

# DISSENTING VOICES

Volume 10 (2021)

THE UNDERGRADUATE JOURNAL OF THE SENIOR SEMINAR IN WOMEN AND GENDER STUDIES, SUNY BROCKPORT



1. Mental Health for Incarcerated Women
2. Varied Experiences of Fat Bodies
3. STOP: The Sexualization of Women and Girls
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6. When I Realized I was the Gay Best Friend
7. Disability Representations in HS English Curriculum
8. Intersecting Identities: Middle Eastern Women In Dual Cultures

SIDE ONE



## Our Voices

We believe that acceptance demands visibility. Our Dissenting Voices work to validate the struggles of marginalized people and to conceptualize a solution. We stand with assuring that women get the help that they have a right to, regardless of their past. Our goal is to cultivate and maintain a space to examine queer experiences. We amplify the ability to hear Middle Eastern women's voices experiencing dual cultures and how empowering this is. We strive to highlight how beauty standards and popular media are contributing to the sexual harm of children. We work to analyze disability studies in the classroom and stress the importance of integrating this field into the English curriculum. Mental illness does not define us, we define it. Now is the time that we take back the narrative.

Zahraa Al-Sharifi, Grace Cunningham, Nax Gillett, Hawa Ibrahim, Naomi Levitsky, Myah Martinez, Catherine Muir, Erica Puleo

## Dissenting Voices Cover Design

Art by Nax Gillett, conceptualized and created in collaboration with all WMS 421 class members.





## Note from the Editor

I am thrilled to introduce volume ten of *Dissenting Voices*, a student engineered e-Journal collaboratively designed, authored, and published by undergraduate Women and Gender Studies majors as an extension of their Women and Gender Studies Senior Seminar at The College at Brockport.

*Dissenting Voices* grows out of a course learning structure where Women and Gender Studies students reflect upon their undergraduate experience in the discipline, and through engagement, activism, and synthesis of acquired knowledge, establish a theoretical foundation to inform future feminist practices. This work culminates in a meaningful capstone project grounded in contemporary and emerging feminist scholarship.

*Dissenting Voices* volume ten showcases eight authors who tackle a wide range of topics salient to Women and Gender Studies. In “Opening Voices”, two essays introduce the volume, each examining different ways social constructions of identity compromise equality. Essay one examines the effects of incarceration on the mental health of female inmates and ways sociopolitical systems might intervene more effectively. Essay two critiques ways misrepresentation and exclusion of fat bodies in media and public life oppress large sized women. “More Voices” centers the volume where four authors scrutinize ways identity politics operate in society. Essays in this section include an analysis of ways beauty standards and popular media can contribute to sexual harm of women and girls, a timely look at prevalence and reasons for substance abuse among LGBTQIA+ folks, an assessment of ways gender stereotypes can obscure PTSD diagnosis and treatment among women, and an exploration of ways queer representation in media can impact coming out processes. In “Closing Voices”, two essays bookend the volume where both authors expose ways social constructions of identity reinforce gender inequalities. The first essay explores common misconceptions of disability and argues for integration of disability representation in high school English curriculum. The closing essay blends poetry with feminist theory in an empowering reading of intersectionality as Lived by Middle Eastern women navigating life in dual cultures.

Eight authors have joined together to pen this important volume, created in an unprecedented learning context where a global pandemic and social and racial injustice have raged in the background. I am in awe of their determination and resolve. They are Brave. Innovative. Resourceful. Bold. Wise. In the face of so much disruption and uncertainty, the writers deploy their words in a fierce stance against all inequalities. The volume cover, a collaborative design representative of each essay topic, captures this unyielding spirit as enacted across dislocations in time and place. Heed their words and follow their lead as they forge a gender justice path that we can and must follow. Bridging theory with praxis, *Dissenting Voices* preserves the authenticity of student voice, sanctioning a wide range of ability and talent that students' senior seminar coursework engenders.

In my early role as Brockport's Women and Gender Studies Director and faculty developing a new Women and Gender Studies senior capstone course, I had what seemed a pipedream in conceptualizing a student journal. Semesters of dynamic student activism and thought inspired me to imagine a women and gender studies publication that would bring to light undergraduate creative agency realized on the cusp of feminist knowledge. *Dissenting Voices*, as named and populated by its 2012 student founders, and pioneered onward by this 2021 class, is this dream forward.

Barbara LeSavoy, PhD  
Associate Professor, Women and Gender Studies  
Executive Editor, *Dissenting Voices*

# Dissenting Voices

Volume 10  
Spring 2021  
ISSN 2376-1997

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# Mental Health for Incarcerated Women: How is America Treating Them?

*This essay examines the effects of incarceration on the mental health of female inmates and comments on what America could be doing to help them. In this essay the topic of female incarceration is viewed through an intersectional lens in tandem with systemic racism and oppression. It begins with a personal narrative describing the life of a girl named Mar, who was wronged by the system, and moves into a discussion on the failings of our current system. This essay focuses on topics through the timeline of incarceration; entry into the system, life while incarcerated, and finally, life after incarceration. Each topic is discussed in depth and includes ways to improve standards for incarcerated women and assist them in receiving proper mental health care.*

## Introduction

All too often incarcerated women are overlooked by the system, stuck in a cycle of recidivism. The effects incarceration has on mental health are known to be detrimental to everyone. As a country, we need to focus on shifting back to rehabilitation and working on improving the quality of life of female inmates so they can return to society better off and avoid returning to prison or jail. Just because someone committed a crime does not mean that they don't deserve to be treated as human and given the mental health care they deserve. My research topic is focused on the mental health of convicted women, the

effects incarceration has on women's mental health, and what is being done to help them. The method I use to analyze this is through literature and personal narrative. America is not doing enough to ensure the mental health of female inmates or to allow them an adequate level of care, nor is it assuring that guards are trained in how to deal with mental health crisis, which can lead to worsened outcomes for many incarcerated women. My best friend was a victim of the system and cycle of recidivism, and I strongly believe that had she been given a proper mental health evaluation and allotted consideration for growth, she would still be here today.

### **Personal Story**

Mar was an incredible person. We met online in a support chat for people going through mental illness when I was 13 and she was 12. She had just come out from the hospital after jumping off a bridge in a suicide attempt. I learned that her life was much different from mine, surrounded by family and friends suffering from drug addiction and alcohol abuse. Mar herself was already abusing alcohol from a young age and got roped into dealing marijuana by her family. At such a young age, it's hard to go against what your family tells you to

do, especially when it's all you've known growing up.

Mar and I would spend endless nights conversing over FaceTime, talking about school and how she was on the softball team. Mar had a dream to play for a college team, get a scholarship and a degree, and make her life better than it was. She swore to me she only dealt marijuana and never smoked it herself. She smoked cigarettes and drank alcohol at only 13 years old and had a job working for a mechanic shop. Mar was living the life of a child in her 40s, at the will of her family. In an abusive household where her father fought her, she never had the home life she deserved. Still, she had hopes that things would get better.

By age 15 Mar was smoking weed, drinking consistently, and purchasing illegal weapons to keep herself safe from kingpins and other higherups who might try to come for her. She would get into fights all the time at school. This was her reality. We called each other almost every night. We made a deal that if I didn't hurt myself, she wouldn't smoke or drink. We were trying to help one another recover from our vices, but as children living states away, the reality was that that was never going to happen. I was in an abusive relationship and Mar was in love with me. In trying to save

one another, we only would end up hurt by the reality that addiction is too hard to break without the resources we needed. She never went to therapy; I don't remember it ever being offered to her even after her suicide attempt. Her abusive ex convinced her to start using meth.

At age 16 Mar was stabbed in the stomach. The drugs and the people she saw for them started getting more serious. She refused to go to a hospital, assuring me she would be okay. I still don't know how she survived. Mar was dealing harder drugs, heroin, meth, molly, whatever people wanted from her that she could get. At 17, she started heavily using hard drugs to try to escape reality. She was constantly high, struggling through high school and no longer playing softball. Everything had become about escaping reality and making enough money selling to do so. We talked constantly still, and she came to me asking what to do when her friend was overdosing. Mar saw the realities of addiction and hard drug use first-hand and still couldn't escape. She got into a car crash and lost her best friend. Mar faced a great deal of trauma at a young age. I can remember her fear when the cops were coming to raid her home for the first time. She had over twenty unregistered guns and was planning on

using one to kill herself while on FaceTime with me. I convinced her to put it down and talk to the officers. Somehow her grandmother called in a favor and her home was never searched. Mar got lucky, and we tried to take it as a second chance. This just shows how deep into things she was mentally, where she would rather die than face the justice system. Sometime after this, her ex-girlfriend kidnapped and killed her dog. Mar was distraught and never stopped looking for her until she found out a year later her best furry friend was gone. Trauma after trauma and never once did she seek help for her mental health. She didn't have insurance to cover it, and nobody was able to help her.

In March of 2018, her parents divorced and wanted her to go to rehab. They looked around but couldn't find anywhere willing to take her, as they were mostly full from court mandates. That month, two weeks after her 18<sup>th</sup> birthday, she told me she appreciated my concern for her and for always being there. She said that if it weren't for me she'd probably either be in jail or dead. I don't credit myself with this, but I do think that my discouragement of her use led her to want to stop. Mar genuinely needed people in real life who weren't addicts and sincerely cared about her. She needed help. Her parents saw that

but were too preoccupied to get her the help she needed, and I was states away. Mar was scared to have to leave, as she had been taking care of her grandmother who was going through chemo at home and didn't want to leave her.

When Mar was 18, suddenly she disappeared. I couldn't get a hold of her, and I thought for sure she was dead this time. I searched online for obituaries, and after a few weeks, I was able to find a record for arrest. She had five misdemeanors and a felony. The wild part is that the first time she was arrested, it wasn't for possession. Mar had gone over to the home of an ex's uncle's house to make sure he was safe after a close friend of his passed. He tried to take his car while under the influence, saying he wanted to kill himself. She was also under the influence but still was trying to help, so she took his keys and ran to her ex's apartment where they would be safe, and he could get them the next day. Mar broke into her ex's apartment after trying to contact her to let her in. It was at this point that her roommate called the cops. Knowing she was under the influence, Mar ran from the cops and blacked out for the rest. When she was able to explain what had happened, nobody wanted to press charges for the break-in, but the state had already taken the case and wouldn't

let it go. She was away in jail for a few months and released. Eventually, she got out and went clean for a bit off hard drugs.

About a month after that, Mar was driving around with her girlfriend at the time. Her old dealer had just given her a bag filled with 400 prescription opiate pills. She wanted to get out of dealing hard drugs and go straight and did not want them to end up on the street. They were on their way to dump them somewhere safe where they would not get distributed when her ex got pulled over by an officer. He smelled marijuana because her ex had been smoking in her car earlier that day. Mar took responsibility for the pills and took the blow for her friend, who had a large sum of marijuana in the vehicle, going off to jail for a second time at 18. While she was there, over a month of her time was spent in solitary confinement. When Mar came out, she was not the same person. Before she re-entered the system, she was completely ready to turn her life around. After her second stay, the drug use came back.

In January of 2019, when Mar was 18 years old, she was a month clean off meth before her relapse. After her relapse, she swore she was done and was down to only acid and marijuana, with intentions to quit acid as well. Mar kept

taking care of her grandmother when she wasn't incarcerated, making sure she had groceries and spending most of her time with her. She was arrested again for a technicality of missing a meeting with her parole officer that she was unaware of because the letter for the appointment had been sent to the wrong address. Mar was arrested based on a mistake of someone else. When she came out after this time, she was using worse than ever. We talked a bit less and Mar would message me when she was having clean streaks or relationships were changing for her. I thought she was doing alright, but the final visit to jail seemed to send her over the edge. The system had wronged her and never once mentioned anything about a rehabilitative service. It was an endless cycle of recidivism, worsened drug usage, and more trauma. I would often try to contact her and get responses days later after her bender was over. Her friends outside of jail were only leading her further to relapse, and Mar had no system on which she could lean on for help getting off drugs. After her charges for other things, many clinics would not take her without a court order.

In October of 2019, her uncle passed away. This was the last time I spoke with her. Mar was distraught, and my assumption is that she relapsed harder

than ever. I couldn't get a hold of her for a few days, and I figured she had relapsed and gotten into trouble with her PO or the law again. I went to search for her in the arrest records when instead, an obituary popped up. I couldn't believe my eyes. I had lost my best friend to an overdose. After years of trying to urge her to quit the hard stuff, she finally succumbed to it one last time to her own demise.

I can't help but think that if I had been there for her more, Mar might not have relapsed. I know now that I can't blame myself for her choices, or for what happened. The system was unkind, uncompassionate, and blind to her struggles with mental health issues. If a proper mental health screening had ever been performed, they would have known her history of life-long depression and suicide attempts. There might have been a chance if they had tried to treat the root cause, rather than throw her behind bars for repeated use and distribution. I understand that being a drug dealer comes with its consequences, but that doesn't mean that they aren't also people struggling through life just the same. Mar deserved better, and had the system tried rehab or mental health counseling, I firmly believe she would still be here. I believe that I would be able to finally give my

best friend, someone who saved me from myself more times than I can count, a hug as thanks for everything she'd done. That maybe she would've been able to get off hard drugs, get that education she wanted, or go into the military (another dream of hers in high school). Our system needs to look more closely at the people it takes in and ask them; are you suffering, how can we help, rather than simply ignoring their struggles and locking them up for a short period of time. We need to break the cycle. We need to save our friends, as their upbringing into a life of abuse, trauma, and crime should not dictate their need or eligibility for help. We are all worthy of proper mental health care and human empathy.

Mar, I miss you. This research is for you, in hopes that maybe someday our system will be run by people who understand.

### **Time in Incarceration**

The first step in helping women who have been incarcerated get the level of care they need is in screening for mental health directly upon arrival. While this is generally within the procedure for admittance, it is often not thorough enough to detect it in all inmates. A study by Teplin et al. (1997) based in Chicago found that, "Of the 116

subjects who needed mental health services, 23.5% received them during their jail stay" (p. 3). While this study was done in 1997, it is important to note that there is also over a 30 percent increase in female incarceration rates from 2000 to 2011 (Lynch et al., 2014). With the sudden high influx of inmates leaving fewer resources to assist them, the rates have remained similar. A study from 2017 noted that only 38 percent of women with mental health issues ever received treatment of any kind (Rodda & Beichner, 2017). This means that we are experiencing more inmates proportionately who have yet to ever receive care for underlying mental health conditions. In their study on mental health rates among female inmates, Lynch et al. (2014) found "91% (N=446) met lifetime criteria, and 70% (N=343) met 12-month or current criteria for at least one disorder" (p. 3). These extreme rates of inmates experiencing mental health issues leaves an already incredibly flawed justice system with nowhere near enough therapists and counselors to assist such populations.

There are many scales in existence that are used to assess mental health, but the most promising seems to be the DUNDRUM-1 and DUNDRUM-2. DUNDRUM stands for Dangerousness UNDERstanding, Recovery and Urgency

Manual. The DUNDRUM-1 and DUNDRUM-2 scales were created in 2013 by a group of individuals in Ireland to assess the need for care or hospital admission in inmates (Kennedy et al., 2016). The first known study of this being used to assess female inmates was performed in Canada in 2019 and was shown to be incredibly effective in assessing levels of need of care (Jones et al., 2019). If we were to implement this assessment upon arrival for all inmates, we could determine who needs what levels of care immediately. This would lead to a better chance of our female inmates receiving the help they need to get back on their feet.

Once the mental health assessment has been performed, it is then an issue of deciding where to take them, who to take and for how long they need this level of care. The issue at hand is that there are not enough mental health services for the general public, as many struggle yet few receive proper treatment. Governments are highly unlikely to distribute those scarce resources to those who have wronged their system, regardless of the fact that they need them at a disproportionately higher rate when compared to the general public. According to the Treatment Advocacy Center, “In 44 states, a jail or prison holds more mentally ill individuals than

the largest remaining state psychiatric hospital,” and in a 2004-2005 study it was found that jails and prisons held more than three times the number of mentally ill persons when compared to hospitals (2016, p. 1). This means that we are well beyond our capacity for individuals in need of care. Our country needs to start funding more hospitals and rehabilitative therapy programs, or we will worsen our mental health epidemic to an irreversible state. The intense disparity of required assistance and offered or available assistance is the main reason so many women are stuck suffering behind bars with no way to receive the help and care that they need.

### **Inaccessibility to Health Care**

This lack of available care is typically something that many women have dealt with for all their lives. Springer (2010) stated, “Black women (with a prison and jail rate of 348 per 100,000) were nearly two and a half times more likely than Hispanic women (146 per 100,000) and over 4.5 times more likely than white women (95 per 100,000) to be incarcerated” (p. 13). The high incarceration rates of women of color are often a sign of other disparities in this country that we need to address. “More than one-third of Latinas are uninsured (37%), over twice the rate of white

women (16%). African American women are also more likely to be uninsured (20%) than white women” (Wyn et al., 2004, p. 2). This lack of health care availability often leads to unchecked medical issues, including mental health.

While systemic racism runs rampant in this country, it is not only the discrimination from law enforcement that contributes to the higher rates of incarceration. The discrimination faced in all areas has an astronomical impact on the lives of these women. When receiving health care, they are more likely to be told they are exaggerating, be ignored, undertreated, misdiagnosed or receive an overall inferior level of care. One African American woman reported being told, “I need to write this prescription for these pills, but you'll never take them and you'll come back and tell me you're still eating pig's feet and everything” (Grady & Edgar, 2003, p. 393). Another woman learned from a new doctor that her other doctor had never examined her before, while yet another was told she needed a hysterectomy when she did not (Grady & Edgar, 2003, p. 397-398). When receiving health care, if you are dismissed with such ease when the issue is physical, it is even more difficult to feel you'll be believed when the issue isn't

corporeal. Add in the heavy stigma that mental health carries in today's society, and it's no wonder why women of color are so undertreated for mental illness. This lack of treatment often leads to a lifestyle that nobody would willingly choose, one of addiction and suffering through yet another system that doesn't listen.

