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Article

Safe Spaces: A Social Model Response to LGBTQ+ Mental Health

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Abstract

Abstract: Utilizing a social model of disability, in as far as understanding mental health, is critical when considering the mental health concerns within the LGBTQ+ community. The social model of disability states that it is the responsibility of society to remove barriers that arise from impairments. As the mental health concerns within the LGBTQ+ community are found to be the result of socially embedded heteronormativity and the violence, harassment, and microaggressions that follow, it is important to consider these influences. As these are embedded and long standing systemic beliefs, creating safe spaces such as Gay-Straight Alliances (GSA's) into public spaces, in the meantime, can begin to address and prioritize the mental wellbeing of the LGBTQ+ community.

Keywords: *LGBTQ+, mental health, safe spaces, social model of disability*

Introduction

Experiences within social spaces for individuals with mental illness and/or disabilities can be difficult to navigate. To remedy these experiences, acknowledging the influence society has on individuals with mental illness and/or disorders has been helpful in creating safe spaces that are dedicated to and welcoming of these individuals. Namely, the LGBTQ+ community has a long history of being ostracized from mainstream society and, as a result, is one of the groups who demonstrates the highest incidents of mental illnesses and/or disorders (CMHA(b), 2017). Knowing that the LGBTQ+ community experiences disproportionately high instances of mental illness and/or disorders and suicidality, policy makers and public institutions have begun to acknowledge the influence of historical and ongoing social exclusion, harassment, and violence

on the wellbeing of these individuals. This acknowledgment and further research has created policies such as Gay-Straight Alliances (GSA's) and other safe spaces within the community. This paper will evaluate how social model thinking specific to LGBTQ+ mental health helped to create safe spaces within today's society.

Shifting Models of Understanding Disability: Individual versus Social

How disability has been understood within society has changed and developed over several decades. Most recently, disability has shifted from being considered an individual problem to a more inclusive model which has placed the onus of oppression and exclusion resulting from impairments onto society. This social model thinking is becoming more accepted as a theoretical approach to disability (Oliver, 1996(b)). Like any sociological theory, there remains valid criticisms, however, this model has served as a starting place to begin to critically examine the experiences of individuals with disabilities within spaces in society and how their disabilities impact their full participation (Shakespeare & Watson, 1997). The traditional response to impairment had been the personal tragedy theory of disability which suggested that disability lies with the individual and problems that occur in response to disability are the result of the individual's impairment and occur at random (Oliver, 1996(b)). Along with this approach, all subsequent limitations, both physical and psychological, were considered to stem directly from the impairment (Oliver, 1996(b)). As this is an older, less relevant, and more dated understanding of disability, further research into understanding the impacts of social gaps and influences on individuals with impairments was critical to begin to make society a more inclusive environment.

The alternative, and more current, model of understanding disability has assigned the problem of disability onto society (Shakespeare, 2013). Through this social model of disability, sources of disability which have piled onto a person's impairment is a direct result of society's inability to provide appropriate services and to ensure all its citizens are taken care of (Oliver, 1996(b)). Because of this new belief pertaining to disability, as well as numerous hours and efforts put forth by disability activists, disability has been classified as an oppressed group. The social model of disability describes the belief that society is the root cause of isolation, discrimination, and

exclusion and is the social response to an impairment; disability is caused by society's reaction to a person's physical impairment (Shakespeare, 2013; Oliver 1996(a)). Distinguishing impairment from disability is an important aspect of the social model of disability as it clearly defines the individual experience of an impairment versus the social response to the impairment (disability) (Shakespeare, 2013). Ultimately, the social model of disability has created a framework to begin to understand that individuals with disabilities are an oppressed group as it is society that builds the barriers that prevent full participation within mainstream society. To remedy this, "social model thinking mandates barrier removal, anti-discrimination legislation, independent living, and other responses to social oppression" (Shakespeare, 2013, p 216).

A Brief Overview of Queer Experiences Today

Over the last twenty years, a social model of disability has begun to be utilized in discussions regarding LGBTQ+ mental health (Sadowski, 2017). In this, there has been an acknowledgment that the social experiences of the LGBTQ+ community have not only created mental health concerns but have also worked to maintain these issues. To critically look at the experiences of mental illness within the LGBTQ+ community, it is important to consider the compounding factors that have been shown to influence the risk of developing a mental illness (Lee & Kanji, 2017). Ongoing and persistence bullying, harassment, violence, and isolation have been regular occurrences for LGBTQ+ people as a direct result of their sexual orientation or gender expression (Sadowski, 2017). While these experiences will be spoken to generally, it is important to note that individuals who belong to the LGBTQ+ community in addition to other marginalized groups are at a higher risk of violence and harassment and compounded stigma (Holley, Tavassoli, & Stromwall, 2016; Lee & Kanji, 2017). Ultimately what has been found is that individual and systemic prejudice, harassment, violence, and microaggressions are rooted in an embedded belief system around heteronormativity by the dominant culture and a lack of understanding towards the unique experiences of the LGBTQ+ community (Holley, Tavassoli, & Stromwall, 2016; Lee & Kanji, 2017).

