

## **Internalized Oppressions in Queer Communities**

by AMCD 2019-2020 Ethics Committee Members:

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When analyzing how the counseling profession can address internalized oppression in queer (i.e., lesbian, gay, bisexual, transgender, gender expansive, queer, intersex, asexual, polyamorous, or LGBTGEQIAP+) communities, it is useful to consider how the ALGBTIC<sup>1</sup> and Multicultural and Social Justice Competencies shape our practice and how we can use these guidelines to address internalized oppressions.

Intersectionality was originally described by Crenshaw (1989) as the interaction of our social locations in our lives; specifically, the ways in which people who hold more than one marginalized identity carry weight that exceeds each individual oppression. Although “intersectionality” has been overused in the media and online (Perlman, 2018), the intersectional nature of our identities provides a foundation of understanding oppression within queer communities. The ALGBTIC Competencies for Counseling LGBTQIA Individuals (2012), Competencies for Counseling with Transgender Clients (2009) and Multicultural and Social Justice Competencies (MCCSJ; 2015) comprise our call to action to address social inequities.

Employing the MCCSJ praxis, counselors acknowledge that we may also be multiply-marginalized as compared to our clients and are not immune to internalization of societal norms

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<sup>1</sup> As of April 2020, the Association for LGBT Issues in Counseling is now the Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE).

and values. Crenshaw (1989) advised that discourses centering privilege “marginalize those who are multiply-burdened” (p. 140), citing feminism’s exclusion of women of color and Black liberation’s emphasis on men. Queer communities are still working today to fully include queer and trans people of color. We must look at how racism and heterosexism intersect in order to fully address societal inequities. By actively de-centering experiences of privilege, our work as counselor-advocates (Ratts & Pederson, 2014) can embrace intersectionality by “centering on the...life situations of people who should be cared about without regard to the source of their difficulties” (Crenshaw, 1989, p. 166).

“Racism is pervasive, operating at the interpersonal and institutional levels simultaneously; its effects are cumulative, spanning generations, individuals, time and place encompassing much more than discrete acts” (Speight, 2007, pp. 126-127). Jaguszyn (2007) described internalized racism as the acceptance of unfavorable messages about the abilities and worth of members of their community. These messages can perpetuate stereotypes and microaggressions toward other members of the community. Casey and colleagues (2019) found that interpersonal discrimination such as slurs, harassment, and violence are widespread in queer communities.

Internalized homophobia occurs with internalization of negative and derogatory feelings and messages from society (Crosby et al., 2016; Totenhagen et al., 2018). Such self-views can affect the quality of relationships and result in higher levels of inter-partner conflict (Totenhagen et al., 2018). Individuals with internalized homophobia may be more likely to coerce their partners into sex, which fuels their negative self-image (Pepper & Sand, 2015). As counselors, we must utilize continuing education as a resource for increasing awareness of internalized homophobia and remember that we, as a profession, are called to advocacy through action

(American Counseling Association, 2014). Counselor advocacy includes fighting bills that condone religious-based objections for businesses and conversion therapy, both contributing factors for internalized homophobia (Crosby et al., 2016).

AMCD members are uniquely positioned to be advocates within communities and schools, educating clients, students, colleagues and peers about the pernicious nature of internalized racism and homophobia.

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