Many people struggle with addictions, but those who tend to fall most susceptible are the ones who decide to use substances in a depressed or altered mindset (Magee & Connell, 2021). Individuals with depression are susceptible to fall victim to addiction as when anything is used to fill a void, it tends to become a crutch. This coping mechanism of self-medication is often used to cope with a variety of mental illnesses due to the lack of available care. Those in lower-income residences, those lacking health insurance, and those who have pre-existing mental health conditions may be more susceptible to drug and alcohol abuse (Lesser, 2021; Magee & Connell, 2021). This is often the case for many women of color who are within the U.S. criminal justice system. In many cases, this leads to a life of unintended crime by ways of DUI, charges of public intoxication, prostitution, stealing to support habits or doing things that they may not have

otherwise done due to being under the influence. According to Rodda and Beichner (2017), “Women in jail are likely to be single mothers with a history of substance abuse and victimization, who are poor, uneducated, and traumatized” (p. 2). They also remarked that although just 7.6% of the general population in the county identified as African American, they comprised 32% of the incarcerated population (Rodda & Beichner, 2017). The disproportionate rate at which minorities are arrested comes as no surprise as it is a long-standing systemic issue in the country, but the focus should also shift as to why.

### **The Effects of Long-Term Systemic Racism**

It is no secret that the United States has had a long history of racial oppression against Women of Color (WOC). The disparities at which they are arrested at such higher rates than white women can be traced back to slavery, as the oppression did not stop when people who were enslaved were made free. Black codes, vagrancy laws, and convict leasing are all ways in which the government sought to continue its discrimination against People of Color (POC) after slavery (Hinton et al., 2018). These laws sought to make it infinitely easier for POC to be arrested for things

as simple as going about their daily business. Though many of those laws do not exist today, WOC are still arrested at higher rates even as children. Not only are they arrested at higher rates, but they are more harshly punished than white children. “As with executions of Black and White women historically, Black girls today continue to receive more severe sentences than their White counterparts in the juvenile justice system” (Battle, 2016, p. 22). To punish children more harshly and arrest them at higher rates shows the true depth of racism in our system. The lives of WOC are still not valued at the same rate as white women, and it shows in how they are sentenced. According to research by Hinton et al. (2018), “Black people arrested on felony drug charges were still nearly twice as likely to receive a prison sentence compared to similarly situated white people” (p.5). When someone is nearly twice as likely to be sentenced for a crime solely due to the color of their skin, there is clearly an issue in our justice system. These disparities can also be seen in the modern-day lynching’s of WOC in their cells that go unrecognized.

Black women across the country including Sandra Bland, Kindra Chapman, Joyce Curnell, Ralkina Jones, Alexis McGovern, and Raynetta Turner, as well as countless

others that have not received national media attention, were all found hanged in their jail cells, a fate which presumably could have been avoided had they received social and legal protection (Battle, 2016, p. 22).

After all the discrimination these women faced throughout the process of arrest, sentencing and entering the system, they were wronged in the most unjust way. Unlike their white counterparts, these women must go through the added stress of fearing for their lives while in prison on top of trying to figure out where they went wrong. The ways in which systemic racism operates in this country make it so that WOC are not only arrested and charged at higher rates, but they also face more discrimination that may lead to their untimely deaths while incarcerated. Our system is built on the oppression and manipulation of WOC. Efforts to reverse the injustice are few and much too far between, making imprisonment a near-death sentence for WOC that goes unnoticed and underrepresented in the media. Without proper processes, ensuring the safety of these women cannot be afforded, which can lead to more mental stress placed on a disproportionate number of black women.

### **Lack of Understanding from Guards**

Prison guards, just like any Department of Criminal Justice worker, are often undertrained in how to handle a mental health crisis. This rang true in the research done by Teplin et al. in 1997, and still stands to this day. When someone acts out due to a mental health issue or has behavioral issues, they are often harshly disciplined and misunderstood. Houser and Belenko's (2015) research states,

Women with CODs are at the greatest risk of receiving sanctions that will either isolate them or extend their incarceration period or both. For many of these inmates, forced isolation will further deteriorate their clinical condition, which will arguably intensify the symptomatic nature of their disorder causing more problematic behaviors for correctional staff (p. 32).

This quotation perfectly describes the cyclical nature that is punishment for disruptions caused by unchecked mental health issues. Officers do not have the proper training to comprehend that some actions are the result of circumstances beyond the individual's control. This could be the case of a woman with PTSD hearing a certain triggering phrase and throwing something or starting a fight. They may

not realize that they are in a “safe” space away from imminent harm (likely because it does not feel like one) and snap into a trauma state. Someone with Obsessive Compulsive Disorder (OCD) or anxiety may be more likely to snap or break hard rules, because it goes outside of their comfort zone or their internal set of rules. Reacting to individuals who are struggling to adapt to a new way of living under a strict set of rules with harsh punishments may only further exacerbate the detrimental effects of the system on these women. Being put into isolation has historically been known to deteriorate mental health. As the aforementioned quotation indicates, this is often a punishment used for minor infractions committed by those with co-occurring disorders. This will only serve to hinder the healing process, not help facilitate growth to avoid similar circumstances in the future.

One proposed solution to this is from Parker’s (2009) research utilizing the training program created by the National Alliance on Mental Illness, or NAMI. This program contains five two-hour weekly sessions given to correctional officers introducing them to a wide range of topics (Parker, 2009). These include psychiatric disorders, the biology of mental illness, an overview of treatment for mental illness, how to

interact with those with mental illness, and a final review session taught by those educated in these topics. It is an integrative and interactive curriculum that seemed to have quite a positive effect on the number of incidents within the correctional facility. They were first administered in 2004, and the training was repeated in 2005. Nine months before the original training, there were 148 marked incidents of use of force by officers, while nine months after the second set there were 63 such incidents (Parker, 2009). It is noted in this study that prior to this specific training, these correctional officers had only been given around 2.5 hours of training on working with inmates with mental illnesses, a terrible ratio of time considering they were in training for more than three weeks (Parker, 2009). This study clearly shows that with just ten extra hours of training a year, rates of incidents that are potentially detrimental to an inmate’s mental health can be reduced by a great deal.

### **Life After Incarceration**

After initial screening and care for inmates during their incarceration, there is one final step that must be reviewed: life after incarceration. Most of the research that I examined did not follow up with inmates after they have been

discharged, much less focus on how they are doing in terms of mental health (Jones et al., 2019; Lynch et al., 2014; Springer, 2010; Teplin et al., 1997). A study in New Zealand shows that when women are referred to mental health specialists after release, two-thirds attended them (Collier & Friedman, 2016). They found that this may be promising in reducing the rates of recidivism and increasing engagement with mental health services in the community. It is hard when you have just been released from a hard-set, scheduled, and dictated existence into the wilderness of reality, especially when dealing with mental illness. Mothers may be trying to mend relationships with their children, daughters with their parents, and so on. This can be incredibly difficult without the proper guidance and help that can be provided by mental health professionals. Connecting inmates with resources and professionals outside of the correctional facility can help make it easier for them to assimilate back into society with a better chance of staying out of prison.

There are many changes that need to occur to give mentally ill incarcerated women a better chance at a better life. Screening methods for incoming inmates must be evaluated, standardized, and applied with vigor. They should be

thorough, making sure to use them not only upon arrival, but perhaps on a monthly or half-year basis to assure that any new development of mental illness can also be properly treated and managed. Each individual deserves a unique treatment plan with proper access to health care. Guards need to be trained on how to properly handle and comprehend situations that may occur with inmates who suffer from mental illness, as well as the circumstances that may lead up to these incidents. We need to make sure that, as a community, we are open-minded to those coming out of incarceration, not holding it against them. Once they return to the general population, there are resources that need to be in place to help them return to normalcy, including emphasis on therapy and counseling upon release. If we take better care of our women, we can reduce the cases of suicide, recidivism, and mental illness for these women and keep them united with their families. Women who have been incarcerated are people too. People with a past and present, and we should ensure their future is better than both.

*Dear Mar,*

*You were the best friend I never knew I needed. I wish there was a way I could tell you how much you meant to me today, and how*

*much of an impact you had on my life. This piece will show the need for reform in prisons and draw attention to the issues you faced, hopefully sparking change in the system. We need to change, we need to start paying attention to our women, especially those who have been wronged by the system. You were one of those women, and I refuse to stay silent while other relationships get destroyed like ours did. I know you are more in my memory than the drugs you did, the crimes you committed. I know you had a better view of life and what yours could be before, and I'm sure*

*you could have lived that after you got clean. The thing is, you never got the chance. I'm sorry there wasn't more I could do to help you through it, and that everywhere you turned, doors were slammed in your face. I write this paper in hopes that someone will read it and see the failings of our system, someone who can do something about it and make the changes the women of this country need and deserve. Nobody should have to suffer like you did. Thank you for the time I had with you, though it ended too soon, I appreciated every second of it.*

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# Varied Experiences of Fat Bodies

*This essay argues that the varied experiences of fat bodies are not reflected in the media or public spaces of our society. In creating a world that physically has no room for fat bodies and is socially unkind and unwelcoming, the varied experiences cannot be told let alone be allowed to be understood. Voices of those who are fat need to be uplifted to create more accessible spaces for all.*

## Varied Experiences of Fat Bodies

Fat bodies have a varied experience of moving and existing through the world. These experiences are not a monolith but exist on the fringes, leaving the world hostile and unaware of its existence and needs. In creating a world that physically has no room for fat bodies and is socially unkind and unwelcoming, the varied experiences cannot be told let alone be allowed to be understood. This has reduced fatness into small boxes that are poorly represented in our media, and the causes and reason for fatness completely become an individual moral failing. This allows for fatphobia to be an accepted practice in our homes, on our TVs, in doctor's offices, or anywhere else a fat person dares to be. There are growing movements to change societal views on fatness, but as the experience of being fat is not a monolith, not everyone can find a space there. Fatness is an identity and therefore intersects with and is informed by all other identities a person carries. That changes and creates lots of nuance in how one experiences the world and how the world experiences them. As there slowly becomes more acceptance of fatness, some fat people, those who can most conform to beauty standards built from white supremacist ideas, are being allowed into the mainstream while others are continued to be shut out. This small

acceptance, while welcome, does not break the oppressive structural forces that deny fat people access and so cannot be truly acceptance. To fight this and to create space for fat people, we must break the ideas that beauty is required to see someone's humanity and make them worthy of acknowledgement or conform to specific beauty standards that are tied to historically racist ideas and practice. In this essay I argue that there must be a concerted effort to allow for space and an active consumption of the stories and experiences of fat people.

### **The Morality of Being Fat**

Fatness in the United States has a history of being tied to the moral character of a person. Society, dominated by white Christian values, thinks if a person is fat it is personal choice. Personal failings have caused them to overeat and be lazy. In not conforming to traditional beauty standards, a fat person is a visible sign of immorality that can be tied to traditional White Anglo-Saxon Protestant (WASP) values. In *Fearing the Black Body*, Sabrina Strings (2019) examines popular women's magazines from the 1800s that extolled the virtues of Anglo-Saxon women. The articles instruct on the correct amounts to eat to please God as well as describe how "overeating was not just immoral and unhealthy but it could

also destroy their beauty" (Strings, 2019, p. 125). Strings places these magazines in context of the historic movements, two of the most prominent being the Second Great Awakening and the Temperance Movement. While these were predominantly led by men, women were the forces behind them, converting at greater rates and extolling the virtues of temperance the loudest (Strings, 2019). These popular magazines used the media to propel the ideas of Christian morality and the body. They also were able to uphold whiteness as the desirable beauty type, stating that fatness is only a beauty type "in some parts of Africa" (p. 134). From this we see how being fat was considered not only undesirable, ugly, and having poor moral judgment and self-control, but also made them only attractive to the subclass of Black people. By not staying thin you would be going against the values of the times and the will of God.

Since White Christians are the dominant culture, its values inform how, not just society, but government and corporations determine what is right or acceptable. When medical journals such as the *American Journal of Medicine* wrote about what was a healthy weight, it took its directions, not from doctors or scientific research, but from insurance companies such as MetLife that use its

insurer information to determine the scale of adult height and weight (Strings, 2019). This excluded bodies of those who insurers wouldn't insure (non-whites) and those who couldn't afford insurance. These medical journals were read and trusted by medical professionals who not only practiced medicine but held offices of influence. This informed doctors on how they practiced and instructed their patients on what was a healthy body. Also, it shaped what was and is promoted by the medical establishment as the ideal body type as these scales are the basis of the Body Mass Index (BMI), which medical professionals still use today to determine whether a person is overweight or obese.

In more contemporary times these value judgments on a person's character based on their weight can be seen in our popular media. In *What We Don't Talk About When we Talk About Fat*, Aubrey Gordon (2020) discusses how fat characters in books, movies, and television fit a narrative created by thin people for thin people. A few assertions Gordon writes as being the lens through which we see fat people are:

1. Becoming thin is a life accomplishment and the only way to start living a real, full, human life.

2. All fatness is a shameful moral failing.
3. Thinness is a naturally superior way of being.
4. Fat people who stay fat deserve to be mocked (p. 130).

Using these guidelines, there are limited narratives that a fat character could have. Collapsing the experiences of fatness, it becomes wholly who the characters are, similar to the title characters from television shows *Mike & Molly* or Kate Pearson from *This is Us* (Roberts., 2016). These character's stories are told from the perspective of failing at controlling their weight and therefore failing in their lives. In both these stories, the characters' narratives are started and propelled by their participation in weight loss groups. Gordon explains how the character, Fat Amy, from the movie *Pitch Perfect 2* (Banks, 2015), is characterized as sexual and her sexuality is played for laughs, as if the idea of a fat person being sexual or having any sort of sexuality and desirability is seen as a joke. There are lines played for laughs about Fat Amy having multiple exes, the idea being that a fat person having one ex let alone multiple is hilarious. When her body is accidentally exposed in the story, it is seen as undesirable and mocked openly (Gordon, 2020). Gordon also tells us

how fat characters are often villains of stories if a fat person is even to be included in a story at all, with fatness being an outward characteristic and sign of immorality in a person. These characters are played against thin protagonists who are afforded narratives with complicated character development, while the fat character is just a foil.

The idea of fatness as a character flaw lies deep in American culture as it has been threaded through our media. Consideration of the thought that fatness is just a simple physical characteristic of a person requires greater representation. Without it we are left with the assumption that fatness is inherently tied to who a person is and their moral fiber. Any moral failings they may or may not have would permeate thoughts and influence social interactions with fat people. By creating the space for fat bodies to be seen and their stories to be heard we allow who they are and how their experiences formed them be the basis of how folks interact with fat people.

### **The Many Sizes of Being Fat**

The experiences of fat people, like many oppressed peoples, vary on their closeness to the standards of the oppressor. The more a person can blend

in or “size down” their being to fit the mold of the experiences of those in the dominant group, the greater access that person has to public space and validation within that space. In this case, the closer one is to thinness, the more likely that person is shown in public spaces and many of their experiences outside of the norm are acknowledged. This creates a different experience of being fat for those who are different sizes that allows some more privilege than others. Individuals in many fat spaces use a spectrum to help describe the relative privileges some fat people have over other fat people. This spectrum was inspired by an interview Glass (2016) conducted with author Roxanne Gay on the podcast, *This American Life*, where Gay talked about her experiences of being fat and the ways this differs from another fat activist due to her size:

And then you have people who are-- I like to call them Lane Bryant fat, which means they can still buy clothes at Lane Bryant, which goes up to 28 in size. And they're the ones I find that are often the strongest cheerleaders of, this is who I am, and, you have to take me as I am and respect me because of my body not despite of it. And I admire that a great deal. But I think that it's easier to feel that way when you have multiple places where you can buy clothes and feel

pretty and move through the world (45:05).

Gay is explaining how there is a disconnect when comparing the lived experience of various sized fat people when there is limited access, or none at all, to the same spaces. For Gay, it becomes difficult to have self confidence in her and her body and reject any norms that her body doesn't conform with because it becomes hard to move through a world that rejects you.

It is easier to have confidence when you feel pretty if you have choices in clothes that are designed to look beautiful and not just cover your body. The clothing store concept of "Lane Bryant Fat " has grown more categories to help describe variances of fat bodies and the spaces they have access to occupy. Fat activist Ash of the Fat Lip podcast, created more categories to help name the differences in fat lives. Gordon (2020) breaks the categories down as this:

- Small Fat- 1X-2X, sizes 18 and lower, Torrid 00 to 1. Find clothes that fit at mainstream brands and can shop at many stores.
- Mid-Fat: 2X-3X, sizes 20 to 24, Torrid 2 to 3. Shop at some mainstream brands, but mostly dedicated to plus brands and online.

- Super Fat: 4X-5X, sizes 26-32, Torrid 4 to 4. Wear the highest sizes at plus brands. Can often only shop online.
- Infinifat: 6X and higher sizes, size 34 and higher, some Torrid 6. Very difficult to find anything that fits, even online. Often require custom sizing (p.9).

Using clothing sizes creates a more universal understanding of the sizes (everybody wears clothes) and helps give visuals to the body sizes that society talk about. Just by breaking the category down based on where one is able to get clothes, you can see a difference in privilege in ease and accessibility offered to those whose bodies are closer to the oppressing standard of thinness. So, while all folks who fit in these categories could be considered fat, the difference in experience between a small fat and an infinifat person can be more clearly demarcated. It gives space to recognize the experience of a small fat person while acknowledging how the experience of another fat person, like an infinifat, would be completely different.

### **Existing as Fat in Public**

While one might think that having a larger body would demand space in public, fat people find it difficult. From the availability of clothes above straight

sizes (plus-sized people have 2.3 percent of the clothing options straight-sized people do as of 2018), to seats in public spaces like at restaurants or theatres or classrooms, it is difficult for fat bodies not only to be comfortable in public but to exist (Gay, 2017; Gordon, 2020). In not having access to the public, fat people are pushed out of spaces. Simple things such as travel become physically and emotionally arduous as well as costlier for fat folks than for their thin counterparts. For example, airline seats have been shrinking for years as airlines try to maximize profits by fitting more seats on to planes. Since 1985, airline seats on the four major carriers in the United States were a spacious 19 inches, but this has steadily gone down to 17 inches as of 2018 (Spinks, 2018). This comes at the expense of not only the comfort of passengers, but the ability for fat people to even travel, as not only can they not physically fit in an airline seat, the solution that airlines have come up with is to have fat people buy a second ticket, doubling the already high cost of airline tickets. This makes air travel even more inaccessible. So, while fat folks have to contend with not being able to physically fit into public spaces, there is also the reaction of others who have to share the same space. Gordon (2020) describes one experience on an airplane

where the person seated next to her was visibly annoyed and upset at having to sit next to a fat person and complained to the flight attendants. The solution was for the flight attendants to ask another passenger to switch seats with the disgruntled passenger. The experience left Gordon's "body in a knot of tension, forever tightening, while I willed it to shrink" (p. 15).

