To Queer folx and their legacies
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Lesbian, gay, bisexual, transgender (LGBT+) and other sexual, affectional, and gender minority people experience trauma at disproportionate rates relative to the general population; these experiences have been connected to physical and mental health disparities via the minority stress model. However, little research to date has explored the role of historical trauma in community health disparities today. Although systemic and institutional forms of violence towards LGBT+ people (e.g., governmental and societal responses to the AIDS epidemic) are well-documented, only recently have researchers considered how patterns of societal oppression cause present-day harm in the form of intergenerational trauma.

The present study used a creative narrative inquiry methodology to interrogate the effects of distal trauma, especially intergenerational trauma, on the narratives of LGBT+ people. More specifically, I explored the narratives that describe the unique forms of trauma and pathways of transmission that result in the intergenerational inheritance of historical, systemic oppression. Using transcendental phenomenological analysis within the methodological framework, I identified 4 themes: (1) reconstructing self, (2) trauma as messages of otherness, (3) culture of trauma, and (4) future resilience. I also used sandtrays as an arts-based data collection and analysis method and short stories as a form of data representation. Through this process, I found
key narratives of LGBT+ people to include experiences of commodification, vilification, and exoticization. These themes and stories informed the ways in which LGBT+ people conceptualize and heal from systemic, distal traumas. In addition, they provide important implications for researchers and mental health professionals to utilize a systems focus when considering the experiences of LGBT+ people.
CHAPTER 1
INTRODUCTION

Background

Sexual, affectional, and gender minority people are at increased risk of experiencing many forms of mental illness, and are more likely to develop severe and persistent mental illness (SPMI) compared to heterosexual counterparts (Keuroghlian et al., 2017; Kidd et al., 2016). Through a complex interconnection of minority-based stress and stigma, reduced social supports, and mental illness, lesbian, gay, bisexual, transgender and other sexual and gender minority people (LGBT+) face risks of suicide in excess of 10 times the national average (Hass et al., 2010; Hass et al., 2014; Hoy-Ellis & Fredriksen-Goldsen, 2016; Lange, 2020; Meyer, 2003). Evidence suggests that such disparities persist even after receiving mental healthcare (Kidd et al., 2016). LGBT+ people are more likely to report dissatisfaction with their mental health professional and unmet mental health needs, with at times, 50% of samples reporting a variety of concerns unaddressed by therapy (Filice & Meyer, 2018). Although these findings might be partially explained by inadequate professional training or poor goodness-of-fit with the therapist, such a high prevalence of unmet needs indicates that there is something that mental health professionals are missing in their clinical work with LGBT+ people. Importantly, little to no research explores the experiences of queer professionals, nor their work with queer clients.

LGBT+ people — also referred to as queer people — possess affectional and/or sexual attractions and/or gender identities that are deemed by dominant narratives to deviate from a limited socially imposed norm of “typical” expressions (i.e., a cisgender, heterosexual identity and expression; Hegarty et al., 2019). Because they are minoritized by the dominant culture, LGBT+ people experience instances of discrimination and oppression that can be traumatic and result in physical and mental health disparities that can pervade across the lifespan. Only in
recent years have researchers identified that queer experiences of oppression and violence may resonate across the group as collective trauma (Bower et al., 2017; Kelly et al., 2020). However, the literature stops short of considering trauma within the queer community as intergenerational in nature. Similarly, extant research on culturally responsive interventions for queer trauma, especially expressive interventions, is lacking (Livingston et al., 2020; Pachankis, 2018; Proujansky & Pachankis, 2014).

**Statement of the Problem**

Due in part to societal stigma and oppression, queer people experience disproportionate rates of mental health concerns requiring counseling (Gonzales & Henning-Smith, 2017; Hegarty et al., 2019; Lindquist et al., 2017; Moagi et al., 2021). Researchers are divided on actual mental health service utilization by LGBT+ people, with some authors indicating equal or greater rates of use compared to the general population (Filice & Meyer, 2018), and others finding lower rates due to inequities in access and fear of heterosexism from the provider (Pachankis, 2018).

Common concerns for queer people presenting for counseling include depressive and anxious symptoms, suicidality, substance use, identity development, and relationship issues (Gonzales & Henning-Smith, 2017; Moagi et al., 2021, Su et al., 2016). Despite ample evidence that queer people experience physical and mental health disparities, there is a dearth of research exploring mental health needs and effective interventions (Filice & Meyer, 2018).

More recently, conceptualizations of health disparities among LGBT+ people have examined the role of societal forces and interpersonal interactions (Hawks et al., 2019). Although anyone in a society is at risk of exposure to trauma, queer people experience violence and other forms of victimization at disproportionate rates relative to the general population (Beckman et al., 2018; Ho et al., 2021; Livingston et al., 2020; Seelman et al., 2017). Incidents of trauma are often directed towards individual LGBT+ people; however, events such as historic police raids of
queer spaces and the 2016 Pulse nightclub massacre are examples of violence intended to victimize the queer community as a whole. Violence enacted due to prejudice towards a specific victim identity, recognized legally as “hate crimes,” thematically represents an attack against the LGBT+ community (McKay et al., 2019). Hate crimes committed against queer people—which accounted for nearly 20% of all documented hate crimes in 2016—send clear messages to other queer people about their safety and acceptance (Ramirez et al., 2018; U.S. Department of Justice, 2016). This is especially the case for queer and trans People of Color (QTPOC; Ramirez et al., 2018; Stults et al., 2017). In response, some forms of queer trauma have been conceptualized as collective in nature (Bower et al., 2019); however, researchers refrain from recognizing the potential for intergenerational transmission of the effects of trauma (Kelly et al., 2020).

One argument against classifying queer traumas as intergenerational is a perceived disruption in transmission of community history (Kelly et al., 2020). While there is an epigenetic component to queerness, most LGBT+ people grow up without exposure to or knowledge of a queer relative or elder (Kelly et al., 2020; Rice et al, 2012). In instances where a child grows up with queer parents, that child may not be LGBT+ themselves, possibly indicating a break in the transmission of queer culture and information. However, this reasoning is problematic. First, it is suggestive of a breakdown of “traditional” family units (a White supremacist, heterosexist dog whistle) and dismissive of the transmission of trauma through other pathways besides genetics. It positions queer communities as fractured along lines of identity and age, with few intergenerational relationships or connections. Secondly, such reasoning implies that trauma must be consciously remembered and transmitted, which is counter to the unconscious, somatic, and experiential nature of trauma (van der Kolk, 2015). Trauma is not just received as a
narrative, or even through genetic changes; it may be inherited through a plethora of other pathways, including maladaptive coping and other behaviors (Sotero, 2006).

Counselors are tasked by ethical codes to provide services that are culturally competent and responsive to client identity and culture (American Counseling Association, 2014). More recently, the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016) provide a framework for clinicians to integrate cultural competence into research and practice in a holistic way by examining counselor and client identity and utilizing knowledge and awareness to fuel skill and action implementation. Honoring clients’ trauma narratives is an essential piece of recognizing how their intersectional identities affect their lived experience. Often, this means listening for the messages received from significant figures, including external, societal forces, that may have been harmful to self-definition, safety, or survival.

Despite such imperatives, and the continued finding that queer people experience heightened rates of mental health concerns, there are few mental health interventions that have been empirically examined for queer people (Blondeel et al., 2016; Filice & Meyer, 2018). For example, although Livingston and colleagues (2020) offer useful guidance and recommendations for the treatment of posttraumatic stress disorder (PTSD) with LGBTQ populations, they recognize that no study to date has examined whether sexual, affectional, or gender minority status moderates the effectiveness of otherwise evidence-based treatments for PTSD. Affirmative counseling, although widely cited (e.g. Chaney & Whitman, 2020) and anecdotally implemented in practice as a gold standard for queer people, is largely understudied, with only recent calls to establish the methodology as evidence-based (Moradi & Budge, 2018; Pachankis, 2018; Proujansky & Pachankis, 2014).
Theoretical Framework

This study utilizes a Critical Queer Theory (queer crit) framework. Queer crit is related to general queer theory/queer studies in a few ways, including a commitment to examining and disrupting the status quo, as well as assuming that systems and processes of power oppress and privilege identity groups in order to perpetuate current power structures (Erol & Cuklanz, 2020). Queer crit also takes an anti-essentialist stance on identity, allowing for freedom and fluidity in self-definition. Lastly, queer crit seeks to flip existing power systems by bringing the voices and narratives of marginalized people to the foreground (Erol & Cuklanz, 2020; Misawa, 2010).

Queer crit differs from general queer theory due to its emergence from Critical Race Theory (CRT), which seeks to implement a social justice perspective when considering any phenomenon in society. Accordingly, queer crit embraces intersectionality by centering and amplifying the voices of QTPOC, creating space to explore the entangled nature of experiences with racism and heterosexism (Misawa, 2010). In centering such narratives, queer crit seeks to confront ahistoricism, specifically the ways in which queer voices, especially queer voices of Color, have been silenced or pushed to the margins (Misawa, 2012). Experiential knowledge is typically ignored in the White Western canon in favor of empirical knowledge; thus, a queer crit perspective will center information gained through the lived experience. This study taps into experiential knowledge through the use of expressive modalities, especially the sandtray, in order to activate somatic knowledge and memory. Lastly, in terms of outcomes, the queer crit perspective is concerned with social justice as a means to combat all forms of oppression, but especially for those with multiple minoritized identities (Misawa, 2010). Through centering QTPOC voices and exploring trauma that is transmitted across time, this study provided mental health professionals with valuable information about the nature of queer trauma and means for addressing it in the therapy room.
Significance of the Study

There is a clear and pressing need to better understand patterns of trauma and transmission of trauma in the queer community. As a result of stigma, stress, and disparities in health, queer people experience poorer mental health outcomes, including increased risk of suicide and substance abuse (Busby et al., 2020; Kaniuka et al., 2019; Lindquist et al., 2017; Meyer et al., 2021; Moagi et al., 2021). Such symptoms persist even in the face of treatment, as LGBT+ clients identify unmet needs and varying degrees of dissatisfaction during their therapy (Filice & Meyer, 2018). Research with queer mental health professionals is minimal and fails to explore how they conceptualize and treat trauma in the LGBT+ community, let alone the process of bracketing their own experiences of trauma and oppression in their work.

Recent strides centering trauma in the discussion of queer mental health offer mental health professionals a more holistic approach to understand the narratives of LGBT+ clients and the opportunity to provide care that is culturally responsive (Hawks et al., 2020). A trauma-informed perspective helps to explain some of the disparities identified in the literature, including intimate partner violence (IPV) and sexual risk taking (McRae et al., 2017; Taylor et al., 2018). However, extant queer trauma as understood in the literature tends to be conceptualized in disconnected ways; LGBT+ people may experience abuse in childhood (Filice & Meyer, 2018; Lehavot & Simpson, 2014); violence and sexual assault from intimate partners (Antebi-Gruszka & Scheer, 2021; Ho et al., 2021; McRae et al., 2017); microaggressions, violence, or other forms of heterosexism from strangers (Katz-Wise & Hyde, 2012; McKay et al., 2019); discrimination and oppression from societal structures and systems (Hegarty et al., 2020); and, most broadly, minority-based stress from several sources (Hoy-Ellis & Fredriksen-Goldsen, 2016; Lindquist et al., 2017; Meyer et al., 2021). No known studies have considered experiences with multiple forms of trauma across a significant period of development or the
lifespan. This study explores queer trauma narratives across time and provides a framework for understanding its pathways of transmission within the queer community. The study seeks to identify the multiple vehicles of trauma transmission among LGBT+ people, centering a transgenerational perspective.

In keeping with the social justice commitment of the queer crit approach, this study also explored the use of expressive modalities in the assessment and processing of different forms of trauma among LGBT+ people. The study utilized a series of sandtray prompts with queer mental health professionals to explore their trauma narratives and experiences of oppression. Participants will be asked to speak about their perception of the role of systemic forces in the traumatic experiences of queer people, so they will be asked to enrich their storytelling with their clinical experience, as appropriate. The discussion of past traumas can bring with it a risk of retraumatization, so a primary concern of trauma-informed mental health professionals is seeking to aid clients in telling pieces of their story at a time without overwhelming their system with a flood of sensory information associated with the event (van der Kolk, 2014). Using expressive modalities such as sandtray may be helpful for not only providing a medium through which to direct energy while sharing the narrative, but also as a way to offer protection from the emotive content of the event until such a time it can be brought to full awareness. Sandtray also taps into the unconscious, allowing for the manifestation of the somatic and experiential knowledge associated with the traumatic event that might otherwise be locked away (Mayes & Mayes, 2006). Lastly, the sandtray can be used by the participant, client, etc. as a means of coping after data collection concludes. As previously mentioned, there are relatively few studies exploring the effectiveness of interventions for queer people specifically. This study will begin to explore the use of expressive modalities for queer people and the use of sandtrays as a data collection
method. Additionally, consistent with the queer crit approach of the study, the expressive modalities used “flip the script” by centering experiential knowledge (Livingston et al., 2020).

