (Bouman et al., 2017). Despite community organizing and social activism within the 2SLBGTQ+ community, transgender, genderqueer, and non-binary individuals are particularly targeted by gender-based violence at the individual and structural level (Pachankis et al., 2014). Like other historically oppressed groups, 2SLGBTQ+ people face discrimination in areas of housing, employment, education, human services, and legal structures (Harper & Schneider, 2003). These barriers to access are only intensified when individuals have multiple intersecting identities, such as Black and lesbian or Latinx and non-binary (Crenshaw, 1989). By engaging in appropriate therapeutic response with 2SLGBQ+ youth, therapists hold a unique position of power that can enact change on a variety of systems levels; individual, collective, and macro-level healing.

To address these traumas and their connection to systemic oppression is not to resort to fatalistic thinking about 2SLGBTQ+ youth and communities. 2SLGBTQ+ people have a rich

history of resilience and survival. For counsellors to work from a justice-oriented perspective is to recognize the fullness of those histories and believe in the power of the collective to create change. There is an inspiring history of counsellors acting alongside and in response to these social movements within the field of community psychology (Dalton et al., 2001). This work continues today alongside communities of people who are resisting and challenging oppression within psychology, social work, and the various social services. As a professional working within the field of psychology, counsellors have a relative amount of power and can use that for the benefit of humanity through social action (Dalton et al., 2001). Counsellors must also balance this hope with a recognition that their work may be met with justified skepticism due to the history of pathology and trauma against 2SLBGQ+ people in diagnosing symptoms of oppression. Social justice therapies are a reaction to this history and calls counsellors into the realm of activism, collaboratively making change to the psyche and society to serve clients and all of humanity.

The role of justice-oriented therapies offers a dynamic and ethical stance for therapists, clients, and communities to engage with inside and outside the therapy room. Social justice therapies position the clinician as acting in solidarity with 2SLGBTQ+ clients, colleagues, and clinical supervisors in a shared resistance against oppressive and abusive power (Reynolds, 2010). Working from this perspective requires counsellors to acknowledge and address power dynamics unique to 2SLGBTQ+ youth that exist within therapeutic exchanges, within communities, and at the policy level. Practicing from a social justice lens requires a commitment to imperfection and flexibility as this work does not have a specified route or methodology (Reynolds, 2013). The oftentimes insidious nature of oppression against 2SLBGTQ+ requires these flexible responses and creative strategies. Most importantly, this work demands that

justice-oriented therapists work together as a collective of "imperfect allies", defined as individuals "across the differences of privilege that divide to address abuses of power…despite a history of imperfection and not always getting it right" (Reynolds, 2013, p.58). Working alongside 2SLGBTQ+ youth invites therapists to engage in an ethical stance of justice, solidarity, and equity (Reynolds, 2013).

Chapter Summary

The history of psychology has woven a value of neutrality and objectivity into the fabric of Western counselling that can inadvertently perpetuate harm for 2SLGBTQ+ youth within the therapeutic space (Katz, 1985). Anti-oppressive therapies recognize that the "personal is political"[2] and invite counsellors to broaden the confines of the office as therapeutic space, bringing therapy into community, into politics, and onto the streets. Failure to do so within therapy will only adjust 2SLGBTQ+ youth to various forms of injustice by addressing their symptoms, without affecting broader social and structural change (Waldegrave & Tamasese, 1993). Liberation and social psychologist Ignacio Martín-Baró (1996) poignantly argues that the field of psychology acts in complicity with oppression if therapeutic work ignores the social injustices, and resulting trauma, experienced by historically and presently oppressed people. Beyond this idea of the removal of oppression, anti-oppressive counsellors can work with existing resilience, freedoms, joys, creativity, and community in carving out a more just and liberated future for 2SLGBTQ+ youth. The following analysis of the literature will look to highlight the wisdom coming from within 2SLGBTQ+ communities to inform the ways in which counsellors can use anti-oppressive therapies as a radical relational transformation in an effort to heal individuals, communities, and ultimately our world.

[2] Many feminist theorists decline authorship of this phrase and instead cite the community of feminist activists as collective authors

Chapter 2

Introduction

In chapter 1, the research highlighted a connection between mental health disparities and the systemic oppression experienced by 2SLGBTQ+ youth (Burnette et al., 2019; Bouman et al, 2017; Brave Heart & De Bruyn, 1998; Ussher, 2010). The question of which therapeutic methodologies appropriately respond to the mental health needs of queer youth is critical in the consideration of psychology's history of pathology of queer identities (King, 2019). Chapter 2 will review the literature on the bias within psychology's approach to 2SLGBTQ+ youth as well as therapeutic modalities that claim to be healing for 2SLGBTQ+ youth who are suffering at the hands of oppressive systems. Although many counsellors are uncomfortable with the idea of a political therapeutic practice, Prilleltensky & Fox (2007) state that "psychology is not separate from politics merely because some with it were so" (p. 794). If there is a political nature to mental health disparities that 2SLBGTQ+ youth face, there must also be a political nature to healing within 2SLGBTQ+ communities. The following chapter will highlight actions that unite queer and gender diverse youth with the understanding that all youth deserve dignity and respect. In moving toward an ethic of anti-oppression, counsellors can identify queer and gender-affirming therapies that heal and honour the lived experience 2SLBGTQ+ youth. The literature reviewed will consider the modalities that celebrate 2SLGBTQ+ youth joy, creativity, and resilience while addressing the real mental health symptoms such as suicidality, depression, trauma, and substance use.