Roxanne Gay (2017) writes of similar experiences of desiring her body to become smaller. She says, "I am hyperconscious of how I take up space. As a woman, as a fat woman, I am not supposed to take up space" (p. 171). Gay being not only of a marginalized gender but a fat person as well shows us how society reacts poorly to her being seen. She continues describing her experiences of being in public as trying to fold into herself so her "body doesn't disrupt the space of others... as if I have less of a right to be in the world than anyone else" (pp. 171-172). These negative experiences of being fat in public are not always as passive as not being able to fit in a chair, but the unwelcoming messages often come from the reactions of people to a fat body being in the same space as them.

Like Gordon's (2020) experience with the person seated next to her on the airplane, poet Rachel Wiley also writes of

harsh confrontations when being seen in public. In her poem, “But they say I will not Make it,” Wiley (2017) writes, “When you are fat (and I am fat) the streets are full of/ soothsayers/ telling you how you will die” (p. 1). Wiley writes how comments are seemingly invited just by the virtue of being fat from strangers on your health and specifically how, because of your size, your health is obviously not well. When your body is not welcomed into spaces (and by not creating seating for a certain sized body, you are creating the message that a body is not welcomed), it is difficult to want to or willingly to be in those spaces. If one were to invite fat people in, they would be asking fat people to allow themselves to be at the mercy of uncomfortable spaces as well as the moral judgment of others.

If seats were made larger and clothes beyond size 12 became widely available, there still would need to be a change in societal reactions to fat bodies. It is common for those familiar with or strangers to fat people to allow themselves an opinion on a fat person’s body. It is often couched in concern for health, or sometimes just an open expression of disgust. This can be seen in Gordon’s (2020) experience with her fellow passenger on the plane, or Wiley’s (2017) experiences in public. Fat people

don’t just need access to spaces, they need acceptance to being in that space.

### **Conclusion**

In this essay I have argued that to create space for fat people, we must break the ideas that beauty is required to see someone’s humanity and make them worthy of acknowledgement or conform to specific beauty standards that are tied to historically racist ideas and practice. There must be a concerted effort to allow for space and an active consumption of the stories and experiences of fat people. Without hearing the stories or creating space for fat people, there can be no justice for them. We increasingly marginalize fat folks even as the percentage of those considered obese in the United States increase. Limiting the amount of space one occupies blocks fat people from fully participating in life beyond their house. It is not only marginalizing but also it paints a false picture of what the world looks like. If there are no fat people in our media (and the few are there only for mockery, villainy, or to prove their worthiness by becoming thinner), and none allowed in public spaces, we actively paint over the existence of fat people. This means any contributions they have given to society

are not acknowledged or credited, and worse, we take away their humanity.

Fat acceptance cannot be tied to the racist beauty standards that have been with us for centuries. Fat people must have space created for them and by them to break the systematic oppression that tries to erase their existence. By listening to their experiences and then actively making changes to the spaces around us the lives of fat folks can move beyond the margins. In exploring how fat bodies

have been marginalized and excluded from public spaces, this essay shows the need for the dismantling and destruction of all societal beauty standards that uphold the oppression and marginalization of fat people as well as others in marginalized identities. We must make a concerted effort to allow for space for an active consumption of the stories and experiences of fat people to truly create a world that welcomes and values all bodies.

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# STOP: The Sexualization of Women & Girls

*This essay argues that the current mainstream Western beauty ideal in the United States both fetishizes the prepubescent female body and infantilizes the adult female body. This intersection works together to create impossible standards for women and girls and ultimately can perpetuate sexual violence against women and girls.*

## Introduction

Short hair. Body hair. Pubic hair. Makeup. Height. Relationship/sexual history. Societal beauty standards for women are constantly evolving. In my experience as a straight white cisgender woman, I have personally encountered and been affected by the Western standard of beauty. Men have told me that I wear too much makeup, that I am too tall, and that I don't shave nearly enough "to ever be able to hold a man down." These are three categories within the standard of beauty, but there are literally hundreds of more categories through which we place women into boxes and label them as traditionally beautiful or not, and do so in a way that is racialized, ableist, and ageist. As I have examined many of these categories, I have noticed a union between what we see as beautiful in women and the qualities of prepubescent girls. Additionally, within the media's sexualization of women and girls, there is a growing emphasis for young girls to appear more mature than their body or age reflects. This essay argues that the current mainstream Western beauty ideal in the United States both fetishizes the prepubescent

female body and infantilizes the adult female body. This intersection works together to create impossible standards for women and girls and ultimately can perpetuate sexual violence against women and girls.

### **How Beauty Standards Affect Us**

Bessenoff's (2016) research tells us that social comparison is a huge factor in self-esteem and body satisfaction for women. Media exposure to thin ideals relates to concerns about weight, body dissatisfaction, and behaviors of disordered eating. When we are told or expected to look a certain way and we do not fit that description, we feel dissatisfied with our bodies and either carry this dissatisfaction with us or attempt to change our bodies because of it. Bessenoff's work is framed by specifically thin idealization and representation of thin bodies in the media, however, it is valid to consider that the representation of women and women's bodies in the media, aside from only size, are real pillars upon which "real women" can and do compare themselves to others. For example, Chapkis (1986) frames this perfectly with Cathy's story of losing a breast to breast cancer, "I mean how can a woman with one breast try to match those ideas put out about how

we are supposed to look? I can't" (p.27). Women with one breast are not a specific demographic group I'm trying to bring attention to here, but rather, that being thin is not the most present and prioritized part of every woman's bodily insecurity. There is an intersectional approach to look at here; not every woman will be affected by the same standard of beauty. Through considering the intersection of multiple identities that make up every individual, we can better understand how certain standards affect women of all identity categories. Chapkis (1986) ultimately states that feminism should be about embracing diversity and difference, not ignoring it. Presenting this research without taking an intersectional approach on beauty standards and their impact would not be beneficial nor productive to this conversation. Beauty standards do not affect all women equally. The properties that beauty standards emphasize are simply unattainable for many women. For example, the Western standard of beauty is predominantly centered around thin, young, able-bodied white women. Many women are unable to meet this standard simply by virtue of their intersecting identities.

Patzer (1985) tells us that beauty cannot truly lie in the eye of the beholder when the same people are consistently being identified and recognized as more attractive than others. Being perceived by others as attractive is not necessarily a privilege; being attractive to others is not inherently a good or bad thing. For many, even most women, being perceived as attractive can lead to harassment in the workplace or catcalling on the street. That being said, Patzer (1985) brings attention to how understanding the way that attractiveness, in particular facial attributes, individually affects us, can give us a broader understanding of how the world works. In general, the more attractive a person is, “the more positive the person is perceived, the more favorably the person is responded to, and the more successful is the person’s personal and professional life” (Patzer, 1985, p.1). This notion of how your physical identity impacts your understanding of the world is reminiscent of epistemic privilege. This phenomenon tells us that marginalized identities can better understand how systems of power work and how they oppress due to their marginalized place within the system than dominant identities can

(Moya, 2001). If how attractive we are impacts our understanding and experience of the world, we have to consider the vice versa, that those who are perpetually seen as unattractive are seeing and experiencing the world differently than those society perceives as traditionally attractive.

### **Sexualization of Women and Girls is All Around Us**

“In a recent Twitter exchange, one activist mother called the sexualization of girls and women ‘the elevator music to American culture’” (as cited in Moloney & Pelehach, 2014, p.119). Objectified female bodies are inescapable in American, and more broadly, Western culture. Between social media, popular culture/media, and societal norms, those of us existing in Western culture probably have at least a handful of experiences where we could identify this objectification in excess. For example, there are a number of oversexualized toys marketed for young girls, such as baby dolls wearing revealing clothing and excessive makeup. These are not regular Barbie or Bratz dolls, they are toddler-aged dolls in adult clothing. This is only one example of the excessive objectification of female bodies. I think it is important to

mention that it is okay to appreciate women's bodies, especially bodies that are not frequently represented in mainstream media. Sexualizing baby dolls that are quite literally marketed for young girls as toys can send a dangerous message. The representations of women's bodies that we see throughout our childhood and lifetime is not something that affects us in the moment we consume it and then disregard once "real life" resumes. These representations leave lasting assumptions and implications about women --their appearance and their behavior-- that stays with us for longer than the screen stays on, or much longer than the dolls are in our usual toy rotation. It goes beyond after we log off Instagram.

Evidence for this long-lasting media ideology of women comes from Moloney and Pelehach (2014), when in 2011, undergraduate college students were shown news stories describing the use of "adult" clothing and makeup for young girls. They discussed an English department store called Primark and the U.S. clothing chain Abercrombie and Fitch, which both had recently created a line of padded bikinis for girls as young as 7 years old as well as a clip from *Good Morning America* of the rise of a 5-year-

old "makeup guru." When this group of undergraduate students, primarily 74% women, were asked why girls as young as seven need padded bikinis or why a 5-year-old needs to be an expert at makeup, they initially responded that the girls were "just having fun and imitating their mothers" (Moloney & Pelehach, 2014, p. 122). The instructor giving the presentation counteracted this response stating that this 5-year-old is learning two lessons very early in life: "(1) Her appearance is not satisfactory the way that it is, and (2) changing her appearance to match that of current adult female beauty norms merits her adulation and attention" (Moloney & Pelehach, 2014, p.122). Once the undergraduate students had this perspective presented to them and were introduced to Objectification Theory, there was a change in thought pattern. Fredrickson and Roberts (1997) illustrate Objectification Theory as:

Objectification theory posits that [sexual objectification] of females is likely to contribute to mental health problems that disproportionately affect women (i.e., eating disorders, depression, and sexual dysfunction) via two main paths. The first path is direct and overt and involves [sexual objectification] experiences. The

second path is indirect and subtle and involves women's internalization of [sexual objectification] experiences or self-objectification (p. 1).

It is important to understand the initial response of this particular demographic group is indicative of how deeply rooted our distorted concepts of women and girls are. There is a supplemental conversation to be had here: child beauty pageants. When young girls emulate adult female bodies, they are praised and given awards for their effectiveness as grown women. This phenomenon is expressing that when young girls are perceived as mature, adult women, they are more valuable than in their present, prepubescent bodies. More than the media, the objectification and exploitation of women's bodies is ideological and does not go away if we turn off our TV. The objectification of women's bodies is a social norm, an ideological state apparatus, it goes on even if we as individuals reject it. The objectification of women's and girl's bodies is fundamentally different from the sexualization of women and girls' bodies, yet they are interconnected. Objectification makes a whole person into an object for consumption, like in advertisements and prostitution. Sexualization makes something like a

person that isn't overtly sexual and creates a space where that thing is sexualized, like the bikini segment of child beauty pageants.

Bragg et al. (2011) analyze the part that consumer culture plays within childhood sexualization, with sexualized goods in particular. Products marketed for adolescents that embody sexual innuendos, gender roles, or sexualization of certain body parts, baked into their names or purpose, are deemed 'sexualized goods.' While searching for such products, they were few and far between. Regardless of this, young girls and adolescents are praised when they embody adult women characteristics. It is important to consider that products marketed for gender and products marketed for adolescents are not hard to find, but products for adolescents are not commonly sexualized goods. No condom company is selling 'teenage condoms.' This idea does not so much attribute that children and teens are not sexualized, but it leans us toward the notion that this sexualization is not for the 'benefit' of children or teens, but for another demographic group. "Although sexualization is usually presented as a relatively new phenomenon, there are significant

continuities with debates from earlier periods that we believe have similarly insidious consequences for girls in particular” (Bragg et al., 2011, p. 280). The ‘Let Girls Be Girls’ initiative which began in January 2010, was created in an attempt to stop retailers from selling products that ‘prematurely sexualize’ children. Let Girls Be Girls was created by an influential parenting website called “Mumsnet” (2011). Bragg et al. (2011) illuminate through use of focus groups that when we engage in discourse about the sexualization of children in our media, it is not being taken lightly by those affected: children and their parents. Even so, the resources that are readily available to parents on the early sexualization of children are lacking in sophisticated language.

Starr (2015) breaks down the lack of literature on early sexualization into three main issues: (1) Sensationalizing the issue with shocking stories or ‘sexy’ images/covers; (2) Overstating research findings and their application in regard to children; (3) A simple lack of research on early sexualization. In general, the rhetoric of these texts is not universally digestible. Parents, students, and researchers are looking for different things in terms of knowledge, research, and resources on

early sexualization. First of all, the research that does exist is predominantly centered on the United States. Research is also primarily focused on teen girls and women, yet it is being applied to young children without mention that this data may be vastly different in the experience of children. Starr (2015) brings attention to the fact that the objectification of women and girls in media is not solely consumed by and impactful on women and girls, but across people consuming media.

The APA Task Force on the Sexualization of Girls (2007) defines “sexualization” as when one or more of the following is present:

- a person’s value comes only from his or her sexual appeal or behavior, to the exclusion of other characteristics;
- a person is held to a standard that equates physical attractiveness (narrowly defined) with being sexy;
- a person is sexually objectified—that is, made into a thing for others’ sexual use, rather than seen as a person with the capacity for independent action and decision making; and/or
- sexuality is inappropriately imposed upon a person. (p. 1).

It is important to note that while this APA Task Force is criticized for a multitude of reasons, this particular definition of sexualization is referenced in a plethora of resources. Bragg et al. (2011) criticizes this definition for homogenizing a diverse range of issues that they consider to be a single phenomenon.

Commodified sexuality, meaning women's bodies are reduced to commodities or objects to be bought, sold, and owned, is brought to life through APA (2007) identifying similarities between both mediated and material forms of selling sex. This directly places the physical buying and selling of women and girls' bodies in the same arena as selling advertisements of women and girls' bodies. For example, both prostitution and magazine advertisements are examples of female bodies being bought and sold. In the United States, particularly within mainstream media, sexualized images of girls are undeniably prevalent. Due to this, women and girls are far more likely to be sexualized and objectified than men and boys are. Typically, both young boys and girls consume a lot of media. Lerum and Dworkin (2009) illuminate that, just because boys and men are not sexualized and objectified in the same

way or to the extent that women are, this does not mean that the media and societal norms aren't projecting other ideas about masculinity to men and boys. Aside from ideas about masculinity, the APA Task Force (2007) states that pornography may affect men's sexual attraction to women in comparison to the unrealistic standards of pornography. This exposure to objectified women and girls is happening at younger and younger ages, which is only further perpetuating the deep-rooted distorted perception of women and girls. APA points out that a girl's interactions with their parents, teachers, peers, and others typically reinforce the media-displayed messages: that sexualization is just part of being a girl, it is normal, natural, and unproblematic.

Self-objectification is a huge part of the sexualization of girls. Self-objectification is defined by APA (2007) as "girls internalize an observer's perspective on their physical selves and learn to treat themselves as objects to be looked at and evaluated for their appearance" (p. 17). The conversation of self-objectification, not specifically when it comes to girls, but women, revolves around a spectrum of pleasure and danger. Women are allowed to and

should be empowered in their bodies and should not feel ashamed for wanting/seeking out pleasure. Women's empowerment and women's risk of danger are not mutually exclusive concepts, they exist in conjunction. Assigning more value to one over the other, especially when risk of danger is framed as less important than women's empowerment, is problematic, especially for individuals with intersecting marginalized identities who are already at a higher risk of danger and discrimination. The APA Task Force recommends certain interventions for parents, teachers, and girls themselves. The most advocated-for topic within these interventions is increased media literacy curriculum in schools. With the growing state of social media and children's increased accessibility to it, media literacy curriculum is something that we can no longer put off.

Critiques of the APA Task Force on the Sexualization of Girls goes one step further. Lerum and Dworkin (2009) state that we must understand the context of this report in terms of the people it is coming from, where the sources are coming from, and who this information will ultimately impact, which is North American populations.

Lerum and Dworkin center their critique on the goals to facilitate sexual agency and pleasure, sexual rights, and sexual health for women and girls. The most effective critiques by Lerum and Dworkin are the conflation of objectification, sexual objectification, and sexualization, and the under emphasis on women and girls' sexual agency and resistance.

The APA Task Force (2007) frequently uses unclear language and places certain terms without realizing their ultimate implication of the ideas they are presenting. The under-emphasis on women and girls' sexual agency stems from the context of sexual objectification. Frequently, assumptions are made about women and girls' lack of sexual agency or lack of capability to have sexual agency. This critique does not belong to only this APA Task Force, women's sexual passivity is a centuries-old assumption of women's sexuality. The reason this was not addressed within the Task Force is because those who have been critiquing this notion of women's sexuality are more focused on the institutional and sociocultural systems that impact sexualization of girls and women than about generalizing specific demographic groups, i.e., women. This focus is not prioritized

by the researchers in the APA Task Force.

In an attempt to find how adults perceive the overt sexualization of girls, Díaz-Bustamante-Ventisca and Llovet-Rodriguez (2017) administered an online survey to adults that included several photos of girls aged five to twelve. When compared to the non-sexualized images of girls, adults critically undervalued the sexualized girls in the context of intelligence, social, and moral aspects. Díaz-Bustamante-Ventisca and Llovet-Rodriguez illuminate the fact that childhood sexualization is particularly negatively impactful on girls. It is important to consider the sample of survey participants as well as the potential difference in results of an online survey in comparison to in-person results. There is room for reaction time, consideration for 'the kind of response a researcher might want,' and ingenuine responses. The perception of sexualized girls, while undeniably present, continues to be criticized.

Doucouré released her first feature film in 2020, *Cuties*, and she received a lot of backlash against the film for exactly what it is critiquing about society, the sexualization of young girls. This is a French language film

about a group of pre-teen girls in a dance group. Amy, an 11-year-old who comes from a conservative Sengalese Muslim family, wants to join the dance group. We see Amy grapple between conservatism and sexualization, like the other girls in the group. But ultimately Amy takes this one step further and oversexualizes her dance moves in hopes that doing so will make the other girls like her more and be more interested in her participation in the group. *Cuties* (2020) is double-edged: it is shocking to see young girls in such a graphically oversexualized fashion, but this film would not have the same impact if we could not experience Amy's transition from conservative to quite the opposite. As an adult, it is uncomfortable to see girls sexualized in this way, but as a former girl, I understand the impulse to want to fit in. Amy is 11 years old. A lot of discourse on *Cuties* is asking why this young fictional character may have wanted to objectify herself using sexually provocative dancing. I would argue that some social or cultural force likely pushed her to feel obligated to match up with the other girls in school. There is a strong societal critique here by Doucouré (2020), however, it is difficult to see past the blatant sexualization of these real actors, real

children. The controversy of this film alone has interesting implications on the discourse on the overt sexualization of girls. *Cuties* was almost removed from its streaming platform, Netflix, and there was public outrage directed at Doucouré (2020). What is disturbing about *Cuties* is precisely why we must watch this film: to understand how childhood sexualization is rationalized and accepted into nearly every young girl's life.