**Purpose of the Study**

The purpose of this study was to interrogate: a) the effects of oppression-based traumas on the narratives of queer people and b) the pathways of intergenerational trauma transmission within queer communities. Intergenerational trauma will be defined as the presence of feelings of grief or loss and physical and psychological disparities in health stemming from (a) extreme violence, (b) displacement/segregation, (c) destruction of economic systems, and (d) cultural dispossession/disintegration as the result of traumatic events directly experienced or experienced by close loved ones in the LGBTQ+ community or the community itself (Brave Heart & DeBruyn, 1998; Sotero, 2006). The study is designed to provide meaningful information about trauma in the queer community that can inform clinical practice and counselor education. Additionally, it will provide a preliminary empirical basis for the use of expressive interventions for queer people, especially in the assessment and treatment of trauma.

Participants will take part in an interview and series of expressive data collection procedures, specifically sandtrays elicited by trauma-related prompts. The following inquiries guided this study: (1) what are the key stories participants tell to describe their experiences with trauma as queer people? This study will be the first to date that explores intergenerational trauma without designating or limiting the trauma narrative to a specific subset (e.g., childhood sexual abuse, intimate partner violence, etc.). The second area of focus for research inquiry is: (2) how do participants describe the effects of distal forms of trauma in their lives and trauma narratives? One vehicle of transmission of intergenerational trauma is maladaptive behaviors or coping that is assumed at the group level and perpetuated across time. Although maladaptive coping in LGBT+ people has been explored in the literature before (e.g. see Craney et al., 2018), it has not
been considered from an intergenerational perspective. Such a framework would require an exploration of mentorship or other significant relationships or exposures to other members of the LGBT+ community. The present study interrogates the way certain aspects of queer culture that protect or cause harm may be rooted in historic traumatic events.

**Research Questions**

1. What are the key stories participants tell to describe their experiences with trauma as queer people?

2. How do participants describe the effects of distal forms of trauma in their lives and trauma narratives?

**Definition of Terms**

- **AFFIRMATIVE COUNSELING.** A therapeutic approach that affirms the existence and experiences of LGBT+ people and recognizes the effects of heterosexism in oppressing the community (Chaney, Dubaybo, & Chang, 2020; Rock et al., 2010).

- **HETERONORMATIVITY.** Systemic forces that privilege heterosexual people and position heterosexuality as the standard, default, or preferred way of being (Smith et al., 2012).

- **HETEROSEXISM.** A culturally-based system that involves the erasure of sexual and gender minority people (Kuvalanka et al., 2014).

- **HOMOPHOBIA.** Emotional reactions resulting from exposure to non-heterosexual people and behaviors (Weinberg, 1973).

- **INTERGENERATIONAL TRAUMA.** The effects of psychological harm experienced at the collective level and accumulated across generations (Brave Heart, 2003).

- **LGBT+.** An acronym inclusive of lesbian, gay, bisexual, transgender, and other sexual and gender minority identities, including queer, questioning, intersex, asexual/aromantic, pansexual, and two spirit, among others.

- **QUEER.** A person whose sexual, romantic and/or gender identity falls outside other established gay or straight labels; may also be used to describe the LGBT+ community as a whole. While this term has been reclaimed in some academic circles, it may still be deemed pejorative to some (Ginicola, Smith, & Filmore, 2017).
• SANDTRAY. An expressive modality of therapy utilizing a container with sand, miniatures, and other objects or tools with the purpose of establishing safety and rapport and exploring and expressing the self, intrapersonal and interpersonal issues (Homeyer & Sweeney, 2017; Landreth, 2012).

Chapter Summary

Compared to heterosexual counterparts, LGBT+ people face greater risk of exposure to traumatic events, and this can result in disproportionate rates of mental health concerns. Recent advances in the literature that recognize group-level effects of trauma among queer people tend to omit intergenerational sources of trauma transmission. To be effective with queer clients, counselors, and queer counselors specifically, must be able to consider the societal and intergenerational contexts that underpin trauma narratives and mobilize effective, culturally responsive interventions. Creative interventions offer counselors expressive means of addressing trauma, but little to no empirical study has focused on their use with LGBT+ people. The next chapter reviews the literature pertaining to LGBT+ people, queerness in the counseling field, trauma, and expressive interventions.
CHAPTER 2
LITERATURE REVIEW

Acts of violence and oppression committed against sexual and gender minority people intended to terrify have resulted in the solidification of a queer community, as characterized by a sense of shared identity and code of conduct (Bhattacharyya, 1995; Carnes, 2019). As sexual and gender minority people continue to face substantial barriers to adequate mental health services, the queer community serves a vital role in wellness, resilience, and coping for LGBT+ youth and adults (Asakura, 2016; Filice & Meyer, 2018; Parmenter et al., 2020). The perpetuation of the queer community is made possible through cultural generativity, a meaning-making process by which group information and support are provided intergenerationally within the community (Bower et al., 2019; Kotre, 1984). While LGBT+ community connectedness serves as a powerful mediator of wellbeing in the face of stigma and oppression, when unresolved traumas are written into the legacy of a community, their echoes manifest in a variety of detrimental intrapsychic and intragroup effects (Bower et al., 2019; Brave Heart & DeBruyn, 1998). Culturally responsive mental health professionals occupy a privileged position to foster meaningful healing within the LGBT+ community through the use of expressive modalities.

Queerness

Effective therapeutic work with LGBT+ people can only occur when underpinned by an understanding of queerness vis-a-vis queer theory and queer people. Originally appearing in the English language sometime around the 1500’s, the word “queer” described a general strangeness of character; it was not until the turn of the 20th century that “queer” would be used pejoratively to men in violation of heteronormative standards (de Lauretis, 2017). While more active prejudice would help solidify queer identities and communities, it also resulted in a movement towards both the pathologization and condemnation of people experiencing same-sex attraction
or engaged in same-sex behavior. In the late 20th century, scholars and activists would reclaim “queer” to trouble traditional conceptualizations of sexual and gender identity and expression as well as to subvert assimilation into a heteronormative society (Kunzel, 2018).

Accordingly, queerness as described by queer theory reclaims and celebrates the very divergence that marks sexual and gender minority people for potential discrimination and heterosexism. For individual people, there is a lack of agreement about queerness, although generally speaking, it refers to people whose affective and sexual attractions and/or internal sense of gender is in opposition to social, political, or cultural mandates about sexuality and gender (Hegarty et al., 2019). For some, it serves as “an umbrella term” (Morandini et al., 2016, p. 1) to indicate one or more nonheterosexual identities, and for others it is an identity of its own that resists definition (Carnes, 2019). Others refuse to use it entirely (Kolker et al., 2020).

Kolker et al. (2020) examined how and why queer-identifying people (n=98) linguistically demarcate their sexual and gender identities. Using thematic analysis, the team found that many participants used “queer” as a catch-all label or to avoid explaining their gender or sexuality further. The audience tended to matter to participants, although they had different preferences for using “queer” as a descriptor in front of nonheterosexual peers or non-LGBT+ people. Around 10% of participants stated they would not use the term queer to describe themselves at any time. The sample was primarily (71.42%) white; therefore, the results do not provide a depth of information about the use of queerness among BIPOC. As noted by Butler (1993) and Chan and Howard (2020), the option to use certain labels or experience “outness” is not necessarily a viable option, based on a variety of other contextual and intersectional identity factors including (dis)ability status, SES, and race/ethnicity.
**Stigma and its effects.** A variety of constructs have been proposed to describe the vehicles through which the marginalization of LGBT+ people occurs, including homophobia, heterosexism, heteronormativity, and sexual stigma. Homophobia is the most common term and denotes the emotional reactivity associated with exposure to perceived nonheterosexual people, identities, or behaviors (Weinberg, 1973). Accordingly, “homonegativity” is explicitly negative attitudes and opinions about same-sex behavior or attractions that arise from underlying homophobia (Robinson & Rubin, 2016). As “homophobia” tends to ignore larger society’s role in oppressing nonheterosexual people, heterosexism—indicating a socio-culturally-based ideological system of erasure and marginalization on the basis of sexual or gender identity—has become preferred (Herek et al., 2009; Kuvalanka et al., 2014). Heteronormativity similarly emphasizes systemic processes of privileging heterosexual people and marginalizing LGBT+ people, but this term also includes the sense that heterosexual identities are the default and preferred way of being within society (Smith et al., 2012). More recently, Herek and colleagues (2009) proposed the construct of sexual stigma, a framework that describes multiple pathways through which institutional and individual actors maintain and share knowledge about the negative and devalued status given to noncisgender, nonheterosexual identities.

In a sample of heterosexual and lesbian, gay, and bisexual (LGB) participants, Robinson and Rubin (2016) examined connections between exposure to homonegative microaggressions to posttraumatic stress disorder (PTSD) symptomology. Compared to heterosexual counterparts, LGB participants experienced significantly more homonegative microaggressions growing up and within the last six months, LGB participants reported significantly more PTSD symptoms, and higher numbers of homonegative microaggressions were significantly related to greater endorsement of PTSD symptoms. Robinson and Rubin (2016) connected such findings with
previous insidious trauma research (e.g., Szymanski & Balsam, 2011), specifically that LGB people are more likely to experience heightened traumatic responses without a distinctive traumatic experience identified. In other words, LGB people may experience greater rates of subclinical posttraumatic symptomology without an isolated or delineated trauma event.

In addition, focusing on LGB people, Katz-Wise and Hyde (2012) performed a meta-analysis of studies exploring victimization experiences. They examined 386 studies that met search criteria to determine types and prevalence of victimization. Results revealed that LGB people commonly experience various forms of victimization. Across a variety of identified periods, roughly 55% of individuals across all studies experienced verbal or emotional abuse/harassment, 41% experienced discrimination, and 28% had been physically assaulted. Many of the victimization categories outlined by Katz-Wise and Hyde (2012) could qualify as traumatic in nature (American Psychiatric Association, 2013).

The distress associated with experiences of oppression and trauma is linked to increased physical and mental health disparities among queer people. Meyer (2003) posited the minority stress model, a conceptual framework that positions disproportionate rates of mental health disorders as resulting from stigma, discrimination, and prejudice that creates hostile and distressing social situations. Notably, minority stress theory asserts that the additional stress experienced by queer people is due to the marginalization of their identity, not a predisposition inherent to their identity. The model also incorporates a distinction between stress originating from objective events such as overt discrimination (identified as distal sources) and stress originating from subjective appraisals of events like anticipation of rejection (proximal sources). Meyer (2003) also completed a meta-analysis to connect the framework with existing empirical evidence indicating disproportionate rates of mental disorders stem from psychological reactions
to stigma. For example, among studies examining lifetime mental health disorders, LGB people were found to be up to 2.5 times more likely to be diagnosed with any disorder in their lifetime.

While sexual minority population health data remains limited (partially due to sampling issues), extant literature indicates that health disparities among LGBT+ people begin before adulthood (Gonzales & Henning-Smith, 2017). Moagi et al (2021) performed one of the most recent literature reviews of LGBT+ mental health disparities using 21 identified articles. They found three overarching themes: (a) emotional distress as a mental health challenge, (b) stigmatization, discrimination, victimization, and social exclusion as mental health challenges and (c) barriers to mental healthcare services as a mental health challenge. Each theme contained specific LGBT mental health concerns. For example, the first theme compiled information about depression, anxiety, and suicidality. LGB adults were found to be at 3.5 times greater risk of depression, and lesbian, gay, bisexual, transgender, and intersex (LGBTI) people reported suicide attempts 14 times higher than the general population. While the rigor of the inclusion criteria helped to provide a depth to the review, this synthesis did not necessarily analyze or present findings in a systematic way that provides pooled statistics to display disparities clearly.

The work of Gonzales and Henning-Smith (2017) addresses some of these gaps. They sought to demonstrate concrete information about risk and disproportionate rates of various physical and mental health issues. Analyzing 2014-2015 Behavioral Risk Factor Surveillance System (BRFSS) data via logistic regression, Gonzalez and Henning-Smith found, compared to heterosexual men, that gay men had a 2.91 times greater odds of reporting depression and bisexual men had a 2.41 times greater odds. Compared to heterosexual women, lesbian women had nearly 2 times greater odds and bisexual women had a 3.15 times greater odds of reporting depression. LGB people also had higher odds of overall poorer physical health and chronic
conditions, including obesity, asthma, and cancer. Gonzales and Henning-Smith’s work provides more rigorous analysis of health data; however, due to the BRFSS’ cross-sectional structure, the researchers are unable to make any causal claims about health and sexual identity.

