



Multicultural Literacy

Steve's Treatment Plan

Noah Youngstrom

University of Massachusetts Boston

nyoungstrom@ymcaboston.org

Abstract: I did not plan on learning about myself when I was assigned to write a treatment plan for Steve. At most I expected to be taught something about analyzing how a traumatic experience can become something one can cope with. However, in the course of producing the plan, I became aware of myself and my unique experience in life which in retrospect helped to make my approach to the assignment an effective one. I have always enjoyed working with young people and have been doing so for over ten years. In fact, when I refer in this essay to the Teen Director at the YMCA, I am talking about myself. Working with youth from the inner city, especially teens, makes me aware of how violence pervades the lives of adolescents today on the streets, in the schools, and at home. Working with them on a daily basis, I have found myself in the heart of serious cases of trauma and recognize that providing emotional safety is an important part of my job. The Youth Worker in me was able to identify appropriate environments where a young person like Steve could feel supported, nurtured and valued. This was for me a critical part of his treatment.

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Starting from the beginning, the progressive viewpoints of my parents, their choice to send me to public school, and their raising me among people from many

diverse backgrounds, cultures and lifestyles, helped to form a perspective for me that was quite different from the average white American child. I grew up a witness to violence, racism, homophobia, and sexism but also participated in multicultural celebrations, progressive theater, and Hip Hop. Being from the city helped me to identify with how a teenager in Boston might experience the world.

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Noah Youngstrom is a Sociology major at UMass Boston and an advisee of Estelle Disch, Professor of Sociology at UMass Boston, for whom he prepared this report. Youngstrom's essay received, in November 2005, an Esther Kingstom-Mann Student Achievement Award, created by the New England Center for Inclusive Teaching, Learning, Curriculum Change, and Scholarship (NECIT).

youth from the inner city, especially teens, makes me aware of how violence pervades the lives of adolescents today on the streets, in the schools, and at home. Working with them on a daily basis, I have found myself in the heart of serious cases of trauma and recognize that providing emotional safety is an important part of my job. The Youth Worker in me was able to identify appropriate environments where a young person like Steve could feel supported, nurtured and valued. This was for me a critical part of his treatment.

I enjoyed producing Steve's Treatment Plan. It was a challenging assignment that rewarded me in many ways including increased self-awareness. I hope you enjoy reading it.

INTRODUCTION

Steve is a gregarious, intelligent, and responsible student here at Hypothetical High. He was referred to me, as the school counselor, by a teacher who was noticing that Steve has been withdrawing from the social life he once enjoyed and has begun seem more and more depressed. Steve opened up to me very quickly perhaps due to my African American professional status, and after only a few meetings he revealed to me what seems to be the root or roots of his recent emotional difficulties.

Steve lost his father, with whom he was very close, abruptly to a car accident just before Steve entered puberty. However Steve was denied the chance to grieve his loss appropriately due to the responsibility he felt, as his mother's oldest child, to care for his younger siblings. Now in full-blown puberty, Steve has come to the realization that he is gay. He has tried heterosexual dating, however this only reinforced his awareness that he is homosexual. Steve's mother is an extremely religious woman, and he fears her reaction to the news. The loss of Steve's father and the grief which

has not been dealt with is the most pressing issue to be resolved in this case.

Using Judith Herman's three steps towards recovery, namely Safety, Remembrance/ Mourning, and Reconnection, I have developed a treatment plan for Steve. It will require a lot of effort on Steve's part as well as some from his immediate family, but it will help Steve a tremendous amount in getting through this rough period and on with the rest of his promising life. I have also borrowed some input from Deana F. Morrow, a professor in Social Work at UNC, Eli Coleman and Gary Remafedi, both professors in the Medical School of the University of Minnesota, and Constance Robinson of the Boston G.L.A.S.S. Community Center here in Boston.

LIBRARY AND INTERVIEW FINDINGS

Simply, Steve is an outcast in American institutional society and, according to Hardiman and Jackson, as a gay African-American Steve possesses no agent or dominant status in our society. Even these labels were assigned by the group in power. Therefore, Steve has no role in the development of "cultural norms" which create "definitions of the good, normal, health, deviance, and sickness...providing individuals and institutions with the justification for social oppression." They would instead place Steve doubly into the category of target or "people subjected to exploitation, marginalization, powerlessness, cultural imperialism and violence" (Hardiman & Jackson, pp. 19-20).

Legislation which existed not too long ago such as the denial of African-American suffrage or anti-sodomy statutes, and more modern practices such as the denial of gay marriages or racial profiling, are clear illustrations of the history of this system being perpetrated against people who identify themselves like Steve. In fact, African-Americans were only truly granted the

right to vote by President Johnson in 1965 (Smith & Palmisano, *The African-American Almanac*) and “the American Psychiatric Association decided to remove homosexuality from its diagnostic manual in 1973” (Lasser & Gottlieb, p.194). Prior to that, homosexuality was officially treated as a mental illness “and...even [today] therapists still seek a heterosexual conversion. Such attempts have been rejected by authorities as unscientific, unjustified, unethical, and psychologically scaring” (Ibid).

