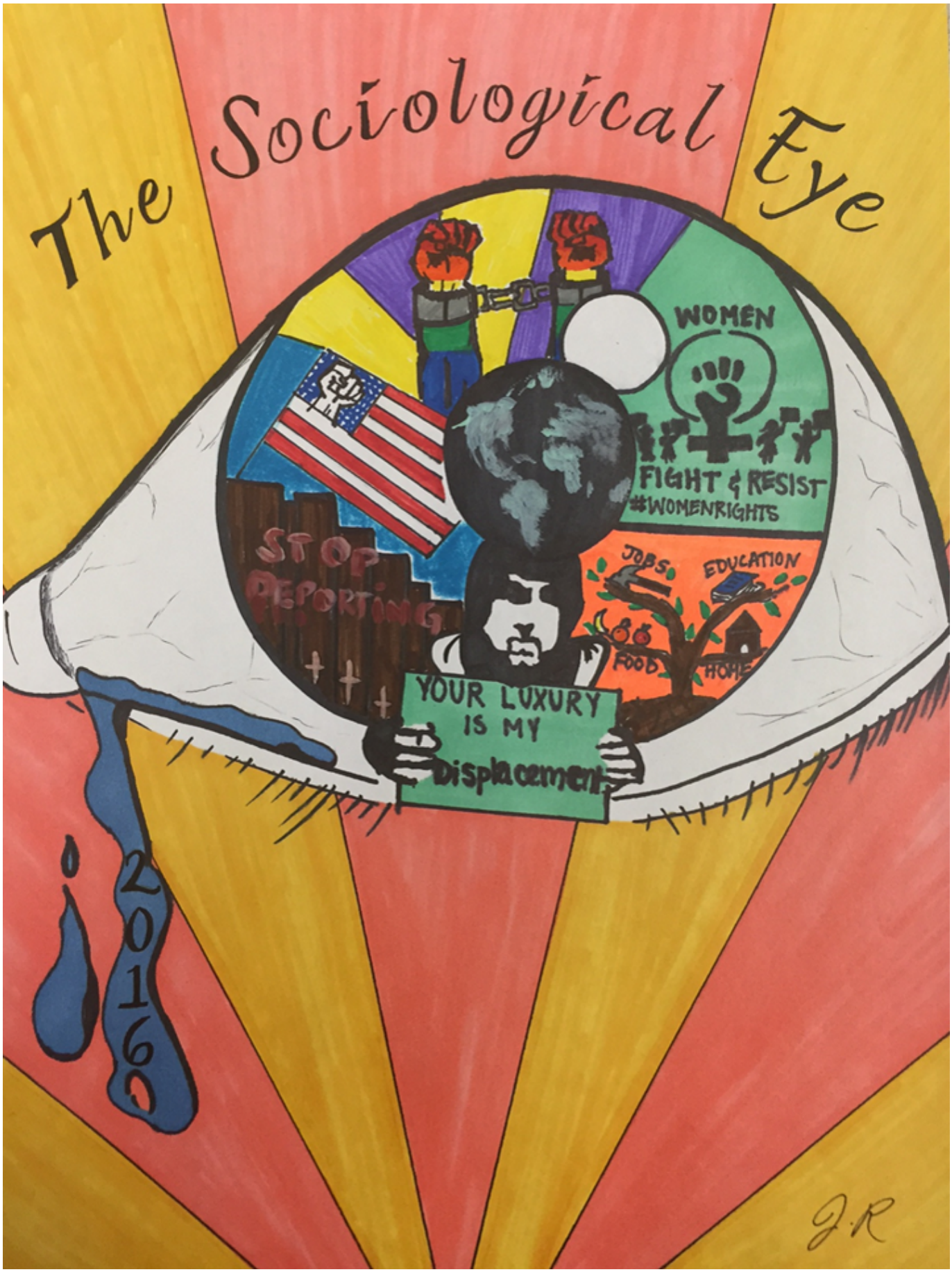

The Sociological Eye
WOMEN
FIGHT & RESIST
#WOMENRIGHTS
STOP DEPORTING
JOBS
EDUCATION
FOOD
HOME
YOUR LUXURY IS MY
Displacement
2016
J.R

The Sociological Eye

Spring 2016

Journal of the Sociology Department

The Sociological Eye is a student edited journal. Sociology majors and minors, as well as other LMU, students, are encouraged to send in short essays (about 2500 words) to expose their own scholarly work on topics of sociological interest. The journal is an excellent medium to contribute your research endeavors to students, alumni, and faculty. Please contact either of the editors, Dr.Kim, or Dr. Sager for more information.

Loyola Marymount University

Editor: Abigail Rawl
Art Design by Jasmine Reyna

Dr. Nadia Kim
Nadia.Kim@lion.lmu.edu
310-338-2810

Dr. Rebecca Sager
RSager@lion.lmu.edu
310-338-2811

Table of Contents

Preface **5**
Dr. Nadia Kim, Associate Professor &
Dr. Rebecca Sager, Associate Professor, Sociology

Cultural Imperialism:The Diffusion of Western Gender Norms to Thailand **6**
Jonathan Santos

The New Age of Feminism and the Effect of Social Media **21**
Shaina Hill

"Nobody Forced You, You Signed Up For This" **36**
Sexual Assault in the Military
Kathryn Courson

PTSD: How it Changes Lives **45**
Elizabeth Fanous

Mental Health of LGBTQ: Adolescents in the U.S. **57**
Kathryn Courson

Latino Migrant Day Laborer Health in the United States: Literature Review **72**
Abigail Rawl

The Impact of Race on Employment Rates and Wage Inequality; **80**
Black Males in The Labor Market
Cielo Garat

A Generalized Homeless Subpopulation **86**
Lauren E. Weir

Life in a Retirement Home **97**
Christine Ashikian

Affirmative Action: A Reflection of White Privilege **109**
Emely Luna

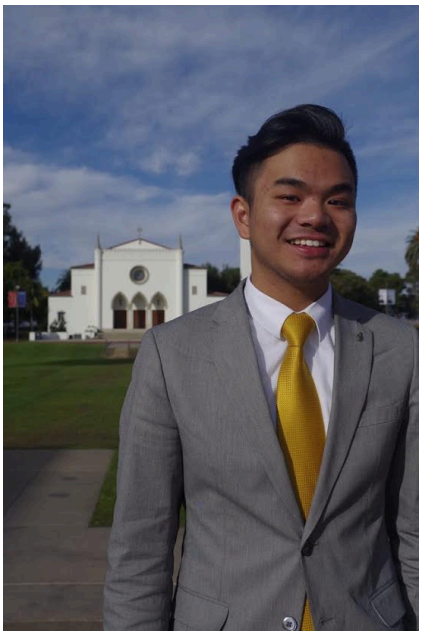
Advice for Getting Into Law School **112**
Greg Morton

Artwork
“Riqueza Mexicana-Mama’s Kitchen” **115**
Jasmine Reyna

Preface

Each year in the Sociology Department we are excited to publish original work from our students and this year we have an exceptional array of great work. As sociologists we examine a wide-ranging number of topics from politics and elections, to immigration and race, and the changing dynamics of the role of gender in work and education. In their papers, our young sociologists take on a number of challenging issues with which professional sociologists have also been captivated, often using original research to better understand our social world. In this volume of the Sociological Eye we have categorized these papers into four main themes, , some of which overlap: the role of gender in various social contexts; issues of mental health; race, citizenship, and wage inequalities in the workplace; and the concept of "home." In this volume Jonathan Santos examined how gender is shifting based on cultural diffusion in his paper "Cultural Imperialism: The Diffusion of Western Gender Norms to Thailand." Shaina Hill also looked at gender through the lens of feminism in her piece, "The New Age of Feminism and the Effect of Social Media." In another take on gender, Kathryn Courson writes about military sexual assault in "Nobody Forced You, You Signed Up For This"- Sexual Assault in the U.S. Military." Several entries tackle the issue of mental health. In her paper, Elizabeth Fanous focused her work on the pressing social issue of Post-Traumatic Stress Disorder in "PTSD: How it Changes Lives." Kathryn Courson also examined mental health in "Mental Health of LGBTQ Adolescents in the U.S." Abigail Rawl's "Latino Migrant Day Laborer Health in the United States: Literature Review" overlaps with mental health concerns as well as the theme of race, citizenship, and wage inequalities in the workplace Continuing the latter theme, Cielo Garat wrote "The Impact of Race on Employment Rates and Wage Inequality; Black Males in the Labor Market." The next category addresses the concept of home, for which Lauren Weir wrote, "A Generalized Homeless Population" and Christine Ashikian observed a senior home in "Retirement Home Ethnography." To round out our scholarly contributions, Emely Luna draws on the issue of race, privilege and policy in "Affirmative Action: A Reflection of White Privilege." Finally, we have an advice piece for the first time by Greg Morton on law school admittance, "Advice for Getting Into Law School." Overall, these papers show a wonderful breadth and depth of work by our students and we hope you gain as much pleasure and knowledge from reading them as we have.

Jonathan Santos



Jonathan Santos, who was born and raised in Union City, California, is currently a sophomore at Loyola Marymount University. During Jonathan's high school years, his speech and debate coach encouraged him to be "a voice for the voiceless." Entering college, this mantra is what inspired Jonathan to study sociology. To Jonathan, sociology courses help to develop the critical lens through which people can better understand the world around them. He sees the tools gained in sociology as necessary for eliminating systemic racism, gender inequality, and LGBTQ discrimination -- issues which he is very passionate about. This passion for challenging the status quo compelled Jonathan to intern at Not In Our Town, a non-profit organization dedicated to creating safer, more inclusive communities. Currently, Jonathan is a member of the professional business fraternity Alpha Kappa Psi. He hopes to apply the professionalism gained through the fraternity toward his career goal of being an attorney. A legal career would enable Jonathan to truly exercise his voice and stand up against injustice. During his free time, Jonathan enjoys writing poetry, traveling, hanging out with friends, trying new milk tea places, and eating Korean BBQ. Jonathan would like to thank all his mentors and professors at LMU for enriching his life.