Significant researcher attention has focused on risk factors and mental illness among queer people. While such information is important for identifying inequities in health, even when societal contexts are included in the discussion of disparities research, the resulting view of the LGBT+ community is through a deficit-based lens. Wellness- and strengths-based research, while comparatively rarer, provides vital information for mental health professionals working with queer people. One proposed factor of wellness, LGBT+ community connectedness, was supported by Busby and colleagues (2020), who found that this variable was significantly inversely related to depressive symptoms, suicidality, and non-suicidal self-injury. LGBT identity development, another factor, is a complex, multi-faceted process beyond the scope of this review. However, specific aspects of positive identity formation, including agency (Asakura, 2016; Wagaman, 2016), outness (Roberts & Christens, 2020), acceptance of fluidity (Rosenberg, 2018) and identity certainty (Bejakovich & Flett, 2018) have been connected to overall wellbeing. While empirical study of strengths and protective factors remains limited, it is a crucial direction for future research in order to center queer wellness in clinical work.

Queerness in the Field of Counseling

As evidenced by the minority stress model (Meyer, 2003) and more recent works (e.g., Moagi et al., 2021; Williams et al., 2021), trauma stemming from experiences of heterosexism is often related to disproportionate rates of physical and mental health concerns among LGBT+ people. Accordingly, relative to heterosexual counterparts, queer people may have additional needs for physical and mental health care services; however, while seeking or receiving services, they may face heterosexism from their providers, increasing the risk of retraumatization (Zeeman
Filice and Meyer (2017) completed a scoping review to synthesize 77 articles examining mental health service utilization rates, outcomes, and satisfaction among LGB people. They found, nearly unanimously across studies, that LGB people used mental health services more frequently than heterosexual counterparts did, with lesbian and bisexual women reporting the highest rates of use. Some ratings of service providers were favorable, but this was not consistent as several articles indicated lower satisfaction relative to heterosexual participants. LGB People of Color (LGBPOC) tended to report greater rates of dissatisfaction compared to the general LGB population.

Importantly, Filice and Meyer (2017) found only two identified studies examined treatment outcomes among LGB people, and these did not indicate that treatment had any effect on their respective measures (substance abuse and suicide attempts; Hardesty et al., 2012; Meyer et al., 2015). Empirical data is similarly lacking regarding continuity of care; however, what evidence exists indicates that LGB people are more likely to terminate counseling prematurely due to a variety of factors, including therapist attitudes and behaviors rooted in heterosexism. The researchers found that between 31% and 54% of LGB participants in the identified studies reported unmet mental health needs after receiving services, percentages that are comparatively higher than those for heterosexual counterparts are. Providers are regularly missing clinically relevant information in their work with LGB people, although whatever this is has not been specified.

Filice and Meyer’s (2017) review also noted obstacles to service utilization by LGB people, including financial constraints, rurality, and attitudes against help seeking. Key among these included the patient-provider relationship and the health care system more broadly. Participants reported regular experiences of heterosexism from providers, and interactions with a
health care system unequipped to meet LGB client demand, resulting in long waitlists to see providers who are LGB-supportive. Because of the increased demand, these providers were found to experience greater rates of professional burnout, hampering their effectiveness.

Practitioners must be prepared to address the effects of victimization and trauma, including vigilance and fear, to increase effectiveness with queer clients (McKay et al., 2019). However, as identified in Filice and Meyer’s (2017) review, mental health professionals may perpetuate heterosexism in their interactions with queer clients, potentially causing harm and retraumatization. Renewed calls to approach clinical work with queer people from an affirmative and empathic perspective (Carroll & Gilroy, 2001; Levenson et al., 2021; Smith et al., 2012) accompany continued findings of providers perpetrating sexual stigma (Holley et al., 2016) and transnegativity (McCullough et al., 2016).

The persistence of provider heterosexism is due in part to the positioning of queerness in the mental health professions. Reflecting societal views and religious sentiments, mental health organizations have historically pathologized same-sex behavior, creating a diagnostic category called “Homosexuality.” This disorder indicated a sociopathic personality and was used in the first and second editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM, American Psychiatric Association, 1952, 1968). Despite the removal of the category, some providers see same-sex attraction or behavior as a societal ill to be cured through the controversial conversion therapy (Ryan et al., 2020). Conversion therapy has been found to be ineffective and harmful to mental health and therefore disavowed by professional organizations (e.g., the American Psychological Association and the American Counseling Association; Ryan et al., 2020; Whitman & Biddell, 2012). Controversially, gender dysphoria remains a diagnostic category that may be applied to transgender and gender expansive clients today (American
Psychiatric Association, 2013). Despite removal of language surrounding “disorder” and even potentially beneficial uses for the diagnosis (such as securing documentation for gender-affirming surgery), gender dysphoria’s inclusion in the DSM 5 perpetuates the idea of divergence as disorder.

Importantly, even barring conversion therapy and gender dysphoria, there are elements of the counseling field that perpetuate heterosexism, namely through the use of language and theories that privilege heterosexuality as the normal or default way of being. Smith, Shin, and Officer (2012) discussed a few ways in which stigmatizing everyday discourse continues to pervade the counseling room. Consistent with queer theory assumptions, one way this may appear is through counselor subscription to essentialist views of identity, which supports sex and gender binaries and denies agentic and fluid experiences. Additionally, the use of gendered pronoun language, both in speech and writing, may reinforce gender binaries, denying the existence and experience of gender expansive people.

In theory, too, the field of counseling today must contend with heteronormative foundations. For example, the basis of Freudian psychoanalysis reinforces rigid gender stereotypes and binaries that can be harmful to clients, not to mention the pathologization of deviation from such binaries (Sharf, 2016). Although later theorists such as Beck (1970) would not predicate their theories on gender, sexuality, and deviance as a basis for explaining behavior and disorder, they also tended to ignore vital concerns for women, let alone those of sexual or gender minority people (Hurst & Genest 1995). While the more recent feminist and postmodern theories challenge systems-based power imbalances and utilize inclusive elements from constructivism, they are either not widely practiced or may be misused if applied mechanically (Dermer, 1998; Luu & Inman, 2018; Meyer & Cottone, 2013).
In counselor education. Issues of heterosexism and prejudice affect the counselor education program in the same ways they do clinical practice. Counselor educators are tasked with providing pedagogy to students that dismantles heteronormative beliefs and positions LGBT+ identities as normal and healthy (Whitman & Bidell, 2014). Whitman and Bidell (2014) provide helpful recommendations for counselor educators, including assessing the integration of LGBT+ topics in the curriculum and providing informed consent to applicants about the nature of the program and coursework pertaining to these topics. Smith, Foley, and Chaney (2008) explore intersectional axes of oppression, including ableism, racism, and heterosexism, and provide recommendations for ways to intervene with clients with multiple minoritized identities, but this article is also primarily conceptual. One area of agreement is in the need to highlight the experiences of QTPOC.

Bearing in mind the disproportionate rates of trauma affecting LGBT+ people, trauma education in the training program is germane to queer counseling competency. Based on accreditation standards from CACREP (2016), while trauma and crisis-related information must be included in the counseling curriculum, it is not required as a standalone class and so counselors-in-training (CITs) experience different degrees of preparation in the area. Levenson, Craig, and Austin (2021) discuss the importance of incorporating trauma-informed care principles with LGBT+ clients. Given research indicating that healthcare providers and systems can be retraumatizing for survivors, LGBT+ competent counselors are tasked with creating sanctuary from harm in order to foster healing (Bloom, 2000, 2013). Levenson et al. (2021) proposed a framework for tailoring trauma-informed care principles to the unique needs of queer clients, using the Substance Abuse and Mental Health Services Administration’s (SAMHSA; 2014) SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach.
they provide numerous concrete applications of trauma-informed, intersectional, and LGBT+ positive principles, their work requires empirical study and validation.

Similarly, despite recommendations from scholars (e.g., Whitman & Bidell, 2014), LGBT+ content is not consistently integrated into the training program. Some programs may have an LGBT-related course, but this may not be required for all students. Other programs may only include queer-related information in a multicultural or human sexuality course. Bidell (2013a, 2013b) indicated that multicultural counseling courses alone are insufficient for promoting queer competence, but LGBT+-specific courses can be. To increase the infusion of queer counseling information throughout the training program, Killian et al (2019) developed an experiential framework that utilizes the Multicultural and Social Justice Counseling Competencies (MSJCCs), Kolb’s (1984) experiential learning theory, and LGBT+ counseling competencies. The framework combines didactic instruction with experiential activities related to specific MSJCC domains (attitudes, skills, and actions) and emphasizes competence building prior to work with queer clients. The intersectional focus of the paradigm also emphasizes the experiences of QTPOC, who are regularly ignored and understudied (Killian et al., 2019).

Outcome measures for assessing CIT LGBT+ competence are also inconsistent. A variety of measures exist, including the Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005), the Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (Dillon & Worthington, 2003), the School Counselor Sexual Minority Advocacy Competence Scale (Simons, 2017), and the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (Bidell, 2017). The few studies using these measures identified that CITs feel unprepared. Using the SOCCS, Graham et al. (2011) and Farmer et al. (2013) found that CITs felt most competent in their attitudes towards and knowledge of LGBT clients and lacked
competence in providing effective counseling to queer clients. Both studies relied on self-report only, which may undermine accuracy of the findings; however, O’Shaughnessy and Spokane (2013) found self-reported LGBT+ counseling competency to be correlated to one measure of demonstrated competency, so self-report should not be disregarded prematurely.

Taken together, counselors and CITs report a need for practical application of skills and techniques with queer people. However, there is a dearth of empirical research examining this area, and what exists is often siloed (Blondeel et al., 2016). For example, Ali and Lambie (2019) found a strengths-based group therapy curriculum was helpful for fostering adaptive coping, social support, and coming out among LGBTQ+ young adults. Alternatively, implementing a cognitive-behavioral therapy (CBT) coping skills training with LGBTQ+ youth, Craig, Austin, and Huang (2018) reported that, post-intervention, youth experienced significant increases in their ability to engage in primary and secondary control strategies, especially using appropriate humor and seeking diversions from stress. CBT was also found to be helpful for sexual minority men healing from childhood sexual abuse (CSA; Taylor et al., 2018). Despite the high prevalence of trauma in this population, no researchers have examined whether sexual or gender identity moderates the effectiveness of evidence-based interventions for PTSD (Livingston et al., 2020).

Beyond the ubiquitous CBT, affirmative counseling is often referenced as an imperative in work with queer people, despite scant empirical support (Pachankis, 2018; Proujansky & Pachankis, 2014). Affirmative counseling, broadly, is the practice of viewing sexual and gender minority identities as inherently normal and healthy (Chaney et al., 2020). While some researchers have offered frameworks to position affirmative practice in a more practical lens (Alessi et al., 2015; Israel et al., 2003; Singh & Moss, 2016), the body of literature remains
primarily conceptual. Several authors have published on the application of affirmative
counseling with specific subpopulations, including Arab Americans (Chaney et al., 2020) and
older adults (Chaney & Whitman, 2020), but they do not engage in empirical investigation of
their claims. One of the few empirical works that centers on affirmative counseling, Love and
colleagues’ (2014) study found that the use of “gay affirmative practice” was positively related
to the empathic concern subscale on the Interpersonal Reactivity Index. Notably, the authors’ use
of “gay affirmative practice” is exemplary of researchers’ difficulty with inclusivity in their work
Overall, despite widespread acclaim; no evidence exists connecting the use of affirmative
counseling alone with treatment outcomes.

Based on this discrepancy in training, queer counselors and CITs sit at a challenging
crossroads. The training program may provide minimal, if any, specialized instruction on how to
work with clients with an important shared identity, let alone in employing effective trauma
treatment. Similarly, to date, no studies have explored how queer counselors or CITs are trained
to work with queer clients or what interventions or approaches they use.

**Queer Trauma**

Research reviewed thus far indicates that LGBT+ people experience rates of trauma that
are comparatively higher than the general population (Katz-Wise & Hyde, 2012; McKay et al.,
2019; Robinson & Rubin, 2016). Some researchers have examined specific forms of trauma
pertinent to queer people, including victimization (Katz-Wise & Hyde, 2012) and violence
(McKay et al., 2019). However, a comprehensive understanding of queer trauma requires greater
depth regarding the specifics of common traumas, their comparison to heterosexual counterparts,
and the landscape of treatment in clinical practice.

Trauma encompasses more than a specific distressing event (Levenson et al., 2019).
Trauma occurs when an event so overwhelms an individual’s sense of safety and coping that
significant stress and helplessness arises (Bloom, 2013; van der Kolk, 2014). It violates the sense of meaning and understanding of the self, others, and the world (Range et al., 2018). Bloom (2007) reports that it is common for survivors of trauma to struggle to find safety, manage emotions, cope with losses, and envision a happy or healthy future. Over prolonged periods, traumatic stress accumulates; flooding the body with hormones to respond to a threat it is unable to combat physically (van der Kolk, 2006). The resulting hypervigilance to perceived threats changes the physical structure of the brain to prioritize survival capabilities over comparatively extraneous functions, including emotion regulation (Levenson et al., 2019; van der Kolk, 2006). In response, the conscious mind seeks out stability through thinking or behavioral strategies that support short-term survival but may be maladaptive in the long-term (Bloom, 2013).