Bias Within Psychology

In order to gain a holistic understanding of 2SLGBTQ+ adolescent experience within therapy, it is critical to employ the research of developmental psychology. The study of developmental psychology is dominated by Western psychologists such as Jean Piaget, Erik

Erikson, and Lev Vygotsky (Nielsen et al., 2017). To conclude and apply developmental stages to aging human minds, it is critical that psychology bases its findings on diverse cross-sectional samples (Clegg & Legare, 2016). Developmental psychology theories offer a universal, standardized expectation of developmental milestones throughout the aging life process (Burman, 2007). However, modern research shows a significant bias in the way Western developmental psychology has assumed norms about all children and adolescents, disregarding culture, socio-economic status, gender, or sexuality (Nielsen et al., 2017). Not only does this bias neglect much of the population, it constructs an assumption about normative psychological development in relation to white, cisgender, heterosexuality (Beetham, 2018). The implications of these biases categorize children and adolescents who "fail" to achieve developmental milestones as abnormal (Burman, 2007). By ignoring environmental context, the developmental psychology theories are not reflecting the full range of development for the human being; mind, body, and spirit.

In a formal capacity in the year 1992, the field of counselling committed itself to the promotion of equity and inclusion with the integration of multicultural counselling competencies (Arredondo, 1999). These competencies were born out of an understanding that current counselling education is rooted in historically individualistic, Western modalities. These therapeutic interventions were heavily influenced by white, cis-gender male, wealthy, able-bodied social scientists who then created "normative" descriptions of mental wellness in their own self-reflection (Arredondo, 1999). In addition to racial and ethnic diversity, feminist theorists moved to create greater awareness to the ways in which counselling addressed gender inequities (Evans et al., 2005). These shifts towards social justice counselling, although consistently called-for and acted-upon among client groups, occur incrementally throughout

history within the professional field of psychology. Although these shifts were monumental and acted upon socially just goals, these commitments are sporadic throughout history (Toporek, Kwan, & Williams, 2012). For time immemorial Indigenous and multi-cultural theorists have stated that the mental health of an individual cannot adequately be addressed without uprooting the many forms of oppression wielded against individuals and groups (Goodman et al., 2004). Although the field of psychology began to shift away from outright bias, it has not acknowledged itself and its history as rooted in white supremacy, patriarchy, heteronormativity, and cisnormativity (Katz, 1985).

Psychology has a history of complicity in policing "normative" mental health and locating it solely within brain chemistry or thought patterns (Ritchie, 2017). "Normative" mental health is enforced through the formal institution of policing as well as through the culture of policing within mental health institutions. In the first half of the twentieth century, lesbians, trans women, bisexual women, and women with disabilities were targeted by police and mental health institutions for their non-conformity to gender binaries and heterosexuality (Ritchie, 2017). These women were forced into psychiatric institutions or labeled as mentally unwell. Today, people who self-report a mental health disability are overrepresented among those who are arrested or have contact with police (Boyce et al., 2015). Research also suggests that individuals with mental illnesses are at increased risk of arrest by police (Boyce et al., 2015). These harms are only compounded for Black, Indigenous, mixed race, and/or people of colour causing further trauma (Menakem, 2017). This surveillance has real effects on queer and gender diverse bodies. Oppression is mediated in and through the body, which has implications for the counsellor's support of healing body, mind, and spirit (Johnson, 2009).

The Politics of Healing

Counsellors have long witnessed the need for social justice and anti-oppressive practice within the field of psychology (Vera & Speight, 2003). Cis-heteropatriarchy and white supremacy are political systems that enforce hierarchies of identity, belonging, and worthiness upon 2SLGBTQ+ youth (Grzanka et al., 2019). These hierarchies were and are created with intention to uphold a system of domination that privileges bodies that are white, cisgender, and male. There is a hesitancy within the field of counselling to conceptualize therapeutic practice as "political" (Rutherford & Pettit, 2015). However, to engage in advocacy for the mental health and wellness of all clients requires a commitment to anti-oppression and social justice, which is inherently political (Grzanka et al., 2019). Many modern therapeutic modalities accept the idea of the gender binary, which serves to exclude and perpetuate oppression towards trans and gender diverse clients and clinicians (Nyland & Temple, 2017). There seems to be a lack of education and very few competent mental health clinicians who are able to offer appropriate therapy for trans and gender diverse clients (Byne et al, 2012). It is imperative for counsellors to consider all client identities and their various intersections, rather than reserving an intersectional and anti-oppressive lens for 2SLGBTQ+ and/or BIPOC (Black, Indigenous, and/or people of colour) clients (Grzanka et al., 2019). All individuals are situated across various social locations, and it is the work of anti-oppression to navigate those intricacies appropriately (Lawrence & Dua, 2015). Failure to do so contributes to erasure through homogenization (Lawrence & Dua, 2015). 2SLGBTQ+ youth represent a vast span of diversity, and each individual deserves individualized care that reflects their unique experience.

Queer liberation asserts that the struggles of all oppressed people are fundamentally linked, and this liberation movement has deep roots that have paved the way for this work (Bassichis et al., 2011). The gay rights movement focuses on integrating queer folks, namely gay

and lesbian cisgender people, into existing systems of marriage, military, and employment (Anderson-Nathe et al., 2018). This integration into institutions such as marriage produces a hierarchy of "deserving" queer and gender diverse people who assimilate into society's heteronormative and cisnormative ideals (Spade, 2013). This differs from the queer liberation movement which challenges existing systems through the leadership of queer people who have historically been excluded from these movements (Anderson-Nathe, 2018). Healing will require collective action, centring the voices of those who are afforded the fewest resources, and dismantling oppressive systems (Bassichis et al., 2011). Queer and gender diverse youth are a critical population to engage in these discussions of oppression and healing as their power and wisdom is often dismissed due to their age, developmental stage, and various accompanying oppressed identities.