Cultural Imperialism:
The Diffusion of Western Gender Norms to Thailand

INTRODUCTION

With the increased interconnectedness of the globe, some scholars argue that cultures are becoming more and more similar. Whereas nations had distinct local traditions in the past, they are now beginning to transform to resemble a singular, common culture. Rizter (2010) calls this phenomenon cultural convergence. In some countries, cultural convergence takes a more malevolent form: cultural imperialism. The idea of cultural imperialism indicates that a hegemonic culture is imposing itself onto other countries. Hegemonic culture refers to the values, practices, and ideologies of the dominant or ruling class. Cultural imperialism holds that the shared ideals and practices of the dominant group diffuse to other countries and undermine their local traditions. This process usually involves cultures of the Global North dominating over

those of the Global South. Cultural imperialism is evident in the ongoing changes of Thai culture, specifically pertaining to its gender schema.

This research explores the ways in which cultural imperialism has redefined gender in Thailand and the extent to which it reflects the Western normative model. I will attempt to answer two primary research questions: First, what evidence exists that suggests that Western gender models are undermining the traditional gender models of Thailand? Second, what are the consequences of this process?

I argue that Western gender norms, as well as intersecting conceptions of race, sexuality, and class, are diffused to Thailand through the process of cultural imperialism. This is most evident in the recent changes in both the sex reassignment industry and the sex market. While this process might lead to increased social and economic empowerment for some individuals, it also reinforces the supremacist ideologies of the West.

I will begin by deconstructing the gender conventions of the West that are commonly viewed as stable and natural. Second, I will offer some necessary background information about the conceptions of gender in Thai culture, specifically the kathoey identity. Third, I will discuss the role that Orientalist views and portrayals of Thai culture and gender play in the process of cultural imperialism. Fourth, I will argue that the growth of the sex reassignment industry serves as evidence of the diffusion of the Western gender model to Thailand. Fifth, I will examine several important trends in the sex market. I will conclude by providing a discussion and several implications for further research.

DENATURALIZING WESTERN GENDER NORMS

The cultures of the United States and Western Europe generally continue to reinforce heteronormativity (Warner 1991). According to this model, gender is a binary whereby males are ascribed archetypally masculine traits and females archetypally feminine traits. Moreover, heteronormativity holds that males who identify as masculine and females who identify as feminine are expected to be heterosexual. That is, the normative sex object for a man is a woman and vice versa. According to the model, those males

whose sex objects are not female have somehow forgone their masculinity. Other individuals who deviate from these conventions, such as those who identify as lesbian, gay, bi, trans, and queer, have historically been ostracized in Western culture.

These normative conventions, however, are not essential. That is, individuals are not biologically predisposed to identifying as a gender that corresponds with their genitalia; males are not naturally men nor are females naturally women. Rather, gender and sexuality are both unstable, socially constructed categories. Butler (1990) contends that gender is performative. People express gender identity according to the external, environmental influences that are exerted upon them. In the Global North, expressions of gender have been heavily policed by a breadth of factors, from microagressions to mass media. Both peer groups and the larger Euro-American ethos have encouraged individuals to conform to the preexisting gender regime. While gender politics and norms are constantly shifting in these countries, they have historically been significantly different than those in Thailand.

BACKGROUND ABOUT GENDER IDENTITY IN THAILAND

In Thai culture, gender has generally been understood as a spectrum, rather than a binary. Whereas heteronormativity in the West holds that there are two distinct gender categories, Thai culture has traditionally recognized a third in-between space. This fluid understanding of gender is common among several Southeast and South Asian countries. India, for instance, has acknowledged the existence of hijras as a social category (Dutta 2012). Concentrated mostly in Northern India, hijras are culturally defined as neither man nor woman.

Thailand has one of the largest populations of gender nonconforming individuals in the world. Like hijras, Thai individuals called kathoeys inhabit the in-between space and do not conform to the Western, binary understanding of man and woman. Traditionally, the term kathoey encompassed all gay, queer, and effeminate males. More recently, the use of kathoey has been limited specifically to male-to-female individuals (this definitional transition is indicative of cultural imperialism, which will be discussed later in

this work). Since Western cultures have generally not permitted this third space to exist, the English language has no equivalent word for the concept of kathoey. Some scholars have understood the kathoey identity as transgender. However, to conflate kathoey with transgenderism is problematic because it employs a Eurocentric conception of gender. Kathoeys have also been stereotyped in Western popular culture. While in reality their identities are unique and nuanced, mainstream media has generally portrayed kathoeys as flamboyant, comical, and licentious (Tan 2014).

In general, kathoeys have enjoyed a degree of social acceptance unheard of in many other cultures around the globe. In popular urban centers, such as Bangkok, kathoeys go about their everyday affairs (e.g. running errands, meeting with friends, using public transportation, etc.) uninterrupted by the mainstream society (Winters 2008). Many even hold prominent careers in the public sphere, such as serving as tour guides for international visitors. However, it was not until recently that Thailand's laws regarding third-gender people reflected their historically tolerant culture. In fact, during the drafting process of a revised constitution of Thailand in early 2015, it was declared that the third gender would be legally recognized. As Kamnoon Sittisamarn, the spokesperson of Constitution Drafting Committee, noted, "It is a human right if you were born a male or female and you want to have a sex change or lead a life of a different gender" (CNN 2015).

There are two primary explanations as to why the Thai tradition has been comparatively more tolerant of individuals inhabiting the third gender space: one being spiritual, the other being social. First, the longstanding notion of a gender beyond the binary can be traced back to Northern Thai creation myths that teach of "multiple genders" (Matzner 2002). This belief continued on through the mid-twentieth century and is still embedded in the culture. Similar teachings are also located in the Buddhist tradition. Unlike Christians, Buddhists cannot point to any teachings against homosexuality or trasngenderism in scripture. Second, Thai culture has placed a relatively larger emphasis on the social status of women. Whereas most societies are built upon deeply patriarchal ideologies and practices, Thailand has historically viewed the

relationship between men and women as egalitarian. Winters (2002) claims that Thai women occupy a more advantageous societal position than women in other Asian countries. Some go so far as to say that femininity is revered in the Thai culture. This might explain why it is generally socially permissible to be an effeminate male in Thailand.

ORIENTALIST VIEW OF THAI CULTURE

The imposition of Western cultural norms onto Thailand is largely rooted in the idea of Orientalism. Said (1971) argued that the West has historically essentialized Middle Eastern and Asian societies. This attitude first developed during the era of colonialism in these regions. Countries of the Global North, primarily France and Britain, sought to justify colonialism and imperialism by propagating the idea that Middle Eastern and Asian societies were backward and needed to be civilized. As evident in pre-19th century art, literature, and music, Western Europe viewed these civilizations as primitive, demure, and exotic. This ideology has also reinforced Eurocentrism, or the idea that the West is superior to all other societies.

Today, the Orientalist perspective is not benign. Countries of the Global North continue to project their supremacist conceptions onto Asian countries, thereby misunderstanding and misrepresenting the nuances of their cultures. Western mass media is especially responsible for exotifying Asian cultures. Contemporary films, television shows, and social media platforms disseminate the notion that Asia is a luxurious place susceptible to conquest, specifically sexual conquest. Thai people are considered to be "gentle and gracious in their demeanour as described by the Orientalist perspective of those who wish to believe in the exotification of Asian men, women and children" (Rappa 2011, p. 122). It is also worth noting that this Orientalist gaze coincides with the male gaze. Coined by Mulvey (1975), the male gaze refers to the ways in which visual art is constructed for the pleasure of masculine viewers. The depictions of Thai culture produced by Western and Thai media generally appeal to a white, male audience.

Through this Orientalist and male supremacist lens, the West fabricates a hyper-reality whereby all things Thai are exotic and fetishized. This is evidenced by the ways in which ads for tourism are framed. Holliday et al. (2015) suggest that many websites advertising Thailand as a vacation destination appeal to the Western gaze. For instance, the lotus flower appeared to be common motif among many of the sites. In Thai culture, the lotus flower serves as the embodiment of purity and a symbol of virginity. Furthermore, a number of websites featured gorgeous beaches, Thai female caretakers and masseuses, and sexually objectified bodies. The sum of these images perpetuates the appearance of Thai amenability to European colonization.

THE GROWTH OF THE SEX REASSIGNMENT INDUSTRY

Before investigating the ways in which the sex reassignment industry in Thailand serves as evidence of cultural imperialism, it is imperative to first understand the country as one of the most booming hubs of medical tourism in the globe. Due to globalization, healthcare has arguably become transnational. In 2010, approximately 89% of medical tourists travelled to Thailand, India, or Singapore, with Bangkok being the highest recipient of tourists. Moreover, over 19 million tourists visited Thailand in 2011, with an estimated 500,000 travelling for medical purposes (BBC 2012). The quantity of tourists visiting Thailand make the country's medical industry an extremely lucrative enterprise. Although a concrete figure is difficult to calculate, Thailand is believed to be the largest medical tourism destination in terms of annual revenue (IMTJ 2013).

A key motivation to travel to Thailand, at least for a sizeable portion of tourists, is to seek sex reassignment surgery. It was only in the past twenty years that sex reassignment rose as Thailand's primary medical procedure. Around the turn of the 21st century, sex reassignment became more commonly available at Thai clinics than ever before (Enteen 2013). This phenomenon is attributed to the high demand for the procedure on an international scale. If sex reassignment is less costly, more accessible in terms of laws and

regulations, and equally safe as it is in countries of the Global North, then Western individuals have a high incentive to undergo the surgery abroad.

For most of its history, Thailand's government had no formal rules or regulations regarding sexual reassignment surgery. In 2009, the Thailand Medical Council finally published a policy regarding the procedure entitled "Criteria for the Treatment of Sex Change" (Chokrungvaranot 2014). This formalization was a response to the surgery becoming a global attraction. Another result of the increasing demand for sex reassignment is the ability for Thai surgeons to specialize. Currently, there are approximately twenty surgeons capable of performing sex reassignment operations. But with more and more foreign patients coming to Thailand in search of sex reassignment, this number is likely to increase significantly in the upcoming years. The growth in the number of patients and concurrent advancements in medical technology have given surgeons in Thailand the opportunity to develop their practices at a greater speed than comparative Western specialists (Chokrungvaranot 2014). In this instance, globalization has facilitated the economic growth of both Thai surgeons who have a newfound career specialization and Thailand as a whole.