When young girls are sexualized in these ways and it becomes increasingly normalized, we desensitize ourselves to sexualized images and ideas about young girls. This desensitization does not let us consider the implications of the rhetoric of young girls, their autonomy, and their lack of ability to consent. When many women feel expected to remove their pubic hair because the dominant standard of beauty tells them to, we must consider where this standard is stemming from. Young girls are expected to appear older, more mature, and “sexy” while grown women are expected to appear youthful and hairless. We are reserving and prioritizing beauty for able bodies that appear young. When we prioritize bodies that appear young, it pushes the narrative that bodies are only attractive when they are young. This is a

dangerous conundrum and can place young girls at risk of sexual violence.

**We Must Define Pedophilia  
Explicitly  
(Or, We must Examine the  
Relationship between Pedophilia  
and the Sexualization of Girls)**

Pedophilia is not, by definition, the abuse of children by adults. Pedophilia is the adult experience of attraction or desire for romantic or intimate affiliation to persons under a legal age of consent for an extended period of time (Seto, 2012). Historically, humans did not live as long as we typically do now. Breure (2013) uses this fact to state that the reason many men feel an attraction toward teenage girls is due to a biological response: they simply aren't pregnant yet. This fact is used to give a potential explanation as to why many men of all ages find teenage girls attractive. According to Breure's *Are All Men Pedophiles?* (2013), there are multiple subcategories under pedophilia, including exclusive, being an individual is only attracted to children, and non-exclusive, being an individual is attracted to both children and adults. Additionally, there are subcategories based on age 'preferences,' including infantophilia and hebephilia. Infantophilia is the

experience of attraction to children ages one to three, hebephilia is the experience of attraction to post-pubescent minors, usually around ages 15-19. However, pedophilia, attraction towards children going through puberty, is the most commonly used term for the experience of attraction to minors.

Prevention Project Dunkelfeld (PPD) in Germany is one of the very few clinical support services for child sexual abuse prevention in the world (Vice, 2019). PPD unfortunately does not have many emulators around the globe. There is a very different discourse on pedophilia in Europe than in the U.S. For example, there are European public service announcements regarding attraction toward children and resources to contact. This is not the rhetoric on pedophilia everywhere in the world. In the U.S., we do not see that kind of P.S.A. There is one doctor in the U.S. working for prevention of child sexual abuse, Elizabeth Letourneau. This is simply not enough. This lack of prevention and intervention resources combined with the normalization of sexualization of girls is putting children at risk.

In this essay, I have argued how dominant Western beauty standards

function to fetishize prepubescent female bodies and infantilize adult female bodies. I have also argued that the sexualization of girls and women can contribute to pedophilia. When we do not acknowledge or talk about this relationship, it prevents intervention. This topic is important because oversexualizing women and girls affects and harms more people than women and girls and is likely contributing to sexual harm of children in the U.S. In order to address this oversexualization and create a safer place for young children, we have to start addressing the sexualization and objectification of women and girls.

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# Looking into the Prevalence of Substance Abuse among the LGBTQIA+ Population

*In this essay, I explore the prevalence of and reasons for substance abuse among the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, & Asexual, or LGBTQIA+ community and ways to lessen the stigma and provide for more adequate treatment opportunities.*

## Introduction

In this essay, I explore the prevalence of and reasons for substance abuse among the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, & Asexual (or LGBTQIA+) community and ways to lessen the stigma and provide for more adequate treatment opportunities. This topic is important because marginalized voice and perspectives matter, and this topic has not nearly garnered the attention and research it deserves. I hope that readers will become more informed and educated on this topic, and hopefully feel compelled to inform others and spread the word. My research is comprised of a case study with a health professional who works at a community health center serving LGBTQIA+ populations, as well as literature to inform my findings. It is crucial as a researcher for me to acknowledge my location to my research: I do not identify as LGBTQIA+ or as someone in recovery, however, I double major in Alcohol and Sub-

stance Studies and Woman and Gender Studies, and I want to work with and feel a deep passion to learn and advocate for marginalized populations.

As a preface to the research, I consulted with Jess Cohen, a health educator at Trillium Health, which is a “Federally-Qualified Health Center Look-Alike” (personal communication, March 4, 2021). Trillium Health’s mission is to “promote health equity by providing affordable and extraordinary primary and specialty care, including LGBTQ+ health care” (Trillium Health, n.d.). I chose to speak with Cohen because Trillium Health represents a progressive stance on substance abuse treatment and LGBTQIA+ affirming healthcare, and Cohen’s insight is valuable in understanding factors that may lead to the prevalence of substance use among the LGBTQIA+ community. In addition, she helps give insight on different approaches to treatment and healthcare to better serve and support this community.

### **What is the Prevalence of Substance Abuse among the LGBTQIA+ Population?**

My research suggests there is not much dispute or disagreement among researchers that the prevalence of substance use among the LGBTQIA+

community is higher than that among the heterosexual population. Some estimates are as high as 20% to 30% (Hunt, 2012, p. 1). Further, Phillips et al. (2020) reference a 2015 national survey on drug use in which 41.1% of sexual minority women and 36.3% of sexual minority men reported drug use within the past year. Phillips et al. also acknowledge higher levels of substance abuse among the transgender community. They find that this population is difficult to measure, so researchers lack statistics pertaining to the research.

It is important to point out that the prevalence of different drug substances changes across different demographics, such as lesbian women, bisexual men, transgender women, and transgender men. I do not want to generalize or group together different populations who may face very different struggles, which is important to consider when reading this paper. Published research on the relationship between the LGBTQIA+ population and substance use is relatively modern. Studies lack generalizable numbers of sub-categories of participants for me to speak with certainty on different sub-populations within the LGBTQIA+ community.

The real question that I will be exploring is why LGBTQIA+

individuals may be at higher risk for substance use. If we are aware that the prevalence is higher, what are we doing to combat this and provide LGBTQIA+ identifying people the resources and help they need? Current literature only partially answers these questions, as research on the prevalence of substance use among the LGBTQIA+ population is lacking. More studies and research is needed to make any generalizable claims. So, I first want to walk through the multitude of reasons I've found in my research thus far that summarizes why the LGBTQIA+ community is disproportionately affected by substance use disorders.

### **Theories on Prevalence**

A re-occurring theory on why substance abuse among the LGBTQIA+ population is higher than the general population is the minority stress theory (Ferner et al., 2019). Drabble and Eliason (2012) suggest that minority stress relates to the internal and external factors relating to one's sexual orientation or gender identity that correlates with stress. Ferner et al. (2019) note that LGBTQ-related stressors may lead to negative mental health outcomes and associated maladaptive coping behaviors that include substance use. To give some understanding of what these

stressors may look like, Drabble and Eliason (2012) use the examples of internalized heterosexism stemming from feelings of shame, alienation, guilt, and isolation rooted in religious or moral attitudes of sexual and gender minority individuals. Drabble and Eliason also suggest that minority stress stems from external heterosexism that may look like harassment, discrimination, or violence.

To further understand this theory, Cohen gave insight into her observations as a clinician on different aspects that may contribute to the marginalization of LGBTQIA+ people, which in turn may lead to maladaptive coping mechanisms. Cohen was able to offer insight on why substance use prevalence may be higher among the LGBTQIA+ population, based on her clinical experience:

Through observation, I would say that stigma stress is a large contributor to alcohol and substance use in the LGBTQ+ community. Lack of family support, housing insecurity, food insecurity, the experience of discrimination, harassment, and bullying—all of these things can result in use of unhealthy coping tools. Internalized homophobia and transphobia can also increase alcohol and substance use, as it may lower inhibitions and soothe anxiety while folks are exploring their gender identity and/or sexual orientation (J. Cohen,

personal communication, March 4, 2021).

Stigma stress and minority stress can be used somewhat interchangeably, and the wording varies between sources (Chaney & Brubaker, 2012; Felner et al., 2019

). Another factor that contributes to this stress is “high rates of HIV and diminished mental health” (Chaney & Brubaker, 2012, p. 235). HIV and AIDS disproportionately affect LGBTQIA+ individuals than the general population and may add stress to their day to day lives. Adding to this, an analysis done by Klein and Ross (2014) finds that “more than 90% of LGBTQ patients had a co-occurring Axis 1 mental health disorder” (p. 311). For clarity however, it is important to note that this study only collected a small sample of data, and the sample was too small to look for differences between the LGBTQIA+ community.

Through analyzing the literature from different sources, it is apparent that the stigmatization and discrimination faced by the LGBTQIA+ population at a higher rate contributes and relates to the high levels of mental illness and substance abuse among this population. Despite this, other research indicated that minority stress theory (Felner et al., 2019) may not be the only reason behind

the prevalence of substance abuse among the LGBTQIA+ community. Cohen was able to give other insight on why she believes that the prevalence of substance abuse is higher among this community:

Normalization of alcohol and substance use within the community is also a factor. The biggest sponsors of Pride events often are alcohol companies—Absolut Vodka, Barefoot wine, Stolli, etc. It is common to go to a pride event and see freebies from alcohol companies being worn by both adolescents and adults. Free rainbow Mardi Gras beads are, of course, coveted by newly out teens. Most teens do not care that they also have a large sticker on the medallion advertising an alcohol company. Folks from marginalized communities like to see themselves represented in media, marketing, etc. Alcohol companies have been good at marketing to this community.

This is such a significant finding and was not something that I was familiar with prior to this research, but while reading literature, I came to find that this phenomenon has been going on for very long in this country and relates to the “gay bar” scene as well. Seinreich and Vairo (2014) note that substance use patterns at social gatherings and the availability of illicit substances and

alcohol at gay bars and clubs throughout history have served as social reinforcement for the use of these illicit substances for LGBTQIA+ individuals. Some of the literature (Phillips et al., 2020) suggests that gay bars may serve as a safe space for individuals to socialize and interact with other LGBTQIA+ people, and holds significant historical context. But, with the readily available alcohol and other substances at bars and clubs, I question if these spaces are actually catalyzing addiction for people in these communities. Both of these reasons for the prevalence among this community have been researched and studied. I believe that clinicians and researchers need to now apply what has been learned to developing substance abuse treatments that will better serve the LGBTQIA+ population.

### **What Can Be Done?**

Research suggests that there are many different ways that substance abuse counselling could be more effective to the LGBTQIA+ population. My interview with Cohen about the programs offered at Trillium Health informed me that the implementation of progressive, harm-reduction treatment options. I believe these methods need to be more widespread and universal in health care.

A significant study by Felner et al. (2019) used 59 qualitative interviews with individuals identifying as LGBTQIA+, who met criteria for a substance use disorder, to conceptualize their substance use and how it related to their identity. Based on the findings of this study, Felner et al. provided treatment recommendations for health providers working with the LGBTQIA+ population:

Providers should explicitly address experiences of multilevel LGBTQ-related stressors and sociocultural influences and concurrent substance abuse during identity development...Identification of harmful or avoidant coping strategies may be especially useful for preventing the development of substance use disorders among young adults (p.118).

My interpretation of the preceding statement is that clinicians need to incorporate the clients gender identity or sexual identity, or both, and the experiences that go along with that identity into counselling, as it can be a very important part of treatment and healing. Felner et al. (2019) also suggest that “providers should embrace ‘cultural humility’ as a guiding approach to their interactions with clients” (p. 118). The research notes that in many states across the United States, the number of hours

of cultural competency required for clinicians is fifteen, as well as yearly ongoing competence of twenty hours (Seinreich & Vairo, 2014). I do not believe this is enough, and I emphasize the importance of ongoing education when it comes to counselling different marginalized groups.

Another suggestion Felner et al. (2019) makes pertaining to counselling considerations is that “providers should stay abreast of current LGBTQ rights-related policies, because they may profoundly affect clients’ mental health and substance use” (p. 118). Their research suggests treatment providers should inquire about the clients’ social network and support as well as the type of role substance use plays in their interactions (Felner et al., 2019). This relates to the idea of gay bars and the prevalence of illicit substances available in these spaces. The last suggestion Felner et al. make is that treatment facilities be welcoming and open to LGBTQIA+ people, using LGBTQIA+ affirming practices with clients. This would include the provision of gender-neutral bathrooms, LGBTQIA+-specific reading materials, LGBTQ-inclusive screening procedures, more options on questionnaires than just female, male, or other, as well as HIV preventative health care. Those are just a

few examples, but there are many more small and big changes that could be implemented in treatment facilities to make them more inclusive and welcoming. It is important to acknowledge the limitations in Felner et al.’s study, as it only included 59 participants. This sample size is not generalizable, but the study still yields important knowledge that is relevant and useful.

Through conversation with Cohen, I was able to further understand that her position at Trillium Health includes “providing education to health care professionals with the aim of reducing healthcare disparities experienced by LGBTQ+ communities” (personal communication, March 4, 2021). Cohen told me about multiple Trillium services offering gender affirming and inclusive options, such as: Transgender affirming primary care, Hormone replacement therapy, trans-specific medical care, an LGBTQ+ Care Manager, trans support group, behavioral wellness, letters for surgery (for patients only), name change and gender marker assistance, Coming Out Kits for individuals and families, a Sober Space program aimed to increase sober socialization outside of the 12-step groups, specialty care for those with HIV/AIDS, as well as off-site gynecological and wellness care, and the

MOCHA center. The MOCHA center stands for “Men of Color Health Awareness Project” (Trillium Health, n.d.). It began in 1996 to serve a more specific population of men, but partnered with Trillium Health and expanded its services into a community health center for LGBTQIA+ People of Color (Trillium Health, n.d.).

Trillium also offers a harm reduction program that offers “safe disposal of used syringes, acquisition of new, unused, clean syringes; referral to local substance abuse treatment; Opioid-overdose-reversal kits and education (Narcan); and education on safer injection, including access to new ‘works’” (J. Cohen, personal communication, March 4, 2021). For context, the works are the “kit” that people use to take certain drugs, such as a spoon, syringes and other supplies to ingest drugs. As can be seen from the multiple services offered at Trillium, they strive for inclusivity among many different underserved communities in Rochester, NY. Trillium continues to expand their services through application of many of the recommendations of Felner et al. (2019) to their ethics, such as gender expansive and inclusive healthcare as well as the provision of safe and sober spaces for LGBTQ+ people to connect and

socialize. Trillium’s harm reduction approaches to addiction, such as needle exchange, are approaches still considered to be somewhat taboo in the addiction community, due to the view that abstinence is the only goal in treatment. Trillium Health reflects a very progressive stance on substance abuse and how we can more effectively counsel and support the LGBTQIA+ community. Trillium Health models a clinic that every clinic should strive for in terms of cultural competency and expansive and inclusive health care.

### **Obstacles to Progress**

There are many barriers to access to this kind of health care. Research suggests that an aspect that affects access to more affirming health care is location and demographics. Willging et al. (2018) note that the distance an individual lives from services and resources can be a barrier for LGBTQIA+ individuals seeking culturally competent treatment. In addition, social support from other LGBTQIA+ peers may not be available in more rural areas, as these individuals may not be comfortable being visible. Another obstacle Cohen faces in her job is funding:

This is a grant-funded position, so money is always a barrier. Additionally, our agency is able to provide many of

the patient-centered services through 340-B funding (NY prescription drug reimbursement program) that is now in danger of being axed in the state budget (personal communication, 2021).

Only one of these barriers could make it harder to access treatment, but if you are struggling with both money and a rural geographic location with inadequate resources, it would be incredibly difficult to seek the medical care you need.

Another obstacle for people seeking effective treatment is the view that insurance companies may have on substance abuse treatment. Cohen explains:

It is frustrating that folks are kept from adequate treatment because of financial and insurance limitations. If insurance companies said that folks with breast cancer only were able to access 28 days of care per year, there would be outrage. We need to step away from the idea that addiction and/or recovery is a choice. In my opinion, even within some recovery communities, there is an enormous amount of responsibility put on an individual for 100% of their recovery. Telling someone that they relapsed because they “just didn’t want recovery” is not helpful or true. Do we continue the current substance use/dependence treatment protocol because it is truly what we think will help folks recover, or is it because there

are external limitations (such as insurance, financial, etc.) that prevent us from providing care that people need (personal communication, 2021)?

Cohen’s insight was truly invaluable to me from a clinician standpoint, as I do not have much familiarity with insurance coverage. Putting it in a perspective of what insurance covers pertaining to cancer versus substance abuse treatment helped open my eyes to how systemic the stigma on addiction is. Some individuals may need treatment that spans months to years, but may not be able to have this continuum of treatment which may contribute to more inadequate treatment outcomes and possible relapse.

### **Intersectionality**

An important variable in the lives of many LGBTQIA+ individuals is intersectionality. The term intersectionality was coined by Kimberlé Crenshaw, an activist and law professor, over three decades ago (Satovec, 2017). In Crenshaw’s own words, “race, gender, and other identity categories are most often treated in mainstream liberal discourse as vestiges of bias or domination—that is, as intrinsically negative frameworks in which social power works to exclude or marginalize those who are different” (1991, p. 1242).

It is crucial to my research to include an intersectional perspective on the prevalence of substance use among the LGBTQIA+ population, as many people have multiple, intersecting identities that can be oppressive. Seinrich and Vairo (2014) suggests that non-white LGBTQIA+ individuals may be using substances as a way to cope with not only oppression pertaining to their sexual orientation, but racism as well. Understanding the relationship between intersecting factors of identity and substance abuse prevalence is important in conceptualizing a solution.

LGBTQIA+ people of color are an understudied population, and finding research that pertains specifically to this population is few and far between. However, I was able to find some significant research that shines light on these intersectional experiences that many face. A first important note to make is that although African American and Latinx populations have lower rates of illicit drug use than that of white individuals, the rates of arrest and length of sentencing is disproportionately affected by people of color (Drazdowski et al., 2016). Although arrest rates do not specifically pertain to LGBTQIA+ people of color, I argue that this population is disproportionately impacted by racism in the prison industrial system,

which makes LGBTQIA+ individuals more vulnerable in this regard. Reflecting on minority stress (Felner et al., 2019) and how LGBTQIA+ people of color may face this stress in two or more aspects of their identities, and then compounded with the threat of going to prison and being disenfranchised at disproportionate rates, I believe that this population will stay at a disadvantage until society changes in major, systemic ways. The MOCHA Center is one Trillium Health resource that Cohen shared with me. Cohen explained that “the MOCHA Center, located at 470 West Main Street, provides LGBTQ+ communities of color a safe place to network, socialize, and address any health issues you face” (personal communication, 2021) Resources like these can be crucial for LGBTQIA+ people of color to find support and community. I suggest that resources like the MOCHA Center need to become more widespread in this country. You cannot grow and thrive as a person if you are not supported, understood, and validated.