There is a dominant story of the queer movement that has celebrated white, middle-class, cis-gender, able-bodied, monogamously married couples (Jennex, 2020). This has left behind and perpetuated invisibility and violence for many individuals within the queer, trans, and gender non-conforming communities. There is a long history of people who defy the gender binary and heterosexuality, which was a colonial project that justified, and continues to justify, violence against Indigenous peoples (Ritchie, 2017). By aligning with colonial systems of oppression, white and cisgender queer communities are invited into dominant cis-heteropatriarchal settler society which further marginalizes Indigenous queer and trans people (Arvin et al., 2013). The increase in visibility of white, cisgender queer people serves to silence the Black, Indigenous, and people of colour who are queer and/or gender diverse. The implications of this are in opposition to the heart of queer activism, which is to liberate the community from the policing of sexuality and gender identities. The creation of these hierarchies within queer and gender diverse

communities is political (Ritchie, 2017). The inclusion of white queer identity can be compared to the co-option of white women in the white feminist movement (hooks, 1984). This welcoming of white women's needs and class interests ignored the needs of Black, Indigenous, and women of colour (hooks, 1984). Spade (2012) argues for a 'trickle-up' approach to justice, which prioritizes people who face the most "dangerous manifestations of transphobia and homophobia first" (pp. 48). In order to address oppression and the mental health traumas associated with such experiences, it is imperative that the lives and realities of those most marginalized are centred; that they theorize and lead action for the liberation of all oppressed peoples (hooks, 1984).

Collective Liberation

The gay liberation movement occurred between the late 1960's to the mid-1980's, sparked by the Stonewall riots. This liberation movement encouraged gays and lesbians to engage in direct action that called for equal rights and pride in queer identities. Prior to this emergence of activism, the act of categorizing identity into 'lesbian' or 'gay' occurred alongside the emergence of the medical and mental health professions as a means of medicalizing and regulating people (Tilsen & Nyland, 2010). These categories privileged certain identities within the queer communities, namely monogamous, white, lesbians and gays (Sycamore, 2008). The progress that we see in marriage equality and legal protections is a rejection of the radical history of queerness, mimicking heteronormativity and gender binaries (Tilsen & Nyland, 2010). Queer theory offers a challenge to hegemonic assumptions of gender, sexual identity, and sexual desire, outside of any gender binary or assumed "natural" states of being amongst larger contexts such as race, class, and consumer capitalism (Butler, 1990). Butler (1993) argues that gender is unconsciously constructed through "reiterative discourse" (pp. 3). Those who do not fit into societal categorizations of the gender binary are punished by society, overtly or covertly (Butler,

1993). In this way, queer theory invites freedom and creativity outside of prescribed norms or binaries. The freedom that queer theory seeks is to liberate all people from any perceived norms or pressures to categorize themselves (Acadia, 2021).

Historically, the gay rights movement has progressed itself by posing as non-threatening to heterosexual and cisgender people by centering the rhetoric that LGBT people are no different from the cisgender, heterosexual public (Ward, 2008). This does nothing to address systemic oppression and supresses the vastness of identity differences. Ward (2008) argues that gays and lesbians have been and are welcoming of diversity only when it is "predictable, profitable, rational, or respectable" (p. 2). Queer liberation moves towards a deconstruction of this conditional diversity by centralizing the needs of the most marginalized (Anderson-Nathe et al., 2018). In many ways, the gay rights movement silences, exploits, and exoticizes the Two-Spirit, trans, and gender non-conforming leaders. Queer liberation organizes around shared experiences of oppression, particularly for those people who are undocumented, income-assisted, homeless, and/or in prison (Anderson-Nathe et al., 2018). Although history has presented 2SLGBTQ+ youth as neutral of any other oppressed identities, liberation offers a means of resistance; in many ways, liberation offers space for freedom (Green, 2017). This freedom provides the opportunities necessary for imagining a radically different future for queer youth (Giroux, 2012).

In order to transform the world into a liberatory place for all people, humankind must begin with the creation of spaces that are actively decolonial, anti-racist, anti-homophobic, and anti-sexist (Grady et al., 2012). Liberation cannot be perceived as an empty metaphor and must include decolonization if mental health practitioners strive towards liberatory practice (Tuck & Yang, 2012). Frequently non-Indigenous queer and gender diverse people claim their oppressed statuses as an urgent priority, which it certainly is. However, these stories of LGBTQ+ exclusion

prompt what scholar Eve Tuck calls “settler moves to innocence”, which are attempts to relieve settler feelings of guilt without giving up land, power, or privilege. (Tuck & Yang, 2012). The mental health inequality statistics of Two Spirit, Indigiqueer (Whitehead, 2017), queer and/or trans Indigenous peoples is a token multicultural gesture which seeks to include and envelop Indigenous people into the politics of equity (Tuck & Yang, 2012). Two Spirit history predates the LGBTQ+ movement and differs in that it is a reclamation of pre-contact identity (Mesa-Miles, 2018). Lang (2007) indicates that counsellors who are settlers are likely to manifest, perhaps subconsciously, oppressive attitudes in cross-cultural counselling sessions. Moving beyond the Western ideal of multicultural therapy, Makungu Akinyela calls for a decolonizing practice by the name of cultural democracy which calls for a critical challenge to the presumption of Western psychology as the standard or origin of therapeutic practices (2014). Collective liberation in the context of mental health for 2SLGBTQ+ people must confront settler colonialism rather than adopting a vague multicultural approach, which simply assuages the guilt of queer and trans settlers (Tuck & Yang, 2012).