Currently, the vast majority of patients who receive the sex reassignment procedure in Thailand are middle- to upper-class Western tourists. Chokrungvaranot et al. (2014) suggests that these tourists typically hold prestigious careers (e.g. doctors, lawyers, engineers, etc.) and are generally more financially stable than their Thai counterparts. While all the patients who are treated in the University Hospitals are from Thailand, the ratio of foreigner to Thai patients in the private sector is 10:1. Furthermore, only 5% of sex reassignment patients in Thailand were foreigners between 1985 and 1990. This is a stark contrast to the data collected between 2010 and 2012 which shows that 90% of patients were foreigners within that two-year timespan (Chokrungvaranot et al. 2014). Clearly, Western tourists are the highest "consumers" of Thailand's private sector of healthcare, with sex reassignment being the most sought after "commodity." These figures

highlight the reality that economic and cultural globalization are not always two, distinct processes. Rather, they are often concurrent and inseparable from each other.

The enormous increase in the number of Western patients receiving sex reassignment surgeries in Thailand can be attributed to advancements not only in medical technology, but other forms of technology as well. Prior to the advent of modern forms of communication, information about sex reassignment procedures abroad were not easily or readily accessible. However, the Internet has made the sex reassignment industry truly transnational. Now, Westerners can find information about foreign surgeons who perform sex reassignment surgery online.

Since the 1990s, there have been significant shifts in the ways in which Thai clinics frame their online advertisements. Enteen (2014) suggests that websites nowadays are designed to appeal specifically to a non-Thai clientele. To support this argument, I analyzed three sites that promote sex reassignment in Thailand: www.chet-plasticsurgery.com, www.orchidheart.com, and www.transgendersurgerythailand.com. I identified several common themes that illustrate how these websites are framed to appeal to Western audiences. First, sex reassignment has eclipsed all other forms of plastic and cosmetic surgery offered, such as breast augmentation and facial reconstruction. Again, this reinforces the Euro-American notion that genitalia validates one's gender identity. Second, websites are generally coded as feminine. All three websites use pink or purple color schemes. In the West, these colors are generally coded as feminine, which implies that these sites have been shaped by Western influence. Third, the websites have white models featured on their homepages, rather than Thai ones. This demonstrates that whiteness is heralded as a global beauty standard to which Thai is compelled to conform. Fourth, online advertisements employ the aforementioned Orientalist imagery, such as the luxurious beaches and the lotus flower, which functions to mystify Thailand.

Despite the fact that the sex reassignment industry is tailored for Western tourists, kathoeys are receiving sex reassignment surgery at an increasing rate (Chokrungvaranot 2014). This trend can be

perceived as alarming because, as previously mentioned, kathoeys have historically inhabited a third space between man and woman regardless of genitalia. The growing popularity of the sex reassignment procedure and overall stagnation of other forms of plastic surgery underscores the effects of globalization. This shift serves as evidence of cultural imperialism. It highlights how gender nonconforming individuals are indirectly pressured by the wider culture into undergoing this medical procedure in order to legitimize their identities to the general population.

What is most striking about kathoeys who undergo sex reassignment surgery is that many also receive complementary cosmetic procedures as well. Poompruek et al. (2014) indicate that, in urban areas, it is commonplace for kathoeys to host "injection parties." At these events, kathoeys typically consume chemicals that lighten their skin, enlarge their breasts, make their hair softer, and look younger. These practices reproduce Western ideologies about gender, beauty, and sexuality. Kathoeys quite literally transform themselves in order to comply with hegemonic, transnational expectations. While the use of methods of body modification might facilitate cultural imperialism, it can also be a source of social empowerment for some kathoeys. The chemical injections can sometimes provide kathoeys with a newfound sense of control over their physical appearance.

THE SEX MARKET

The lucrativeness and international popularity of Thailand's sex reassignment industry is rivaled only by its sex market. For years, Thailand has been recognized as one of the most sought after destinations for sex tourism (Tan 2014). While prostitution was made illegal in Thailand in 1960 due to pressures from the United Nations, in practice sex work is generally tolerated by local agents who preserve the act in order to serve their commercial interests (International Models Project on Women's Rights 2011). In general, there is a system in place whereby sex workers are protected from mistreatment and the spread of sexually transmitted diseases is minimized.

Through the Orientalist gaze, Thailand is seen a haven of sexual plentitude. The country's sex market, like its people and its culture, has been constructed by the Western imagination as easy to access and manipulate. Sex tourists -- who are not always from the West but are still privileged by virtue of their purchasing power -- often search for exotic and erotic sexual services. Kathoey sex workers provide such an experience for many visitors of Thailand. The perceived mysteriousness and gender ambiguity of kathoeys adds to their sexual appeal in the eyes of Orientalist, male gazers.

A common misconception and highly offensive stereotype is that all kathoeys are prostitutes. While some kathoeys certainly are prostitutes, many occupy roles in other sectors of Thailand's sexual entertainment industry (Tan 2014). For instance, it is common to encounter kathoeys in the nightlife scene of the red light districts of Patpong and Soi Cowboy, particularly at strip clubs and go-go bars. There, they generally work as waitresses, dancers, and performers. Many kathoeys also find employment at more "family friendly" venues, such cabaret theatres, such as Alcazar in Pattaya and Calypso in Bangkok. All of these spaces are stylistically designed to appeal to Western tourists in order to provide an exotified experience.

Many kathoeys who enter Thailand's sex scene consider their gender and sexual identity as a "career," rather than something that is deeply and personally felt. Brummelhuis (1999) argues that young males, particularly those growing up in provincial areas of Thailand, are beginning to see sex reassignment as an avenue for economic opportunity. That is, undergoing a sex reassignment, regardless of internal feelings of gender identity, is a way to enter urban life and make a living. These individuals often "reconfigure and retrain their bodies in order to comply with a stylized and aestheticized feminine figure" (Tan 2014, p. 148). Hip filling, facial sculpting, eyelash extensions, and silicone, collagen and botox injections are all popular practices among kathoey entertainers and prostitutes. On one hand, this performance of heteronormative femininity reproduces Eurocentric ideologies. But on the other hand, it is

economically beneficial because the more workers transform their bodies, the more profit they are likely to amass.

Some kathoeys migrate to the Global North where they become heavily involved in the sex businesses there. Interestingly, it is more likely to encounter a kathoey prostitute who has undergone a full sex reassignment in Western European countries than it is in Thailand. This is due to the observation that kathoeys typically view full bodily transformation as the last step before reaching the pinnacle of their careers: moving to the West (Brummelhuis 1999). In cities like Amsterdam, some kathoeys have managed to gain access into a high socioeconomic status. Often in the Western-oriented sex scene, partly due to the Orientalist gaze, kathoeys are viewed as the "prizewinners." Kathoeys who work in the sex industry are often able to demand higher prices than their other sex worker counterparts. It is also not uncommon for wealthier men in Western European countries, such as doctors and lawyers, to marry a kathoey, granting them both money and citizenship status (Brummelhuis 1999). In both instances, kathoeys achieve more economic and social opportunities than they would have had they not emigrated from Thailand.

DISCUSSION

As the evidence I have presented suggests, cultural imperialism in relation to conceptions of gender in Thailand is a highly complex and nuanced process. For those it affects, the process is not wholly oppressive nor is it wholly emancipatory. On one hand, globalization leads to positive social and economic implications for some groups of individuals. On the other hand, it reproduces the toxic, supremacist ideologies of the West.

Cultural imperialism has several positive implications for certain groups in both Thailand and in the West. First, there are several social advantages. The sheer access to sex reassignment surgery is paramount. For many transgender people of the Global North who seek to transition from male to female or female to male, medical tourism is an appropriate option. Not only is the procedure less costly abroad, but it is also relatively safe due to the governmental regulations placed on surgical clinics. The option of sex

reassignment can also be liberating for kathoeys as well. It often gives kathoeys a sense of agency in their bodies. Some kathoeys' self-concept and psychological well-being improve when their genitalia corresponds with their identity.

Second, the sex reassignment industry, as well as the sex market, have notable economic benefits. Thai surgeons, for instance, now have the ability to specialize due to advancements in medical technology and the growing international demand for sex reassignment. This niche in the medical field increases the income of these specialized practitioners, as well as the overall GDP of Thailand. Additionally, globalization has enabled kathoeys, especially those from rural areas, to pursue a career in the sex industry. While there is often a negative stigma attached to being a sex worker, such a career has the potential to significantly improve one's life chances. Since their bodies are generally prized in the industry, kathoeys are able command a higher charge from tourists. As for the kathoeys who choose migrate to the Global North, they are sometimes allowed access into a higher socioeconomic class by wedding a wealthy man.

While cultural imperialism in Thailand may seem to have its social and economic advantages, it ultimately reproduces what hooks (2000) calls "heteronormative, imperialist, white supremacist, capitalist patriarchy." The increasing interconnectedness of the globe has led to the disappearance of certain unoppressive aspects of Thai culture, primarily the freedom to inhabit a third gender space. Granted, the availability of sex reassignment surgery is socially and economically empowering for some individuals. However, since the procedure has become so commonplace and is obviously geared for Western tourists, the gender binary has begun to emerge in a place where it had not previously existed. The industry also perpetuates the classist idea that true identity can only be achieved by those with the money to afford it. So for the kathoeys who desire to undergo a sex reassignment but do not have the economic means to do so, they are left to struggle with their identities.

Superficially, it appears that the pervasiveness of Western tourists engaging in sexual acts with foreign, non-normative individuals is progressive. While it may seem that the sex industry is destabilizing

heteronormative, Eurocentric conceptions of race and gender, it is actually only reinforcing them. As previously mentioned, kathoeys in the sex market have been able to achieve economic gains that would have otherwise not been possible if not for globalization. However, achieving this heightened economic status requires kathoeys to go great lengths, from undergoing the reassignment procedure to modifying other features of their bodies to appear more white. Kathoeys have had to serve as pawns of the Orientalist tourist by transforming themselves to suit Eurocentric standards of beauty and femininity. Moreover, the increased economic prosperity of kathoeys shrouds the fact that Western tourists are still the privileged group in the relationship. Tourists ultimately have the purchasing power and kathoeys are viewed as commodities

In sum, it is clear that the Orientalist, male gaze is not benign. If anything, as this analysis of Thailand suggests, this limited and destructive worldview has only intensified in recent years. The sex reassignment industry and the sex market are two examples that support the argument that the cultures of the Global North are exerting dominance over Thailand. As it was in the past, Thailand continues to be viewed as an exotic and penetrable object to be abused, appropriated, and exploited by the West.