As a member of two oppressed groups, Steve will face many challenges in the form of discrimination, rejection, ridicule, homophobia, and racism. Perhaps his most daunting challenge, though, will be the tendency that both these groups fall victim to, which is internalizing the messages that the empowered groups perpetrate. Paulo Freire, in his book *Pedagogy of the Oppressed*, explains the oppressed’s tendency as follows: “Their ideal is to be men; but for them, to be men is to be oppressors.... This phenomenon derives from the fact that the oppressed, at a certain moment of their existential experience, adopt an attitude of ‘adhesion’ to the oppressor” (Freire, p. 45).

In her discussion of internalized homophobia, Deana Morrow explains that,

being GLBT [gay, lesbian, bisexual, or transgender] does not automatically make a person immune to the pejorative terms and misinformation used to construct images and stereotypes.... GLBT people tend to internalize those messages, and have to “unlearn” much of that harmful rhetoric. Doing so can be difficult in a social context that is overwhelmingly heterocentric and traditional in the appointing of rigid gender roles. (Morrow p.94)

Hardiman and Jackson call internalized oppression “Internalized, Subordination or Domination.” “They [the op-

pressed] think, feel, and act in ways that demonstrate the devaluation of their group and of themselves as members of that group.... [They] unquestioningly accept that members of the agent group are qualified, talented, and deserving of their credentials” (Hardiman & Jackson, p.21). Morrow goes on to say that “unaddressed internalized homophobia or transphobia can place GLBT youth at risk for other problems including depression, substance abuse...even suicide” (Morrow p.94), and we can only assume these risk factors also apply to other oppressed groups. Steve desperately needs support if he is to adjust to these realities.

Social oppression was one of my main focal points in the creation of this treatment plan. It was of the utmost importance to me that I involve Steve with people who share the same challenges that he faces. So I decided to call an organization here in Boston which has supported GLBT youth for over ten years and who represent a diverse population, Boston G.L.A.S.S. G.L.A.S.S. stands for Gay & Lesbian Adolescent Social Services. I spoke with their Crisis and Resources Director Constance Robinson, and she was helpful in aiding me to include Boston G.L.A.S.S. After speaking with Ms. Robinson, I became convinced that Steve really needs a place like Boston G.L.A.S.S. in his life.

Located conveniently on Massachusetts Ave. near downtown, Boston G.L.A.S.S. seems to have a lot of what Steve will need in order to pull himself out of depression: a youth of color group, a young men’s group, a panel discussion group, a coming out group, interest groups for literature, video, and photo. Plus, they feed you! Other than being a safe place you can always go hang or do homework, the people at Boston G.L.A.S.S. give referrals for therapy or doctors, and there is free HIV testing and health counseling. With hundreds of participants, fifty regular faces and regular events including weekly parties to

help people get to know each other, Boston G.L.A.S.S is definitely a thriving social community.

Besides the fact that every service they offer is free of charge, one of the greatest things about Boston G.L.A.S.S is that it serves a vast majority of minority gay, lesbian, bisexual, and transgender teens. The youth population at G.L.A.S.S is about 85% African American, 12% Latino, and 3% represents all other races. Steve will likely share a similar experience in life as the other participants at Boston G.L.A.S.S because they have all had to face the feelings and challenges that oppression bears. The population at Boston G.L.A.S.S. will be very helpful in getting Steve to process his emotions on many levels.

TREATMENT PLAN

My initial thought was to address Steve's family trauma simultaneously with his feelings of homosexuality. However, after our interview I agree with Constance Robinson that Steve's most pressing therapeutic need is to address the unresolved grief that he feels for his father. The trauma will begin as our focus while we clear the path for Steve to determine when he wants to address his sexuality. As Ms. Robison says, you "do not tell anyone when to come out!"

Judith Herman, in her book *Trauma and Recovery*, compares a traumatic recovery to running a marathon due to their shared dependence on practice, determination, and courage. She offers the comparison of therapist to a coach in recovery (Herman, *Trauma and Recovery*, p.174). I will act as Steve's running coach unless we can locate a therapist better prepared to help Steve recover. The first stage on Herman's road to recovery is Safety. For Steve this stage will consist of education, naming the problem, finding safe environments, restoring control, and nurture (Herman, *Trauma and Re-*

covery).