Importantly, extant literature rarely labels the distressing experiences of LGBT+ people as “trauma;” rather, they are referred to using more specific construct or phenomenon names (e.g., victimization, sexual assault, etc.). Authors may mention that such experiences could be traumatic in their writing, but this pattern results in a siloed body of literature organized loosely by trauma type. Although this practice may be helpful for reducing pathologization, it also serves to other the experiences of LGBT+ people, invalidating their trauma (Levenson et al., 2021). The following phenomena (childhood victimization, sexual abuse, intimate partner violence, and prejudiced-based violence) represent the primary silos in the literature.

For queer people, disparities in trauma exposure begin in childhood in the form of Adverse Childhood Experiences (ACEs; Levenson et al., 2021). Examples of ACEs include frequent childhood sexual abuse, physical abuse, or the presence of a family member with substance abuse or mental illness (Felitti et al., 1998). Craig and colleagues (2020) surveyed LGBTQ+ youth between the ages of 14 and 18 and found that the sample reported above average
numbers of ACEs (M=3.14, SD= 2.44). Nearly 40% reported four or more ACEs. In a meta-analysis focusing specifically on CSA with LGB people, Xu and Zheng (2015) synthesized 65 articles from nine countries. They found the prevalence of CSA among LGB people to be about 28.4%. Lesbian-identifying participants had the highest average prevalence at about 37%. ACEs, and CSA in particular, have been linked to a variety of negative health outcomes, including suicidality and substance abuse, so Xu and Zheng’s work provides an important review of an understudied and misunderstood type of trauma (Anderson & Blsonich, 2013).

The literature examining LGBT+ trauma in adulthood tends to omit developmental perspectives that consider childhood victimization. The link between childhood trauma and future health problems is well-supported (e.g., see Moffitt, 2013), and, in general population studies, some forms of childhood trauma have been connected to increased risk of revictimization as an adult (Briere et al., 2020; Dias et al., 2017). However, research examining childhood trauma and revictimization among queer adults is minimal, and the link is hardly referenced in extant literature on LGBT+ adult trauma (Bos et al., 2019). Rothman, Exner, and Baughman (2011) were among the first to peripherally explore childhood and adult victimization in a systematic review. While their review included studies with CSA, their primary focus remained on identifying overall lifetime prevalence of sexual assault, which was between 15.6 and 85% for lesbian and bisexual (LB) women and 11.8 and 54% for gay and bisexual (GB) men. The review synthesized a substantial portion of sexual assault literature; however, it is only descriptive and does not establish any link between childhood and adult victimization. More recently, Bos et al. (2019) explored a possible link between victimization at both stages with a sample of 2,352 Dutch LGB adults. They found that childhood traumas significantly mediated the relationship between childhood gender nonconformity and adulthood sexual victimization for
GB men, but not LB women. The study is among the first to explore this link among queer people, but it is not possible to draw causal conclusions due to the cross-sectional nature of the design.

Related to sexual assault, intimate partner violence (IPV) is also a pressing concern for LGBT+ people (Longobardi & Badenes-Ribera, 2017). Ho, Ehman, and Gross (2021) examined both sexual victimization and IPV using a sample of LGBTQ adults. IPV victimization was high in the past year (reported by 31% of participants) and since the age of 14 (reported by 66% of participants). Participants also reported on their sexual violence perpetration (17% in the last year, and 27% since the age of 14). Using logistic regression, they found that traditional gender role beliefs and behaviors predicted both violence and perpetration, whereas sexual assertiveness was negatively correlated with victimization and perpetration. Longobardi and Badenes-Ribera (2017) completed a literature synthesis on the same-sex relationship IPV literature. Their analysis revealed that multiple types of IPV co-occur, but psychological IPV was most common. IPV was commonly bidirectional in same-sex relationships, and rates were related to minority stress factors, including internalized homophobia, outness, and discrimination. Rates tended to be comparable to heterosexual relationships.

Considering traumas that might emerge from outside of the queer community, D’haese, Dewaele, and Van Houtte (2015) address potential consequences associated with sexual stigma in a qualitative exploration of Flemish LGB survivors of “anti-gay violence.” Participants were also asked about their coping skills after experiencing violence. They first identified avoidance strategies that might protect them from experiencing further harm, including refraining from contact with partners and hypervigilance. They also noted cognitive strategies that might be helpful for reducing some of the emotional pain and shame associated with the attack, as well as
strategies to engage social support. Although they focused on recovery from the events, D’haese et al. (2015) noted the intense effects even seemingly “minor” verbal assaults had on participants. Whitfield et al. (2019) examined instances of anti-LGBQ harassment using the One Colorado LGBTQ Needs Assessment (N=3690). Importantly, the study did not directly call such experiences of harassment “trauma,” despite their distressing and potentially threatening nature. They found that nearly 45% of respondents experienced harassment at school, 83% experienced it at home, 94% experienced it on the streets, and 86% experienced it from police officers, firefighters, or other civil servants. LGBQ POC were more likely to report anti-LGBQ harassment at school than White counterparts were.

Little, if any, research considers QTPOC specifically. It is essential for researchers and clinicians to consider intersectionality, or the unique experiences of people who possess multiple identities that are marginalized in society (Huang et al., 2020). Despite significant evidence that individual marginalized identities place people at greater risk of exposure to trauma, few studies explore this in detail (Sigurvinsdottir & Ullman, 2016). Huang and colleagues (2020) identified that, despite recent calls for intersectional intervention research for QTPOC, only about 16% of articles identified in their systematic review gave appropriate consideration to intersectional identities.

**Collective and intergenerational trauma.** Violence is often employed with the goal to victimize the LGBT+ community as a whole. For example, in 2016, Pulse, a gay nightclub in Orlando, Florida, was the target of what was at the time the country’s deadliest mass shooting. The shooting occurred on a Latin Pride Night and resulted in 49 deaths and 53 casualties; evidence after the attack indicated that it was motivated by both anti-Latinx and anti-LGBT+ hate (Ramirez et al., 2018). Findings from Ramirez, Gonzalez, and Galupo (2018) revealed that
violence and discrimination are regular parts of the group narrative for LGBT+ people, especially QTPOC. Life-threatening events that affect more than one person on the basis of a shared identity and become embedded in group narratives are referred to as collective trauma (Watson et al., 2020). Similar to individual traumas, collective trauma results in a crisis of meaning and disruptions in internal and external relationships and sense-making (Hirschberger, 2018). As narratives of dominance and oppression often undergird trauma narratives, collective trauma disproportionately affects marginalized communities and interacts with other systemic issues of discrimination, stigma, and inequity (Macias et al., 2020).

Conceptually, collective trauma is related to historical and intergenerational trauma (Kelly et al., 2020). Brave Heart and DeBruyn (1998) developed the constructs of historical unresolved grief and historical trauma to describe events of oppression that were disenfranchised, accumulating across generations and resulting in group-wide effects. The terms were later re-coined by others (e.g., Hesse & Main, 2000) as “intergenerational trauma” to emphasize the effects experienced by later generations. Researchers do not agree on the relationship between intergenerational and collective trauma; some (Macias et al., 2020) omit an intergenerational component to collective trauma whereas others (Hirschberger, 2018; Watson et al., 2020) see intergenerational transmission and effects as integral to the construct. While some researchers (e.g. Ramirez et al., 2018) have explored collective traumas in the queer community, consistent with other research on queer trauma, it is usually referred to as the specific respective phenomenon.

Kelly and colleagues (2020) were among the first to explore collective trauma in queer communities specifically. Interviewing 80 queer people living in Portland, Oregon, they found that participants readily identified various instances of trauma that affected the local LGBT+
community. Most (n=78) identified external sources of trauma including violence, hate crimes, or harassment while a sizable minority (n=21) identified internal sources of trauma including the erosion of the queer community through political apathy as well as experiences of racism. Kelly and colleagues (2020) indicated that most participants reported about more recent traumas (specific events in the Portland area) versus distal events (e.g., the murder of Matthew Shepherd in 1998). Controversially, they suggested that this indicates disconnection in community narratives, and therefore collective trauma in queer communities does not contain an intergenerational component. They further stated that there is a lack of transmission of history in queer communities because “queer people most often do not grow up with queer people in their families of origin and lack access to elders within the queer community” (Kelly et al., 2020, p. 10). However, their work is qualitative in nature, so these causal claims are not only problematic, but also unsupported.

Omitting an intergenerational component from queer trauma positions practitioners at a disadvantage for effective work with LGBT+ people because it reduces the extent to which socio-political contexts are considered. As counseling researchers are often educators to future clinicians, the literature therefore provides a landscape of the information used in training programs, and the image provided here is incomplete. Even conceptual works exploring inclusive, trauma-informed practices in the literature only briefly touch on the role of historical oppression and their meaning for future generations of queer people (Levenson et al., 2021). In general, the competencies that underpin counselors in training (CIT) trauma education emphasize clinician attitudes (e.g., respect and nonjudgement), knowledge (e.g., the neurobiological basis of trauma) and skills (e.g. providing trauma-informed interventions in an effective way; Cook et al., 2019; Gentry et al., 2017; Paige et al., 2017). CITs must also be trained to cope with and manage
their own personal reactions to the work to avoid experiencing trauma vicariously (Kim et al., 2021). No singular trauma treatment model pervades the mental health professions, but in general, they employ stage-based approaches centered on (a) building rapport, (b) providing coping/self-regulation strategies, and (c) reprocessing the traumatic memories (Cloitre et al., 2012; Gentry et al., 2017). Importantly, these models do not incorporate acknowledgement of social/cultural/political forces that affect the incidence or consequences of trauma for any marginalized group.

Although some consensus exists in theory, discrepancies in the implementation of trauma education remain, resulting in clinicians who feel unprepared to treat trauma (Chatters & Liu, 2020). For example, Hemmings and Evans (2018) found that about 70% of their sample of counselors reported working with clients with experiences of race-based trauma, although about the same percentage had not received training in even identifying race-based trauma, and 81% reported they had not received training to treat it. Relatedly, Morris and Barrio-Minton (2012) found that, while the majority of their sample regularly provided crisis counseling, only 20% completed training in the modality during their graduate program. Gaps in training indicate the potential for ethical violations related to practicing outside scope of expertise (ACA, 2014). Not only may clinicians out of their element be impaired in their effectiveness, they are also at risk of causing harm to their clients and to themselves via vicarious trauma (Kim et al., 2021). For queer CITs, the risk of vicarious trauma may be greater based on similar experiences and identities, especially considering lack of evidence indicating that training programs prepare their queer CITs to engage in bracketing and self-care (Kim et al., 2021).

Taken together, the literature supports a further examination of group-level traumas in the queer community, especially from a historical perspective. Furthermore, CITs or counselors
require more training for working with marginalized populations dealing with social oppression and trauma. Such training should be practical and culturally responsive, taking into account intersectional identities in order to improve outcomes. Queer CITs and counselors in particular require training to better inform their work with queer clients and address shared identities and necessary actions for protecting themselves from vicarious trauma. There is a clear need for additional trauma training in the treatment of intergenerational trauma among queer people.

**Expressive Interventions**

Clinicians working with survivors of trauma ask their clients to do what is contrary to the nature of their experiences — bring them to light, explore them, and reintegrate them into their narratives through meaning-making processes (Gentry et al., 2017). Trauma is inherently resistant to treatment; it settles into the body and the unconscious of the mind, partially forced there to increase the chance of survival in the short-term (Bloom, 2013). Queer survivors of traumas may find their experiences harder to bring to the surface because they must navigate a traumatic process disenfranchised by heterosexism (D’haese et al., 2015). Traumatic memories may feel challenging or impossible to verbalize (Perryman et al., 2019). This sensation is supported by neuropsychological research, which indicates that traumatic memories are stored differently than other memories in the brain, inhibiting their retrieval and resolution (van der Kolk, 2014).

Expressive interventions provide a variety of benefits for use in trauma treatment. First, they allow clients to communicate about their trauma in a nonverbal manner (Perryman et al., 2019). Artifacts created through the use of artistic modalities may be the catalyst for discussion that breaches the trauma narrative, but the process of creation itself serves as a medium through which to direct the associated energy and emotion while engaged in conversation (Ginicola et al., 2012). Expressive interventions can tap into the unconscious and integrate information from the
feeling-based right-brain; therefore, a story elicited through these modalities may be more comprehensive than one drawn out through verbal communication alone (Ginicola et al., 2012; Perryman et al., 2019). Taken together, creative interventions are able to make the processing of challenging events feel less threatening. For queer people specifically, art therapies can foster agency and resiliency while advancing social justice (Karcher, 2017). Further, they can provide one avenue for contributing to cultural generativity through the creation of works that can last into the future (Bower et al., 2019).