IMPLICATIONS FOR FURTHER RESEARCH AND PRACTICE

This research brings about several important implications with regard to further research. First, there is a dearth in the literature about the families and communities of kathoeys who undergo sex reassignment surgery and enter the sex industry. It would be interesting to uncover the attitudes of these social units toward kathoeys. I infer that, since the oppressive ideologies of the West are undermining the local traditions, Thai families and communities would feel more inclined to shame and mistreat kathoey prostitutes, especially those who have had a sex reassignment.

I also suggest that future researchers conduct ethnographies at two field sites: a popular sex reassignment clinic and a cabaret theatre in Bangkok. By extracting data from these locations, scholars would be able to reveal more detailed insight into the constructions of gender in Thailand. Accessing the clinic and theatre, and interviewing their respective patients and performers, would allow researchers to

identify trends without reducing the subjects to their averages. Most importantly, I recommend scholars to conduct a comparative analysis between how transgender people in the Global North make sense of their world and how kathoeys in Thailand make sense of their world.

With regard to implication for further practice, it is necessary that there be a restructuring of the sex reassignment industry. While there are many legal protections currently in place, my research found that clinics typically do a poor job of providing therapy to patients after they undergo the procedure. There is no formalized subsequent treatment process. Instead, patients generally acquire information about how to proceed after their surgeries via word-of-mouth. Thus, the Thailand Medical Council should implement a stricter policy whereby more resources are provided for individuals who receive a sex reassignment.

References

Butler, Judith. 1990 *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge. Print.

Chokrungvaranot, Pruyith et al. 2014. "The Development of Sex Reassignment Surgery in Thailand: A Social Perspective." *The Scientific World Journal.* 1-5.

Dutta, Anniruddha. 2012. "An Epistemology of Collusion: Hijras, Kothis, and the Historical (Dis)continuity of Gender/Sexual Identities in Eastern India." *Gender & History,* 24(3): 825-849.

Enteen, Jillana B. 2013. "Transitioning Online: Cosmetic Surgery Tourism in Thailand." *Television and New Media.* 15(3): 238-249.

Holliday, Ruth et al. 2015. "Beautiful Face, Beautiful Place: Relational Geographies and Gender in Cosmetic Surgery Tourism Websites." *Gender, Place & Culture,* 22(1): 90-106

Hooks, Bell. 2000. *Feminism Is for Everybody: Passionate Politics*. Cambridge, MA: South End

International Models Project on Women's Rights. 2011. "Current Legal Framework: Prostitution in Thailand." *Current Legal Framework: Prostitution in Thailand*.

Matzner, Andy. 2002. “Transgenderism and Northern Thai Spirit Mediumship.”

Mulvey, Laura. 1975. “Visual Pleasure and Narrative Cinema.” *Screen 16.3:* 6-18.

Ocha, Witchayanee. 2012. “Transsexual Emergence: Gender Variant Identities in Thailand.” *Culture, health & sexuality*, 14(5): 563-575.

Park, Madison. 2015. "Thailand's New Constitution May Recognize Third Gender" *CNN*. Cable News Network, Web. 13 Dec. 2015.

Poompruek, Panoopat. 2014. “‘For Me...It’s a Miracle’: Injecting Beauty among kathoeys in a Provincial Thai City.” *International Journal of Drug Policy,* 25: 798-803

Rappa, Antonio L. 2011. *Globalization: Power, Authority, and Legitimacy in Late Modernity*. Singapore: Institute of Southeast Asian Studies, 2011

Rizter, George. 2010. “Global Culture and Cultural Flows.” *Globalization: A Basic Text.* pp. 244-262.

Said, Edward W. 1979. *Orientalism*. New York: Vintage. Print.

Brummelhuis, Han ten. 1999. “Transformations of Transgender: The Case of the Thai Kathoey.” *Journal of Gay & Lesbian Social Services*, 9(2-3): 121-139.

Warner, Michael. 1991. “Introduction: Fear of a Queer Planet.” *Social Text,* 29, 3-17.

Winter, Sam. 2008. “Thai Transgenders in Focus: Their Beliefs About Attitudes Towards and Origins of Transgender.” *International Journal of Transgenderism,* 9(2): 47-62.

Shaina Hill

Shaina Hill grew up in Napa, California, but unfortunately did not live on a vineyard. She graduated from LMU in May 2015 with a Bachelor of Arts in Sociology. She also minored in both History and English. While at LMU, she was a member of Ignatians Service Organization, Alpha Kappa Delta, and served as president of the Sociology Society. As traveling is one of her passions, she took the time during her four years to study abroad in Bonn, Germany and Kigali, Rwanda. After graduation, Shaina moved to New York City for the Good Shepherd Volunteers post-graduate service program. She is currently serving as a Youth Development Counselor at a group home for "hard to place" foster care youth. Following this program, Shaina hopes to move to San Francisco and pursue a career in the non-profit industry.

The New Age of Feminism and the Effect of Social Media

Introduction

The Feminist Movement has undergone many transformations since the first wave of feminism, which focused on suffrage, beginning in the 19th century. The movement developed into a second wave during the 1960s and focused on reproductive and family rights, as well as sexuality. Research tells us we have now transitioned into the third wave of feminism, which focuses more on multiculturalism or intersectionality and the experiences of individual women (Tong, p. 34). Feminism now claims to welcome incongruence and self-contradiction. As Tong puts it, “a woman can be a feminist and a porn queen” (p. 36). Feminists now commonly believe we cannot speak for the marginalized and generalize any one woman’s experience. As the third wave has progressed, women have become more interested in using social media to educate the public about feminist issues. As technology has advanced, it seems from the research I have gathered, the

Feminist Movement has been able to better utilize this medium to reach a wider audience and promote a stronger message of equality.

For this paper I will create a discourse on the influence social media has on the newer generation of feminists, primarily those born between 1993-1997, to see if the impact has been significant for the movement. It seems that feminist issues are being addressed on social media platforms more now than ever. I am interested in knowing if this is influencing more people, women and men alike, to identify with the feminist movement. I will also postulate about whether or not this will be a mere passing trend and if the use of social media is ultimately more harmful than helpful to the movement.

My main research question is: "Has social media influenced upcoming generations of feminists in identifying as such?" Along with addressing this question, I will also delve into the differences between the waves of feminism and how age is a major factor in one's willingness to identify as a feminist. Those who grew up during the second wave of feminism experienced the feminist movement in a way that is significantly different than the generation born during the third wave, especially because of the rise of social media and the Internet, in general. I argue that this age difference is crucial in understanding the way in which someone identifies as a feminist and even the way in which someone understands the movement as a whole.

Literature Review

There have been many recent studies regarding the influence that social media can potentially have on any given social movement. Social media has become a powerful tool that businesses, non-profit organizations, restaurants, etc. can use to communicate their goals, means, and services to the general public. It seems that social movements are beginning to use it in the same way. Since I am attempting to figure out how much influence social media has on the younger generation, my research is focused on a potential fourth wave of feminism that extensively uses social media and how it is expected to take root. These new ideas surrounding feminism allow us to understand how feminist ideals have shifted over time.

Varying methods have been used by each wave of feminism, depending on the methods most effective and resources available at the time. These changes in tactics have allowed the feminist movement to stay relevant for the past 100+ years. For example, "zines" were a signature educational tactic used by beginning third wave feminists to examine "unexplored aspects of mainstream topics" (Weida, p.69). Zines began to be posted online to reach a wider audience, transitioning us into what some scholars are calling the fourth wave of feminism. Jessica Mclean and Sophia Maalsen say, "social media is the next wave of women's liberation" (p. 245). Keren Darmon explains, "The current, 'fourth wave of feminism' is defined by technology: tools that are allowing women to build a strong, popular, reactive movement online" (p.703). This "new wave" is utilizing technology in a way it has not before, allowing the feminist movement to reach new territory and evolve into a movement that may, at times, be alarming for those who were raised hearing about second wave, or even traditional third wave, tactics and issues.

Online activism on social media platforms has taken hold of the feminist movement specifically, and in some cases, has experienced great success. Mclean and Maalsen explored the "Destroy the Joint" campaign in Australia, which launched after radio personnel, Alan Jones, made misogynistic comments on the air during a radio broadcast. This campaign, launched largely on social media, has allowed women to express their thoughts on wide-ranging feminist issues (p. 246). They continue to say:

> "Social media operates in a space between public and private domains, a paradoxical space where 'intimate' confessions or conversations are forged without expectation of permanence. Importantly, this semi-anonymity allows engagement in spaces which may otherwise be restricted" (p. 244).

It has opened new doors for people to creatively and academically express feminist sentiments. Pussy Riot is another group using social media to spread their message. "Pussy Riot gave flash performances which they share through social media, especially YouTube and Live Journal. Because they are an anonymous collective, they have issued an open invitation to feminists to join them" (Winch, p.13). People have joined their cause and continue to support them on social media websites in a way that would not be possible without the Internet.

As seen through these case studies, social media can change the way social movements progress. Online activism seems to be a new way for people to express their discontent with current paradigms. Mclean and Maalsen express their positive opinion about the new role of social media in the feminist movement:

> "We argue that online spaces of resistance are equally as valid as traditional sites of activism. Indeed, as one response to an opinion piece on the role of social media in the Jones backlash noted, 'You talk about social media like it's some powerful external force. It's really just people: thousands and thousands of people showing how they feel about Jones. Would you complain if they had organized a pen-and-paper petition or a protest march? Social media is just a new forum.' (Newton, 2012)" (p. 248-249).

