

LGB Cultural Phenomena and the Social Work Research Enterprise:
Towards a Strengths-Based, Culturally Anchored Methodology

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Abstract

Although the lesbian, gay, and bisexual (LGB) community has seen new protections and benefits in the last quarter century, LGB people continue to experience stigmatization throughout American society. Social work research that frames the LBG community and its members as disenfranchised, marginalized, and oppressed tends to support a stigmatizing attitude toward LGB people. Social work research with the LGB community and its members must shift from a focus on pathology to strengths and resources. This paper examines the potential application of a strengths perspective and its usefulness in reshaping the discourse on stigmatization of the LGB community and its members.

LGB Cultural Phenomena and the Social Work Research Enterprise:**Towards a Strengths-Based, Culturally Anchored Methodology**

Lesbian, gay, and bisexual (LGB) people experience stigmatization throughout American society. The LGB community has seen a variety of protections at the state and city levels and within individual corporations, such as tangible benefits including similar medical insurance, life insurance, bereavement leave, and other benefits for same-gender domestic partners (Kovach & Millspaugh, 1996), as well as marriage or marriage-like equality measures in several jurisdictions, such as Massachusetts, New York, Iowa, and the District of Columbia (Human Rights Campaign [HRC], 2008; HRC, 2011). However, there have still been a number of anti-gay measures throughout American society. In many jurisdictions, a worker can be fired for identifying as LGB (Gates, 2010). The military's "Don't Ask Don't Tell" (DADT) policy and the federal Defense of Marriage Act (DOMA), which were both instituted during the Clinton administration, have, until recently, been enforced and defended by the federal government (Lind, 2004; Rivera, 1998). DADT was repealed on September 20, 2011; however, due to DOMA, same-sex partners of military service members are not afforded the privileges normally given to opposite-sex partners (Servicemembers Legal Defense Network, 2011). Though these policy developments are promising, LGB people are excluded from countless privileges that are enjoyed by their heterosexual counterparts in American society (Harcourt, 2006).

The social work research enterprise is hardly exempt from stigmatizing attitudes towards the LGB community. Finding pathology in the individual's behaviors has a long history in social work. Foremothers of social work, aside from settlement house movement pioneers such as Jane Addams, sought to clarify and standardize the profession's method of providing help to people in

need by aligning the profession with the medical model. Others saw social work, such as Mary Richmond of the Charity Organization Society, sought to extend beyond benevolence and charity for the poor, to a systematic, organized, and standardized method of casework (Wenocur & Reisch, 2001). Social casework was individually focused, with attention to the psychological *problems* that necessitated a professional's intervention. Casework was perceived to be a process of problem solving, broadly defined as problems in daily living that impeded the level of satisfaction clients experienced in their daily lives (Turner & Jaco, 1996). Though there has been longstanding debate on whether Addams or Richmond's model of social work was the most viable for the profession (Wenocur & Reisch, 2001), social casework, designed to help problem-solve, has remained the *modus operandi* for much of social work. Thus, social work research has tended to adopt this approach, focusing its efforts of empowerment and the promotion of social justice on "disenfranchised," "marginalized," and "oppressed" communities. While it may be true that some individuals, groups, and communities served by the social work profession are disenfranchised, marginalized and oppressed, continuing to frame them as such in the social work research and theoretical literature may additionally contribute to their stigmatization.

Social work research on diverse communities, like the LGB community, must shift from the traditional problems and pathology focus to a strengths and resources focus. This approach is certainly within the repertoire of many professional social workers, especially those trained from the strengths perspective. Strengths-based work assumes that people are experts in their own lives and have a multitude of interpersonal and psychosocial resources from which they draw upon as they live their lives (Kelly & Gates, 2010; Oko, 2006; Rapp & Gosha, 2006; Saleebey, 2009). Strengths-based work can help the researcher identify the multitude of strengths and

interpersonal resources that LGB people already possess, rather than focusing on what contributes to their marginalization, oppression, or stigmatization.

This paper will examine how cultural and professional perspectives influence the social work research process on the stigmatization of LGB individuals. Social work research that focuses its attention on disenfranchised, marginalized, and oppressed communities, in terms of their problems rather than strengths, only serves to further marginalize the LGB community. This paper will extend the work of Hughes and colleagues (Hughes & Seidman, 2002; Hughes, Seidman & Williams, 1993), who have suggested that our cultural experiences intersect with the research process and influence how researchers observe, measure, analyze, and interpret data. Additionally, the manner in which the strengths perspective can be useful in reshaping our discourse on stigmatization of LGB individuals will be explored.