Another aspect of intersectionality that may lead to oppression of individuals in treatment is the possible lack of diversity in clinicians. Dominguez (2017) observes that diversity among clinicians’ identities

continues to lag behind the growing diversity of the general population. This lack of diversity among clinicians may lead to cultural mismatching in the client/clinician relationship, which increases the likelihood of miscommunication and inadequate treatment outcomes for these individuals (Dominguez, 2017). Speaking from knowledge gained as an Alcohol and Substance Abuse Studies major, I have learned that the therapeutic relationship between client and clinician is a crucial part of recovery. Without that strong therapeutic foundation, I cannot conceptualize treatment being as successful, which leads into the increased need of cultural competence for counselors. As stated above, the requirements for counselors in most states are between 15-20 hours as well as yearly ongoing competency trainings, but I think it goes beyond that. To become culturally competent, you need to possess cultural sensitivity, humility, and competency (Dominguez, 2017). Cultural sensitivity pertains to “the clinician’s approach to patient interactions, encouraging a constant awareness that cultural differences exist, with a desire to understand them without passing judgement” (Dominguez, 2017, p. 207). Sensitivity comes from discarding the view that

western ways of living are the norm and best practice, and making the effort to understand a different lens and worldview based on their experiences.

A last aspect of intersectionality I will discuss is the identity of being LGBTQIA+ with a low socio-economic status and seeking substance abuse treatment. Coming from a low socio-economic status can create many barriers when trying to access treatment. Knowing the barriers and available resources for this population may lessen the gap of adequate treatment. Through my research on this topic, it seems that results are limited. More research needs to be done to draw any hallmark conclusions.

Ross et al. (2018) analyze mental health experiences and the outcomes of LGBTQIA+ individuals living in poverty in ways that relate closely to substance abuse treatment. The data suggests that LGBTQIA+ individuals living in poverty are correlated to employment discrimination and other disruptions of education or employment related to mental distress (Ross et al., 2018). There are many other factors that intersect and that may point to why LGBTQIA+ people face poverty and may be unable to access adequate mental health treatment. The findings of Ross et al. (2018) suggest that access to mental

health services may not be the main disparity for individuals with intersectional identities, but instead, having unmet needs during health care relating to complex intersecting identities. This relates to the counselling considerations discussed previously regarding the need for clinicians to be culturally sensitive, competent, and also demonstrate humility. Another aspect discussed in the literature is the stigmatization that low socio-economic people may be incorrectly labeled as lazy or unmotivated and therefore undeserving of government assistance (Ross et al., 2018). This notion, compounded with the stigma surrounding LGBTQIA+ identities, may be compounded for individuals with complex, intersecting identities and might lead to further oppression. The literature emphasizes the need to counteract the stigma by highlighting the resilience and hard work of low-income LGBTQIA+ individuals to succeed and thrive.

### **Call to Action**

Now that you know all this information, the question is, what can you do to combat these disparities? As a student, I cannot help but feel powerless at times to these systemic issues in our society. However, I find my voice in writing and

speaking on topics that I am passionate about. This essay has been a very empowering process to speak on behalf of individuals who may not share the platform. I asked Cohen what she believes we can do to make meaningful change and end the stigma surrounding LGBTQIA+ oppression and addiction issues:

Continue to talk about alcohol and substance use disorders. I often speak about addiction as I would any other illness/disease. I think it is important to not de-humanize folks living with alcohol and substance use disorders. But everyone is someone. Just as cancer may make someone incredibly ill to the point of being almost unrecognizable, the same is true for addiction. But that doesn't mean that folks will stay ill. We just need to continue to support and increase access to treatment.

The compounded and complex identities that I have discussed based on my research may lead to de-humanization of individuals, and that is a harmful and oppressive mindset. To create meaningful change surrounding addiction, we need to look for the root of what may cause individuals to start using substances. Identify where, as a society, we can better support these individuals both before and after substance use. This may include funding

continued research on substance use disorders as well as the clinics supporting LGBTQIA+ and low-income individuals such as Trillium Health. It also may include educating yourself on LGBTQIA+ issues and terminology, as well as having tough conversations with friends and family who may not understand. The way we lessen stigma is by normalizing conversation on LGBTQIA+ issues and speaking up for others whose voices and perspectives have historically not been listened to and valued.

What can you do? Where in your community can you have an impact? Who is responsible for making change in your network? What resources are available in your community for LGBTQIA+ individuals? From the wise words of Nelson Mandela: “We can in fact change the world and make of it a better place” (2009a), and “It is in your hands to make a difference” (2009b). Thank you for taking the time to read this, and I hope you feel empowered to make change.

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# Is Our Medical Community Failing Women? The PTSD Epidemic among Women in the United States

*PTSD has become fairly recognized within the United States Medical Community. Experts have begun to expand PTSD research beyond the confines of PTSD due to war and have begun looking at PTSD in the civilian populations. Due to this advancement in research, we now know that certain identities, like gender, can put someone at a higher risk for developing PTSD. In this essay I argue that even though we are aware that gender, and more specifically being a woman, can increase someone's chances of developing PTSD, we still see women being misdiagnosed and mistreated by medical professionals. I examine this perspective through an analysis of current PTSD literature regarding women and compare it to my own experience as a young woman who sought out PTSD diagnosis and treatment.*

## Introduction

Post-Traumatic Stress Disorder (PTSD) is a complex anxiety disorder often correlated with men and war, yet those most affected by PTSD in the United States are typically women who have never fought in or been victim to a war (Mayo Foundation for Medical Education and Research [MFMER], 2018). Experts have begun to expand PTSD research beyond the confines of PTSD due to war and have begun looking at PTSD in civilian populations. Due to this advancement in research, we now know that certain identities,

like gender, can put someone at a higher risk for developing PTSD. So, why is there still this myth of PTSD being a “veterans’ disease?” As the PTSD poster child, men seemingly have easier access to diagnosis and treatment, all while women seem to slip through the cracks of the system. In this essay I argue that even though we are aware that gender, and more specifically being a woman, can increase someone’s chances of developing PTSD, we still see women being misdiagnosed and mistreated by medical professionals. Not only are women’s PTSD symptoms being dismissed for “lesser” mental illnesses, but we see that women’s symptoms are sometimes ignored by their medical providers. In exploring the professionals’ failure to listen and properly diagnosis women, I look at how negative gender stereotypes about women are not only deeply embedded in our society, but also question if they are rooted in standard PTSD treatment. By invalidating women’s experiences, we are not only reinforcing gender stereotypes, we are creating a mental health epidemic among women. I examine this perspective through an analysis of current PTSD literature regarding women and compare it to my own experience as a young woman who sought out PTSD diagnosis and

treatment. Before continuing, I would like to take a moment to acknowledge the limits of my perspective. I am a queer, white, woman who was raised with access to health care. I experienced barriers when seeking out help, which is where my interest in this topic is rooted. The barriers that I faced are not and will never represent all of the barriers that women may face when seeking out PTSD treatment. My perspective may be limited due to how my identities affect my experiences in the world, but it is not meant to erase other women’s perspectives. My intent is to share my perspective as a woman to help encourage other women of various backgrounds to come forward about their own experiences.

### **What is PTSD**

To truly understand the gendered differences in PTSD treatment we must first understand what exactly PTSD and gender stereotypes are, how someone may develop PTSD, and how gender stereotypes interact with this. Once known as combat fatigue, PTSD is described as “an anxiety disorder that can occur after an individual experiences a traumatic event such as a combat experience, a motor vehicle crash, physical assault, or sexual assault” (Coughlin, 2013, p. 1). Typically defined

by symptoms like intrusive thoughts, avoidance, memory problems, feelings of detachment, and changes in physical and emotional reactions, PTSD can become very debilitating for the person suffering from it. For a PTSD diagnosis to occur, you must be experiencing one or more of these symptoms not only for at least a month, but they must be considered severe or debilitating (MFMER, 2018). According to the American Psychiatric Association (APA), most people develop PTSD within three months of a traumatic event(s), but this incubation period is different for everyone, sometimes taking months to present itself. Experts at the Mayo Clinic recommend that you seek out treatment as soon as you notice a persistence in these symptoms to help prevent the potential worsening of these symptoms. The recommended treatment for PTSD varies depending on what you and your medical provider are comfortable with. Some of the most common treatments for PTSD are antidepressants and anti-anxiety medications and psychotherapies like cognitive therapy.

For the best possible outcome, the APA recommends that you not only seek out professional help but that you use a combination of medication and psychotherapy. On top of all of this,

there are also other health conditions and mental illnesses that can be associated or develop due to PTSD. Some of these conditions include but are not limited to: major depressive disorder, bipolar disorder, eating disorders, stomach ulcers, and suicidal ideations (MFMER, 2018). PTSD can not only trigger other illness in the short term, but there has been speculation that there could be some detrimental longer-term effects of having PTSD. Probably the most shocking and scariest correlation found between PTSD and illnesses as a result of it was in a study done by Sumner et al. (2017). Sumner et al. found that middle aged women who exhibit advanced and complex PTSD symptoms showed signs of lower cognitive abilities, having slower response times and presenting issues with information retention. Sumner et al. theorize that if PTSD, and trauma in general, can have an effect on your cognitive functions, then it may also play a role in the development of other diseases that attack your cognitive function like Alzheimer's. If you are middle aged and had been unknowingly dealing with lower cognitive functioning without treatment for a long period of time, it would make it much easier for something like Alzheimer's, which breaks down your brain and inhibits

cognitive abilities, to develop (Sumner et al., 2017).

### **Gender Issues and the Medical Community**

Stereotypes are beliefs and images about certain communities that are then generalized and meant to represent that community as a whole. While they may seem harmless, stereotypes end up having a lot more power due to their negative connotations and value to society. Stereotypes can be used to hold back and police the very community that it affects. When talking about gender stereotypes, we are talking about the negative beliefs and implications about someone based on their gender identity. So, when looking at gender stereotypes in the medical community, what we are looking at is how these stereotypes in society may affect a woman's experience when seeking out medical treatment and more specifically, PTSD treatment.

Gendered stereotypes and bias have played a large role in medical research and in medical practices. This is very concerning, as not only can assumptions about one's identity lead to misdiagnosis, but it can be very dangerous for the patient depending on the circumstances (Munch, 2006). Up until about the 1970s, when the second wave of feminism in the United States was

beginning to peak, women did not really have a say in the treatment that they received from medical professionals. They were not able to advocate for themselves in a medical setting; they did not have access to their own medical records, and they were not included that often in medical research. Gender stereotypes and sexism were so deeply embedded in medical practices that there was actually a belief that women were biologically programmed to be feminine and, if they had reproductive issues or complained of them then they were rejecting their "inherent" femininity. This is one of many claims that were made about women in the medical community and like so many other medical myths, was believed to be true until being debunked after the feminist medical movement in the 70s and 80s. Medical beliefs like these are the very ones that can be very dangerous for women (Munch, 2006).

It was found in the 1980s that gender bias extended well beyond reproductive issues. Activists' focus began to shift. Munch (2006) found that women were often underrepresented or not represented at all by medical research. In a study about heart disease and aspirin, it was found that while the information gathered was applied generally, it did not actually work for women (Munch, 2006).

Experts found that aspirin was not as helpful in preventing heart disease in women as it was men. On top of this, doctors actually pursue less aggressive treatment for diseases, such as heart disease, in women despite the fact that there is not real medical proof that this is necessary (Munch 2006). While yes, different treatments work for everyone, how does this justify giving someone a less aggressive treatment due to their gender? Munch (2006) ends up drawing the same conclusion as many other scholars when examining gender and that is, medicine has come a long way, but we must remove gender stereotypes and gendered practices from medicine in order to ensure that everyone is getting proper treatment when they need it. This presumes that the woman seeking out treatment even has insurance coverage. Women have lower rates of access to healthcare, something that worsens as you begin to factor in race and class (Travis et al., 2012).

### **Gender and PTSD**

Not only do women have to overcome the barriers of stigmas related to mental illnesses such as PTSD, but they also have to deal with negative gender stereotypes that may affect the treatment that women receive (Mizock & Kaschak, 2015). Gender stereotypes not only play

a role in the treatment of physical illnesses but also mental illnesses such as PTSD. This can make seeking out PTSD treatment much more complicated and even exhausting for the woman seeking it out. The literature on PTSD and its interactions with gender are somewhat limited, but we do know a few things. Even in female veterans there are issues obtaining proper PTSD treatment from the Veterans Affairs (VA) (Murdoch et al., 2003). Murdoch et al. found that in a comparison between combat veterans and civilian sexual assault survivors, the sexual assault survivors had higher rates of PTSD, yet combat veterans were more likely to receive PTSD treatment and referral. While gender did not play a role in referral rates, it still had a significant place in this study because while combat veterans are referred for PTSD treatment regardless of gender, those most likely to experience higher levels of combat in the military are men, and women have the highest sexual assault rates in the United States. Also, female veterans who have experienced sexual assault while serving in combat roles have the highest rates of PTSD. Though, interestingly enough, if they report this sexual assault and PTSD symptoms from this assault, they are still less likely to receive or be referred for PTSD treatment by the VA as their symptoms cannot as “easily” be linked back to trauma from

serving in the military (Murdoch et al., 2003).

Regardless of military status, women who have PTSD not only are prone to develop physical and cognitive issues as a result of their PTSD, but we also see a development in social issues in these very same women. According to Sandberg et al. (2009), women suffering from PTSD are less likely to seek out interpersonal relationships, both romantic and platonic. They seem to develop antisocial behaviors due to severe anxiety behind this very relationship development. These women, who may have once flourished in a social setting like a college, now struggle to find a place and may not excel like their peers. Sandberg et al. (2009) conclude that a lot of this avoidance comes from the fear of experiencing new traumas, even if the woman does not notice it herself. There has been some more recent research exploring the possibilities of PTSD prevention because prevention is just as important as treatment. It has been found that there is an issue with getting women who face trauma the help they need at the time of the trauma (Sullivan et al., 2018).

If a woman is assaulted and goes to the hospital for medical services, she is given, or should be given, a full medical exam. This full medical exam covers

everything physically but fails to really address her mental health and where it may be in that moment and afterwards (Sullivan et al., 2018). It is believed that PTSD can be prevented or reduced if we provide adequate and timely mental health services as when a woman reports a trauma such as sexual assault (Scott et al., 2018). If we do not provide mental health services from the time a trauma like assault is reported, then how are we to guarantee that these people will be normal afterwards? Especially when we are so aware of not only PTSD and how to treat it but that in some cases it can be prevented. Sadly, due to these misinformed practices, a woman's PTSD diagnosis often comes much later in life after being diagnosed with another anxiety related disorder first, and that is if they even seek out a second opinion (Scott et al., 2018).

### **Reflection on My Experience Seeking Out PTSD Treatment**

Since about the age of 12, I have been seeing therapists and doctors seeking out treatment for what my family and I believed to be anxiety and maybe some depression. These diagnoses and the treatments never seemed to do anything for what I was feeling. Instead they seemed to dismiss how I felt. An anxiety diagnosis, in some ways, made sense. I

experienced anxiety attacks and felt nervous or uncertain about the future. But it did not feel as if everything that I was experiencing could be addressed as general anxiety. My symptoms felt too intense for anxiety. I was constantly on edge, terrified of loud noises or sudden movements, struggled to speak to people who reminded me of my abusers, and to this day, struggle with nightmares. I spent years complaining of these very symptoms and chasing a diagnosis that felt right because “normal female anxiety” did not feel like a good fit. Looking back with the knowledge that I have now, I had very clear signs of PTSD, but my doctors always passed it off as me just being a “normal anxious girl.” Never once did they or any therapist think to look deeply into the anxiety that I was feeling and how it was truly manifesting itself. Instead, they took my nightmares and severe anxiety that was seemingly triggered by nothing and just boiled it down to me being a girl. It was always just, “this is what being a girl is like” or “women are naturally anxious, you will get over it one day.” How are nightmares multiple times a week, not being able to eat because my stomach constantly hurt, and feeling as if the walls are always closing in, just a part of being a girl? How is this normal?

It wasn't until I was a freshman in college when I began to find my voice and demand to see someone new, that I was able to get my diagnosis of PTSD. This diagnosis was life changing. In some ways it was so liberating, but in others, it was crushing. PTSD was not like anxiety; I could no longer reduce my feelings to being just a “girl,” which was something that I had heavily internalized and relied upon for comfort for many years. I instead had to come to terms with the fact that it was much more complex than that. It was terrifying. I could no longer use the excuse of this being something engrained in my genetics and completely out of my control. It was something that was caused by traumas that are embedded so deeply in my memories that I am still sorting through them today. But even as scary as this was, my diagnosis was so freeing because it was a diagnosis that made so much more sense in relation to what I was going through and allowed me to get proper treatment. I finally felt as if I had been listened to, that someone finally took how I was feeling into consideration when they diagnosed me. My doctor did not even consider my gender as an explanation, but rather, something that may change how I present and experience my symptoms.

I know my diagnosis was in some ways the result of me being aware of mental illness and the symptoms of things such as PTSD, and at times pushing back against what my doctors said. Self-advocacy, especially with medical professions, is so intimidating at times. Not everyone is capable of pushing back the way that I did. These collective experiences are what sparked my interest in PTSD advocacy. Because if it has taken me years to get a proper diagnosis even with access to health care and more specifically mental health services, how long was it taking other women to get the diagnosis that they deserve? I am grateful to now have doctors and therapists that want to listen and affirm what I am feeling, but I am aware that not everyone has this. This is why I believe that work like this is so important.

### **Conclusion**

The information that I gathered during my time researching this topic not only validated my experiences but also shined an interesting light on how women are treated by medical professionals. I too had experienced inadequate services after trauma, and I sometimes wonder if I had been giving preventive services would I have ever developed PTSD? PTSD has forever changed the way I will

live my life. Every day is new. I am still learning how to do things and how to overcome my traumas. This is something that I will probably be doing for the rest of my life and I do not wish it upon anyone else.