Social media is a medium creating dialogue that otherwise might not have been started or opened to the public. Women can now have a direct voice that will be seen by many more people. This has been evident in many cases regarding sexual violence or harassment against women. Tanya Horeck explains, "the proliferation of social media sites such as Twitter has opened up important opportunities for feminists to talk back to cultural depictions of rape and to interrogate rape culture" (p. 1106). Women are now able to publically shame those that perpetuate violence against them in a way that can feel immensely empowering. The "hashtag feminist" speaks out against injustice on social media sites, as was seen with the #YesAllWomen campaign that launched after the shooting at University of California, Santa Barbara.

On the other hand, research tells us that social media has caused various problems for the feminist movement that are difficult to overcome: not everyone has access to the Internet (Sorour and Dey, p. 514); many online platforms are sponsored or run by large corporations that could potentially censor the movement (Winch, p. 13); and these sites remain "under the regulation of authorities and policy" (Mclean and Maalsen, p. 253). Furthermore, once an individual woman posts about her experience or explains an opinion regarding a feminist issue, she may then have to worry about how her words will be used in mass media. Darmon explains this by saying, "The privileges that online spaces potentially offer feminist activists for self-representation are not necessarily carried into other spaces, namely the mass media: in the latter they are often represented by others through a post-feminist-tinted lens" (p. 701). It becomes difficult to fully

communicate the intent and weight behind a comment on a blog post or behind a hashtag, which as my research will demonstrate, is a large issue for older generations of feminists who feel that newer feminists are not doing enough for the movement.

Although research has examined past social movements, feminist or not, that have successfully utilized social media (Mclean and Maalsen; Rodino-Colocino; Sorour and Dey; Winch) and also the limitations of social media and feminism (Darmon; Goldberg; Horeck; Kingston Mann; Mclean and Maalsen; Winch), there has been limited research, so far, as to how social media as a platform for the feminist movement has influenced the younger generation. This current study will seek to determine whether or not social media is affecting the way in which younger generations, specifically college aged women and men, identify as feminists and if social media campaigns have encouraged this demographic to declare themselves feminists. Part of discerning this comes from comparing and contrasting feminist views from younger generations to feminist views of older generations and examining the differences in perspective to monitor any significant shifts in the movement.

Data and Methods

For this research paper, I conducted two surveys. The first survey was created for college students, ages 18-22, attending Loyola Marymount University; I will call this survey "Survey 1" from now on. The second survey was given to any person over the age of 30, which I will now call "Survey 2." Each survey was 13 questions long, with 11 multiple-choice questions and 2 open-ended questions. I purposely designed the two surveys to be almost identical, so I could directly compare the thought processes of the two groups. The only variation was the questions regarding education: the college students were asked, in Survey 1, which organizations they belong to on campus, and those taking Survey 2 were asked if they attended college at all. These surveys were conducted and collected on the online platform Qualtrics. I distributed Survey 1 through various Facebook groups, to which I knew many Loyola Marymount University students belonged.

Survey 2 was distributed on Facebook as well, but also emailed to the parents of various people I know and then sent on to their parent's friends.

In both surveys, I asked the standard questions about age and gender. Feminism has changed drastically in the past decade, so I knew that age would be an important factor in how people would identify. Gender is also extremely prevalent in feminism, as men are still less likely to identify as feminists, or at least be open about their feminist views. In addition, since this study focuses primarily on social media, I asked several questions about social media usage, including which platforms were used regularly (at least once per day) and how willing they were to post about an issue they are passionate about online. Since this study focuses on the feminist movement and how people identify, I asked if people identified as feminists, and if they did, whether or not they tell people they are feminists. In addition, I wanted to see how prevalent feminist ideals were in each persons daily life, so I inquired about how often they saw feminist issues posted about online, and how often they talked about feminist issues, in general. I also sought to know each person's primary news source, as well as the platform in which they heard about the feminist movement, to see if there was any connection between the two and if social media was a relevant news source for promoting feminist dialogue.

I then moved on to asking two open-ended questions to allow the participants in the survey to express their thoughts without pre-determined answer choices. The first question asked each person to define feminism, since there are often many misconceptions regarding the meaning and the actual goal of the feminist movement. The purpose of asking this question was to understand how much each individual knows about feminism and their perceptions of the movement. The second open-ended question addressed feminist issues and asked each person what they believe to be the most important issue in the feminist movement today. I asked this of those who identify as feminists, as well as those who do not. The purpose of this question was to gauge the wide range of relevant issues, as well as to compare the two surveys to see if age makes a difference in importance of certain issues over others.

In creating these surveys, I hoped that the questions I asked, both multiple-choice and open-ended, would get me closer to figuring out how social media effects the newer generations' perceptions of feminism and whether or not social media makes people more likely to identify with the movement. The multiple-choice questions allowed me to compare the selections of all participants, in both Survey 1 and Survey 2, while the open-ended questions served to offer up suggestions I may not have thought of that could still be relevant to this study.

Results

I will first discuss the results for Survey 1, which surveyed 62 Loyola Marymount University students, 53 of which identified as female and 9 of which identified as male. The participants ranged in age from 18-22 years old, with the majority being 21 or 22 years old. All participants used at least one form of social media regularly (at least once per day), but used Facebook (98%), Instagram (82%), or Twitter (29%) primarily. 66% of people claimed they are either very willing or willing to share something they are passionate about online. 44% used online news articles as their primary news source, while 38% used social media, for a total of 82% of people using some type of online platform to read about the news. 77% of participants identified as feminists and 68% were willing to tell people they are feminists. 48% heard about the feminist movement from school, while 35% heard about it from friends, and 34% heard about it through social media. 85% of participants see feminist issues posted about online either frequently or somewhat frequently and 58% of participants talk about feminist issues either frequently or somewhat frequently.

When asked the open-ended question "What does feminism mean to you?" nearly all responses used the word "equality." One respondent said, "Feminism means equality, equal love and respect for any and all genders. It means no stereotyping as a human." Another respondent said, "Someone who supports female equality and female rights/power in all aspects of life." Every single participant cited the meaning of

feminism to be equality, except for two: one person who said, “girl power!” and another that said “extremists.” Meaning, only one person out of 62 had a negative connotation for the definition of feminism.

The second open-ended asked participants what they believed to be the most important feminist issue today. As expected, responses were varied. The five most common responses were: wage equality (22%); sexual assault (14%); women in the workplace (which could possibly be lumped in with wage equality, 10%); media representation (7%); and education (7%). Other participants listed issues such as, making men allies, objectification, misunderstanding feminism, body image, environmental justice, as well as many others.

For Survey 2, I surveyed 70 people over the age of 30, 52 of which identified as female, nine as male, and two as other. The participants of this survey ranged in age from 30-80 years old, with 62.5% of them aging between 41-55 years old. 59% of them attended college. All participants used at least one form of social media regularly (at least once per day), with 100% using Facebook regularly. However, they did not use many other social media platforms, with Instagram coming in at 34% and Pinterest at 10%. 84% of participants claimed they are either very willing or willing to share something they are passionate about online. 51% used online news articles to read about the news and 25% used television or radio, while only 12% used social media. 43% of participants identified as feminists, while 45% did not, and 10% were not sure. 32% were willing to tell people they identified as a feminist. 30% heard about the movement through friends or family; 26% heard about it through the news in the 1960s/1970s and had known about it since it has been going on for so long; and 20% heard about it through social media. 58% of participants occasionally or never see feminist issues posted about online and 80% either occasionally or never talk about feminist issues.

I asked the participants of this survey the exact same two open-ended questions. When asked to define feminism, 86% of participants cited some form of equality and gender rights. These participants gave answers such as, “Believing in (and advocating for) equal rights and treatment of women” or “The freedom

and ability for a woman to live her life according to her own standards, values, and design—free from the expectations and oppressions of society." However, 14% of participants had very different view of the feminist movement. Some of their answers were: "Angry women who have given up their dignity to porn and are very anti-male;" "It used to be equal rights and empowerment. Nowadays, it's just women with an excuse to be a bitch;" "Women trying to be men;" or "Too far over the top sensitive at this point."

For the second open-ended question about the most important feminist issue today, the answers were even more varied than Survey 1. The six most common responses were: wage equality (48%); abortion rights/ pro-choice (14.5%); women in the workplace (9.7%); "no idea" (6.5%); education (3%); and some variation of "the younger generation learning the difference between earned and entitled" (3%). Other answers included female genital mutilation in the third world, maintaining femininity, domestic abuse, and the destructive position some feminists take online. Other answers were "no bras" and "Hilary Clinton."

Discussion

The line between younger generations identification with feminism and social media cannot be as easily drawn as I once presumed. There are many factors that could affect the way someone identifies, although it does seem that social media is, in fact, one of these factors. When comparing the two surveys, it is clear that ideas about feminism are incredibly diverse, which makes sense since feminism in itself, covers many different topics. In fact, there was a huge difference between willingness to even identify as a feminist. As stated in the "Results" section, 77% of the younger generation identified as feminists, while only 43% of the older generation did. However, even with this major difference, some areas of this study proved there are similarities between generations. Both generations used social media regularly (at least once per day), even if they did not use the same platforms. Both generations used online resources to obtain news information, however older generations were more likely to use online news articles, while younger generations were more likely to use social media. While there were these similarities, the differences were profound, especially when examining the answers to the open-ended questions.

One difference was made apparent in reading the responses regarding the most important feminist issue today. Each person was only permitted to write one issue, which ensured people would think about what they really believed to be the most pertinent issue. Survey 2 highlighted many second wave issues, which makes sense, as the majority of these people grew up and were surrounded by second wave rhetoric. The most important issues proved to be wage equality, abortion rights, and women in the workplace, all of which were incredibly important issues during the second wave. It is interesting that even though we have moved into different waves, this generation still cites "older issues;" even if they are still relevant, they are no longer necessarily the main issues at the forefront of the movement. There is also something to be said about the percentage of people that had "no idea" about the most important feminist issue of today (6.5%). This shows that a significant amount of people are out of touch regarding the movement as a whole and that the goals of the movement, in this current wave, are not being communicated effectively to older generations. In addition to the people that frankly said they did not know about the important feminist issues of today, some participants also listed a lot of answers that would most likely not be labeled as feminist issues, such as, "women are doing well;" "no bras;" and "Hilary Clinton." It is interesting to see these answers being given, when this type of response was not given in Survey 1, even among those who did not identify as feminists.