Short Stories

Central to trauma is the disruption of meaning, especially in the challenging assumptions about the self, others, and the world (Copley & Carney, 2020). Accordingly, therapeutic interventions aimed at addressing meaning making of challenging events, also referred to as narrative processes, help to create a sense of wholeness that offers stability to the survivor (Reynolds, 2007). Bibliotherapy, or reading existing works as an adjunctive therapeutic intervention, is used but sparsely researched, especially with LGBT+ people (Frank & Cannon, 2009). Creating stories receives even less attention in therapy and qualitative research, but they provide additional unique benefits as an expressive modality, including the packaging of meaning and emotional content in an accessible way (Satchwell et al., 2020). While not researched with queer people specifically, fictional writing has been used in qualitative research with youth with disabilities. Satchwell and colleagues (2020) engaged in a participatory process to co-create fictional works with rigor that captured phenomena of interest to the participants based on their lived experiences. The emphasis of the article remained on how the works were constructed in a way that retained their fidelity as research findings. They discussed the use of iterative interviews conducted with and by participants with varying intervention from the research team. These interviews were coded and themed conventionally, but the themes
themselves became major plot points or “ingredients” for stories (Satchwell et al., 2020). The team did not report short stories constructed, but emphasize the potential for this modality as a faithful re-presentation of data (Bhattacharya, 2017).

**Sandtray**

Sandtray is a flexible modality that can be used for the expressive and projective purpose of processing intra- and interpersonal concerns (Homeyer & Sweeney, 2017). It involves the therapeutic use of containers of dry or wet sand in conjunction with “miniatures” and “figures” that can be used to represent the client and important people, places, ideas, or things (Garrett, 2017). Clients may be asked to construct scenes using the objects in a process that elicits the client’s internal symbolic world, or they may be invited to explore the sand tray on their own (Wang & Privitera, 2019). As an experiential therapeutic modality, processing of the sandtray can be completed verbally, nonverbally (through further manipulation of the sandtray scene), or a combination of the two (Garrett, 2017). Importantly, sandtray therapists must seek to implement the sandtray in conjunction with their therapeutic presence to provide coping and a source of emotional regulation before processing occurs (Homeyer & Sweeney, 2017).

For survivors of trauma, sandtray therapy offers a variety of benefits. First, it introduces the essential skill of containment. Rather than relying solely on the clinician to manage the client’s emotions during trauma treatment and processing, the sandtray allows the client to engage in a co-constructed process of monitoring and regulating the energy and emotions elicited by their memories (Reynolds, 2007). Beyond allowing for nonverbal communication and reducing retraumatization, sandtray is helpful for sensory modulation to address emotional dysregulation, which can be common for survivors of trauma (Warner et al., 2013). As a result, exploring the sandtray even without direct therapeutic intervention can offer a powerful means of coping in and between counseling sessions (De Little, 2020). Sandtray similarly allows survivors
to externalize parts of their narrative and explore various outcomes, encouraging the integration of emotional, cognitive, and somatic experiences, as well as fostering agency and self-regulation (Homeyer & Sweeney, 2017; Perryman et al., 2019).

Expressive interventions are unique in the mental health professions as they have been widely used but poorly researched; however, in recent years, advances in neuroscience research have provided a depth of support (Perryman et al., 2019). They are modalities that are intrinsically culturally-responsive as they rely on other ways of knowing beyond the empirical while providing an experiential vehicle for communication (Henderson & Gladding, 1998). Arts-based interventions are also especially effective in trauma work because of their emphasis on bodywork and the integration of cognitive, emotive, and somatic experiences (Kern & Perryman, 2016). Expressive modalities in therapy can be used in conjunction, although this has not be well researched; however, each piece must serve a specific purpose and they must support each other rather than compete (e.g., using one visual-based method with one verbal-method instead of multiple visual methods; Perryman et al., 2019). Linzmayer and Halpenny (2013) discuss the use of sandtray in conjunction with other arts-based methods (including photography) from a research perspective, but the purpose of photography was to record the sandtray scenes so it could serve as a memory aid for participants in a multi-day study. In the present study, virtual sandtrays were elicited through the use of prompts to explore participants’ trauma narratives, precipitants, and trauma in queer communities more broadly.

Chapter Summary

The positioning of queerness in society results in the devaluing and marginalization of non-heteronormative existence. This context affects how counselors and counselor educators approach work with queer people, which is usually inconsistent and inadequate. LGBT+ people experience disproportionate rates of trauma and mental health concerns and so require effective
interventions that emphasize intersectionality. Expressive modalities provide counselors with a culturally responsive avenue for trauma treatment and qualitative researchers with rich, multimodal data. In the present study, LGBT+ participants shared about their experiences of trauma, especially distal traumas, through the use of arts-based research methods.
CHAPTER 3
MANUSCRIPT

Trauma is one of the most pervasive contributing factors to public mental illness and social inequity globally (SAMHSA, 2014). Broadly, trauma can be defined as any event and aftermath that causes significant harm or threat of harm to physical, psychological, or emotional wellbeing or safety (van der Kolk, 2014). Trauma violates the individual sense of meaning and assumptions about the nature of the self, others, and the world (Bloom, 2013). Exposure to trauma floods the body with stress hormones as it tries to combat a perceived threat; over prolonged periods, this can result in structural brain changes and physical or mental health conditions (Levenson et al., 2021; van der Kolk, 2006).

LGBT+ people (also referred to after as queer people) experience additional stressors due to their marginalized identities, and often these stressors are experienced as traumatic in nature (Meyer, 2003). The distress associated with experiences of oppression and trauma results in increased physical and mental health disparities among queer people. For example, LGB people have been found to be more likely than their heterosexual counterparts to report mental distress and depression (Gonzales & Henning-Smith, 2017). Suicide also remains a pressing public health concern for queer-identifying people. LGBT+ people may be more than 10 times more likely to attempt suicide over their lifetime (Haas et al., 2010; Hass et al., 2014).

There is evidence to support further examination of the trauma narratives of the queer community, especially taking into account how historical events of marginalization affect social inequity and health today. Similarly, there is a need to develop culturally responsive interventions to address distal sources of trauma for queer people (Huang et al., 2020). This study explores the experiences of LGBT+ clinicians discussing stories of trauma through the use of sandtray (Warner et al., 2013).
Queer Stigma and Effects

Several constructs and frameworks have attempted to explain the social structures underpinning the disproportionate rates of stress, trauma, and physical and mental health disparities among queer people. Homophobia, or an emotional reactivity to non-heterosexual people, is the most commonly used in everyday language, but it is imprecise (Kuvalanka, 2014; Weinberg, 1973). Heterosexism, which denotes an ideological system of oppression based on sexual or gender identity, and heteronormativity, which positions heterosexuality as the “normal” or preferred orientation, tend to be preferred in the literature today (Herek et al., 2009; Kuvalanka, 2014). Centering these forces, Meyer (2003) developed the minority stress model, which posits that the stigma and discrimination arising from heterosexism in society explain the disproportionate rates of mental health disorders among queer people. According to the model, oppressive forces from the heteronormative system (or heteronorm) and their effects should be considered the root cause of increased exposure to trauma and the resulting health outcomes.

At the individual level, microaggressions (Sue et al., 2007) — often unconscious statements or behaviors that imply harmful messages based on identity — are another manifestation of oppression. Nadal et al. (2016) found that the most common microaggressions directed towards LGBT+ people included oversexualization/exoticization, use of aggressive/derogatory language, the projection of stereotypical assumptions, and denial of sexual/gender identity experience. While they noted the increased attention on this topic, their review highlighted the need for exploring how these microaggressions affect queer people, especially those with multiple minority identities.

Queer Trauma

Compared to the general population, LGBT+ people are more likely to possess trauma narratives from childhood, often from events described as Adverse Childhood Experiences.
(ACEs). Craig and colleagues (2020) found that LGBT+ youth reported an average of 3.14 ACEs, and 43% of their sample endorsed 4 or more, which is considered a high level of trauma exposure. Similarly, in a meta-analysis, Friedman et al. (2011) found LGB youth were 3.8 times more likely to experience childhood sexual abuse, as well as 1.3 times more likely to experience parental physical abuse and 1.7 times more likely to report assault at school from peers.

While general population studies indicate that childhood exposure to trauma is connected to increase risk of adult traumatization, few studies mention or explore this connection in LGBT+ populations (Dias et al., 2017). Similarly, extant LGBT+ literature rarely mentions trauma, even when centering distressing or threatening events, such as assault, sexual victimization, or intimate partner violence. As a result, the literature tends to be siloed, making definitive statements about rates of traumatization among LGBT+ adults unclear (Levenson et al., 2021). For example, while researchers have found queer people experience disproportionate rates of sexual and intimate partner violence, there are no studies that correspond with the youth ACEs studies and record total traumatic events experienced by adulthood (Ho et al., 2021).

Due to the politicized nature of LGBT+ identities, violence is often employed by the heteronorm with the goal to harm the LGBT+ community and demonstrate lack of belonging and safety. For example, the Pulse nightclub shooting, which resulted in 49 deaths and 53 casualties, was motivated by anti-LGBT+ and anti-Latinx hate (Ramirez et al., 2018). In the aftermath, queer people across the country exhibited reactions consistent with grief and trauma (Suárez et al., 2020). Traumatic events targeting a group on the basis of shared identity are referred to as collective trauma (Hirschberger, 2018). Similar to trauma experienced by the individual, collective trauma overwhelms coping and safety, affecting group identity, meaning, and narratives (Watson et al., 2020).
Predating collective trauma, intergenerational trauma (Brave Heart & DeBruyn, 1998; Hesse & Main, 2000) describes the accumulated effects of traumatic events on future generations in the group, emphasizing that distal events can have significant consequences. Despite documented trauma over time (e.g., police raids, criminalization, the AIDS epidemic, etc.), researchers have neglected exploring the effects of distal historical traumas in the LGBT+ community. Among the scant existing literature, Bower et al. (2019) found that surviving the AIDS epidemic affected LGBT+ older adults’ narratives of generativity, but did not consider the legacy of the tragedy on future generations. Kelly and colleagues (2020) found disconnections in LGBT+ group narratives of trauma but assumed that this meant that intergenerational transmission of trauma did not occur, rather than consider that these disconnections may be a symptom of the phenomenon.

**Expressive Arts and Trauma**

Expressive interventions, such as painting, poetry, and music, can be beneficial for trauma treatment for several reasons. They can draw out aspects of trauma narratives that feel unspeakable (Lindhout et al., 2020) and activate feeling-based and cognition-based centers in the brain to integrate sensory information (Ginicola et al., 2012). For marginalized people, expressive therapies and research methods also serve the purpose of advancing social justice through troubling power systems and enhancing resilience (Karcher, 2017). Sandtray, the use of containers of sand with figures to process intra- and interpersonal concerns, provides survivors of trauma the opportunity to practice containment, managing and regulating the tumultuous emotions associated with the traumatic events (Homeyer & Sweeney, 2017; Reynolds, 2007; Warner et al., 2013).

Expressive or arts-based approaches have been used for data collection and analysis in other disciplines (e.g., see Bhattacharya, 2020); however, they are not typically utilized in
counseling literature. Similarly, although sandtray has been used in counseling research as an intervention of focus (e.g., Wang & Privitera, 2019), no existing study has employed sandtrays as a research method. In the present study, I proposed an approach for conducting trauma-informed research by utilizing arts-based forms of data collection, analysis, and re-presentation of data that can enrich and contain participants’ narratives.

Methods

Positionality

Intersectionality theory (Chan & Erby, 2018) underpins my approach to my clinical work, research, and self-understanding. At my intersections, I hold both identities of privilege and marginalization in our society. This forms the basis of an insider-outsider status that pervaded my positioning in the study. Presenting as a White man, I carry a great deal of power and also symbolize oppressive systems. These identities position me as an insider relative to dominant culture, but an outsider relative to many marginalized groups. However, my maleness as assumed only represents my chosen gender expression. I identify as a queer, gay, and nonbinary person. My assigned gender at birth mostly fits with my internal sense of gender, but a persistent and variable portion of my internal identity is agender. Each of these identities position me as an outsider in dominant culture but an insider within queer communities; however, as a mostly straight-assumed, male-presenting person, I carry privilege relative to more feminine-presenting gay men as well as other gender-expansive identities. In some situations, I must disclose my identity to be seen, which is both burden and privilege.