The medical community is aware of gender issues and how they affect treatment for both physical and mental illnesses. The medical community is also aware of the fact that even though PTSD was once known as “combat fatigue,” civilians, specifically women, are more likely to develop PTSD. Yet, we have so much more research and information of PTSD due to war. I am not trying to claim that we should stop researching it, instead I argue, we should be spending more time talking about things such as childhood trauma, which was not mentioned in the conversation about gender and PTSD. I think if we started the conversation with something like that what we would find is that PTSD is far more common than what we think. Along with this, our medical community needs to address some discrepancies. One of the biggest discrepancies is that sexual assault causes some of the highest rates of PTSD in women. Yet, when women are assaulted, we fail to provide them with the resources necessary to help their mental health. This is also a realization that can be applied to mental

illness in general. Sometimes it feels like our medical community and systems rarely have their focus on mental illness in women. Resources for mental illness in general are very scarce and limited, and even those with access may still face barriers such as not being able to afford it. As, in my experience, many insurance companies still view mental health treatments as specialty services that they rarely cover in general. The medical community in the United States needs to address these PTSD related issues. It is clear that they have research to change the way PTSD treatment is practiced, and yet it does not often seem as if it is being utilized.

I believe there are a few things that need to be done in order to address the issues surrounding PTSD. First, there needs to be a better conversation about PTSD and civilian women that actually applies the knowledge that our medical community has. Meaning, we get rid of bias and stereotypes, specifically in medical practice as there is no place or room for bias in medicine. Second, we must create a space where women, regardless of their background, can safely and comfortably advocate for themselves. Women need to have their voices heard and respected. How can they advocate for their own health if they are not being taken seriously. It is a

doctor's job to thoroughly evaluate the information that we provide them with and give us a proper diagnosis based on those symptoms and only those symptoms. Gender, and identity in general, have no place in dictating the diagnosis that someone may receive from a doctor. Sex and biology may play a role in how illness and treatment may affect someone's physical body, but it does not change the illness that is affecting this person. Mizock and Kaschak (2015) make a great suggestion at the end of their research, arguing that a therapist should inquire about their patient's identity during severe mental health treatment. This can revolutionize and produce better outcomes during treatment. Medical research needs to be made more accessible. If someone is expected to be an advocate for themselves, then they must be able to access important information that will aid in this. While medical research has become more accessible in using Google searches, there is not much that goes deep into depth about PTSD and trauma. And while some scholarly information does require use of some terms that not everyone may be familiar with, medical research is filled with so much jargon exclusive to the medical community. If you're not someone who is already in this community, navigating

this information becomes difficult. Medical information is seemingly exclusive, and it should not be, as this is knowledge that we all could benefit from having.

There is so much more that could be said about our medical community and what could be done, but I would like to close this paper with one final observation. COVID-19 has forever changed society. It was something that the world was not prepared for in any way. This pandemic has had a strong negative impact on the mental state of everyone. Being confined to essential places like your home and work is only okay for so long. People will be feeling the repercussions of this for years to come, and we need to make sure that our medical community is prepared and doing everything within its power to help people. This means that we need to

change the way that mental health, especially things like PTSD, is viewed and treated. Bias must be removed from mainstream practice and people should have protections from discrimination and mistreatment due to bias in medical practice. Treatment needs to become accessible for all, not just rich white people. And while the medical community cannot change or take back its past actions, it can make a change for the future as we have already seen an increase in severe mental health issues.

It is never too late to try to make a difference as it could forever change someone's life. It is time that we start holding the medical community accountable and begin pushing for change because if we do not, then we will continue to fail the very people who uphold our society.

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# When I Realized I was the Gay Best Friend: Queer Media Representation and the “Coming Out” Process

*This essay examines queer representation in widespread media and its impact during the coming out process. I examine three coming out stories in popular media and use my own story to shine a light on the challenges of coming out as LGBTQIA+. I hope readers who are struggling with coming out can use these examples to voice their LGBTQIA+ stories.*<sup>1</sup>

## Introduction

Throughout this essay, I examine queer representation in widespread media and its impact during the coming out process. Coming out is widely known as the process by which an individual acknowledges, accepts, and discloses to family and friends their sexual orientation or gender identity. This is an ongoing process throughout a person's life and may change over time and by context. The LGBTQIA+ acronym represents lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, or allies, and more. The acronym has changed over time to incorporate various identities as new gender-expansive modes of identification emerge. The term queer is currently defined as the umbrella term

<sup>1</sup> *A special thank you to Barb LeSavoy, PhD, Tristan Bridges, PhD, Naomi Levitsky, Kayla Adgate, Yleinna Rodriguez and Paloma Cristal Santana-Viera.*

for gender and sexual identities who are not heterosexual or cisgender. This topic is vital for individuals who are LGBTQIA+ and for individuals who consume media habitually. Within the United States population, four and five-tenths identify as members of the LGBTQ+ community (Stevens, 2020), and seventy percent of that population gathers information online on queer subjects (Bond et al., 2008). For queer individuals, understanding one's own gender and sexual identity within a cisnormative and heteronormative cultural context is often a complicated process. When queerness is portrayed as unusual, individuals navigating their identity may struggle. When represented diversely and as common, individuals may not struggle (as much) when navigating their identity. It is crucial to discuss how media affects individuals with various marginalized identities to better understand the role media has on those experiences.

I hope that readers will leave this essay understanding that exclusivity and visibility in widespread media have an influence on queer experiences. I hope that readers recognize the difference between presence vs. representation. I will review existing scholarship on the queer experience that magnify numerous coming out stories. Subsequently, I will

examine three coming out stories in popular media and use my own story to shine a light on the challenges of coming out as LGBTQIA+. I will examine how exclusivity in media creates a challenging experience for queer individuals. Additionally, I will examine how visibility creates an affirming experience for queer individuals. I hope readers who are struggling with coming out can use these examples to voice their LGBTQIA+ stories.

### **Coming Out**

The coming out process has been debated for decades. There are several theoretical models that provide a framework for understanding the LGBTQIA+ experience. Dilley (2002) discusses the six most known models. First is the "Developmental Stages of the Coming Out Process" by Eli Coleman: pre-coming out, coming out, exploration, first relationship, and identity integration. Second, Savin-Williams' model consists of awareness of same-sex attractions, sexual experiences, labeling, disclosing, romantic relationships, disclosing one's sexuality to family members, and adopting a positive identity. Third, D'Augelli provides a lifespan model that includes heterosexual identity, LGB identity, social LGB identity, LGB identity as

offspring, intimacy identity, and LGB community identity. Fourth, Rhoads examined an ethnic and cultural identity for non-heterosexual students. Fifth, Fassinger's model consists of four stages: Stage 1 awareness, Stage 2 exploration, Stage 3 deepening commitment, and Stage 4 internalization/synthesis.

This essay will focus on the sixth theoretical model described by Dilley (2002): Vivian Cass' work that consists of six stages of coming out. Stage one is labeled as Identity Confusion, which may consist of experiencing thoughts and feelings of confusion and denial where one may start to wonder about their gender identity and/or sexuality (Cass, 1979). This might be a time of confusion and anxiety (Evans, 2010). Stage 2 is considered Identity Comparison, which may include accepting the possibility of gay identity and facing the social isolation that may occur (Cass, 1979). Stage 3, Identity Tolerance, may include an increase of acceptance of one's identity, increased feelings of isolation and alienation, and the start to connecting with members of the LGBTQIA+ community (Cass, 1979). Stage 4 is considered Identity Acceptance, which includes having answered questions concerning personal queer identity where one may have

accepted a queer identity and may have increasing contact with the LGBTQIA+ community (Cass, 1979). Stage 5 is considered as Identity Pride, which consists of having pride in a new queer identity where one may start to immerse oneself in LGBTQIA+ culture and have feelings of anger with the heterosexual community, which may cause rejection (Cass, 1979). Stage 6 is labeled as Identity Synthesis, which may include integrating different parts of identity to become one where anger felt toward the heterosexual community decreases and a desire of wanting to be one's whole self between different groups of people emerges (Cass, 1979).

Coming out varies from person to person. It can be either a gradual process or one that is sudden. Some individuals may experience each stage of this process while others only experience some. There are numerous studies that examine the queer experience. In this essay, I examine research by McInroy and Craig (2016), who examine LGBTQ youth and their view on queer media representation; Bond et al. (2008), who discuss how self-identifying LGBTQ folk use media during their coming out process; Jones (2020), who proves that heteronormative assumptions impact queer folk; and finally, Magrath (2019),

who discusses LGBTQ male athletes concerning sports media journalism.

McInroy and Craig (2016) argue that though traditional forms of media may spark conversation, television may portray LGBTQ individuals as one-dimensional. They suggest that the lines are becoming more and more blurred as the new wave of new internet media has emerged and taken hold. There is not only a significant shift from traditional media to internet media, but the people who have access to diverse forms of media are shifting. Bond et al. (2008) explain that queer individuals are not the only ones who use various media to gather information on queer topics. Seventy percent of people collect information through the internet, a proportion of whom primarily rely on the internet to gather information on queer subjects and subjecthood (Bond et al., 2008). Furthermore, seventy-two percent of people have used some form of media as their primary means of gathering information during their coming out process (Bond et al., 2008). The survey conducted by Bond et al. (2008) discovered that all self-identifying LGBTQ participants could find sources of information during their coming out process; no participant felt that they lacked knowledge that was not available to them, though the amount spent

researching queerness on the internet is time-consuming. Since there is a mass amount of information and community found, the individuals' reports of loneliness and self-esteem were not affected (Bond et al., 2008). While core feelings may not be negatively impacted due to access of queer internet media, the relationships between queer individuals and their families are.

Heavy media users during the coming out process may be less open with their families, however young LGBTQIA+ individuals who are open with their family experience more family support and less intrinsic homophobia. Findings verify the support from said family may come after a time of mental and verbal anguish (Bond et al., 2008). The mental and verbal anguish queer individuals face from their families may be because of the underlying assumptions about LGBTQIA+ individuals. For instance, in Jones' (2020) study, she explained,

My analysis shows heteronormative assumptions regarding gender inversion to be reproduced by Emma, while both Josh and Ryan imply that there was something in their behavior which allowed others to identify them as homosexual before they were aware of it themselves (p. 511).

Jones (2020) interviewed a youth group of three queer individuals. Using

the theory of performativity coined by Judith Butler, Jones analyzed sociolinguistic discourses employed by the youth in her study and concluded that these individuals had stereotypes placed on them. By this, Jones meant that their families were assuming the youth's gender or sexual identity before the youth figured it out themselves. When the participants in Jones' (2020) research began to unintentionally subscribe to the idea of assumptions their families had about queerness, their families began to assume they must be LGBTQIA+. This is impactful on queer youth because, unlike their heterosexual counterparts, they are navigating in an environment that may be further confusing their identity.

Other than familial relationships, public perception significantly impacts the queer coming out process. The news and tabloids are forms of media that queer people often have to face when well-known publicly. Magrath (2019) explores the idea that if media positively frames an LGBT athlete (particularly a male), their experience is more "accepting." Inclusive masculinity theory, which considers masculinity concerning homophobia, is applied throughout Magrath's study. Journalists do not "out" closeted athletes anymore since media ethics has laid out guidelines

for framing a story about gay athletes (Magrath, 2019). While news media may not be a medium most queer individuals have to navigate, consuming traditional media is more common. McInroy and Craig (2016) determine that LGBTQIA+ individuals feel they have been presented in a way that is uniform to all other queer individuals. The term one-dimensional well describes this feeling of being represented in ways that lack depth and as being superficial. The absence of queer diversity within the media creates stereotypes that then pigeonhole LGBTQIA+ individuals into one uniform identity. Due to this, a binary is created.

The first few stages of the coming out process, according to Vivian Cass' (1979) work, is known as self-discovery and becoming aware of one's gender or sexual identity. During this pivotal time in a person's life, not only visibility but the representation of diverse identity is crucial. Bond et al. (2008) report:

A 22-year-old bisexual female noted that "the media gave me a lot of misinformation. It was like a what-not-to-do guide. I hated the misrepresentation of bisexuals as loose"...Another participant identifying as bisexual stated that "there aren't really that many characters that identified as bi, so no, the media did

nothing to help me better understand my identity. If anything, it probably hindered the process because the few times bisexuality is mentioned, we are always portrayed as either indecisive or oversexed” (p. 42).

While there may be a presence of bisexual individuals, there is a difference between presence and positive and multifaceted representation.

Diverse queer representation would include not only the presence but the real-life stories of queer individuals with intersecting identities. This would include considering individuals with various forms of identity who are marginalized. According to Nielsen's inaugural report (Nielsen Company, 2020), twenty-six percent of the most viewed television programs included at least one actor who identifies as LGBTQIA+. However, most of the queerness presented in traditional media is comprised of white cisgender gay men. Queer people of color or transgender individuals do not nearly have the same amount of screen time. The lack of queer diversity in media also most noticeably impacts the first couple of stages of the coming out process. Jones (2020) states that the stereotypes of young queer folks are not only constructing gay identity but are also restricting and limiting their own sense of self. Understating oneself is

difficult when families are making assumptions, especially before you have a chance to understand your own self. As Jones was able to substantiate that there are assumptions made about queer people, the question then becomes why these assumptions form. Again, the lack of accurate queer representation in traditional media leaves room for assumptions and often promotes stereotypes that do not represent the communities they are representing. There is an additional opportunity for assumption and judgment within the public sphere when dealing with queer identities even though Magrath (2019) states that ethical journalism does not allow "outing" athletes anymore. If queerness is framed in a positive light within news stories, the response is generally more positive. This is how news media can create a more positive experience when coming out because of the approving response.

The stages of the coming out process are highly debated through using Vivian Cass' (1979) work. Along with the different studies examined in this essay, I examined different conclusions on the topic of LGBTQIA+ individuals and media. Consistently each study brought new information that supported one another; one example is explaining that queer visibility in media is one

dimensional. McInroy and Craig (2016) explain why queer individuals face certain assumptions about their gender identity or sexuality from family. While this may be unintentional, it is extremely detrimental for queer folk, especially during the first few stages of their coming out process.

### Public Coming Out Stories

Elliot Page recently came out as being a part of the LGBTQIA+ community. The 34-year-old actor and producer came out as a transgender man and publicly began his/ their transition in December 2020.



A self-portrait photograph taken by Elliot Page in 2021, Wikimedia Commons ([https://commons.wikimedia.org/wiki/File:Elliot\\_Page\\_2021.png](https://commons.wikimedia.org/wiki/File:Elliot_Page_2021.png)). CC BY-SA 4.0.

Two films where fans fell in love with Page are *Inception*, which focused on a thief stealing secrets from people's

dreams, and *Juno*, which focused on the story of a pregnant teenager. The story of Page is an interesting one, as his/their journey has been a struggle. During an interview with *Time Magazine*, Page states that he/they expected mass amounts of love while, of course, receiving an immense amount of hatred and transphobia. Not to his surprise, that is precisely what happened (Steinmetz, 2021). Page's story, which was also a shock to him/their, became one of the most notable celebrity coming out stories. During the interview with *Time Magazine*, Page says that becoming an actor at the age of ten came with a huge compromise because he had to look a certain way (Steinmetz, 2021). The struggle of being a young actor and auditioning for different roles caused him to grow back his hair constantly. After cutting his hair to present how he desired, he landed a part in the TV show "Pit Pony," which required wearing a wig. Gender expression is a huge part of disclosure for many transgender individuals when coming out (D. G. Patterson, personal communication, March 31, 2021). The expectations put on Page caused him to suffer panic attacks, anxiety, and depression. In 2014, Page came out as gay during the Human Rights Campaign. After this, he started to produce his LGBTQ films while

marrying his/their partner Emma Portner four years later. Page tells *Time Magazine*, "The difference in how I felt before coming out as gay to after was massive, but did the discomfort in my body ever go away? No, no, no, no" (Steinmetz, 2021). It was not until Page began to show who he/they genuinely are that he began to feel better about himself.

Another well-known public figure is NFL athlete Ryan Kamey Russell. The 29-year-old football player is currently a free agent who formally played for the Dallas Cowboys in 2015, Tampa Bay Buccaneers in 2016-2017, and the Buffalo Bills in 2018. In August 2019, Russell publicly expressed that he was bisexual in an interview with Kevin Arnovitz of ESPN. The reason behind hiding his entire identity was because he did not want it to impact his career negatively. If he lost his career, he would be unable to support his family, particularly his mother and grandfather. Russell spoke of how he received an email from a journalist stating that they had found pictures of him and a man he was thought to be dating. Russell responded and asked the journalist not to share the photos because it would out him. Thankfully, the reporter respected Russell's wishes and did not share the images. However, when Russell did

come out and post publicly about his boyfriend, he received backlash, particularly on Twitter.



From "Today, former #DallasCowboys player #RyanRussell came out," by LGBT, 2019 (<https://www.instagram.com/p/B1xtJc3nFas/>). In the public domain.

The backlash Russell received mainly was because his boyfriend Corey Obrien is white. Preston Mitchum, a black queer attorney of the Director of Policy of URGE: Unite for Reproductive & Gender Equity, posted on Twitter, "If another black man comes out as gay or bisexual and dating a white man, I am going to be so... not surprised." (as cited by NewsOne Staff, 2020). Another user on Twitter stated,

Wanted to be excited that Ryan Russell came out as bisexual, as proud black, East Asian, and Caribbean bi dude I was happy that another person of color has broken down that wall but alas, you guessed it, his partner is white. This s\*\*\* is sick and an epidemic at this point" (Ahmad K. Khan, Ph.D

[@AhmadKhalilDC] as cited by NewsOne Staff, 2020).

Even though Russell faced harsh criticism when coming out, he is currently posting on social media and public about his relationship with Corey Obrien.

Joelle Joanie Siwa, aka "Jojo Siwa" is another celebrity who came out recently. She is a 17-year-old dancer, singer, actress, and entrepreneur running her brand worth over 10 million dollars. Siwa first came into the spotlight on the television show "Dance Moms" when she was younger (Andrew, 2021). She currently has over 10 million followers on her social media platforms. Her contracts with networks like Nickelodeon prove that her audience is of younger age, as she serves as a role model to them. Recently Siwa came out as a member of the LGBTQIA+ community (Andrew, 2021). In January 2021, she posted a picture on her Twitter with the caption, "my cousin got me a new shirt." The shirt reads; Best. Gay. Cousin. Ever.

Before her coming out tweet, Siwa posted a video on a social media platform dancing to Lady Gaga's (2011) "Born this Way," which is viewed widely as a "gay anthem." After Siwa officially posted that her cousin got her a new shirt, she then went on a live stream on



From "My cousin got me a new shirt [Tweet Post]," by J. Siwa, 2021. Twitter.

<https://twitter.com/itsjojosiwa/status/1352719582977355777/photo/1>. In the public domain.