Historical Theoretical Discourse on Stigmatization

The concept of stigma has been of interest to society throughout history, from the Greeks, who defined stigma as bodily signs often cut or burned into the body that call attention to an individual's moral failings (Ainlay, Coleman, & Becker, 1986), to Emile Durkheim, who is recognized as one of the first researchers to explore "outsider" status (Falk, 2001), to Erving Goffman, who is credited as one of the most influential modern sociologists who studied the nature, sources, and consequences of stigma (Link & Phelan, 2001). Contemporary definitions of stigma are similar to the original Greek meaning; that is, stigma refers to attributes that are "deeply discrediting" (Goffman, 1963, p. 3), outward attributes in a person or group that set that person or group apart from others (Falk, 2001). Stigma is a social construction based upon prejudice or negative stereotyping (Corrigan & Penn, 1999) that separates individuals who

“possess... some attribute or characteristic that conveys a social identity that is devalued in some particular context” (Crocker, Major, & Steele, 1998, p. 505) and generally influences others to treat the person with a stigmatized status in day-to-day interactions (Burke, 2007).

To the rest of society, the stigmatized person may be labeled in a variety of ways. She or he may be labeled as “not quite human” (Goffman, 1963, p. 5) or she or he may be simply perceived as being “different” or “unusual”; that is, he or she possesses attributes that make him or her different from the norm in his or her social unit (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984). Regardless of the severity of the label, in order for the stigmatization process to be fully realized, the stigmatized person must possess not only atypical attributes, but also awareness of his or her differentness and internalization of that variant identity (Crocker, Major, & Steele, 1998, Page, 1984). These historical themes from the literature on stigma are examined below.

Attributes

The stigmatized person has a mark or attribute that links the person to undesirable characteristics (Goffman, 1963; Jones et al., 1984). Goffman asserts that when individuals are faced with a person who is unknown,

[E]vidence can arise out of his possessing an attribute that makes him different from others in the category of the persons available for him to be, and of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted, discounted one. (pp. 2-3)

The stigmatized person’s attributes are identified and labeled, then “taken for granted as being just the way things are (Link & Phelan, 2001, p. 367). By virtue of the person’s physical or social characteristics, experiences, or beliefs, the person is perceived to have an inferior attribute

that deviates from the norm of a social unit (Page, 1984; Stafford & Scott, 1986).

Particularly problematic for the stigmatized person is the social and cultural variability of the stigmatized attribute. Attributes that are stigmatized under some social conditions are irrelevant in others, yet any attribute can potentially become a stigma (Coleman, 1986).

Attributes such as psychiatric disorders, employment standing, or HIV seropositive status are “inferior” in one context, but less problematic in others (Corrigan, Larson, & Kuwabara, 2007; Herek & Capitanio, 1999; Weiner, 1995). The ambiguity and unpredictable nature of stigma is particularly troublesome for the stigmatized because each social situation tends to bring with it uncertainty about whether the social interaction will be safe or unsafe (Ainlay, Coleman, & Becker, 1986; Goffman, 1963; Pinel, 1999).

Awareness

The extent to which the stereotyped person is aware of his/her inferior attributes is also important to the understanding of stigma (Coleman, 1986; Crocker, Major, & Steele, 1998). Stigmatized individuals become aware of a personal attribute that is a “defiling thing to possess” (Goffman, 1963, p. 7), though they vary in how chronically self-aware they are of their status (Brown & Lee, 2005). Researchers have defined awareness of stigma in a variety of ways, from perceived or felt stigma, the individual’s perception of the probability of being stigmatized (Becker & Arnold, 1986; Goffman, 1963); to stigma consciousness, the individual’s chronic awareness of stigmatized status and expectation that all social interactions will be stigmatizing experiences (Pinel, 1999); to enacted stigma, the individual’s experience of a negative action as a result of the individual’s stigmatized status (Corrigan, 1998; Couture & Penn, 2003).

The problematic nature of stigma awareness is supported by the empirical literature.