Throughout the research process, I found myself in reflection on my queerness—especially interrogating how I identify versus how I present, and what that might mean about my previously unseen or unaddressed internalized heterosexism. I questioned if I was “queer enough” to be conducting this research, while also carefully considering how my work might be
viewed by the straight gaze and, more broadly, “academia.” I had to navigate how to recognize
when I was censoring myself and participants and for what purpose. Where I believed it
appropriate, I refrained from making this work palatable for heterosexist systems at the expense
of participants’ stories. My hope is that the honesty, beauty, and pain of the stories recorded
remain nonetheless accessible for anyone with an open heart.

As I navigated the procedures of the study, I continued to revisit the “best” way to
address my positionality. Considering my intersectionalities, I believed that it was not
necessarily possible or advantageous to attempt to bracket my subjectivity completely. As I
would discover, my identities served as a benefit in data collection for two significant reasons:
(a) they allowed me to build rapport with participants without shifting the focus of data
collection to me and (b) they helped participants bypass the emotional labor associated with a
felt obligation to explain basic shared realities related to possessing a queer identity. However, in
recognizing the importance of avoiding undue bias, I worked with a peer debriefer throughout
the study to ensure I did not project my own experiences onto my interpretation of the data.

Design
I utilized a Critical Queer Theory (queer crit) framework that is influenced by intersectionality
theory and applied to a creative narrative inquiry methodology. Creative narrative inquiry seeks
to understand lived experience as communicated through the content and process of shared
stories. Constructed narratives possess inextricable links between individual perception, socio-
cultural stories, and overall sense of meaning (Clandinin & Rosiek, 2007; Lessard et al., 2018).
Based on queer crit’s assumption that certain voices and narratives are silenced or ignored to
maintain dominant power structures, creative narrative inquiry offers the opportunity to re-center
the stories of minoritized people (Misawa, 2010). Similarly, utilizing creative methods for story
re-telling and re-presentation honors experiential knowledge as a valid and complete way of
knowing in its own right. From a trauma-informed perspective, these framework and methods choices also respect the natural reactions to traumatic events, such as revision of meaning and separation of emotive, cognitive, and somatic information. The following research questions guided the exploration:

1. What are the key stories that participants tell to describe their experiences with trauma as queer people?
2. How do participants describe the effects of distal forms of trauma in their lives and trauma narratives?

Procedures

After institutional review board approval, I asked social media groups for LGBT+ clinicians to post a flyer providing information about the study in order to recruit via purposive sampling. The flyer listed criteria for participation, specifying that participants must (a) Identify as LGBT+, (b) Identify as a currently practicing counselor, and (c) Possess clinical experience with at least one LGBT+ client. I chose to recruit from currently practicing counselors with experience with LGBT+ clients for a couple of reasons. First, consistent with the trauma-informed framework of the study, I wanted to prioritize participant wellness while discussing narratives of trauma. In addition to the safeguards built into the study (e.g., using the sandtray as a buffer, taking frequent breaks, processing emotions, etc.), I believed that currently practicing counselors would possess greater resources and supports for emotional wellness relative to the general population because of their training. If there were additional needs to self-regulate or process emotions, I also thought that participants would possess higher self-awareness and the ability to communicate this to me or someone else after the data collection completed. I also wanted to recruit counselors with experience with LGBT+ clients as a measure to enhance
participant stories. Because I asked questions related to larger community history and patterns, it was important that participants could speak to LGBT+ experiences beyond their own.

Based on the criteria on the flyer, participants self-selected and contacted me to participate. I scheduled a one-day, four-hour meeting for data collection for each individual participant that was completed and recorded via Zoom. Prior to the meeting, participants received a document with information on accessing and using the virtual sandtray so that they could familiarize themselves if they wished. At the beginning of the meeting, I completed a demographic questionnaire to capture sexual, affectional and gender identity, age, race, ethnicity, education level, clinical license, and clinical history. I provided a rough schedule for the four-hour meeting and reminded participants that they were welcome to use as much or as little time as they felt they needed to respond to questions and build their sandtrays. I also indicated that I was available after the meeting time if they needed additional time to complete the procedures or to process emotions elicited by our discussions. Participants also chose their pseudonyms at this time. The meeting consisted of several interview questions and three sandtray prompts, which are listed in Table 3-2 at the end of this chapter.

Participants

The participants were seven LGBT+ identifying clinicians in the United States. Participants ranged in age from 28 – 58 years old ($M=36.71$, $SD=10.95$). Table 3-1 at the end of this chapter provides participant pseudonyms and other information about identities relevant to the study.

Data Collection Procedures

After completing the demographic questionnaire, we began with the semi-structured interview protocol. The document was created after reviewing the extant literature on intergenerational and collective trauma and LGBT+ oppression and discrimination. There were
around five broad questions with several optional probes. One interview question included was: “What comes to mind when considering the intersection of power and trauma?” The interview questions were interspersed with sandtray prompts.

The sandtrays were completed through the free virtual sandtray provided by the Oaklander Institute (accessed at https://onlinesandtray.com/; Fried, 2022). It can be accessed at onlinesandtray.com. The sandtray offers a variety of miniatures that users can resize, flip, duplicate, and layer. Users can also save an image of the tray to their computers. The sandtray prompts were generated after reviewing the literature and clinical texts about sandtray, trauma-informed interventions, and social justice arts-therapy (e.g., Homeyer & Sweeney, 2017; Karcher, 2017). A sample sandtray prompt was an adaptation of Lowenfeld’s (1979) world technique. Participants were asked, “Show me in the sand who you are and how you exist in your world.” After completing each tray, participants described the scene, discussed the resulting emotions, and processed any emerging aspects, reactions, or themes that felt significant to understand their story. At times, I invited participants to reconstruct their sandtray, especially when they shared narratives of trauma, to center their wellness and affirm their power and agency. For example, I might ask a participant to give a miniature that represented themselves the support they wish they received after a traumatic event. This approach was therapeutically informed, but not done as an intervention per se; instead, it was intended to offer some protection to the participant and help them move out of the retelling of their traumatic event (Homeyer & Sweeney, 2017). I considered the sandtray as a functional unit of data to include the image, the recording of participant explanations, and the transcript of the explanations.

Data Analysis

As the sandtrays were intended to capture the emotive and somatic information of narratives that may not arise in traditional interview questions, I chose to analyze the data sets
independently of each other. I worked with another team member and utilized Moustakas’ (1994) transcendental phenomenological analysis for the information elicited via interview questions. After engaging in an adapted epoché process (to remain consistent with my positionality approach described above), we coded and themed transcripts individually. We presented our codes and themes to each other and engaged in several rounds of a reconciliation process to come to a consensus. I chose to incorporate a phenomenological analytical method into the narrative inquiry framework for a few reasons. Because intergenerational trauma has been poorly defined among queer people, I believed it important to have part of the data explore the phenomenon of interest; however, I also remained loyal to the narrative inquiry framework by focusing on the narratives participants told to explain the phenomenon. Additionally, of all phenomenological traditions, transcendental is most concerned with the meaning made of phenomenon, which is consistent with the trauma-informed conceptual framework of the study (Moustakas, 1994).

To analyze the sandtrays, I worked individually to complete Leavy and Scotti’s (2017) textual-visual snapshots. This analytical method involves translating visual data back and forth between verbal and visual media, consolidating meaning each time. My goal was to complete representation (Bhattacharya, 2017) of participant narratives into “found” sandtrays and fictional short stories that summarized participant narratives. When transforming the data into a visual medium, I used sandtrays, but when transforming to verbal medium, I used lists, phrases, and short stories.

To complete this process, I opened the participants’ sandtrays, transcripts and interview recordings and immersed myself in each functional unit of data. I brought myself back to the moment in which the participant shared the sandtray, reconnecting with the emotions the tray
and processing elicited from both of us. After reviewing all three sandtrays for a participant, I engaged in a contemplative and associative practice, visualizing the elements and emotions that came up freely or otherwise seemed most significant. I avoided trying to recall specific words or phrases where possible, focusing instead on mentally generating images and emotions. However, to keep a record of the practice, I wrote a short summary or drew these images to capture them in a way that I might recreate them if need be. Flipping back to a textual medium, I studied what was elicited in the previous step before creating a list of motifs or phrases related to literary and narrative practices that described the significant elements of the sandtrays. Depending on the participant’s data, or my own reactions or positioning, I might iteratively complete the contemplative practice and list two or three times if needed to consolidate the raw meaning as much as possible. Once completed, I had a short list of the primary motifs, conflicts, and literary themes, which I used to generate a representative scene in the “found” sandtray. I completed as many sandtrays as necessary until I believed the elements from the list were represented adequately, although I tried to limit myself to three sandtrays so that I might continue to rely primarily on my intuitive and emotive ways of knowing and relating to the data. I then created a short story using the final found sandtray as inspiration. For some participants, the sandtray and short story were in complete alignment; for others, there was some ambiguity about the meaning or possible interpretation of the tray even after reading the short story. I considered each participant’s sandtrays separately, resulting at first in seven separate sandtrays and fictional short stories that summarized each participant’s narratives. In the final round of the textual/visual snapshot process, I sought to consolidate the sandtrays and short stories to works that were summative of all participants’ shared experiences. I completed this by utilizing a similar
contemplative exercise and textual list process, only this time relying on the previous found sandtrays and short stories as the source material. The results of this process can be found below.

**Trustworthiness**

I engaged in several methods to promote trustworthiness and credibility of the study. Consistent with the design of the study, I used multiple forms of data for triangulation (Creswell, 2018). During the interview data analysis process, I engaged in adapted bracketing, and during the sandtray analysis process, worked with a peer debriefer (Moustakas, 1994). Additionally, I utilized a co-construction or member check process. Approximately a month after the interview, participants received the preliminary findings and individual artifacts (the found sandtray and short story I created for them). We set up another individual meeting for up to 30 minutes (also held via Zoom) to discuss the study, additional thoughts or reactions to our last meeting, and the artifacts. At this point, I shared more about the analytic process and the specific elements, themes, and motifs of the participants’ stories that stood out to me. Following the process through, I described how these aspects of their stories resurfaced through the textual/visual snapshot process and culminated in the found sandtray and short story. We then immersed ourselves in the artifacts and processed the emotions they elicited. I asked participants about the veracity and goodness-of-fit of the artifacts, specifically inquiring about any significant elements that did not fit or those that I might have missed in my analysis. This process was especially important for preserving the experiences of my participants with multiple minoritized identities. Participants had a few small edits, but, overall, believed that their stories and truths were reflected.

**Findings**

The discrete data analysis procedures yielded two distinct yet interconnected sets of findings. After exploring the findings of the interview transcripts, I provided the summative
artifacts that resulted from the analysis of participants’ sandtrays. Lastly, there is an exploration of the artifacts and their connections to participants’ creative data.

**Thematic Findings**

From the interview transcripts that underwent transcendental phenomenological analysis (Moustakas, 1994), we identified four themes: (1) reconstructing self; (2) trauma as messages of otherness; (3) culture of trauma; and (4) future resilience. The third theme had one subtheme: oppressing within.

**Reconstructing Self.** Participants shared many narratives that described a process of continuously appraising, altering, and censoring their sense of self. Participants reported that living with queer identities in heteronormative systems requires an ongoing negotiation that weighs internal needs for authenticity against possible social, psychological, or physical consequences for “deviating” from narrow sexual, affectional, and gender norms. For example, Bob noted when considering to disclose his identity to a client that he always thinks, “Am I going to be safe after my last client…with no one else here…and it’s interesting because we work so hard to create safety for others…but how safe do I feel in those spaces?” The resulting assessment of risk leads to a degree of identity editing that was regarded as both a proactive attempt to avoid traumatization as well as a response to experiences of trauma. Jubal referenced “the closet” as a means of hiding or denying the queer identity with the intent of protecting the self. However, he also discussed the harm this can cause, especially for adolescents discovering their sexuality. Participants believed that learning to navigate heteronormative spaces can be made easier with access to role models with similar identities, but overall, this process is highly individualized. Chosen to reported, “There was never going to be anybody who could show me…not even my lesbian aunt… what it’s like to be…a queer man.” At the end, when considering how to reintegrate different pieces of identity, Chosen to noted that queer identity
development is about “having to wrestle with what that means for yourself…that's a lifelong journey.”

Participants with multiple minoritized identities, especially racial or ethnic minoritized identities, described additional layers of complexity in understanding and presenting the self. Overall, racial and ethnic identities tended to be most salient, as observed when Kimmy stated: “For me, my primary identity will be Black, African-American.” Tiffany also saw her identity this way, noting that, for her, the stratification of her identity was a result of the projection of assumptions from others due to the visibility of her Blackness. She stated, “I’m Black first…I’m traumatized by my Blackness more frequently than I am by my sexuality, so sometimes…I feel like I really have to reach for [my gay identity].” Kimmy reported that decentering her queerness was at times protective, saying, “I’m not necessarily hiding my sexual identity, but if I don’t have to add that on to what I’m already experiencing, I’m not going to.”