The responses in Survey 2 say a lot about the time in which participants were raised and how feminism has changed over time, especially when comparing these answers to those given by the younger generation. Survey 1 participants cited wage equality and women in the workplace as important issues, as well, but also included sexual assault and media representation, where there was no mention of these issues in the other survey. This clearly shows how the movement has expanded to include issues relevant to the younger generation. There has been a proliferation of sexual assault cases coming to light in the past decade, as well as many more media platforms lacking female representation being launched and then criticized by feminist organizations. It shows that the younger generation is paying attention to this. These participants

also cited all issues that would be recognized by feminist scholars, even if they did not identify as feminists. Other answers given were: environmental justice, LGBT rights, acceptance of intersectionality, trafficking, body image, etc. All of these issues are still extremely relevant, showing that the younger generation may be more in tune with the movement.

There was also a clear difference between the two surveys regarding the questions asking participants to define feminism. As stated in the "Results" section, every person in Survey 1, except for one, cited an answer with a positive connotation. These answers gave compact and concise definitions of equality, even if they were all worded a little differently. One male participant, who did not identify as a feminist, said "extremists." However, every other person, whether they identified as a feminist or not, said equality was the main factor in defining feminism. While this obviously does not cover all the wide-ranging issues that feminism explores, it shows that people generally have a positive idea about the movement, even if they do not identify. I find it interesting that those who are not feminists, or those who are not sure, still understand the basic goals and principles of the feminist movement.

This was quite different for Survey 2. The language became somewhat aggressive during this section, as some people vehemently disagreed with feminist rhetoric. Those who identified as feminists offered equality and non-judgmental attitudes as the main concerns of the feminist movement, just as those in Survey 1 did. This was not surprising, since feminists are more likely to understand that the goal of the movement is equality, regardless of differing opinions on the most important issues. Those who did not identify as feminists, however, did not seem to have a base definition of the movement's goals, as those in Survey 1 did. Instead, they made their own opinions very clear, stating answers such as, "Angry women who have given up their dignity to porn and are very anti-male." This answer shows no understanding of the movement and clearly exhibits the stigma that is often attached to feminism. Another answer said, "It used to be equal rights and empowerment. Nowadays, it's just women with an excuse to be a bitch." This answer shows that this person may have believed in the feminist movement at one time, but now does not see value

in what it is doing. Feminism is now just an excuse, instead of a valid movement with a purpose. While many people that took this survey had a basic understanding of the definition of feminism, those who did not were very vocal about it and exemplified the stigmas that still exist within the older generation surrounding the feminist movement.

Since the variations between the open-ended questions for the two surveys were so prominent, it begs the question of why? Why is there still a large stigma attached to feminism for the older generation when it seems to be imperceptible for the younger generation? There could be many reasons for this. Perhaps colleges are emphasizing feminist rhetoric more now than before, because 87% of participants in Survey 2 attended college, yet there was still a higher percentage that did not identify as feminists. This would make some sense, since 48% of college students in Survey 1 cited school as the place where they first learned about feminism, while only 17% of Survey 2 participants cited school. While this, as well as an array of other causes, may be possible, my research indicates that social media may play a large role in one's willingness to identify as a feminist.

While school was one place that people learned about the feminist movement, many people in my surveys cited social media as the tool that alerted them to feminism. 20% of the Survey 2 participants said this, whereas 34% of Survey 1 participants cited this. It seems that the younger generation learned about the feminist movement on social media at a higher percentage than the older generation. Even though it may not seem like a huge difference, the impact really comes in when looking at how this education continues on social media. 45% of college students said they see feminist issues posted about on social media frequently, and 40% said they see these issues posted about somewhat frequently. This compares to 13% of the older generations seeing feminist issues posted about on social media frequently, and 23% somewhat frequently. This means that 80% of younger people are seeing feminist issues online somewhat regularly, while 57% of the older generation is seeing feminist rhetoric on social media either occasionally or never. This is a major difference and may be the reason that more young people are identifying as feminists.

If one is frequently, or even somewhat frequently, seeing feminist posts appear the social media platforms they utilize the most, this begins to normalize the movement. People start to expect to see these posts and may then identify with the ideas presented by the movement. Even if one does not agree, they can at least understand the ultimate goals of the movement. My research shows this happening, as even the college students who did not identify as feminists still had a basic understanding of the definition of feminism. This may be because they are seeing this rhetoric regularly on social media; it becomes ingrained in them to a certain extent. Seeing these issues posted, also leads to a continued discourse offline and encourages people to talk about these issues in daily life. 26% of college students said they talk about feminist issues frequently, and 32% said somewhat frequently. This compares to 9% of the older generation talking about feminist issues frequently, and 12% talking about it somewhat frequently. This is a huge disparity and shows that social media could be causing a surge in people participating in the discourse, even offline, for the younger generation.

Conclusion

Some scholars, as stated in my literature review, have criticized the use of social media in social movements, specifically feminism. People worry that the backlash will be more harmful to the movement, than online activism could ever be helpful. My research, however, in comparing older and younger generations, shows that there has been at least some progress in the movement. More people are identifying as feminists now, and social media has started to normalize the issues that the feminist movement supports. Some complain about the "hashtag feminist" role, where one just posts about feminist issues on social media, instead of going out into the field and actually doing something. But I argue, that social media is actually promoting education and spreading the knowledge of the issues most important to the movement. Social media may not be the best tactic to launch direct change, but it has proved to be a successful avenue for disseminating information and reducing the stigma surrounding the movement. However, social media

could potentially be a valuable platform for organizing. My research seems to show that social media is promoting offline discussion, which could potentially lead to action, whether that be protest, boycott, or some other common social movement tactic.

It is clear we will need more time and further research to see the true effect of social media, as this is fairly new territory. Social media is a platform that seems to be encouraging conversation and dialogue. Since college-aged students were much more likely to identify as feminists and also more likely to see feminist rhetoric posted online, it makes sense that social media is becoming a platform for normalization. We are no longer sheltered, without access to a more global and wide-reaching perspective. We can now hear about the experiences of feminists all over the globe and sympathize with their causes. Even if one does not identify as a feminist, they can clearly see the message of feminism online, and it seems they are. This research study shows immense progress in the movement, through a comparison of the feminist ideas held by different ages, and shows that even if not everyone identifies with feminism, there is at least a reduced stigma and a more common understanding of the movement. Social media could be a great tool in effecting change and promoting certain ideals, and it will be interesting to see if the feminist movement continues to use this method and whether or not the progress continues.

Works Cited

Darmon, Keren. "Framing Slutwalk London: How Does The Privilege Of Feminist Activism In Social Media Travel Into The Mass Media?." Feminist Media Studies 14.4 (2014): 700-704. Communication & Mass Media Complete. Web. 19 Feb. 2015.

Goldberg, Michelle. "Feminism's Toxic Twitter Wars. (Cover Story)." Nation 298.7 (2014): 12. MAS Ultra - School Edition. Web. 24 Feb. 2015.

Horeck, Tanya. "#Askthicke: “Blurred Lines,” Rape Culture, And The Feminist Hashtag

Takeover." Feminist Media Studies 14.6 (2014): 1105-1107. Communication & Mass Media Complete. Web. 22 Feb. 2015.

Kingston Mann, Larisa. "What Can Feminism Learn From New Media?." Communication & Critical/Cultural Studies 11.3 (2014): 293-297. Communication & Mass Media Complete. Web. 24 Feb. 2015.

Mclean, Jessica, and Sophia Maalsen. "Destroying The Joint And Dying Of Shame? A Geography Of Revitalised Feminism In Social Media And Beyond." Geographical Research 51.3 (2013): 243-256. Academic Search Complete. Web. 19 Feb. 2015.

Rodino-Colocino, Michelle. "#Yesallwomen: Intersectional Mobilization Against Sexual Assault Is Radical (Again)." Feminist Media Studies 14.6 (2014): 1113-1115. Communication & Mass Media Complete. Web. 24 Feb. 2015.

Sorour, M. Karim, and Bidit Lai Dey. "Energising The Political Movements In Developing Countries: The Role Of Social Media." Capital & Class 3 (2014): 508. Opposing Viewpoints in Context. Web. 22 Feb. 2015.

Tong, Rosemarie. "Feminist Thought In Transition: Never A Dull Moment." The Social Science Journal 44.(2007): 23-39. ScienceDirect. Web. 25 Feb. 2015.

Weida, Courtney Lee1, cweida@adelphi.edu. "Feminist Zines: (Pre)Occupations Of Gender, Politics, And D.I.Y. In A Digital Age." Journal Of Social Theory In Art Education 33 (2013): 67-85. OmniFile Full Text Mega (H.W. Wilson). Web. 25 Feb. 2015.

Winch, Alison. "Feminism, Generation And Intersectionality." Soundings 58 (2014): 8-20. Academic Search Complete. Web. 19 Feb. 2015.

Kathryn Courson

Kathryn Courson is a senior Sociology major, Elementary Education minor at Loyola Marymount University. She was born in Newport Beach, California and is a member of the women's rowing team. She loves sociology and all of its vast topics, both macro and micro. Her senior thesis focuses on the mental health of LGBTQ adolescents in the United States. She also wrote a research paper on sexual assault in the military. She would like to thank Dr. David Marple for being a great mentor during her undergraduate career and would like to thank all other sociology professors that have weighed heavily on her success.

"Nobody Forced You, You Signed Up For This"

Sexual Assault in the Military

The moment a man enlists in the U.S. military, his chances of being sexually assaulted increase by a factor of ten (Penn, 2014). Women are much more likely to be victims of military sexual trauma, but far fewer of them enlist (Ellison, 2011). Women are more likely to be assaulted by a fellow soldier then killed in combat; this has helped to shed light on the fact that men are in deed assaulting other men (Ellison, 2011). In fact, more military men are assaulted than women (Ellison, 2011). Men develop a toxic form of post-traumatic stress disorder (PTSD) from military sexual trauma (MST) twice the rate they do from combat (Penn, 2014). The betrayal by a a team member in whom you place unconditional trust, can be unbearable. Prior to 2011, male on male rape victims could be discharged for having engaged in homosexual conduct (Penn, 2014). This is no longer the case but numbers show that men are still afraid to report being sexually assaulted. The military is built upon a tenuous balance of aggression and obedience (Lang, 2016). The potential for sexual violence exists whenever there is too much of either.