Stigma awareness has been studied in populations of children, college students who have been stigmatized because of their ethnic backgrounds (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002), and individuals with psychiatric disabilities (Corrigan, Watson, & Barr, 2006), sexual minority status (Lewis, Derlega, Griffin, & Krowinski, 2003; Pinel, 1999; Waldo, 1999), and employment status (Boyce, Ryan, Imus, & Morgeson, 2007). The research suggests that the stigmatized person's awareness of his/her stigmatized status has an important impact on negative outcomes. Though all human differences are potentially stigmatizable (Goffman, 1963), the extent to which the individual is conscious of how those differences are deemed unacceptable within society affects just how stigma influences the person individually.

Internalization

Finally, the extent to which the individual accepts the stigmatized status that is associated with a particular attribute refers to internalization. Awareness of stigma does not automatically yield internalization of the stigmatizing attitudes, but rather the two occur in conjunction with one another (Corrigan & Watson, 2006). Stigma literature refers to the internalization process in a variety of ways, including stereotype agreement, self-concurrence, self-stigma, or stigma acknowledgment. This occurs when the individual agrees with the stigma and applies it to himself or herself, or conversely rejects the assumption that his or her attribute is inferior (Corrigan, Watson, & Barr, 2006; Page, 1984). Additionally, internalization may take the form of stigma consciousness, defined as the extent to which an individual with a stigmatizing attribute believes his or her stigmatized status permeates interactions with non-stigmatized groups (Pinel, 1999; Pinel, 2002). Though stigmatized individuals differ in their experiences of stigma, chronic internalization and self-awareness of their stigmatized status is correlated with

their experience of well-being (Brown & Pinel, 2003).

Individual levels of internalization have been found to be correlated with negative consequences associated with stigma. Individuals who do not internalize stigma and who reject the stigmatization of others as “unjust or irrelevant” tend to experience little or no reduction in self-esteem due to stigma (Corrigan & Watson, 2006, p. 47). For example, homeless people may internalize stigma and believe that “they have no purpose and no meaning in this world” (Falk, 2001, p. 261) or disengage from stigmatizing situations and reject this assumption of inferiority (Page, 1984). Individuals with a sexual minority identity may internalize a stigmatized identity by either hiding their sexual identity or attempting to correct their circumstances by living a more heteronormative lifestyle (Becker & Arnold, 1986; Goffman, 1963; Pinel, 1999; Price, 2007). People with a mental health diagnosis may internalize a stigmatized status and suffer diminished self-efficacy or self-esteem or discard negative stereotypes about the mentally ill as irrelevant or untrue (Corrigan & Watson, 2006; Pinel, 1999).

Shifting Our Research Focus to Strengths

LGB individuals in American society have the attributes that have been historically discredited in American society, their sexual orientation identity. In many areas of their lives, LGB individuals have an awareness that their attributes are marginalized. Further, those who have accepted the marginalized status are said to have internalized their stigmatized status (Brown & Pinel, 2003; Corrigan, Watson, & Barr, 2006; Page, 1984). However, this remains an incomplete analysis of the experiences of LGB individuals in American society. Social work research and theoretical literature that continues to frame LGB individuals and communities as “disenfranchised,” “marginalized,” and “oppressed” may serve to support a stigmatized status.

The strengths perspective in social work provides a useful foundation for rethinking research on the stigmatization of the LGB community. The strengths perspective is based upon the foundation that every individual, group, and community has a number of resources from which to draw upon (Saleebey, 2009). Individuals who seek professional social work services, or individuals who are participants in social work research, already possess strength, wisdom, and assets upon which they draw:

[Strengths perspectives] assume that [our subjects] know something, have learned lessons from experiences, have hopes, have interests, and can do some things masterfully. These may be obscured by the stresses of the moment, submerged under the weight of crisis, oppression, or illness but, nonetheless, they abide. (Saleebey, 2009, p. 15)

The strengths perspective resists a focus on “problems, human deficits, what is broken, gone wrong, or failed” (Blundo, 2001, p. 297) and favors a focus on the assets, supports, exceptions, and possibilities that our clients *already possess* (Munford & Sanders, 2005). Research and practice that incorporate the strengths-based perspective reframe traditionally pathologized behaviors into potential survival skills, resources, and possibilities; promote the idea that individuals who endure terrible atrocities have an innate ability to rebound from those experiences; and contend that each individual has a wealth of resources to draw upon to overcome terrible events that seemingly threaten her or his ability to cope (Saleebey, 2009).