The saying "the truth shall set you free" is applicable here especially when we look at "truth" as good education. Steve needs to receive a comprehensive education on the effects of trauma; "detailed information regarding post-traumatic reactions is often invaluable to the patient" (Herman, *Trauma and Recovery*, p.157). Many people cope with the painful feelings that occur after traumatic events through the abuse of drugs; also, "abusing substances can be a means for coping with the stress of social ostracism, fear of rejection, and internalized homophobia" (Morrow p.94). Therefore, Steve must be aware of how this will always magnify the problem and begin a vicious cycle. Education about gay culture, history, and safe environments for gay people like Boston G.L.A.S.S. and the Y.M.C.A. will be crucial to help Steve ease into a comfortable, safe community. This knowledge coupled with information about STD's and safe sex will help Steve make informed decisions regarding his sexuality. Also Steve must be informed of the pervasive effects of racism and homophobia in American society. He must be educated about the risk he faces of internalizing these attitudes as they could be or become his most daunting challenge. Armed with good education Steve will be able to evaluate his experience, look at his symptoms and name his problem. Often a step as simple as this helps bring clarity to the traumatized person and therefore empowers them. As Judith Herman explains, "acknowledging the reality of one's condition and taking steps to change it become signs of strength, not weakness; initiative, not passivity" (Herman, *Trauma and Recovery*, p.158-159).

After naming his problem, Steve can begin to look at his environments. "Each...environment must be scanned and assessed with regard to its potential for security or danger" (Herman, *Trauma and Recovery*, p.162). Steve and I must discuss

home, school, and travel, in order to assure that Steve feels a reasonable amount of security while in these environments. Gay and lesbian youth attempt suicide more than twice as often as heterosexual youth so it is especially crucial that we make sure that Steve is not a danger to himself (Morrow p.95). After making sure that Steve's current environments are safe, we can begin to introduce new environments where he can further his feeling of safety through nurture.

In addition to Boston G.L.A.S.S., the Community Center the Central branch Y.M.C.A. is a nurturing place where I will advise Steve to spend time. Herman says "establishing safety begins by focusing on control of the body and gradually moves towards outward control of the environment" (Herman, *Trauma and Recovery*, p.160). Like G.L.A.S.S. the adolescent population at the Y.M.C.A. are for the most part all youth of color and in addition the Central branch's proximity to the South End and Fenway area's brings a large gay member population. Based on that information and the fact that I know the Teen Director at Central, I am confident that the Y.M.C.A. will be a safe place for Steve.

At the Y.M.C.A. Steve can exercise, play basketball, handball or racquetball. He can swim, take a yoga class, or play pool in the teen center. Steve can also sign up for one of the many programs the teen center offers during the school year like C-Cap Culinary arts or Youth in Government. The Christian affiliation that the Y.M.C.A. has will appease his mother and the Boston G.L.A.S.S. The Community Center is only about a five minute walk from Central. Between time spent at these two incredible organizations Steve will be able to gain control of his physical being, his environment, and should begin to overcome his depression.

Once Steve has achieved "Safety" he will be ready to move to the next stage in Herman's recovery model. However it is important that Steve is clear before we pro-

ceed that Safety never ends. He must continue to build upon the practices and activities that aid him in achieving a safe state throughout the final two stages. Only by being consistent with safety rituals will Steve be strong enough to process the intense emotions that come along with Remembrance and Mourning.

The goal in Remembrance and Mourning is to talk through in great detail the story of what traumatic event occurred, to dig up emotional baggage that has not yet been processed, and to alleviate the pain it has been causing. Herman explains "the action of 'telling a story' in the safety of a protected relationship can actually produce a change in the abnormal processing of the traumatic memory" (Herman, *Trauma and Recovery*, p.183).

Steve and I must together create a "completed narrative [which] must include a full and vivid description of the traumatic imagery" (Herman, *Trauma and Recovery*, p.177). The goal of this is to shift Steve's dissociated trauma to an acknowledged memory. It will be important that Steve let his family know that he is trying to dredge up memories around his fathers' loss so that they understand that he is feeling sensitive and emotional. This will be a time of intense grieving as Steve recalls how much his father meant to him and how close they were. We will ask Steve to relive even the most mundane details of the traumatic time from what his mother was wearing to how his hand moved and we may use hypnosis to help Steve recall parts of his memory like how life was before his dad died (Estelle Disch, soc. 460 *Stages of Recovery* hand out).

Once Steve has freed himself from the trauma and is able to think about the traumatic events more critically he can begin the stage of Reconnection which also never ends. In Steve's case the most important connection he will need to establish is his relationship with his mother. By sharing his own therapeutic experience with his mom and by explaining the liberation he feels,

Steve might be able to convince her to go into therapy on her own or family therapy with Steve and his siblings. Also in this stage it would be safe and healthy for Steve to begin to explore dating. As Herman describes, this is the stage where the survivor restores a “capacity to take pleasure in...life and to engage fully in relationships...,” and “become[s] more interested in the present and the future than in the past...[and] apt to approach the world with praise and awe than with fear” (Herman, *Trauma and Recovery*, p.212).

I have learned a lot from designing and doing research for this treatment including the services available to adolescents and different approaches to therapy. I know that Steve will be a happier and healthier person after completing this treatment. I look forward to finding out where he goes in life and how far from this trauma he is able to distance himself.

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