**Trauma as Messages of Otherness.** Participants noted the act of identity deconstruction was a learned behavior stemming from common experiences of trauma via othering. Bob saw a persistent lack of belonging as a primary distal source of trauma for queer people. Specifically, he believed that intergenerational trauma among queer people arises from the tension and hurt of receiving messages from the system that marginalized queerness. For queer people with other minoritized identities, answering the questions “Where do I belong? Do I belong?” becomes even trickier as conflicting group values prohibit the expression of different pieces of the self. Jubal recognized a similar process, noting that the harm of the trauma can be especially powerful during formative developmental years. Receiving hurtful messages about queerness led to the internalization of responsibility for physical and psychological violence towards queer people. Jubal stated, “[Internalizing it] makes the world make sense. The world doesn’t make sense if
people are attacking you for your identity…that’s random, and there’s nothing scarier than random.” He also saw that the ongoing trauma of being othered usually occurred as microaggressions that you experience day after day after day of people telling you they want you to die because you’re a gay person. And they don’t know that you’re a gay person, so therefore they’re saying all fags should be shot…that is trauma. That is an understanding of the child [who says], ‘Ok, people want me to die because I have these feelings and thoughts and so therefore, I must be bad.’

Negative messages about queerness originated not just from individual agents in society, but also larger systems. Robin noted there is an “institutional disadvantage to having a queer identity” because of the history of state-supported violence and othering of queer people. He stated trauma permeates daily interactions with representatives of heteronormative systems (such as law enforcement and medical professionals) and included a brief narrative about one of his clients who survived sexual assault. Rather than provide adequate medical care and complete testing and recording procedures, the doctor treated the patient as a subhuman fascination because of their gender expression. Institutional violence was also named as the cause of the “loss of “queer elders” (Tiffany), “loss of queer history” (Kimmy), and the disenfranchisement of queer trauma (Robin), leading to retraumatization.

**Culture of Trauma.** As a result of surviving widespread trauma on the individual level, participants noted that trauma responses and retraumatization are common within the queer community. Jubal explained that different forms of trauma, “historical…personal…shared” combine to create “a cultural trauma of people who have been oppressed.” The burden of this trauma persists in many forms, but participants frequently mentioned fear of harm from people inside and outside the LGBT+ community. Chosen to stated, “[even though I’ve] seen us being
embraced in larger cultural storytelling…I’m still afraid.” Bob noted his ongoing fears of physical harm and harm to property from people outside the community, and the anticipated sense of violation this violence would bring. Participants saw harm coming from within the community as an unfortunate, but natural response to unresolved trauma. They therefore held mixed views on the responses to trauma they had experienced or witnessed. Overall, participants reported witnessing behaviors that might be considered adaptive or maladaptive trauma responses. For example, Tiffany saw a natural ability to adapt to future challenges, arising from being “consistently traumatized, [which led to] consistently having to build resilience off of that trauma.” On the other hand, Robin discussed “behavioral shifts” he has witnessed in his LGBT+ trauma survivor clients, such as “reckless behavior…self-injurious behavior, or sometimes [behavior that was] injurious to others.” Kimmy reported many of her queer clients had “some form of disconnect [from] themselves…and their partners…” She indicated the “disconnects” involved issues with self-esteem, vulnerability, and poor interpersonal communication and relationships.

_Oppressing Within._ The most commonly cited example of retraumatization was the rampant discrimination of other minoritized groups within the LGBT+ community. Jubal discussed how the advancement of rights for queer people occurred primarily for the most privileged (cisgender White gay men) at the expense of people with less social power. Robin believed that perpetuation of oppression within, paired with external threats from the heteronorm, created a feedback loop that exacerbated this trend and limited the ability for the queer community to “[build] space out for people to explore… [and] build community with each other.” All participants noted at least one group or identity that actively experiences harm and trauma within queer spaces historically and today, including people with disabilities, Black and
Brown people, gender expansive people, and transgender people. Lucy also described harmful experiences of bisexual erasure from both queer and non-queer people, indicating that some identities are policed and oppressed by members of the LGBT+ community. Chosen to recognize that, while it did not justify the harm for recipients, shunning or shaming certain groups or identities was a way of “reclaiming some of that power for ourselves…in some ways, this is a trauma response.”

**Future Resilience.** Despite reporting that LGBT+ people continue to experience pervasive trauma both within and outside the community, participants also noted that there have been recent efforts to address the harmful messages and internalized heteronormativity that result in maladaptive trauma responses. Lucy noted that this has been an intentional effort to disrupt the status quo, stating, “as generations go on, people get more and more fed up with [the response] ‘Oh, we’ve always done this.’” She discussed witnessing her younger LGBT+ clients demanding that adult staff members at an outpatient clinic respect their pronouns. Bob recognized that as efforts to address injustice both outside and within the community continue to unfold, the community is becoming stronger over time. He stated that he has noticed there are more places for meaningful connection and resilience within the community as time goes on.

Participants believed that addressing internalized heteronormativity and looking ahead are crucial to the health of the queer community; however, they also emphasized the importance of preserving queer history. Robin believed that this must occur through a structured process to ensure all people have access to this history. The only way he saw to “heal from trauma and to foster resilience” was through “institutional avenues” to “share knowledge, share community.” Considering the tremendous losses of the AIDS epidemic, “re-entering the closet” in elder care facilities, and other instances of discrimination, there are significantly fewer surviving older
LGBT+ people who are connected to the community. As a result of these factors, participants noted they and the community feel disconnected from older queer folx, so the threshold of queer eldership has shifted. For example, at 41-years-old, Tiffany had been considered a queer elder by people in her community. She recognized the responsibility of the distinction, stating “that’s part of the reason for me to be out. Because I…don’t want that same voice [from the heteronorm] to be the only one], the same way it felt with me [growing up].” Chosen to (41-years-old) also indicated the responsibility he felt to be a role model to the next generation in his personal life, as well as in his role as a counselor. He believed that resilience could be fostered in future generations through the sharing of experience, so the importance of intergenerational connection with the queer community cannot be overstated. Jubal, at 58-years-old, recognized the history he carried, but he also emphasized that the cultural legacies “are housed in the most oppressed in our community,” specifically naming Trans Women of Color.

Creative Findings

After completion of the first round of textual/visual snapshots (Leavy & Scotti, 2017) for each participant, I (the first author) ended with seven sandtrays depicting the primary motifs, moods, and events of participants’ narratives. I also used the sandtrays to generate seven separate short stories that further condensed and symbolized participants’ meanings. To present the data in a consolidated manner, I completed a final textual-visual snapshot to combine all participants’ dominant motifs and experiences in one sandtray and short story, which are presented and explained below. Figure 1, the summative sandtray, and the final short story are presented in-line in the text as they are essential findings and not an adjunctive artifact created during re-presentation of data.
Figure 3-1. Final Sandtray: “Going Home”

**Final Short Story: “Going Home.”**

When she was born, it was as though sunlight streamed from every pore of her russet brown skin. She was named Eleadora, as was the custom, and, from the moment of her birth, she bore the hopes of the people. It had been years since a witch resided in Goldcrest, and in that time, it had suffered terribly from the Blight. The Elder Family of Goldcrest soon sent for Eleadora, who was welcomed into the grand Family Home on the hill overlooking the wall and the lands beyond that lay to the north of the town.

Eleadora was a happy child; whenever she smiled and laughed, her magic would flow freely from her, drifting lazily like golden filaments on the wind. Where they touched, magic took root and caused all sorts of fantastical things to happen. Each day, Eleadora was tasked with walking a mosaic pathway that meandered around the village. She would stop at each dwelling, gently touching large crystals that hung outside the doorways and sparking them to life; all the while, her magic eddied around her as she danced through the town.
At first, the young witch took no notice of the whispers that surrounded her, until eventually, they wormed their way to her ears. Some spoke of suspicions of “her kind” and rang with the bitter cadence of jealousy and fear. Others, more cloying, lauded Eleadora for her “specialness” and the good she must bring to Goldcrest. Eleadora held each in turn, feeling their weight settling into her spirit. From that moment, it became more and more difficult for her to summon the sparks to light the home crystals until, eventually, her power ceased.

The town, previously nourished by her magic, began to die. Then, even those who had uplifted Eleadora turned on her. Some screamed horrible things at her; others pretended she no longer existed. Each time she went out, the fear that her magic would fail intensified, until she could hardly bring herself to walk. The Elder Family confined her to the Family Home, but by then, the young witch was too empty to care. She had nothing left, not even her magic. The Elder Family provided her food and shelter, but little else, leaving Eleadora to her own devices for some time.

Soon after fall was ushered in with strong evening storms, Eleadora found an injured sparrow in the bushes outside her window. With her limited knowledge, she cared for the bird with delicate movements and it began to recover. It nuzzled Eleadora, who felt a stirring in her stomach. A small spark left her finger where she pet the bird, bathing the room in a warm glow. With another nuzzle and chirp, the bird hopped out through the open window, took flight, and soon vanished into the sky. The warmth continued to spread through Eleadora’s chest, spurring her to action. Without a thought, she sprang up, ran from the Family Home, and climbed up over the wall to the rolling Blightland beyond.

She breathed deeply. Although the air was chill and tainted with the bitter scent of the Blight, the freedom that it signified led Eleadora to fill her lungs deeply. She tried to remember
how it felt, to work magic, no, to be magic. Her feet carried her swiftly as she sprinted down the hill, kicking up a trail of ash and fibrous filaments of Blight from the ground. She stumbled but caught herself, picking up speed as she went. She hopped once, then again, then again, each time lifting up a little higher and taking a little longer to touch back down. She grinned, a smile just for herself, as a million points of light danced inside of her. With one final leap, she bounded up off the next hilltop, soaring into the sky. Off in the distance, somewhere beyond sight, Eleadora felt the joy of magic, and used the bearing to set her course. Although she knew not where she was headed, she was surely guided home.

Artifact Explanation and Analysis

The artifacts above capture the most dominant motifs, moods, and narratives that participants explored in their sandtrays. During the completion and processing of their sandtrays, participants most commonly reported their stories held emotions of loss, pain, fear, loneliness, integration, safety, and relief. Digging deeper into the components of the sandtrays that elicited the emotions, participants shared common experiences of being commodified, vilified, and tokenized. They often noted that their existence was tolerated by heterosexual people or systems when it was convenient and there was some form of benefit such as social capital, being cared for by the queer person, etc. However, this permission to exist only remained so long as participants “followed the rules” of being queer in a heteronormatively-palatable way. Even if these implicit rules were not broken, participants noted the persistent and insidious role of bias and heteronormativity in their relationships, which resulted in exposure to physical, sexual, and emotional violence.

Participants also discussed patterns in relationships when they willingly provided some form of support to others which, over time, became expected of them. Violating this unspoken contract meant risking some form of violence, a narrative pattern that felt traumatic and
significant for most. Lucy provided many narratives that fit this pattern, recognizing how she was tasked to be the caretaker in most of her relationships. In other instances, participants shared narratives that illustrated a non-queer “fascination” with queerness. Some participants saw this intense attention from non-queer people as a sense of attraction to the joy that comes from living authentically, whereas others determined it to be a form of exoticization or othering. For example, Chosen to noted he was regarded as a “unicorn” by other mental health professionals due to his interest in a subset of counseling where men are less prevalent, and he experiences excessive questioning and flattery when operating in these spaces, leading him to feel both exoticized and a lack of belonging. It was also common for participants to recognize that these different elements interacted in a variety of unpredictable ways in their stories. As a result, when they experienced physical, sexual, or emotional harm, participants felt uncertain about the motivation behind it (e.g., well-intentioned ignorance, maliciousness, etc.).

Consistent with the themes above, sandtray data illustrated that participants operated within heteronormative systems by dividing aspects of their identity and determining which pieces were safe to show in any given context. The sandtrays enriched this finding by clarifying the phenomenon is accompanied by an ongoing sense of alienation when receiving negative feedback from the system. Accordingly, as participants sought resolution in the sandtrays by telling their stories to completion, they discussed narratives of seeking out space and community where they could reintegrate and live authentically. At times, this meant rejecting heteronormative systems or people who refused to welcome their integrated, queer selves. Although participants discussed traumas experienced within queer spaces, their sandtrays illustrated that they were able to find a sense of home and relief among safe people.
Considering the patterns and meaning of participants’ stories, the images that inspired the summative artifacts involved a fantasy world where magic and other fantastical things might exist. Participants emphasized the difficulty of managing the discomfort of living in systems that traumatize, commodify, and exoticize, and, through it all, holding onto a sense of worth and happiness. The protagonist of “Going Home” possesses a natural affinity for magic in a setting where magic has become scarce, and yet the force is a necessary resource for sustaining life. Magic in this world does not represent a “Queer Exceptionalism” but, as participants stated, living authentically and resisting oppressive forces. Anyone has the capacity to do this, just as anyone can lose sight of their integrated self. Magic as unfettered potential thus became a representation of the characteristics (i.e., not just queerness, but the acceptance and love for the self as a queer person) that led to participants’ experiences of commodification, trauma, and exoticization. These same qualities that led participants to feel needed and connected initially were also those that became points of contention, or traits that others responded to with violence, control, and trauma.