Audre Lorde (1984), self-described as ‘Black, lesbian, mother, warrior, poet’, writes about liberation living within each person as “an incredible reserve of creativity and power” (pp. 36-37). Grady et al. (2012) argues that 2SLGBTQ+ youth have led this liberatory movement in the creation of dance and performance spaces which amplify “voice, exposure, safe spaces, freedom to think critically, and greater support (p. 995). Queer spaces centred around creativity and dance provide precious time and space for belonging and collective power (Jennex, 2020). Queer gender-bending drag and variety shows offer 2SLBGTQ+ youth and adults the opportunity to see themselves reflected on stage (Thomas, 2014). Many of these performances reflect a full spectrum of gender on stage and ensure the safety of all attendees by providing safer

sex options, buddy systems, bus tickets, and drug-testing kits (Thomas, 2014). Queer and gender diverse dances have historically raised mutual aid funds in support of fellow community members which holds within itself a transformative power in disrupting capitalist economic injustice (Jennex, 2020). Music created by BIPOC is celebrated and played at these dances, highlighting the intersections of 2SLGBTQ+ identities and anti-racism. In fact, youth accessing therapy suggest that music which reflects their social locations might serve as a pathway to liberation (Heath & Arroyo, 2016).

Anti-Oppressive Practice

One such pathway to liberation for 2SLGBTQ+ youth is through anti-oppressive practice, which can transform individuals, including clients, counsellors, and societies. Anti-oppression can take the form of what James Kelly and Vikki Reynolds (2018) discusses as "expansive space where everybody's not required to get boxed" (pp. 38). When categorization is removed and the expansiveness of sexuality and gender is welcomed, it creates space for further interlocking sites of oppression to be explored (Reynolds & Kelly, 2018). Tilsen and Nyland (2010) state that therapists committed to anti-oppressive practice want their clients to have an expansive, non-policing experience of wellness that is "founded on an ethic of justice, accountability, and solidarity" (pp. 3). This extends to everything from intake forms to codes of ethical conduct to nonverbal communications of power imbalances between therapist and client (Cantrick et al., 2018). Therapists must take into consideration how the larger societal frameworks, perhaps inclusive of their own therapeutic frameworks, might reiterate oppression (Cantrick et al., 2018).

In 2003, The American Counseling Association (ACA) published a guideline of Advocacy Competencies for mental health clinicians to incorporate into their work with clients (Ratts et al., 2018). This was an important moment in the history of counselling due to its

recognition of advocacy as critical to the anti-oppressive nature of therapeutic practice. Loretta Bradley, who was the president of the ACA at the time, states that advocacy is a client right, not a privilege, and that each counsellor's advocacy competencies must be held accountable through professional supervision (Bradley et al., 2008). Advocacy, defined from the ACA's perspective, was action that counsellors could take to influence policies that affect their clients (Toporek, Kwan, & Williams, 2012). The ACA recognized that mental health professionals were inevitably presented with client experiences of oppression that cannot solely be resolved through change within the individual. This was a monumental shift in a counsellor's understanding of their role, moving from intrapsychic concerns to a broader awareness of the external factors impacting mental health (Kiselica & Robinson, 2001). These advocacy competencies highlight the ways that advocacy can empower the individual client while engaging the counsellor in collective action to address community-wide and structural inequities (Ratts et al., 2018). This changes the counsellor's understanding of their healing capacity from within an office-like therapy session to community-wide therapeutic engagement. Although Loretta Bradley's presidency prompted some of this change, it did call for a kind of advocacy that speaks on behalf of clients and communities, rather than alongside them (Bradley et al., 2008). Anti-oppressive therapies have noted this kind of advocacy as potentially harmful as it perpetuates the cycle of domination and suppression of client voices and experiences instead of increasing the client's sense of empowerment and agency over their own lives (Kiselica & Robinson, 2001). In order to mitigate this risk, counsellors are called to address their own position in relation to power, privilege, and oppression within the therapeutic relationship and in relation to macro-level structures (Ratts et al., 2018).

There is an argument for advocacy and activism within counselling practice in order to address issues of equity for those who have been marginalized within society (Ratts, 2009). This aligns with the codes of ethical conduct that counsellors are committed to upholding. Within the Code of Ethical Conduct for the British Columbia Association of Clinical Counsellors (2014), it is clear that clinicians have a responsibility to "ensure that oppressive laws and structures are changed" (p. 9). This responsibility is not only intended for individual clients, but for the benefit of society to which counsellors dedicate their personal responsibilities and their profession (BCACC, 2014). Although the codes of ethical conduct are clear that counsellors have a responsibility to address systemic oppression, they are unclear how to engage in this work. Clear language needs to be developed around the professional role, competencies, and training of therapists in addressing inequities (Toporek & Williams, 2006). The British Columbia Association for Clinical Counsellors (2014) states that the code of ethics provides a moral framework for analyzing and making decisions when confronted with ethical dilemmas. Anti-oppressive practices call on professionals to view ethics as interactional and living, rather than static codes to adhere to (Reynolds, 2014). These ethics respectfully centre the client's reality and call upon the professionals to stand alongside the client, in opposition to the oppressive forces impacting their lives (Reynolds, 2014). In keeping with these ethics, collective action against oppressive systems that impact clients is integral to counselling professional practice. Similarly, the Canadian Counselling and Psychotherapy Association's Standards of Practice (CCPA, 2015) call on clinicians to "speak out or take other appropriate actions against practices, policies, laws, and regulations that directly or indirectly bring harm to others or violate their human rights" (p. 2).