Instagram to further confirm her coming out and to thank her fans for their support. She stated in her live stream that "this is the happiest I've ever been" (Andrew, 2021). The question on everyone's mind was, what is Siwa's sexuality if she is coming out? During her Instagram live, she did not put a specific label on her sexuality: "I always believed that my person was just going to be my person," she said. "If that

person happened to be a boy — great! If that person happened to be a girl — great!" (Johnson, 2021). Siwa had noted that both her parents were supportive when they realized she "didn't only like boys" (Andrew, 2021). She also received much online support from fans during this time, and celebrities like Paris Hilton came out in support. While Siwa was welcomed with open arms by the LGBTQIA+ community, she received several negative comments and responded to at least one. Since Siwa's fan base and audience are so young, a few parents were bound to respond. One parent wrote, "My daughter will never watch you again," and Siwa responded with a seemingly unaffected "okay!" (Street, 2021b). Another incident that ensued after Siwa's official coming out was her house getting swatted by police. Siwa said that roughly 50 officers were yelling at her home for everyone to come out (Street, 2021a). Once everyone came out of the house, the police explained that someone called claiming there was an incident at Siwa's house. Paparazzi then jumped out and started to record and take photographs of the situation. She stated that the whole situation was horrifying. Siwa explained that because she recently told the internet how happy she was and spoke publicly about her sexual orientation,

this might be why this happened (Street, 2021a).

All three public figures have a unique coming out story. Page's experience is entirely different because he/they came out as transgender. Though Page had come out as gay a few years previously, society has a more challenging time understanding someone's gender expression. Eight out of ten LGBT adults say there is no social acceptance; twenty-one percent and fifty-nine percent say there is only a little; only three percent say there is a lot of acceptance (Dimock, 2019). Though Page's story has much turmoil with the back and forth of not expressing himself/themselves, film directors are quoted as saying they would love to work with Page and who he/they genuinely are (Steinmetz, 2021). There is still major room for acceptance of transgender individuals, but in this case, news, social, and internet media provided Page with an audience that was supportive of him/them. Page's story is an example of media impacting the coming out experience in an affirming way.

Russell's coming out experience, on the other hand, dealt with more backlash. Russell's story is unique because being a queer male athlete playing for professional major league

sports is uncommon. Only fifteen percent of LGBT adults say there is much acceptance for gay men, while one in four LGBT adults says there is a lot for lesbians (Dimock, 2019). This means that there is a considerable gap considering gay men. Combined with a career of majority straight men, this is the reason Russell did not want to share his entire identity. He received criticism not directly because of his coming out as bisexual but because he is dating a white man (NewsOne Staff, 2020). Comments did criticize his sexuality, but numerous queer activists spoke out negatively on his choice of a partner. Russell faced the most backlash. Whether this is because of his work environment, his own and his boyfriend's races, or even a combination, it is critical to note that news and social media impacted his story. Russell's story is an example of media impacting the coming out experience in a challenging way since people voiced their criticism publicly.

Siwa's coming out was entirely different because she experienced support from her millions of followers, but also allegedly had the police called to her house. Siwa's story is an example of media impacting the coming out experience in not only an affirming sense but also a challenging way as well.

Each of these celebrities works in a field that is media-centered, but in different ways. Siwa is a social media influencer. Russell had to navigate tabloids and his professional sports environment. Pages' career deals with TV shows and films. Each person dealt with their coming out within different forms of popular media, whether social, news, or traditional media. A common theme among all three stories is that they all faced an extreme perception, which created an affirming or challenging experience. All three individuals came out themselves and experienced different levels of acceptance and backlash.

Sixty-seven percent of LGBT people say public figures who are open about being LGBT believe it helps a lot (Dimock, 2019). Even if queer individuals are not publicly accepted, most LGBTQIA+ individuals believe that being public about queerness is helpful. Though public figures may have a challenging experience coming out, they impact other queer individuals and will create a more affirming experience for the coming out process of others.

### **My Story**

The struggles I have faced concerning media when trying to understand my identity may not be original struggles,

but they have been my experience regardless. The first struggle I have dealt with was never having a queer person to look up to or for guidance. I did not have a gay or lesbian person close to me in my life, nor did television shows or movies I watched feature a queer protagonist. Through my research, I have found that this is a common struggle among queer individuals, particularly bisexual and transgender folks. One major issue in media concerning queerness is the presence of queer individuals being based on stereotypes. As a pansexual identifying person, I have never seen someone like myself in media or in my personal life at a younger age, so I never thought my attraction to certain individuals was valid. Like everything else in life, I can only know what I see. Of course, I knew that having an attraction to both women and men was an option, however I never felt comfortable identifying as bisexual or pansexual.

My second struggle growing up as a queer person was never being given the option to be "gay." I was never asked by anyone in my family what my sexuality was, or at least I never knew the term to describe myself. I use the term gay and queer interchangeably, as that is what I am comfortable with. Growing up a cisgender female, no one ever assumed I

was a lesbian or bisexual because I did not fit the stereotypes. This is something that is still hindering my coming out process as my gender identity is still in the closet. I am trying to navigate what being masculine and feminine means to me.

I remember sitting on my bed in my college apartment, the first place I have never lived alone. This apartment has seen me through a lot, so indeed, it was the place where I realized I was queer. I was having trouble understanding what my sexuality was, but one particular night I realized my attraction for individuals who are not cisgender heterosexual masculine males is what makes me queer. I realized all the feelings I have had throughout my life were what people meant when they described homosexuality. Since conversations about attraction were foreign to me, I never knew the feelings I have felt for women and other queer-identifying individuals are that of queerness. It was at this moment I realized I was the gay best friend, the gay cousin, the gay niece, and the gay granddaughter. I have always been the queer person in straight people's lives around me. I say the gay best friend because the queer characters in movies I watch were never the main protagonist or the deuteragonist but always

supporting characters. Personal favorites, like the 2012 film "Perks of Being a Wallflower," the 2004 cult classic "Mean Girls," and the 2009 television show "Glee" are examples of films that contain the gay best friend as a supporting character. Because of these shows, I have also thought queerness looked one way. Though personal favorite films such as 2018 "Love Simon" and the 2013 film "G.B.F" feature a queer protagonist, these films are few and far between. More than any form of media, finding community at college has helped me when navigating my identity. Now, my pansexual identity to me means I am attracted to individuals regardless of their gender identity.

### **Closing Statements**

In this essay, I have explored queer media visibility and the impact it has on the queer coming out process through evaluating previous research, public coming out stories, and my own story. The results from each study reviewed and each celebrity coming out story in this essay prove that different forms of

media impact the coming out process. I have shined light on the challenges of coming out as LGBTQIA+ by examining how exclusivity in media creates a challenging experience for queer individuals and examining how visibility creates an affirming experience for queer individuals. This topic shows the need to understand that media representation does impact experiences, more specifically, the queer experience. Regardless, it is always a person's choice whether to disclose to others (always keeping in mind safety) their queerness, but I at least hope readers feel more comfortable with finding community. In the last parts of this essay, I addressed my own sexual queerness and expressed that my gender identity is still in the closet. My hope for readers of this essay is that they can use these stories as well as my own to express and share their own queerness. I cannot ask others to be proudly open if I am not myself, so I'll go first:

*Dear Mom and Dad,*

*Let me tell you about the time I realized I was the gay best friend.*

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# Disability Representations in High School English Curriculum

*This essay explores the common misconceptions of disability, why disability representation is important, and provides an example of disability studies application through the novel *The Kite Runner* by Khaled Hosseini (2003).*

## Introduction

*Educating for Personal Excellence.* This phrase is plastered throughout my hometown to remind people what my school district is trying to do for all students. It is the first result online if you search my school district; you can find it in big letters on the fancy, electronic sign outside the middle school. I was reminded of this phrase throughout some of my classes in high school. My school district has spent a lot of time and money investing in the seven schools that students in the district attend. During my time in high school, I was able to take dance, self-defense, forensics, and child psychology, all which I know are courses not regularly offered in high schools. While I do think that my high school education provided me with knowledge valuable to someone who continued their education in college, I cannot help but notice where my education failed me. Out of twenty-one pieces of literature I recall reading in high school English classes, over two-thirds were written by white, able-bodied males. Upon reflection, I realize that this English curriculum appears to only value the voices of white, able-bodied males. This

list lacks diversity and stories about and by people with other identities. Further reflection made me realize my entire pre-college educational career lacked the inclusion of disability as a social identity, disability history, and disability studies. From the knowledge I've gained throughout college, I can see how problematic it is for students to not learn about disability. As a Women & Gender Studies major and a Disability Studies minor, I believe this lack of disability inclusion is problematic and needs to change. In response, this paper presents my research on the common misconceptions of disability and why disability representation is important. I provide an example of disability studies application through the novel *The Kite Runner* by Khaled Hosseini (2003).

### High School Context

I spent most of my life living in Rockland County, which is about 45 minutes north of New York City. The high school I went to had 1,496 students enrolled my senior year, with 47 percent of that number recorded as being male, and the other 53 percent recorded as being female. This school has a very high white population, with 71% identifying as such this same year. Thirteen percent of students identified as Hispanic or Latino, 8 percent identified as Asian or

Native Hawaiian/ Other Pacific Islander, 5 percent identified as Black or African American, and the rest identified as American Indian, Alaska Native, or Multiracial. One hundred and eighty-nine students were identified as students with disabilities, while only eighteen were identified as English Language Learners. (NYSED Student Information Repository System, 2015).

### Defining Disability

What is disability? The Americans with Disabilities Act of 1990 (as amended, 2009) defines disability as “(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment” (sec. 12102). This definition of disability differs greatly from the American perception of disability. When you and I may think of someone who is physically disabled, we may imagine someone who needs a wheelchair to move around, but not a grandparent with a cane. We may imagine someone who has a vision impairment as using a walking cane, but not someone with glasses. These are a few simple examples of disability and not representative of the broad spectrum disability lies across, however, it provides a reference as to how often we

see types of disability. Throughout their lifetime, most people will personally experience disability, either temporarily or permanently. The World Health Organization (2021) shares that about 15 percent of the world's population will experience disability, which is equivalent to over one billion people ("Overview"). The National Center on Birth Defects and Development Disabilities (2020) state that in the United States, 61 million adults live with a disability. Although the number of people who will experience disability is high, disability is a topic that is not properly represented and many misconceptions need to be discussed and changed.

### **Misconceptions of Disability**

One of the most common, generalized misconceptions of disability is that disability is "bad." As disability is a social identity, this idea that disability is bad is like the idea that being gay is bad or the idea that being Black is bad. However, unlike the efforts of LGBTQ+ and Black activists, the message of disability activists has not reached the general population. We often hear messages that are ableist and anti-disability reinforced in everyday life, and we see this in movies, novels, TV shows, and everyday language. A few examples of ableist everyday talk include:

"What's wrong with them?" or "I think there's something wrong with them," in reference to someone who is neurodivergent or has a physical disability, but it is not evident what that is exactly. "I'd rather kill myself than be in a wheelchair" or "they are confined to a wheelchair," suggests that life is not worth living with a physical disability and that having a physical disability is burdensome. "That's r\*tarded" is a word that has often been used as a replacement for "stupid" and has become known as a slur, however it is still often used in everyday talk.

These examples are only a few of many, and often are used without realizing the harmful message people reinforce by using these. In addition to the reinforcement that disability is bad through everyday talk, we also see disability depicted as a symbol for bad, evil, or something else to that effect. Sometimes, this idea gets translated to being a significant part of a character's identity in a movie, TV show, play, or novel. One example for why this concept is repeated is explained by Longmore (2003), stating that

[G]iving disabilities to villainous characters reflects and reinforces, albeit in exaggerated fashion, three common prejudices against handicapped people: disability is a punishment for evil;

disabled people are embittered by their 'fate': disabled people resent the nondisabled and would, if they could, destroy them (p. 134).

One well-known place we see repeated use of this trope in media is in Disney films. For example, Captain Hook from Peter Pan is a Disney villain character with a disability, and the disability can be interpreted to symbolize the evilness of his character. In a Tumblr post, Li (n.d.) explains this example:

First, his hand was eaten by the crocodile and can be inferred to symbolically represent punishment for being evil. Second, Captain Hook seems to be cognitively affected by the trauma of losing his hand and the handicap and disadvantage of having a hook is subtly hinted at when he fights with Peter Pan. Lastly, Captain Hook seeks to get revenge on Peter Pan and seems to be belligerent toward anyone in his way (para. 4).

This example of Disney's use of disability to represent the villain is a way in popular culture that we reinforce the idea that disability is bad. Captain Hook is an example of (negative) disability representation, but one that is popular and viewed by many children. This type of representation is important to discuss because it seems like it would be harmless, but all representations are important because each influences the

way we think and leaves a lasting impression.

### **Importance of Representation**

In my personal schooling experience, there was no discussion or representation of disability in literature or course curriculum. I imagine this is the experience of most students in America's educational system, both disabled and able-bodied. However, research has shown that representation of different identities is important for both students with and without those identities. Representation in literature matters because it allows for students to identify with the characters. For example, a study has shown that young, white girls use texts about relationships, social memberships, and sexuality as a guide (Koonce, 2014). For young Black females, reading stories with characters they share the same racial identity with has led to engagement with the text and a personal positive identity development (Koonce, 2014). As most people will either experience disability or know someone with a disability, this representation allows them to see disability in literature and develop their understanding of how disability functions as a social identity in the world.

### ***The Kite Runner***

In high school, *The Kite Runner* by Khaled Hosseini (2003) was one of the assigned readings. My class read this book during my sophomore year, and this was one of my favorites. In college, I picked up the book one Friday night to reread it and realized this novel had included disability. Further thought has allowed me to dissect this novel and provide examples of how this novel can be connected to a disability studies framework. I am glad that I was able to read this novel in high school and believe it was a good inclusion within my English high school curriculum, which is why I would urge educators to include this novel as part of the coursework. Hower (2003), in a New York Times Book Review, describes *The Kite Runner* by Khaled Hosseini (2003) as a book that:

tells a story of fierce cruelty and fierce yet redeeming love. Both transform the life of Amir, Khaled Hosseini's privileged young narrator, who comes of age during the last peaceful days of the monarchy, just before [Afghanistan's] revolution and its invasion by Russian forces. But political events, even as dramatic as the ones that are presented in *The Kite Runner*, are only a part of this story (paras. 1-2).

Hower (2003) continues,

In *The Kite Runner*, Hosseini gives us a vivid and engaging story that reminds us how long his people have been struggling to triumph over the forces of violence -- forces that continue to threaten them even today (para. 9).

In this novel, Amir is the main character and narrative voice. He lives with his father, Baba, and his father's friend is often around Rahim Khan. Amir and Baba have two servants, Ali and his son Hassan, who have been connected to the family since Baba and Ali were children. Amir and Hassan grow up closely as friends despite the power dynamic, and life-altering events shift their friendship and eventually leads them to change paths. Although many of the characters in the novel experience a type of disability, one of the disabilities with the most metaphorical meaning and that gives the novel narrative prosthesis is Hassan, who was born with a cleft lip.

The first part of narrative prosthesis is when "a deviance or marked difference is exposed to a reader" (Mitchell & Snyder, 2000, p. 209). In *The Kite Runner*, this deviance takes the form of a physical difference, being that Hassan is born with a cleft lip. The first description the reader gets of Hassan describes his

...tiny low-set ears and pointed stub of a chin, a meaty appendage that looked like it was added as a mere afterthought.

And the cleft lip, just left of midline, where the Chinese doll maker's instrument may have slipped, or perhaps he had simply grown tired and careless (Hosseini, 2003, p. 4).

Amir also shares what he has heard about Hassan's birth, that "Sanaubar [Hassan's mother] had taken one glance at the baby in Ali's arms, seen the cleft lip, and barked a bitter laughter" (Hosseini, 2003, p. 13). Hassan's cleft lip was a noticeable feature of his face, and something that was deviant from the appearances of other characters such as Amir and Baba.

The second factor of narrative prothesis is when the "narrative consolidates the need for its own existence by calling for an explanation of the deviation's origins and formative consequences" (Mitchell & Snyder, 2000, p. 209). The reader can conclude that the metaphorical reasoning Hosseini gave Hassan a cleft lip is that it originally acts as symbol for Baba's sin and guilt and later develops to Baba and Amir's sins and guilt. Rahim Khan tells an adult Amir that Baba is the father to both Amir and Hassan, and that the two are half-brothers. Baba feels guilty because he is the father of Ali's child, someone who has given his life to him and he has now betrayed. To make up for his sin, Baba made sure to love and

treat Hassan as much like a son as he could without drawing attention from society.

Rahim Khan describes Baba's feelings to Amir by saying that "your father was a man torn between two halves, Amir jan: you and Hassan. He loved you both, but he could not love Hassan the way he longed to, openly, and as a father" (Hosseini, 2003, p. 386). When Amir finds out that Hassan is his brother, he thinks about all the testaments of Baba's love for Hassan that Amir witnessed throughout his childhood. He remembers

Baba hiring Dr. Kumar to fix Hassan's harelip. Baba never missing Hassan's birthday. [He] remember[s] the day we were planting tulips, when [he] had asked Baba if he'd ever consider getting new servants. *Hassan's not going anywhere*, he'd barked. *He's staying right here with us, where he belongs. This is his home and we're his family*. He had wept, *wept*, when Ali announced he and Hassan were leaving" (p. 288).

As remembered by Amir, one year, for Hassan's birthday, Baba chose to get Hassan surgery to fix the cleft lip. After it healed, Hassan was left with a "pink jagged line running up from his lip" (p. 60). This scar was left as a permanent but faint reminder of Baba's guilt and attempt to repent for his sin. The scar

becomes a symbol of Amir's guilt, because of an event Amir did not stop that happened "the winter that Hassan stopped smiling" (p. 60).

A large part of Afghani culture is kite flying and running, and during the big tournament of the year, Amir won the competition for kite flying, and Hassan went to "run" the last kite Amir had cut down. Having the physical kite was a prized possession in this culture, and when Hassan got the kite and was on his way back to Amir, the town bully Assef had him held down and raped him. Amir had gone off to find him, and instead of stepping in to help Hassan, who loved and protected him, Amir ran and did not save his friend. Amir held this onto this guilt, and the scar on Hassan's lip reminded him of how his friend was no longer willing to smile.