Sexual Assault Construction

Military sexual assault is a pervasive problem throughout the military. No doubt that the military's lack of progress throughout history is a result of the intricacies associated with sexual assault, yet in order to develop effective strategies and programs to end sexual assault, a deeper understanding and appreciation is needed. Sexual assault remains a persistent problem in the military. (Woodham, 2014) estimates that around twenty thousand active duty service men and women have experienced unwanted sexual contact, including sexual assaults occurring in combat. Surprisingly, sexual assault is occurring at higher rates in the military then it does on college campuses (Woodham, 2014). Therefore, the problem of sexual assault in the military accurately reflects the problem of sexual assault in both the United States general population and worldwide.

To obtain a legal conviction for sexual assault, the behavior or action must be shown to have occurred without consent. Sexual assault has been shown to be difficult to prove in both military and civilian courts, with conviction rates in the military being 10% or less (Woodham, 2014). What is even more unsettling is that the impact of sexual assaults on victims can affect their psychological and physical health, military career, and success post-military. Additionally, eating disorders, substance abuse, and depression have been associated with sexual assault in military and civilian populations (Woodham, 2014). Sexual assaults are a major reason that some female military personnel leave the military- they reduce a victim's self-confidence and undermine their motivation to remain in the military to do their best job possible (Iskra, 2010). They are a major contributing cause to post-traumatic stress disorder in female service members and veterans (Dick & Ziering, 2012). As a result of military related sexual trauma, many female veterans struggle transitioning back into civilian life, some even ending up homeless.

Reasons Why it is Occurring

The military is characterized by a symbolic patriarchy dominated by values, such as: camaraderie, emotional control, formality, leadership, loyalty, and rank (Woodham, 2014). Value is placed on masculine

ideals, while encouraging thoughts of aggression, dominance, risk-taking, and self-sufficiency. The military is known to historically be a male dominant field which places a high emphasis on hyper-masculine relationships. These interactions that foster from such relationships build interactions deriving from competition, control and dominance. Due to male dominant structured leadership in the military, the power variation for men and women service members plays an important role in sexual assault and sexual misconduct (Iskra, 2010). As a result, negative attitudes and hyper-masculine beliefs against women have been linked to acceptance and perpetration of sexual harassment and sexual assault (Iskra, 2010). In turn, the culture of homophobia stigmatized within the military increases risk of sexual violence. Fear of being stigmatized is tied to being labeled and sometimes identified as homosexual (Iskra, 2010). This fear is used as a power and control tactic, often preventing victims of assault from reporting the attack.

Hyper-masculine male perpetrators may feel threatened by women or men seen as weak and therefore, feel a need to validate their masculinity through sexual language and behavior. The use of gendered and sexualized language within the military, like calling recruits 'faggots' or 'girls', contributes to psychological distancing and objectification (Woodham, 2014). The military's acceptance of violence, as a validated method of achieving goals, creates an environment that may promote perpetrating behavior, where the ability to rape could be considered an indication of power (Iskra, 2010). Subsequently, the emotional and behavioral consequences of initial abuse contributes to risk of re-victimization (Lang, 2016). These feelings may include self-blame, an inability to regulate one's emotions, or various interpersonal difficulties. Male and female soldiers are taught to objectify other humans and limit their empathy; when this is applied to fellow service members, it may contribute to psychological and social distancing which can make sexual assault easier to carry out and justify.

Alcohol can lead to increases in aggression, risk-taking, and sexual desire, as well as a misinterpretation of victim responses as an invitation for sex ("Interviewee", 2016). Numerous contexts and individual factors may further intensify the impact of alcohol, including feelings of hostility, sexual

dominance, and misinterpretations of sexual intentions (Iskra, 2010). A strict chain of command or a known 'code of silence' can create a situation in which victims refrain from reporting or seeking help because they fear retaliation or negative repercussions (Lang, 2016). It is also possible to be the best troop in a unit and be a sexual perpetrator (Lang, 2016). The military places high emphasis on both the individual and team performance because they lead to rewarding mission achievements. Placing an exceptional value on performance can result in high ranking officers minimizing or completely dismissing claims of sexual assault when the accused perpetrator is a high performer or when the accusing victim is a low performer.

A meaningful aspect of military culture is to try and resolve personal conflicts within the team starting at the lowest level possible (Woodham, 2014). For example, if a team member does something or says something that you find offensive, insulting, or unprofessional, you are expected to personally confront that team member. In response to the inquiry, the accused team member is expected to correct their behaviors. Historically, the military has frowned upon service members going directly to their supervisor or higher ranking officers in the military without first trying to resolve the issue themselves (Woodham, 2014). This commonly allows for harassing behaviors to go unreported, consequently missing an opportunity to document inappropriate behavior of service members, some of whom might actually be perpetrators. The team aspect in the military is extremely important. Almost every task completed in the military is done as a team, and no service member wants to let their team down. Reporting another team member for harassment or even sexual assault can be seen as a form of team betrayal (Woodham, 2014). Additionally, perpetrators of sexual assault can take advantage of the trust and allegiance of fellow service members to avoid being reported against- even though it is the perpetrator who betraying the team.

Second Hand Accounts of a Military Police Officer

The Marine Corp has begun to take every case more seriously within the last five years, policing sexual assault cases and accusations. Each branch of the military has a designated criminal investigation division that looks into sex crimes. In the last year alone, twelve sex crimes have been investigated within

the Marines in Hawaii, four being rape cases and six being sexual assaults (“Interviewee”, 2016). There are a high rate of sexual assault cases pertaining to male perpetrators assaulting male victims. Recently, there has been one male on male rape case and three sexual assault cases (“Interviewee”, 2016). The male on male rape case happened between two roommates, both the perpetrator and victim being in the same rank (“Interviewee”, 2016). Once reported, the two men were immediately separated and the perpetrator was eventually criminally charged in the court case United States v. Rios (“Interviewee”, 2016). Nine times out of ten the perpetrator is higher ranking in the chain of command (Morral et al., 2015). Most sexual assault cases responded to have been primarily where a male assaults a female, however, on occasion females are found to be the perpetrators (“Interviewee”, 2016). In almost all cases, the victim is someone that the perpetrators knows well, meaning that most sexual assault cases do not happen between strangers (Lang, 2016). It is important to note that there are varying degrees of sexual assault. Sexual assault includes improper touching, like “butt slapping”, and feelings of victimization; rape is seen as a completely separate matter (“Interviewee”, 2016). In the military, sexual assault can be categorized anywhere between public nudity or "flashing" for the purpose of achieving sexual gratification, and penetration of an orifice with a body part, other than genitals, or a foreign object (“Interviewee”, 2016). In the military, rape is not considered the same as sexual assault, instead it has its own criminal category, but both are categorized as sex crimes (“Interviewee”, 2016). On another note, sexual assault cases do happen between adults, sometimes stepparents or teachers, and children (“Interviewee”, 2016). In these cases the suspect is tried and sent to jail if found guilty. There has also been cases documented where a military member sexually assaults another military members spouse (“Interviewee”, 2016). This happens fairly regularly, about once every three months, and usually happens when a service member is deployed, leaving their families alone on base.

Implementing Change

The United States military's focus on ending sexual assault is crucial to implementing change because it recognizes the need to protect the safety and health of all of its service members. Ending sexual assault in the military is necessary in order to provide security of human rights, acknowledge health care concerns, and secure military preparedness (Woodham, 2014). Furthermore, sexual assault prevention training, like many other mandated military trainings, has become a "check the box" training exercise just so units can report that the task has been completed (Woodham, 2014). There should be a higher want to achieve the goals of a sexual assault prevention program. Until the military takes sexual assault prevention training seriously by assigning it as a top priority, attempts to reduce sexual assault within the military will fail. On another note, if the broader public hears from service members who believe they were mistreated in the military, it may affect the services' ability to recruit service members who put a high value on working in an equitable environment (Morral et al., 2015). Thus, perceptions about gender discrimination are also an important target for intervention, and this measure should be valuable for assessing progress over time (Morral et al., 2015). Effective prevention and early interventions must be developed to increase the conviction rates of perpetrators, while encompassing the complexity of sexual assaults.

Sexual assault is a crime, but it stems from a culture where respect and dignity for other human beings is inadequate (Iskra, 2010). Sexual assault must be viewed beyond the individual crime itself. Reporting a sexual assault within the military can carry immense threats to one's career. Leaders at all levels must be held personally accountable for the unit culture in which sexual harassment and assaults are allowed to exist. Leaders must be provided the necessary resources and support needed to improve the unit culture around attitudes and behaviors related to sexual harassment and assault. Moreover, leaders' responses to reports of sexual harassment and assault should be closely monitored to ensure that reports of sexual harassment and assault are not being ignored or minimized. Sexual assault prevention skill training should be refined to focus on psycho-education and risk reduction skills, including a variety of training modalities (Woodham, 2014). It is imperative that training occurs early on and that it continues throughout

every service member's career. Given the prevalence of sexual harassment and stalking behavior, attention should be given towards intervening against the perpetrator when these behaviors occur as opposed to waiting for a behavior to escalate to assault (Iskra, 2010).

At no point in the process should a victim be discouraged from filing a report. Additionally, at no point should a victim be required to file a report of any type in order to have the incident recorded in their records, to receive care, or forfeit their right to privacy based on who they disclosed to about an incident. Control at all times must lie with the victim (Woodham, 2014). Medical treatment protocol for victims of sexual assault should be long-term and provide follow-up care. Victims of sexual harassment and sexual assault should also receive transition support as they leave the military.

Discussion

Making the military a safer environment is more attractive to potential recruits, and attraction is more cost effective than promotion. Fewer victims mean fewer financial and emotional costs related to criminal investigations, trials, punishments, and disability claims due to sexual abuse. If the United States cannot protect its own personnel from each other, it cannot really be trusted to treat citizens of other countries with decency. Sexual assault affects the ability of the military to fulfill its mission successfully. When service members originally signed up or were recruited to join the military, they did not sign up for rape, violence or dehumanization. The military needs to stop blaming the victims and do more to live up to their stated values. Military socialization should never involve forms of discipline and domination that border on humiliation. Victims of sexual assault should be encouraged to come forward in reporting unsolicited abuse so that change can be rightfully implemented. It is also crucial to define that the underlying problem is not sexual assault itself but the dominance that it portrays and inflicts on victims, giving perpetrators satisfaction of obedience and aggression. Throughout the existence of the United States military, the importance of holding high standards has been stressed. These same ideals should continue to

be practiced, and if they had been previously and effectively practiced then there would be no need for this discussion.