To be consistent with participants’ narratives, the artifacts needed to also represent participants’ efforts to disrupt heteronormativity. Participants believed the process of troubling systems involved inner work to accept and assert one’s queerness, as well as outer work to change institutional and cultural processes. Accordingly, the conflict of the story was both internal (i.e., the struggle of seeking self-acceptance in an unaccepting system) and external (i.e., disrupting the system). The witch’s magic, which came naturally at first, became restricted after the external expectation, demands and discrimination caused a sense of fracturing and self-betrayal. Only through a rejection of the system that inflicted these wounds does she begin to reintegrate and seek community.
Discussion

There is limited extant literature that examines the societal and systemic forces that affect queer experiences of trauma (Bower et al., 2019; Kelly et al., 2020). I investigated how these forces intersect with queer peoples’ narratives to create a unique form of intergenerational trauma. Through interviews, we found four themes that summarized the ways participants recognized that intergenerational trauma affected their stories: (1) reconstructing self, (2) trauma as messages of otherness, (3) culture of trauma, and (4) future resilience. Through sandtrays, we found participants experienced intergenerational trauma in situations in which they were commodified, vilified, and exploited. More specifically, these experiences were seen as distal or intergenerational in nature because they represented the continuation of the systemic perpetuation of heteronormativity and queer negativity that has occurred for centuries. A key finding of the sandtrays was the universal tendency to resist oppression and move towards identity integration through the rejection of the traumatic systems and seeking self-acceptance and belonging in safe queer spaces.

Our findings of the nonlinear, continuous queer identity development process that involved “severing” pieces of the self and seeking reintegration did not fit with traditional models of queer identity development (e.g., Cass, 1979). In another departure from these models, participants emphasized two components of LGBT+ identity: (1) an internal experience of self and (2) an external negotiation of heteronormative systems and queer spaces based on the internal experience. As part of this negotiation, participants noted that they could choose to disclose their identity in any of their settings or relationships if they wanted, but that this was not necessary to feel authentic. Similarly, Rosenberg (2018) proposed shifting conversation of queer identity formation from “coming out,” which places burden on the LGBT+ person to disclose and expose the self, to “coming in,” which involves centering wellness and relationship with the
self over trying to do queerness the “right” way. More recently, Parmenter and colleagues (2020a) further explored the external negotiation of the queer identity and found that it included navigating individual, social, and collective spheres. These findings, alongside those from the present study, indicate the need to consider queer identity development as an active daily process of negotiation that resists categorization into stages.

Rather than demonstrating a direct transmission of historical knowledge consistent with some conceptualizations of intergenerational trauma (e.g., Sotero, 2006), I found that queer cultural knowledge and trauma was transmitted in indirect ways. Importantly, it seemed that participants recognized that a large amount of the narrative power resides within the heteronorm. In other words, I conceptualize the initial intergenerational transmission of cultural information occurs in a disrupted pattern of heterosexual person to LGBT+ person, until the time that the queer person connects with the community and revises these messages. Participants’ first interactions with the system as queer people, and the first pieces of information they received about the community came from heterosexual people. Through these messages, which were provided by both individual actors and representatives of systems, participants were taught that queerness was abnormal and deserving of erasure or punishment. Redd and Russell (2020) also recognized a dual-stream model that perpetuates heterosexism. Importantly, they argued that oppressive systems are motivated to downplay institutional involvement and emphasize individual actors to obscure systemic harms, or the role the system plays creating a heterosexist society with heterosexist actors.

Community has been found to be related to positive identity development and wellness for queer people (Parmenter et al., 2020a; Rosenberg, 2018). Participants in the present study indicated that connecting with other LGBT+ people helped provide them with a sense of
belonging and connection; however, they also recognized that unresolved trauma affected interactions in the community and perpetuated further harm. Similarly, findings from Parmenter and colleagues (2020a; 2020b) highlight the negative effects of othering in the LGBT+ community, although participants in these and the present study tended to emphasize group strengths, such as resilience and acceptance.

Participants also recognized the importance of improving the continuity and transmission of cultural information and history to combat erasure and negative messages about queerness originating in dominant culture. Notably, they mentioned a sense of disconnection from older generations of LGBT+ people, as well as, more broadly, queer history. Disconnection from group culture and history, also referred to as cultural dispossession, has been considered a precipitating factor of intergenerational trauma (Sotero, 2006). Disconnection within the LGBT+ community has been explored by Bower et al. (2019). Their work with LGBT+ older adults revealed that surviving the AIDS epidemic led to a sense of separation from later generations of queer people, challenging narratives of generativity.

Our summative sandtray and short story enhanced presentation of participants’ narratives by focusing on emotive and somatic information. These artifacts demonstrated the complex dynamics of power that dominate daily negotiations of heteronormative systems. Specifically, participants were able to elaborate on the lived experience of being othered, often in the form of exploitation, and the emotions that arose in these situations. As one of the few teams to employ arts-based methods with queer people, Suárez and colleagues (2021) utilized photovoice to explore the experiences of LGBTQ+ undergraduate students after the Pulse nightclub massacre. In the aftermath of the trauma, participants noted a similar sense of disequilibrium that required a renegotiation within heteronormative spaces.
Implications for Counselor Education

Our findings hold a few implications. First, the present study furthered the work of researchers (Bower et al., 2019; Kelly et al. 2020) who have begun to consider oppression and victimization of the LGBT+ community from the lens of collective trauma. The present study argues for centering a historical and systems-focused approach more consistent with intergenerational trauma in counseling research, practice, and pedagogy. Participants were in agreement about the presence of intergenerational trauma in the community, but their reports indicate methods of transmission not currently supported in other studies. Future research could further explore these methods. Counselors can benefit from framing LGBT+ client traumas from a systemic lens to understand the pervasive nature of heterosexism in the lived experience. Similarly, undertaking advocacy work that challenges institutional inequities can be beneficial as a strategy to address the source of trauma for many LGBT+ people and is consistent with professional standards (ACA, 2014). Counselor educators can also enhance their pedagogy by centering conversations about historical trauma, heteronormativity, and current inequities to provide a more nuanced understanding of work with LGBT+ clients and enhance LGBT+ counseling curriculum beyond as a surface-level focus on definitions of sexual and gender identities.

Another significant implication for the study is in counseling research methods. While more common in other disciplines, counseling research does not typically utilize arts-based methods of data collection and analysis. The present study employed existing methods (Bhattacharya, 2017; Leavy & Scotty 2017) and a novel sandtray research method that can be utilized to diversify qualitative counseling research, incorporate other forms of knowledge in data collection, and protect participants retelling their stories. Using creative and arts-based
methods in research can provide an ethical, trauma-informed way to enhance thick descriptions and the rigor of findings.

**Limitations and Future Research Directions**

Although the present study expanded on the literature in a few novel ways, there are several important limitations. The sample of seven participants, while somewhat diverse in racial and ethnic identity, represented a small fraction of LGBT+ identities, and so the current findings may not apply to other queer identities. More specifically, nearly all participants identified as cis-gender, and so the results do not explore the narratives and experiences of non-binary, gender expansive, and transgender people. Additionally, although racial representation was more diverse than other studies of LGBT+ people (e.g., Parmenter et al., 2020a), the researchers need to be more intentional to center the voices of LGBT+ People of Color. This study was also the first to utilize sandtrays as a data collection method in their own right. There is no direct comparison to evaluate the rigor of this method, although we took several steps to ensure the trustworthiness of our process and findings.

Accordingly, there are several ways to expand on the present study. First, future research can continue to explore conceptualizations of intergenerational trauma among queer people. Based on the preliminary findings presented here, there is evidence to support the presence of a unique manifestation of this construct that matches and diverges from previous understandings (e.g. Sotero, 2006) in a few ways. Scholars may further explore the unique messages and pathways of transmission of intergenerational trauma within LGBT+ communities. Future research should focus on the recruitment of minoritized gender identities and continue to expand representation of intersectional identities not reflected in the present study. Lastly, there is potential for researchers across fields to explore further the use of sandtrays as a creative or arts-based data collection method.
Despite clear evidence that LGBT+ people experience trauma at disproportionate rates relative to the general population (Craig et al., 2020; Ho et al., 2021), only recently have researchers centered the systemic forces that affect the traumatic experiences of queer people (Bower et al., 2019; Kelly et al., 2020). Participants in the present study shared distinctive narratives about traumatic events and transmission that, while not directly comparable to other examples of intergenerational trauma, are mostly consistent with conceptualizations of the phenomenon (Brave Heart and DeBruyn, 1998; Sotero, 2006). Further exploration of the cultural transmission of trauma in queer communities will provide researchers and mental health professionals a more complete picture to address physical and mental health disparities related to unresolved trauma.
Table 3-1. Participant Demographics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Gender Identity</th>
<th>Sexual/Affectional Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob</td>
<td>31</td>
<td>Latinx</td>
<td>Cisgender man</td>
<td>Gay</td>
</tr>
<tr>
<td>Chosen To</td>
<td>41</td>
<td>White</td>
<td>Cisgender man/Demi-boy</td>
<td>Gay</td>
</tr>
<tr>
<td>Jubal</td>
<td>58</td>
<td>White</td>
<td>Cisgender man</td>
<td>Gay</td>
</tr>
<tr>
<td>Kimmy</td>
<td>28</td>
<td>Black</td>
<td>Cisgender woman</td>
<td>Biromantic/Demisexual/Bisexual</td>
</tr>
<tr>
<td>Lucy</td>
<td>28</td>
<td>Black</td>
<td>Cisgender woman</td>
<td>Bisexual</td>
</tr>
<tr>
<td>Robin</td>
<td>30</td>
<td>White</td>
<td>Cisgender man</td>
<td>Queer/Gay</td>
</tr>
<tr>
<td>Tiffany</td>
<td>41</td>
<td>Black</td>
<td>Cisgender woman</td>
<td>Gay</td>
</tr>
<tr>
<td>Text</td>
<td>Type</td>
<td>Sample Probe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------</td>
<td>---------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What comes to mind when considering the intersection between power and trauma?</td>
<td>Interview Question</td>
<td>As an LGBT+ person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help me understand your trauma training experiences</td>
<td>Interview Question</td>
<td>Race-based trauma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show me who you are and how you exist in your world.</td>
<td>Sandtray Prompt</td>
<td>Tell me more about this figure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tell me about a time you experienced harm or trauma as an LGBT+ person.</td>
<td>Sandtray Prompt</td>
<td>Which figure has the most power in this tray?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Show me a narrative where you realized the role of intersectionality and historical trauma in the LGBT+ community.</td>
<td>Sandtray Prompt</td>
<td>Are you in this tray?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What comes to mind when considering cultural legacies of trauma and resilience in queer communities?</td>
<td>Interview Question</td>
<td>How do they affect your personal narrative?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How do you see intergenerational trauma in queer communities?</td>
<td>Interview Question</td>
<td>In the stories of your clients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tell me about your experience sharing your stories through sandtray.</td>
<td>Interview Question</td>
<td>For accessing latent content?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


BIOGRAPHICAL SKETCH

Zachary McNiece (he/they) earned his Doctor of Philosophy degree from the University of Florida’s Counseling and Counselor Education program in 2022. He earned his Master of Arts in Clinical Mental Health Counseling from Florida Gulf Coast University in 2017. He graduated summa cum laude and received his Bachelor of Arts degree in psychology from the University of South Florida in 2015. He is a registered mental health counseling intern.

He has had a variety of teaching experiences, including human development, teaching pedagogy, college success, human sexuality, introduction to counseling skills, diagnosis and treatment of mental disorders, multicultural counseling, group counseling, and trauma and crisis counseling. He has co-authored a textbook chapter for student affairs practitioners working with multiracial men with disabilities. He has presented at numerous regional, national, and international conferences on trauma, culturally-responsive counseling, arts-based approaches, Solution-Focused Brief Therapy, and Gestalt Therapy.

In his clinical experience, he has worked in numerous settings, including private practice, day treatment, public and private schools, and telehealth agency. His areas of specialization included trauma work, work with children and adolescents on the Autism Spectrum, with attention-deficit hyperactivity disorder, or learning disabilities and older adults with chronic health conditions or disability.

As an emerging counselor educator, Zachary plans to continue his research in culturally-responsive interventions for trauma counseling and intergenerational trauma among queer people. Specifically, he hopes to further record and honor the experiences and narratives of queer older adults and strengthen intergenerational community relationships through research and service partnerships in the local community.