The third factor of narrative prosthesis is that "deviance is brought from the periphery of concerns to the center of the story to come" (Mitchell & Snyder, 2000, p. 209). Amir is reminded of Hassan and this cleft lip when he receives a call from Rahim Kahn to leave California and come back for a visit, and the memories coming flooding back to Amir. When the two men are reunited, Rahim Khan gives Amir a polaroid picture of Hassan and his son Sohrab, which serves as a physical reminder of

this deviance to Amir. Amir is reminded of his sin and guilt, and he feels responsible to make up for this, as Rahim Khan's final, dying wish.

The final and fourth factor of narrative prosthesis is "the remainder of the story rehabilitates or fixes the deviance in some manner" (Mitchell & Snyder, 2000, p. 209). This process begins when Rahim Khan sends Amir back to Afghanistan to retrieve Sohrab from an orphanage. Amir acknowledges this by noting "that Rahim Khan had summoned me here to atone not just for my sins, but for Baba's too" (Hosseini, 2003, p. 289). Amir has to go through multiple struggles to retrieve Sohrab, one of them coming face-to-face with Assef, the one who raped Hassan. During this physical fight, Amir experienced serious bodily damage. He had seven broken ribs, a cracked orbital frame, swallowed his teeth, and other damage. After some medical care, the doctor told him that "the impact had cut your upper lip in two...clean down the middle" (p. 381). Amir reflects about this and realizes that it is "[c]lean down the middle. Like a harelip" (p. 381). During this moment, Amir feels like he has received some closure for both his and Baba's sins and guilt. At the end of the novel, Amir adopts Sohrab and brings him back to California for a better life. Throughout

the novel of *The Kite Runner*, Hassan's disability is used as a metaphor for guilt and sin and Hosseini uses narrative prosthesis throughout the novel to convey this.

### Conclusion

In this essay, I have discussed the importance of disability representation, dissected the common misconception that disability is bad, and effectively weaved discussion of these ideas with disability studies using *The Kite Runner* by

Khaled Hosseini (2003) as an example. From my work, I hope you leave with an increased understanding of how it is imperative that disability and disability studies are taught in the classroom, and that this can be done using novels that are already included in high school English curriculum. This provides an opportunity for teachers and schools to be truly *educating for personal excellence*, as my high school has strived to do, and will foster a more inclusive and intersectional future.

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# Intersecting Identities: Middle Eastern Women in Dual Cultures

*Dual cultures are an experience known only to people who live in two cultures. I was inspired by my poetry and the experiences that my family and I went through as women as well as the stories of Middle Eastern women I read about. They lived in dual cultures and experienced violence in their homelands alongside wars and sexism from both cultures they lived in. In the Western culture, they also experienced racism. As an Iraqi, I tend to turn to poetry to express the variety of injustices I observed, and my people tend to do that. We are well known for our poetry that speaks about our experiences.*

## ***Baghdad***

Zahraa Al-Sharifi

Baghdad, which once meant “garden” in the Irani language  
Because of its beauty.  
As a child, I walked the streets kicking bullet shells out of my way  
Not thinking much of it.  
Looking behind apartment buildings curiously  
Where piles of garbage are.  
Where once, my father once told me, were gardens of flowers.  
Once, I observed my mother crossing the street.  
After touching a car that she admired,  
She reached me and grabbed my hand.

As we walked away, we heard a thunderous sound  
A sound that was familiar, a sound that was nothing new  
But still sped up our hearts.  
We looked back.  
It was the car she had touched;  
It exploded, in the middle of a traffic jam.

Where once Baghdad was a garden of beauty and nature,  
It is a garden of bodies, broken buildings, crying mothers, and fatherless  
children  
And, yet there is still beauty remaining  
In the hands of a mother feeding her child  
Siblings playing with each other  
Laughter despite the pain  
And the determination of the women of the country.  
But despite the losses that the women had,  
Husbands dead, fathers and brothers dead, sons dead  
They keep their heads high  
And are fiercely trying to keep them alive  
Trying to remind them that being a Middle Easterner does not mean tragedy.

And while these women are circumventing the garden of death  
They need to also live with patriarchy  
And criticism from the West  
And yet their hands still hold steady while feeding their children  
Encouraging their children to play together  
And bringing laughter to family and friends.

Baghdad is not the garden of beauty it once was  
But its women carry the beauty in their hearts.

## **The Resiliency of Women in the Middle East**

What is it to be a Middle Eastern woman? For a moment, we will explore the idea of being a Middle Eastern woman. We will step into her shoes and walk the path that she walks. In the anthology, *Our Women on the Ground*, there is an essay titled “The Woman Question” by Hannah Allam (2020). When Allam was asked “what was it like to be a woman over there?” she usually remembers faces and names. Allam says she remembers the names of her girlfriends and recalls the clever reply she picked up from her colleagues: “I’ve never been there as a man, so I’m not sure I can compare” (Allam, 2020, p. 3). Allam proceeds to talk about her experiences as a reporter. Because of her male colleagues who were interested in reporting about the war, and only the war and conflict, she felt constricted because she could not write the pieces that she wanted to write for fear of appearing weak because of her gender. She wanted to tell the stories about the resiliency of Iraqi women, the life loss, and stories about Iraqi women and how the war impacted them. Strangely enough, in her essay, Allam mentions a term for stories about people instead of the war. These were called “PIPS” which

stood for “Poor Iraqi People Stories” (p. 5).

Despite Allam not being able to write about the stories she wanted to write in her articles for the newspaper she worked for, she mentions the stories she really wanted to tell in this essay. Here are a few of Allam’s stories where we can hear her voice: “The pregnant militant who put a gun to my head in a Sadr City alleyway, and my Iraqi female friend who calmly swatted it away and lectured the attacker about her terrible manners” (Allam, 2020, p. 5). We hear her voice again in the next story describing the experiences of a “young dentist” who wanted to provide services to Iraqis in the middle of a sectarian war (p. 8). A sectarian war is when two branches of a religion, in this case Shi’a and Suni Muslims, are at war with each other. The dentist wanted to help Iraqis who did not get medical support for their teeth. She would go around to people’s houses, knock on the door, and do “minor” operations on their teeth. In this story we can hear her voice describing the resiliency of Iraqi women (p.8).

In 2007, Angelina Jolie awarded six Iraqi women the “Courage in Journalism Award” (Allam, 2020, p. 6). One of the women who got awarded was a woman who needed to “retrieve her nephew’s dismembered body” because the

militants who surrounded the hospital would not allow any man to go in to retrieve her nephew's body (p.6). The two other women who Allam speaks about are also courageous women. One of them needed to sneak into a hospital to see the true civilian death count because the Iraqi government was concealing the accurate counts. Another experienced a bombing, could have died, but in the next few days, she went back to work with impaired hearing. Why is it important to talk about these women? It is important because you see resiliency in them, determination, and the ability to empathize and care about people despite their own trauma and pain. The patriarchy within the Middle East and other areas would tell you that women are not as strong as men but in these stories, you witness something that is beyond strength.

Now we understand the experiences of Middle Eastern women living within a war zone and how they circumvented patriarchy and how patriarchy impacted them. Leila Ahmed is an Egyptian-American scholar in the field of Islamic Studies. In an article about Ahmed's work, Scott (2012) talks about how Western influence impacted the veil in Middle Eastern culture. In this case, Scott narrows it down specifically to Egypt and how Ahmed discusses the

Middle East view that women who do not veil their faces are considered influenced by the Western culture because Western women are supposedly the head of fashion. However, she points out that the women unveiling did not equate to them leaving their religion (Scott, 2012). Due to this idea developing in the Middle East that women who did not veil were influenced by the West, the Muslim Brotherhood in Egypt proceeded to say that women who veiled themselves were true Muslims. They also said that the requirements of dressing modestly and separation by gender is not misogynistic but is Islamic practice. Here, Middle Eastern women who identify as Muslim are put in this position of being asked if they are being loyal to their religion or if they are betraying their religion. This reminds me of the tactic that was used in the Civil Rights Movement when privileged Caucasians who were a part of the upper and middle classes provided lower-class Caucasians with supposed privilege over non-Caucasians so they would not unite with the African American community who were, and still are, suffering to gain their rights as a people. This tactic of saying that Middle Eastern Muslim women who do not veil are 'traitors' or influenced by the West, or those who do

veil are 'loyal,' creates a division within women.

Middle Eastern culture, historically and to this day, includes a variety of religions and languages. Each different country has their own different structure for how they run their society and their culture. There may be similarities, but they are in no way the same. Intersectionality is important to recognize, and this is one place we can observe it. In "Under Western Eyes: Feminist Scholarship and Colonial Discourses," Chandra Mohanty (1984) discusses how Western culture tends to see anyone who is not Caucasian as one and the same people. In other words, a person in India would be viewed as the same as a person in China. According to Western feminism, women who come from, as Mohanty puts it, "third world countries" are all the same (p. 335).

This is the biggest problem Western feminism struggles with: lack of recognition of different cultures, languages, and countries beyond them. Anyone who is not white universally comes from the same culture, language, and country. Mohanty (1984) argues "that assumption of privilege and ethnocentric universality, on the one hand, and inadequate self-consciousness about the effect of Western scholarship on the "third world" in the context of a

world system dominated by the West, on the other, characterize a sizeable extent of Western feminist work on women in the third world" (p. 335). Mohanty's main point is that Western feminists do not trouble themselves to recognize the struggles of women who do not identify as white and that they do not recognize what cultures they come from, what environment they come from, or what they identify as ethnically. That said, Western feminism and the Western world should be better at recognizing these women and these cultures. Most Western nations have resources and privileges that are not in war-torn or economically weaker nations. The Middle Eastern women who would like to achieve independence and the freedom to express themselves believed they would have to look to the West because they progressed more quickly than the Middle East regarding women's rights. At the same time, there is a sense of the Middle Eastern region being taken advantage of during its colonization. One way patriarchy takes this past and current grievance with the West to bend the women to their will is that they take the Western idea of expressing oneself through the way they dress and turn it into propaganda to try to convince Middle Eastern Muslim women that the West will corrupt them.

## *Despite Hardships*

Zahraa Al-Sharifi

Living in two worlds can be complex  
Sometimes the lines blur  
You don't know when one world ends  
And another begins  
But other times  
The worlds are separate and clear cut  
Never touching, never connecting.  
Let's give these two worlds a person, more specifically a woman  
A woman who lives in two worlds.  
Let's label the worlds "Western" and "Middle Eastern"  
Let's watch how the woman circumvents the two worlds  
Her struggles of learning who she is as a multicultural person  
She pushes the worlds apart  
Shattering herself in that process.  
In other situations, she watches the worlds touching  
As she panics helplessly  
Finally, one day,  
She wakes to a realization, to a moment, to a pivotal step.  
Being Western and Middle Eastern is a possibility  
Having the worlds touch  
Is not a terrifying moment  
Rather,  
It is a beautiful moment of complexity and joy  
Despite the hardships.

## Dual Cultures

We walked a little in a Middle Eastern woman's shoes and experienced her resiliency. We visited Iraq and its tragedies and the experiences of Egyptian women in Egypt. In this instance, we get to hear the voice of a Middle Easterner who lives in dual cultures. What is the experience of living in dual cultures? In her essay "Hull and Hawija" from *Our Women on the Ground*, Hassan (2020) tells us that she left Iraq at the age of three so her father could get his PhD in Britain. They remained in Britain because of United Nations sanctions in Iraq and conflict. Hassan struggled with two cultures: her Middle Eastern Arabic culture and the Western culture she grew up with. It got to the point where she had two identities. Here we hear it in her own words: "I had two distinct identities that I couldn't quite reconcile: at home I was an Iraqi Muslim, while at school I was a northern Brit" (Hassan, 2020, p.98). Hassan is grappling with the idea of living with two cultures and how each culture has its rules and constructs. Hassan references another situation where her father had male visitors over in their house and she greeted them in the way a Western woman would: walking in and shaking their hands. Afterwards, she was "scolded" by her parents because in

traditional Middle Eastern cultures, women are supposed "to be feminine, soft-spoken, and reserved" (p.97).

Clearly, Hassan's struggles with the two cultures continues. When she was seventeen, her family went back to Iraq to visit, and she felt disconnected from the girls her age. Even though they looked like her, she did not have the same understanding as them. She had a different outlook on life after her years of struggles with dual cultures and her identity as an Iraqi Brit. Once she began her college career, she developed a fascination with politics and news even though, when she was younger, she would ignore the news her parents played to watch what was developing in Iraq. She changed her chemistry major to journalism and got a scholarship to move to London. All these actions indicate a development in her passage of merging the two cultures, accepting her identity as an Iraqi Brit, and learning to accept her dual cultures. Finally, she became a journalist and travelled in Iraq to report on the conflict there in 2016.

Hassan experienced dual cultures and how the Western culture and Middle Eastern culture do not necessarily merge well. She had to modify her behavior because of this. She was also dealing with patriarchy and how it impacted her in both cultures. This is coming from a

Middle Easterner who lived in a Western culture, but there is another voice that talks about patriarchy and how it impacts Middle Eastern women within the Middle East. Smith (2017) speaks about how “state violence *is* patriarchal violence, regardless of the gender of those who enact it” (p. 350). In her paper, she refers to a variety of people’s work and experiences in the Middle East. She proceeds to indicate that because of patriarchal violence, two situations happened. She uses an example of Kurdish and Turkish women activists. Kurdish activists developed the idea that gender equality is important to their issues of peace. The collisions that are consistently happening with the Turkish state made Turkish women’s rights activists realize that with patriarchal state violence there cannot be gender equality between men and women. These situations pushed those groups together, working with peace-making and women’s rights advocacy. A statement that was made within Smith’s (2017) paper stood out: that conflict is “a site where masculinist militarism, patriarchy, and authoritarianism converge” (p. 351). This supports the idea of state violence being linked to patriarchy and masculinity as well as how

state violence bars women and gender equality from progress.

These are the experiences of Middle Eastern women living in the Middle East and the struggles they have with patriarchy and violence surrounding them. In this case, Western culture is not mentioned in this paper, but here is a proposal for an idea to consider. Imagine a Turkish woman or a Kurdish woman who lived in the Middle East, advocated against or experienced conflict and had the harsh judgmental eye of the West critique their struggles and their voices with regard to their experiences. After all, they are the experts of the situation and once they step into the Western culture, they will experience another level of conflict. The West would assume a variety of things based on their identity. Those women might experience racism. Add on to the experience, they might experience sexism within the Western culture. They would experience it within both cultures. Because of these experiences of being Middle Eastern and a woman in Middle Eastern and Western cultures, and circumventing the duality of it, these women may feel like they are battling on all fronts for gender equality, respect, and consideration for who they are.

## *Homeland*

Zahraa Al-Sharifi

Homeland,  
We are your people  
Once we mingled within your borders  
Safe and sound  
With problems arising, but never exploding.

Homeland,  
We are your people  
Our problems exploded  
And shattered us into pieces.

Homeland,  
We are your people  
There is poison in your air that has been released  
Where children die and elders can't breathe  
Where there is a massacre of innocence.

Oh, Syria,  
Once the land that was full  
But no more  
Your structures are turning to rubble  
Your people are sad and depressed  
Grief-stricken.

Oh, homeland,  
If only you could feel the energy around your people  
An aura of pain, loss, and horror.

Oh, homeland  
Where once where you are from, your sect and identity, did not matter  
Now defines whether you have the right to live or not.

Homeland,  
We weep for you  
We weep for ourselves  
And we thank the women that hold the families together  
When hopelessness approaches us like a dark wave.

### **Intersectional Identity**

We visited Iraq. We saw the strength of the Middle Eastern women there. We also saw the strength of the women who live in dual cultures. To be a woman of an ethnicity that is not white always requires strength that is indescribable. Here, we are going to visit Syria and another woman who lives in dual cultures and who is also a reporter. Nour Malas' essay "Bint el-Balad" is from *Our Women on the Ground* (2020). Malas lived in multiple homes. She lived in Saudi Arabia and Lebanon. Her family moved constantly and despite her moving and growing up in different cultures in the Middle East, her Syrian culture was close and important to her. Her family consistently reminded her of her Syrian identity. People around her in the Middle Eastern countries would wonder how she maintains her Syrian accent while surrounded by other accents. Malas is Syrian American, and she explains that this term never resonated with her, but through her career, it became a useful shorthand for

her identity. Going back to the Middle East brought up interesting circumstances for Malas. For example, when people asked where she was from, she could not say that she was Syrian because she did not grow up there. That could be interpreted as a social-economic concept, too, where people think she is financially able to live overseas. Another interesting experience she encountered, given that she kept her Syrian accent, was how she was able to interview Syrian refugees and because of her accent, they trusted her.

As a journalism student in Lebanon, she learned more about the country's economy, history, and political systems. Later, when she was working with an editor for the *Wall Street Journal*, she was asked to report about the Syrian conflict. She felt a sense of shame because she did not know as much about Syria when she was given that assignment. She treated this assignment like any other one: she found sources that trusted her and who she trusted. Over the years, she felt like she had a unique ability to interview

people smoothly even while discussing their trauma. That “in moments of great synergy, it felt like I was drawing on a special power that helped me glide into people’s lives, even at times of horror or tragedy” (Malas, 2020, p.83). Next, she talks about the aspects of displacement and how Syrians all over the world, in and out of Syria, talk about “tashreed” which means “displacement” (p.83). She also mentions that as a result of the conflict, families stopped talking to each other. Malas was impacted by the pain of the nation, how it was torn apart and shattered. However, she buried her pain,

thinking that she did not have a right to that pain like the Syrians who grew up in Syria did. Malas continues to describe the sad and heart-breaking stories of Syrians, both in Syria and outside of it as refugees. Malas uses Arabic titles (“*min wien*” - where are you from?, “*tashreed*” - displacement, “*ta’teer*”- destitution, “*naseeb*”- fate, “*alhamdillab*”- thank God) that she translates into English to continue to describe the conflict in Syria, not only politically, but socially and what is happening within its people and their hearts.

## Conclusion

*Dear Middle Eastern Sisters,*

*Wherever you are, whatever you are doing, I want you to pause and just think of one moment of your life where your hands were trembling and your heart was speeding. Do not ignore those signs. Those are signs of you completing something that other people did not.*

*Dear Middle Eastern Women,*

*Despite the Western culture fetishizing you, directing racism and sexism towards you, do not only hold strong. Give yourself a moment to shed the tears that you could not shed in front of your abusers. In your culture, sexism is a momentous thing that you cannot avoid no matter what you do. Face it head-on and be confident in your woman-ness.*

*Dear Middle Eastern Self,*

*“Dual cultures” is a term I have been living with, and more recently, recognizing. If I have learned anything, it is that women, Middle Eastern and otherwise, are resilient. I am recognizing that in myself.*

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