Though it has faced significant stigmatization throughout history, the current day LGB community and its predecessors have made significant strides and often thrived throughout the 20th century, challenging the notion of a stigmatized community void of strengths and resources. Historiographies of late 19th century New York City (Chauncey, 1994) and post World War II San Francisco (Boyd, 2003) describe urban terrains where men and women experiencing same sex-desire throughout the first half of the 20th century were engaged in various and vibrant

communities that served to not only ameliorate stigmatization from the dominant culture but to challenge it as well. The Homophile Movement of the 1950s and 1960s marked an important era of political engagement for some homosexual men and women. In light of significant threats to their safety and livelihood, these women and men challenged and demonstrated against the dominant Cold War America perception of the deviant homosexual (D'Emilio, 1998). Members of the Homophile Movement made great strides in creating positive, non-stigmatizing political spaces for homosexual women and men to come together to fight the broader stigmatization projected onto them by the dominant culture.

D'Emilio (1998) contends that the Homophile Movement provided the seeds for the gay liberation movement that followed it in the late 1960s, specifically the Stonewall Riot. A milestone in the modern day gay and lesbian movement, the Stonewall Riot set into motion a new radical voice in the history of the gay and lesbian movement that verbally and physically challenged stigmatizing conceptions of gay and lesbian social spaces, relationships, and sexual practices. Often the subjects of anti-gay law enforcement measures and police brutality throughout the 20th century, the LGB community mobilized, fought back, and advocated for their own needs at the Stonewall Inn in New York City in 1969.

The HIV/AIDS epidemic provides additional examples of the LGB community challenging the notion of a stigmatized community void of strengths and resources. Brier's (2009) historiography of U.S. political responses to the HIV/AIDS epidemic and Berkowitz's (2003) reflective work on the development of safe sex practices for gay men in the 1980s highlight gay and lesbian community-based strategies to prevent the transmission of STDs, including HIV. In addition, Kramer's (1989) essays document advocacy campaigns to bring

local, state, and federal attention to the needs of people living with HIV in the 1980s and 1990s, including gay men and lesbians. The lives and health of many members of the LGB community have been threatened by the HIV/AIDS epidemic in the United States, yet the community demanded to be noticed, insisted on being treated with humanity, and developed its own network of medical and social service organizations in many communities (Genke, 2004). Currently, some members of the community have actively fought stereotypes that the LGB community is a threat to so-called “family values” by forming families of their own and by advocating for adoption and marriage equality (Haider-Markel & Meier, 1996). Even more, the LGB community has become a visible and formidable political force that has garnered the attention of policymakers and presidents alike (Herek, 1991).

Thus, while LGB individuals may continue to face marginalization and stigmatization, social work researchers should operate from the assumption that LGB communities possess a number of strengths and resources that are worth capturing with empirical research. Though social work has begun to incorporate the strengths and resources of the LGB community (Meezan & James, 2009), this work must be strengthened. Further ways to incorporate the strengths and resources of the LGB community in empirical research on LGB stigmatization will be explored below.

Towards Incorporating Strengths in Research on LGB Stigmatization

Social work research, like any other social process, occurs within a particular context, a context that is influenced by both agency and broader societal frames of reference. Our cultural values influence what we see as “important” research, who we study, what we observe, and the method by which we observe the phenomena. Researchers in other allied research fields, such as

community psychology, have called for social science researchers to consider the unique contexts of historically marginalized communities, and to conduct research that is not informed only by stereotypes but is “balanced by an examination of the strengths of these groups” (French & D’Augelli, 2002, p. 76). For example, researchers such as Hughes and colleagues (Hughes & Seidman, 2002; Hughes, Seidman & Williams, 1993) have provided strategies for a strengths-based, culturally-anchored research enterprise, including (1) involving multiple stakeholders in formulating the question and phenomenon of interest; (2) ensuring that phenomena of interest are measured in valid and meaningful ways; (3) establishing rigorously both conceptual and measurement equivalence before making between-group comparisons; (4) considering within-group comparisons to study the phenomenon of interest; and (5) maintaining methodological flexibility rather than strictly qualitative or quantitative approaches. These strategies can be useful in framing future LGB stigma research that is strengths rather than pathology focused.