Dominant culture and power dynamics exist in all aspects of today's society. "Dominant culture is more than an abstract idea that posits the forces of oppression. It also causes pain" (Kirsch, 2006, p 36). Current power structures today continue to enforce standards and expectations and continue to perpetuate LGBTQ+ stereotypes (Lee & Kanji, 2017). A regularly-occurring experience for many LGBTQ+ individuals is the exchange of microaggressions or "brief, everyday exchanges that send denigrating messages to certain individuals based on their group membership" (Holley, Tavassoli & Stromwall, 2016, p 311). The persistence of microaggressions is the result of a shift in discrimination from dominant society from overt acts of violence to covert microaggressions (Lee & Kanji, 2017). Microaggressions come in many different forms. Commonly reported microaggressions are the continued stereotypes of LGBTQ+ people and their identities or assumptions about service access being the result of a person's LGBTQ+ identity (Lee & Kanji, 2017; Holley, Tavassoli, & Stromwall, 2016). In any case, microaggressions stem from a lack of understanding around unique LGBTQ+ experiences and significantly contribute to persistent mental health concerns within the LGBTQ+ community.

Building on exchanges of microaggressions, heterosexism is one of the violent and oppressive results from this continued belief and suggests that heterosexuality is the "only acceptable and viable life option" (Mullalay, 2010, p 212). It is through socially embedded heterosexism that there is a continued, shared experience of diminished safety for LGBTQ+ individuals, especially LGBTQ+ youth. Schools, churches, home, and other traditionally safe spaces for youth are not considered safe for LGBTQ+ youth due to their risk of victimization by those in those spaces (Rodgers, 2017). Within the health care system, LGBTQ+ individuals are less likely to seek medical support due to actual and anticipated discrimination because of their LGBTQ+ identity (Lee & Kanji, 2017). These fears are reinforced through cis-heteronormative language and assumptions that "'being gay' was the issue" (Lee & Kanji, 2017; Holley, Tavassoli & Stromwall, 2016, p 317). The combined effort of ongoing microaggressions and heterosexism has contributed to the persistent experiences of the LGBTQ+ community about the validity and importance of their identity. By critiquing and dismantling systems that have allowed for microaggressions and heterosexism to continue, the social model of disability can be used to create safe and inclusive spaces for LGBTQ+ individuals.

Understanding Individuals with Mental Illnesses as an Oppressed Group

Being aware of the current experiences of LGBTQ+ individuals within a dominant, heteronormative society is critical in addressing the mental health concerns that stem from these everyday experiences. Stigma resulting from mental illness and/or disabilities, however, is not only seen within the LGBTQ+ community. Stigma inherently assigns the 'problem' onto the stigmatized individual as stigma allows for one group to feel superior to another (Coleman Brown, 2013). This assignment of superiority and the consequences involved are also dependent on social and cultural contexts. Continuous discussion involving fear of social isolation and rejection are indicative of the reality faced by adolescents with mental illnesses and/or disorders. Discussions specific to systems that are continuing to contribute to the reality of individuals with mental illness and/or disabilities create an awareness for the embedded and persistent discrimination that is still experienced by these individuals.

Structural stigma addresses the stigmatization that results from the actions of systemic entities such as schools and governments (Elkington et al., 2012). Within these systems, adolescents may try to "pass" due to the fear of being rejected (Coleman Brown, 2013, p 156). While passing may appear to be a safer option for maintaining confidentiality around their mental illnesses and/or disorders, adolescents are then not able to access required resources and are committing to living in fear of being found out. Living in fear and trying to pass is reflective of the "negative social consequences of stigmatization and reflect the long-term social and psychological damage to individuals resulting from stigma" (p 156). This experience of trying to "pass" mirrors how many LGBTQ+ individuals exist in society. Out of fear, many LGBTQ+ individuals choose not to disclose their identity or seek identity-specific resources (Lee & Kanji, 2017). For many LGBTQ+ individuals, they are trying to pass as being neuro-typical as well as heterosexual which adds to the mental distress experienced from living in fear.