Anti-oppressive practice is an approach that can be layered onto therapeutic modalities, such as narrative therapy paired with queer theory. Traditional therapeutic modalities might reflect modern constructions of identity for 2SLGBTQ+ people by encouraging youth to "come out", confront internalized homophobia or transphobia, and embrace their "authentic self" (Tilsen & Nyland, 2010). However, these pathologizing assumptions of identity are directly related to 2SLBGQ+ youth's experiences of oppression (Tilsen & Nyland, 2010). Anti-oppressive practice engages the client in locating oppression as outside of themselves and considers the ways in which they can act in resistance (Tilsen & Nyland, 2010). Rather than dictate normative behaviour and performance, therapists have the opportunity to co-create and/or allow clients to emerge in the fullness of themselves. In diverting from traditional forms of therapeutic intervention, narrative therapists shift away from positioning themselves as experts (Akinyela, 2014). 2SLBGTQ+ youth are welcome to explore and redefine their sexuality and gender in ways that honour them. Queer theory and narrative therapy privilege the client over the therapeutic modality and centres the lived experience of clients as a guiding compass in therapy (Nyland & Temple, 2017). The expertise of the therapist is not in the interpretation, diagnosing, or therapeutic modality applied to the client, but rather in the awareness of the oppressive forces impacting the client's wellness (Akinyela, 2014).

It is important to recognize that narrative therapy is not without its faults and cannot claim to offer access to all 2SLGBTQ+ people. The layering of anti-oppression onto narrative therapy is contentious as narrative therapy was born from the intersection of whiteness and social work (White & Epston, 1990). Narrative therapy's use of externalizing, politicized storytelling, and acts of resistance can be sourced in Indigenous scholars and history and Black feminist thought (Dumaresque et al., 2018). Although narrative therapists may work towards anti-

oppression, many narrative practitioners work within a biomedical framework and pathologize individuals in ways that perpetuate violence (Combs & Freedman 2012). Pathologizing within therapy is frequently experienced by 2SLGBTQ+ youth due to their lack of access to power within adult-as-expert mental health systems (Lefrançois, 2013).

Historically, the practice of art therapy has been a space for processing responses to societal oppression and trauma as well as a source of empowerment for clients (Karcher, 2017). Social action art therapy assumes that the therapeutic relationship will, in some ways, mimic or resist the relational dynamics of society (Kapitan, 2015). This approach naturally invites a lens of anti-oppression which intentionally explores the ways in which gender, sexuality, race, ability, and various identities affect the client, the art therapist, and the therapeutic relationship (Karcher, 2017). This can include self-reflection on the ways in which clients and therapists ignore or collude with oppression (Karcher, 2017). For queer and gender diverse youth, art can be a place of self-expression and identity formation (Kivel & Kleiber, 2000). This kind of expression can occur in role-playing identities or expressions with a therapist, exploring the use of clothing or makeup in a safe therapeutic space, and other creative means of resistance against oppression (Pelton-Sweet & Sherry, 2008). Art therapy was used to support 2SLGBTQ+ youth processing grief following the 2016 massacre of at a Florida nightclub (Suárez et al., 2020). Art allowed these youth to express their shared humanity, their pride in being members of the 2SLGBTQ+ community, and process their terror (Suárez et al., 2020). One youth participant in the study (Suárez et al., 2020) shared a photograph of their cat and stated:

> I was playing with this cat, I was thinking about um, you know, pets and what they mean to us and kinds of family and how that plays into chosen family in the LGBT community and that also I thought about all the moms and dads and brothers and sisters that lost their

> loved one...in the Pulse massacre. I also thought about their pets and like and how many pets that night didn't get to see their owner come back home. (pp. 11)

This art piece speaks to the way in which 2SLBTQ+ youth are impacted by violence against their communities and the depth of empathy that binds 2SLGBTQ+ communities together (Suárez et al., 2020). Similar to narrative therapy, art therapy is rooted in white, colonial ways of knowing and being in the world (Kuri, 2017). This was particularly important in the art therapy study on the Pulse nightclub shooting as it had particularly acute impacts on queer and gender diverse communities of colour. Art therapists have an added responsibility to become aware of the influence of white, Western preferences, expectations, and biases of art within themselves and clients (Kuri, 2017).

Queer and gender diverse individuals, and any marginalized people, experience oppression through their bodies which can have lasting impacts on the body's role in mediating trauma (Johnson, 2009). Oppression is experienced in and through the body in the ways that individuals are measured against societal norms (Van der Kolk, 2014). Thus, the link between oppression and bodily trauma is significant for gender diverse and queer bodies (Kira et al., 2013). Chronic stressors, such as systemic inequality or institutionalized discrimination, can initiate subsequent traumas, such as job loss following experiences of transphobia in the workplace (Kira, et al., 2013). To only see oppression as outside of oneself and neglect the impact on individual bodies is to erase the realities and work of disability activists (Clare, 2001). Clare (2001) argues that "in defining the external, collective, material nature of social injustice as separate from the body, we have sometimes ended up sidelining the profound relationships that connect our bodies with who we are and how we experience oppression" (pp. 359). The body can be a location where which the impacts of oppression are felt and can also be a location for

healing (Cantrick et al, 2018). Somatic therapists are able to support queer and gender diverse individuals to cultivate an integrated, embodied experience that incorporates the body's wisdom and resistance to oppression (Johnson, 2009).

In 2016, Bain, Grzanka, and Crowe developed a queer music therapy that embraced fluidity of gender and sexuality for adolescents. This model did not simply invite queer and gender diverse youth into existing therapeutic "inclusive" space, but rather, challenged all concepts of normality and fixed identity (Bain et al, 2016). Clients were invited to engage with music that reflected their identities and that resisted categorization. Clients analyzed lyrics, performed gender expression, created a visual projection of their musical experience, and co-created a group anthem. Incorporating queer and gender diverse people into existing therapeutic programs is not sufficient because it does not challenge the cissexism and heterosexism present in the fabric of its creation (Boggan et al., 2017). The aim of queer music therapy is to intervene in systems of heterosexism and cissexism, as opposed to traditional therapy's aim of treating the client (Boggan et al., 2017). In qualitative analyses of queer music therapy, counsellors stated "if we work to create changes in our clients, but we don't work to change the communities and systems around them – all the way up to the top of our government – we're doing a huge disservice" (Boggan et al., 2017, pp. 382).