First, research on LGB communities’ experiences of stigmatization must involve multiple stakeholders in formulating the research questions. Many researchers interested in the experiences of LGB people resort to research designs that are often most practical but less representative of the larger LGB community. The use of snowball or convenience sampling, with sampling frames that rely heavily on membership lists of LGB advocacy organizations (Blair, 1999; Sell & Petrulio, 1996), though common in LGB research, provides a narrow perspective on the experiences of LGB individuals. To capture the strengths and resources of the LGB community fully, a wider net must be cast to capture the voices of those who are less likely to join LGB advocacy organizations, such as individuals who are less affluent and individuals of color. Social work research on LGB stigmatization needs to include the perspectives of multiple

stakeholders.

Second, LGB research on stigmatization should ensure that the phenomena of interest are measured in valid and meaningful ways. Measurement of LGB stigma should not rely upon the experience of stigma or other marginalization as a sole indicator of the experiences of LGB people within American society. Social work research with LGB communities must examine the processes among LGB people that enable them to survive stigmatization. The strengths and resources that the LGB person draws upon to respond to her/his stigmatization should also be included in the social work researcher's phenomenon of interest. In addition, researchers may want to consider incorporating additional aspects of LGB experience to gain a broader sense of the factors that promote resilience in the face of larger societal stigmatization.

Thirdly, social work research on LGB stigmatization must recognize that there may be no measurement equivalence for making between-group comparisons. The stigmatization of LGB individuals may be very different from the stigmatization of people of color, people of different gender identities, or other communities that have been historically marginalized.

Fourth, comparisons that are more sensible may involve comparing the experiences of stigmatization within-group, such as comparing the experiences of LGB people who are African/African American and LGB people who are Asian/Asian-American or comparing the experiences of lesbians and bisexual women. The different strengths and resources that each of these subgroups may possess may be a valuable contribution to the social work knowledge base on stigma.

Lastly, social work research on the stigmatization of LGB individuals must reflect methodological flexibility. Though there is a place for quantitative research in social work, our

methodological repertoire for studying the strengths and resources must incorporate qualitative research methods. Shifting the focus from pathology to strengths and resources requires that we begin to understand the lived experiences of the LGB community and its members and the meaning they make out of their experiences. Qualitative methods, which include ethnography, case study, phenomenology, and grounded theory, are best suited to help researchers gain an understanding of these lived experiences and meanings (Creswell, 1998; Padgett, 2008; Yin, 2009). Learning about lived experiences of stigmatization, the meaning LGB people attach to the experience of stigmatization, and responses, especially among people of color, are not likely possible using strictly quantitative approaches.

These strategies may be helpful in ensuring that future LGB stigma research is strengths rather than pathology focused, as in the common paradigm. Beginning to look towards the LGB community as “experts” rather than as passive victims of stigmatization can change the cultural values that frame what is “important” research, the people we study, the phenomenon we observe, and the method by which we observe the phenomenon.

Summary

Marginalization and stigmatization of LGB individuals is a social problem far from being resolved in the United States. Despite gains throughout the 20th century including the development of spaces to explore same-sex desire, political advances in the Homophile Movement, the gay liberation movement, and the current gay rights movement, and public health and political advances in HIV/AIDS epidemic, LGB individuals continue to be treated as outsiders in society. They are regarded as people with moral failings and deemed unworthy of many of the basic protections enjoyed by their heterosexual counterparts. In many cases, they

lack the ability to marry their chosen partner, adopt children, and work without the fear of being fired just because they are LGB.

Though there are no easy solutions to the social problem of LGB stigmatization, the social work research enterprise can be the place for beginning to understand the lived experiences of LGB individuals. Social work has a long history of understanding the sociopolitical context of our clients within a strengths perspective, and social work research has the potential for doing the same (Meezan & Martin, 2009). Despite stigmatization in much of society, LGB individuals have survived and thrived. Understanding the strengths and resources of the LGB community in coping with and fighting against LGB stigmatization represents a much needed direction for future social work research, for we have a great deal to learn. Thus, fully understanding the phenomena of stigma requires that social work researchers assess, the experiences of marginalization, the experiences of overcoming that marginalization, and additional aspects of LGB experience that promote resilience in the face of larger societal stigmatization. Assessing only the *problems* provides an incomplete picture of our LGB clients and participants' realities.

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