One of the major organizations working to break down long standing beliefs and misconceptions around mental illness and/or disorders is the Canadian Mental Health Association (CMHA). To combat stigma, Corrigan and Watson (2002) proposed that education was one of the best

approaches. This is precisely what CMHA aims to do. That is, to provide individuals with appropriate information about their own mental health, but also to educate the general community about what mental illness and/or disorders are and how to appropriately respond to them (CMHA(a), 2017). The Canadian Mental Health Association has taken mental health education one step further when it comes to understanding experiences of LGBTQ+ individuals. It has been found that LGBTQ+ individuals are more likely to experience depression, anxiety, suicidality, and self-harm, and are twice as likely to experience post-traumatic stress disorder (CMHA(b), 2017). LGBTQ+ youth are 14 times more likely to die by suicide than their heterosexual peers (CMHA(b), 2017). To best support the LGBTQ+ community, specifically, youth, it has been proposed that family, friends, and community connections are crucial in combatting mental health concerns and challenging internalized homo/bi/transphobia (CMHA(b), 2017). Knowing connection and safety are needed to address LGBTQ+ mental health, the implementation of safe spaces is part of addressing the social responsibility for LGBTQ+ mental wellbeing.

Safe Spaces: Gay-Straight Alliances in Schools

Because of the ongoing harassment, bullying, and violence LGBTQ+ individuals experience on a regular basis, policy makers began looking at the importance of implementing anti-bullying policies and programs into public spaces. Especially for LGBTQ+ youth, the high rates of suicidality especially highly publicized suicides, created an opportunity for policy makers to critically examine what needed to happen to address this public health epidemic (Sadowski, 2017). Safe spaces are "small scale settings within a community or movement that are removed from the direct control of dominant groups, are voluntarily participated in, and generate the cultural challenge that precedes or accompanies political mobilization" (Fetner et al, 2012, p 191). Implementing safe spaces, especially within public institutions, shows recognition of the negative impacts of isolation and marginalization, and sends messages to the LGBTQ+ community that those spaces are open, encouraging, and welcoming of the community's identity as well as any conversation that may accompany that (Fetner, Elafros, Bortolin & Drechsler, 2012; Sadowski, 2017).

Looking specifically at LGBTQ+ youth, the implementation of Gay-Straight Alliances (GSA's) were introduced in schools after LGBTQ+ youth's mental health and participation in high risk behaviors were identified as a problem resulting from bullying and harassment (Fetner et al, 2012). GSA's are student run organizations that support and advocate for LGBTQ+ students and are comprised of both LGBTQ+ students and their allies. These organizations have changed the experiences of LGBTQ+ students within educational institutions as they serve as a "potential haven in a hostile world" (p 189). The presence of GSA's serves to break down heteronormative spaces and practices within schools and promote the inclusion of LGBTQ+ individuals within mainstream discourse while simultaneously protecting LGBTQ+ students from oppressive dominant ideologies (Fetner et al, 2012). In schools with strong GSA's, it was found that overall students heard less homophobic conversation, and there was an increase in LGBTQ+ student's positive experiences of school and peer acceptance and connection (Sadowski, 2017).

Not only do safe spaces and GSA's promote safety within schools, they also target one of the other proposed solutions to addressing LGBTQ+ individual's mental wellbeing: they work to address and promote peer connections with an emphasis on the importance of LGBTQ+ youth connecting with other LGBTQ+ identifying individuals (Crowley, Harré, and Lunt, 2007). Identifying the social barriers to social participation has been identified as "instrumental[y] in the liberation of disabled people" (Shakespeare, 2013, p 217). Facilitating connections for LGBTQ+ individuals by creating space for a collective identity to celebrate their identities and to combat mental health concerns that have stemmed from social isolation is critical in creating social mobilization and change within these environments (Fetner et al, 2012). As the implementation of GSA's is still new, the true impact of these organizations on student's mental wellbeing has not yet been researched, but it is suggestive that they have positively changed the lives of LGBTQ+ students across the country (Fetner et al, 2012).

The implementation of safe spaces within public institutions, especially schools, demonstrates the impact social isolation and systemic harassment and violence has had on the LGBTQ+ community. Based on social model thinking, members of the LGBTQ+ community who struggle with mental illness and/or disabilities are likely the result of persistent isolation and violence that has been

allowed to continue due to systemic heterosexism and ongoing microaggressions. By challenging these old beliefs, and adopting social model thinking by creating space for the LGBTQ+ community to participate in their communities, and acknowledging the impacts of unsafe spaces on the mental wellbeing of the LGBTQ+ community, the mental wellness of the LGBTQ+ community as a whole can begin to change.

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Shelby Hopland Guidi is a queer student, writer, and artist who has spent her MA-IS journey exploring her curiosity in topics of LGBTQ+ experiences and mental health. She has coupled her love of expressive arts with an exploration of how art modalities, specifically performing arts, can be used as a platform for mental health growth for LGBTQ+ youth. Blossoming from this foundation, "Safe Spaces" grew; a testament to community. She hopes that "Safe Spaces" adds to the landscape of queer research dedicated to understanding the unique stories and experiences of LGBTQ+ youth - something that lives close to her heart.