Activism and Therapy

> The more radical the person is, the more fully he or she enters into reality so that, knowing it better, he or she can transform it. This individual is not afraid to confront, to listen, to see the world unveiled. This person is not afraid to meet the people or to enter into a dialogue with them. This person does not consider himself or herself the proprietor

> of history or of all people, or the liberator of the oppressed; but he or she does commit himself or herself, within history, to fight at their side. (Friere, 1960, pp. 39).

The above quote is an important frame through which to explore the role of activism in mitigating the harm of oppression. Although Friere speaks in gender binaries, he points to a critical location for self-reflection to ensure that activists are acting on behalf of the greater good and not as the liberator or saviour of a community. This is also known as a deficit narrative, which is the temptation to frame individuals and communities as disadvantaged victims rather than focusing on their strength, expertise, and resistance (Toporek, 2018). Gilster (2012) identifies that there are psychological and social benefits to community activism. These benefits include a sense of empowerment, social connectedness, and increased mental health (Gilster, 2012). Toporek (2018) suggests that counsellors who only employ individually focused therapeutic modalities do not sufficiently address injustice and, intentionally or unintentionally, perpetuate oppression.

Activism and social justice have been a part of the counselling profession since its inception (Ratts, 2009). The 1972 American Psychiatric Association saw a psychiatrist, wearing a mask for safety and anonymity, disclose his queer sexuality and call upon others within the profession to take up an activist stance in shifting the attitudes of heterosexual psychiatrists for the sake of all humanity (In Your Face, 2002). Naming oppression and acting upon it within a therapeutic context has roots in the work of Paulo Friere (1993). Friere (1993) believed that when individuals are made aware of oppressive forces, a process that he called conscientização, critical consciousness, they are better able to empower and advocate for themselves. For counsellors who recognize systemic barriers in their clients' lives, this requires a systems-based

intervention which might mean working beyond the four walls of the therapy office (Ratts, 2009).

This intersection of therapy and activism, with its benefits and challenges, is present in non-profit agency work as well as within private practice. Kivell (2007) calls attention to the difference between social service work and social change work. The difference being that social service work addresses the needs of individuals impacted by violence while social change work addresses the root cause of oppression and violence (Kivell, 2007). Although both are incredibly important, therapists who are interested in anti-oppression and activism work must question whether they are simply acclimating clients to oppression by only offering social service work (Kivell, 2007). For adolescent 2SLGBTQ+ clients, human development must be seen contextually, and the use of activism can remove oppressive environmental barriers (Cantrick et al., 2018). Kivell (2007) identifies that many well-intentioned social services, including therapy practices, are inadvertently maintaining the inequities that caused harm in the first place. Reynolds and Hammoud-Beckett (2017) point to this intersection between activism and therapy as problematic and hopeful. In committing to collective ethics, it is possible for therapists to hold themselves accountable and critique colonial and other oppressive therapeutic practices (Reynolds & Hammoud-Beckett, 2017). One such critique within therapeutic practice is of neutrality and objectivity. In attempts to enact neutrality, the therapist is practicing heteronormativity, cis-normativity, ableism, white supremacy, and colonization (Reynolds & Hammoud-Beckett, 2017). Therapists must do more than name oppression within the therapeutic context, they must act on it in order to truly address the root causes of their clients' pain.

Chapter Summary

The literature reviewed offers an important perspective for counsellors working with 2SLGBTQ+ adolescent clients. The research indicates that queer and gender diverse individuals have long resisted oppression and therapists can join alongside this resistance in an anti-oppressive stance. Counsellors are acting within their therapeutic scope and upholding codes of ethical conduct by engaging in advocacy and activism with clients facing oppression. Efforts towards liberation teach us that our humanity is interconnected and that by acting in solidarity with 2SLGBTQ+ youth, we are working towards a liberatory future for everyone. Therapists play a critical role in recognizing oppressive systems, perhaps even ones they participate and work within. This work requires stepping out of the traditional roles of therapist, beyond the four walls and the myth of neutrality. In taking these risks, Reynolds (2012), collecting inspiration from the work of Paolo Friere, suggests that we can participate in "revolutionary love that is an act of courage and commitment to others" (pp. 24).

Chapter 3
Therapeutic Application, Next Steps, and Conclusion

This capstone project has served as a space to explore the connections between therapy and 2SLGBTQ+ youth identity through methodology, activism, and community engagement. Chapter 1 established much of the framework for why 2SLGBTQ+ youth are overrepresented in mental health practice, highlighting the gaps within systems that leave 2SLGBTQ+ youth underserved and, at times, harmed. Chapter 1 allowed space for positionality of the author and provided a framework which informed this capstone; namely, queer, liberation, and intersectional feminist theories. In Chapter 2, the literature available on best practices in working with 2SLGBTQ+ youth was reviewed and critiqued for its accessibility and impact. In this final chapter, I would like to propose an outline of a group therapy for 2SLGBT+ youth. The therapy

techniques included in this proposal are directly informed by the art, narrative, and queer theories and modalities reviewed in Chapter 2.

Session One: Introduction, Consent for service, Confidentiality, and Group Identity

This group therapy will be conducted with self-identifying 2SLGBTQ+ youth between the ages of 13 and 18 and, separately, 19 and 25. This age range is based on the needs identified in Chapter 1 of youth between the ages of 13 and 25. The separation into two age categories is for group cohesion in considering similar life experiences; namely, public school-aged and post-high school-aged. There is no requirement for having attended or completed school. The group must take place in a facility that considers physical and transportation accessibility, neighbourhood safety for youth of colour or gender diversity in attendance, confidentiality, and equitable bathroom access. Considerations of neighbourhood danger might include proximity to white-dominated space or a location with a history of cis-sexist discrimination. All considerations of safety should defer to the youth themselves and include their ideas in the choice of space. The responsibility for ensuring access and needs must fall upon the group facilitator, but it is encouraged that the therapist engage clients prior to the group in order to ensure all needs can be met and that no needs have been overlooked. This might include support in transportation, a private space to change into comfortable, gender-affirming clothing, food and water provisions, and supplies. Consent for service and confidentiality must be discussed with the youth prior to the initial session. This is to ensure that the youth are aware of any risks involved in participation prior to their commitment. Youth must be aware that attendance could risk the disclosure of their gender and/or sexuality as well as the content of their participation to others. The terms of confidentiality must include limits of confidentiality and an understanding of the importance of maintaining confidentiality for others. Confidentiality will be an ongoing

topic within the group so that all youth are able to contribute to ways in which they participate in safety for themselves and others.

Initial group meeting will include introductions where youth share names and pronouns. Youth are invited to create nametags that reflect this at each session. Therapeutic facilitator will discuss how names and pronouns are welcome to shift at any time and engage youth in a conversation about how to correct each other if names or pronouns are used incorrectly. Youth are encouraged to employ anonymity in using alternate names if they are uncomfortable disclosing their common names. The facilitating therapist will initiate sharing their name, pronouns, and important identity factors for them. The therapist will also initiate an opening for Indigenous land acknowledgement and contributions from group members. Initial group meeting will include discussion of group activities, including art, music, and storytelling. Youth participants are encouraged to share their experiences and comfort level with these mediums. Therapist will discuss power and the political nature of healing for 2SLGBTQ+ youth, in youth-accessible language. There will be a discussion of the possible power dynamic between therapist and participants and invite collaboration to equalize that power differential. The therapist will share more information about their role as a "non-expert" by centring participants' wisdom and lived experiences (Everett et al., 2013). Youth will be provided a "social locations" worksheet to reflect on their intersecting identities (Axes of Dominance, Privilege, and Oppression, 2016). The worksheet will detail the following:

Age:
Race:
Sexual orientation:
Gender identity:

Class:
Culture (:
Religion or spirituality:
Education:
Language:
Disability/ability:
Other, not included above:

Participants are invited to discuss how these identities shape their lived experiences as 2SLGBTQ+ youth. Participants are not required to disclose any of their social locations that they are not comfortable sharing. The counsellor will take part in this, and all, activities. Participation on behalf of the counsellor works to decentre the counsellor as expert and re-centre the youth and their experiences. The counsellor will take care to reflect back each youth's experience and offer further prompts or reflection from other group members. The counsellor will ensure that the group reflects on protective factors and resilience in 2SLGBTQ+ youth identities. The group will be invited to artistically represent the diversity of their experiences. This can take the form of various music playlists, dance, writing, storytelling, or visual art such as drawing or painting, but must be completed collaboratively as a group unit, including the therapist. The closing activity will include a discussion of what to expect in the next session as well as any reflections or critiques about the first session.

Session Two: 2SLGBTQ+ Ancestors

Session two will begin with the therapist initiating an opening for Indigenous land acknowledgement and contributions from group members. The session will have a discussion

similar to session one focusing on ongoing confidentiality, a check-in for each individual, and expectations for the session. This session youth are invited to engage with 2SLGBTQ+ individuals that they find inspirational for challenging concepts of normality and fixed identity (Bain et al, 2016). This could be an historic figure, a musician, an activist, a family member, an artist, etc. As an example, the therapist must share their own inspiring figure. An example could be Marsha P. Johnson who is credited with activism prior to and following the Stonewall Riots as well as her engagement with ACT UP, the organization working to end the AIDS crisis. Youth will be given time to consider this inspiring figure's impact as well as reflect on the social locations of the inspiring figure. Youth will reflect in a group discussion about how this figure impacted their lives and the world. Youth are encouraged to share music, photos, or stories to bring their inspiration to life in the group.

Options for discussion prompts:

- In what ways does this ancestral figure impact you and the way you live your life?
- In what ways does this figure offer you comfort, bravery, companionship, love, hope, wisdom?
- How did this figure overcome adversity? Who helped?
- What can this ancestral figure offer you and/or the group today?

Youth are encouraged to move the discussion towards a conversation about community and collective liberation.

Options for discussion prompts:

- In reflecting on the ways in which these ancestral figures impacted group members, in what ways do these actions affect wider community change?
- How did the ancestral figure facilitate liberation for more than just themselves?

- How did the figure resist oppression in overt and covert ways? How have you resisted in your own life?
- To whom was the ancestral figure accountable? To whom are you accountable?
- In what ways was the figure acting in solidarity with an individual or group?
- How can we apply this wisdom, solidarity, and accountability within the group therapy sessions?

To conclude session two, participants will reflect on their experiences that day, their sense of connectedness, and offer constructive feedback.

Session Three: Activism in Community

In session three, the therapist will initiate an opening for Indigenous land acknowledgement and contributions from group members. Session three will have an ongoing conversation about confidentiality, a check-in for each individual, and expectations for this session. Youth are invited to discuss the ways in which the 2SLGBTQ+ community has evolved with the following discussion prompts:

- The 2SLGBTQ+ community's progress over the last few decades have left behind or actively excluded many members (Two Spirit, Black, Indigenous, people of colour, bisexual, intersex, gender diverse folks, etc.) causing very serious mental and physical health consequences. How do you imagine "progress" that centres the wisdom of those groups who have been silenced?
- In what ways have those groups been resisting within the 2SLGBTQ+ community? The therapist can offer the example of Black Lives Matter stopping the Pride Parade as an example of resistance to police involvement in Pride and the de-centering and white

supremacist violence towards Black lives within 2SLGBTQ+ culture (Black Lives Matter, 2016).

- In what ways have you perhaps benefited from their silencing? The therapist can suggest that the youth reflect back on their social locations worksheet and consider the fact that they are likely occupying stolen land (Tuck & Yang, 2012).
- Despite our good intentions, "what positions are we not taking or being silent about"? (Reynolds & Hammoud-Beckett, 2018, pp. 5).
- These examples of resistance are covert and overt activism. What impact does this form of activism have on mental health for 2SLGBTQ+ communities?
- In recalling last session, we discussed how one act of resistance from our 2SLGBTQ+ ancestor impacted the greater community. How do you see or hope to see yourself acting in solidarity with marginalized groups within the 2SLGBTQ+ communities?
- How will you know if your actions are helpful or harmful? Safe or unsafe?
- Is there anything stirring within you that feels called to an action or to learning?

The facilitating therapist must be able to respond to feelings of settler guilt and engage the youth in resisting "settler moves to innocence" (Tuck & Yang, 2012). If the group feels called towards an action or learning, the facilitating counsellor will support this. The group might feel called to petition, protest, send mutual aid, spread awareness, creating art, and/or commit to learning. As much as possible, the facilitating therapist will support the group in co-creating those actions. This might look like making posters, organizing, writing poetry, painting, creating stickers, recording music, or journaling. These actions can range from stickering the community with the progress Pride flag to performing spoken word poetry within the group to expressing gratitude or connectedness to the land. The role of the therapist is to ensure that the youth feel supported in

their actions and highlight the impact of youth acting in solidarity. To conclude session three, participants will reflect on their experiences that day, their sense of connectedness, and offer constructive feedback.

Session Four: Future Imaginings

In session four, the therapist will initiate an opening for Indigenous land acknowledgement and contributions from group members. Session four will have an ongoing conversation about confidentiality, a check-in for each individual, and expectations for this session. This session will conclude the group's therapeutic work together and will serve as a space for reflection. The facilitating therapist will initiate a discussion on the power of collective action within this group, gratitude for the youth's bravery and expression within the group and hopes for the future of the 2SLGBTQ+ youth communities. Youth will be invited to reflect on their experiences within the group using the following discussion prompts:

- This group has created a space for connection that is so special and unique. What has this therapeutic space felt like for you?
- What role has art played in this group therapy for expressing your ideas, emotions, and dreams for the future?
- What have the relationships and connections built within this group meant to you? How have they changed you, shaped you, inspired you, challenged you?
- How will you carry these relationships with you, within your heart, as you leave this therapeutic space?
- How can you use the idea of 2SLGBTQ+ relationships, our connectedness to 2SLGBTQ+ ancestors and 2SLGBTQ+ communities, to comfort and inspire you moving forward?

The facilitating therapist will invite youth to co-create a concluding piece expressing their connectedness to each other, to history, and to the greater 2SLGBTQ+ community. This can take any art form as long as it includes every youth's contributions. To conclude the session, participants will reflect on their experiences, their sense of connectedness, and offer constructive feedback. This feedback can be delivered orally by the participants or anonymously through a written suggestion box.

Limitations

There is a history of approximately fifteen years of anti-oppressive practice within clinical social work, yet this approach is newer to the field of psychotherapy (Ansara, 2020). As for the therapeutic understanding between wellness and justice, Prilleltensky and Fox (2007) suggest that more research is required to understand the link between these concepts. Reynolds and Hammoud-Beckett (2018) highlight the importance of how well-intentioned activism can unintentionally strengthen oppressive structures and institutions. Due to the limiting nature of this capstone manuscript, not enough time or attention was paid to a decolonizing anti-oppressive practice. This capstone has reviewed available literature yet cannot claim to conduct original research and offer any conclusions about the efficacy of anti-oppressive therapy with 2SLGBTQ+ youth. The group therapy sessions proposed offer a suggested strategy for therapeutic practice with 2SLGBTQ+ youth, however they are merely recommendations based on available research. It is also important to note that language regarding the 2SLGBTQ+ communities evolves and adjusts in becoming more inclusive and responsive to societal injustice. The language represented in this capstone is relevant to its time and place and may not be suitable for future use.

Suggestions for Further Research

Further research should explore anti-oppression and its application in therapeutic context. Of particular interest and relevance to this capstone would be research into community activism and the potential mental health benefits for the 2SLGBTQ+ youth communities. In order to address the lack of research and application of anti-oppressive practice, further research could explore methods of training and teaching anti-oppression to student therapists. There is very little research on therapeutic group work with 2SLGBTQ+ youth clients. Further research could explore non-pathologizing approaches with 2SLGBTQ+ youth and must engage youth in the research-process itself.

Conclusion

For 2SLGBTQ+ youth, their mental health has been impacted by the forces of systemic oppression, both presently and historically. The institution of mental health provision is not innocent of perpetuating this violence against the 2SLGBTQ+ communities and must act in resistance to the ways in which oppression has been normalized and weaponized within therapy. The research reviewed highlights the ways in which marginalized groups within 2SLGBTQ+ communities must be centred and honoured for their knowledge and activism. The decolonization of therapy must take urgent priority. When therapists educate themselves on the role of oppression within their profession and within society, they have a responsibility to act in solidarity with those who have led resistance and those who have resisted since time immemorial (Wade, 1997). 2SLGBTQ+ youth hold a unique perspective and insight into a liberatory future for all people. Therapists who employ anti-oppressive practice act in solidarity with 2SLGBTQ+ forms of resistance. Beyond this idea of the removal of oppression, anti-oppressive counsellors can work with existing resilience, freedoms, joys, creativity, and community in carving out more healing and a liberated future for 2SLGBTQ+ youth

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