Justice must be provided in order for the issue of sexual assault in the military to improve. Greater commander accountability for leadership failures must implement such policies, especially in cases where victims claim sexual assault at the hands of their superiors. Military personnel cannot be or feel safe if there are issues involving both sex discrimination and the denial of equal protection in the administration of justice. Military culture on the issue of sexual assault needs to change. This is not an easy task but is one that must be led from the top and procured into all levels of leadership in the military, from the lowest recruit to the highest senior officer. While there has historically been widespread resistance in acknowledging this issue, sexual assault has been more openly discussed in the media in recent years. This is something that needs to continue, along with other remaining issues. Objectives like prevention through education and training, treatment and support of victims, and system accountability are great, but without proper implementation they are just simply ideas. Proactive support and education is a good start but it also takes the courage of co-workers and supervisors to halt the behavior at its source. Women and men will continue to join the military and, do their jobs, and be successful even if they are fighting not only for our country but also to be seen as full members of the military community. Action is what holds meaning, not words or thoughts of improvement. Appointing leaders who are willing to make hard decisions about discipling or discharging personnel who do not embody or embrace the concept that respect equals readiness is crucial. This requires constant vigilance and holding people accountable for their actions. It does not require more committees, legislation, research, studies, or task forces. The solution is justly clear: develop respect for human dignity, and leadership practices, in all aspects of leadership.

Bibliography

Ellison, Jesse (2011). The Military's Secret Shame. Newsweek. April, 3, 2011.

"Interviewee" (January 29, 2016). Interview with anonymous military police officer. Loyola Marymount University, Los Angeles, CA.

Iskra, Darlene M. (2010). Women in the United States Armed Forces: A Guide to the Issues: A Guide to the Issues. ABC-CLIO.

Morral, Andrew R., Gore, Kristie L., & Schell, Terry L. (2015). Sexual Assault and Sexual Harassment in the US Military. Volume 2. Estimates for Department of Defense Service Members from the 2014 RAND Military Workplace Study. Rand National Defense Research Inst Santa Monica, CA.

Lang, Barbara (January 21, 2016). Sexual Assault in the Military Lecture. Loyola Marymount University, Los Angeles, CA.

Penn, Nathaniel (2014). "Son, Men Don't Get Raped". Gentlemen's Quarterly.

The Invisible War (2012). Dick, Kirby (Director) and Ziering, Amy (Producer). New Video Group, Inc., New York, New York.

Woodham, Shawn (2014). Sexual Assault in the Military: Analysis, Response, and Resources. New York: Nova Science Publishers, Inc.

Elizabeth Fanous

Elizabeth Fanous is a freshman studying Electrical Engineering at Loyola Marymount University. She was born and raised in Los Angeles, California. She is currently a member of PEEC, an engineering living learning community. Elizabeth enjoys math and science. She has always been a problem solver and always wants to know how everything works. She loves sports and has been on a couple of intramural sports teams, like basketball and volleyball, at LMU. She also enjoys doing community service with her church (St. Mary and St. Athanasius Coptic Orthodox Church) and volunteering at medical clinics (Sylmar Medical Center). Elizabeth is excited for the rest of her college experience at LMU and hopes to study abroad in Germany. She plans on attending graduate school and can't wait to see what her future will be like.

PTSD: How it Changes Lives

Introduction

Post-Traumatic Stress disorder is a neuropsychiatric disorder that often affects people's lives after they have experienced scarring situations. It often occurs in individuals after a traumatic event outside the realm of ordinary experience. Studying PTSD is important because collecting data regarding symptoms and treatment options can help people identify if they are suffering from PTSD and obtain the help necessary to prevent the disorder from worsening. There are many symptoms associated with PTSD, and the disorder is more common in war veterans because they are more likely to face a traumatic experience. PTSD symptoms affect women and men differently; consequently, there are multiple treatment options with varying degrees of affectivity, and researchers need to find which treatment is the best option for PTSD patients. Through in-depth research, people will have a greater understanding of the symptoms associated

with PTSD, the differences in occurrence between men and women, why it is so common in war veterans, and common treatment options.

Research Question/ Hypothesis

The question this study is exploring is: "What is PTSD, what are the gender differences and symptoms of PTSD, how are gender differences and symptoms associated with war veterans, what are the different treatment options, and how has it changed over time?" I expect that men and women will have some different symptoms of PTSD. For example, I expect that women will have higher rates of depression and men will have higher rates of aggression. I also expect that female veterans experience worse symptoms than non-veteran women because the battlefield is very traumatic. I think that women veterans are more likely to experience PTSD than male veterans because women are known to be more emotional than men. Lastly, I think that therapeutic treatment options would have more effective results than medication because it allows patients to confront their problems. I will further explore the research question in the next section.

Literature Review

This part is divided into four different sections. The first section includes information on the history of how PTSD got its name as well as the many symptoms of PTSD. The second section describes the several correlations between PTSD and gender. The third section of this paper demonstrates the PTSD symptoms of war veterans and how they respond to treatment. Lastly, the fourth section provides details about the various treatment options.

Post-traumatic stress disorder got its name over time because of the symptoms associated with the disorder. Dr. Jacob Mendez Da Costa first discovered PTSD in 1871. He described the symptoms of war veterans as having rapid heart rate, feelings of breathlessness, and anxiety. Soon after it was called, "Soldier's heart syndrome." It then became known as "Shell Shock syndrome" or "battle fatigue" after

World War I because war veterans had symptoms such as staring eyes, blindness, deafness, and paralysis. In the 1900s, it was renamed "traumatic neurosis" and eventually became known as "post-traumatic stress disorder (PTSD)" (Usman, Rehman, Bhatti, Bakhtawar, 2015, p. 39).

In an article called *Violent Victimization and Posttraumatic Stress Disorder*, the author explains that "Individuals who suffer a severe trauma and, weeks or months later, continue to experience intense, fear-related reactions when reminded of the trauma, may be experiencing posttraumatic stress disorder (PTSD)" (Greene, Heilbrun, 2012, p. 327). PTSD is a result of a serious injury or a near death experience and is very common among American war veterans because of the situations they encounter in war, such as bombings or explosions that have killed people. PTSD is also common among rape victims, violent victims of crimes, and natural disaster victims. Although symptoms of PTSD may not be noticeable until months after the traumatic experience occurs, it has negative effects on a victim's life and often their loved ones.

There are many symptoms associated with PTSD. These include experiencing the traumatic experience over and over again in flash backs, nightmares, and vivid thoughts. Also, difficulty sleeping and fearful responses from increased physiological stimulation have been reported. Decreased emotions, and avoidance of anything that reminds them of the traumatic experience is also very common (Greene, Heilbrun, 2012). According to Edna Foa (2008), many victims could have prevented their PTSD by learning how to perceive the world as a place that is not dangerous and to recognize that most situations after returning home are not dangerous, in turn allowing them to not feel helpless.

The rate of occurrence of PTSD in females and males differs greatly. In studies by Christiansen & Elklit (2012), Kessler, Sonnega, Bromet, Hughes, & Nelson (1995), and Tolin & Foa (2008), it has been proven that women are two times more likely to develop PTSD because women have more risk factors. Although men experience traumatic situations of higher degrees, more women encounter sexual trauma, and this contributes to the higher rates of PTSD in females (Kessler, 1955, Tolin & Foa, 2008). PTSD in women in the military is compounded by sexual trauma and officials have only addressed this problem recently (Dr.

Burns). Women are also more prone to PTSD because of the higher rates of depression, anxiety, and sensitivity. Females also typically have negative social support and perceive both the world and themselves in a negative light (Cromer & Smyth, 2010). Studies have shown that the most significant predicators for PTSD are fear, horror, helplessness, and negative perceptions about the world. 83% of PTSD cases about the mediators listed above were associated with gender differences and severity (Christiansen, Hansen, 2015). In order to reduce the amount of PTSD cases in women, the effects of the mediators, such as fear and anxiety, must be reduced. In other words, the symptoms associated with PTSD must be treated in order to reduce the severity of PTSD in each patient.

Both gender and military sexual assault have major effects on the treatment of PTSD war victims (Tiet, Leyva, Blau, Turchik, Rosen, 2015). Male and female PTSD patient victims from numerous United States Department of Veteran Affairs treatment programs were surveyed for symptoms of depression, aggression, and alcohol/drug abuse after they were discharged from treatment. Women had higher rates and more severe symptoms of depression, while men had higher rates and more severe symptoms of violence, aggression, and substance abuse (Rosen at el, 2015). Although women and men may have different symptoms of PTSD, treatment outcomes cannot be determined by gender or by military sexual assault status because there was no correlation between the two in the intensive treatment programs of this study.

One of the biggest factors influencing the occurrence of PTSD in women in the military is that they are victims of sexual assault trauma in addition to the trauma from the battlefield. Military sexual trauma, also known as MST, is a major factor that leads to PTSD in women (Brown, 2015). In a sample of about 3,500 female veterans, about 40% reported to be a victim of sexual assault while in the military. Most of these women were diagnosed with PTSD, although many did not seek treatment until about a year after they were assaulted (Kintzle at el, 2015). In the National Survey of Women Veterans (2008-2009), 13% of female war veterans were diagnosed with PTSD. Almost half of these women, as well as women who had not been diagnosed with PTSD, used mental health services, especially if they had depression, which is

present in a majority of these veterans. In addition to being influenced by sexual assault and battlefield trauma, veterans who are young in age, a racial minority, do not have insurance, and do not have a high income have higher chances of developing post-traumatic stress disorder. Often, they do not have good health, and have a history of anxiety or depression so they are more susceptible to getting PTSD; however, the rate of PTSD in women had no correlation with the following aspects: marital status, education level, employment, healthcare provider or geographic region (Washington, Davis, Yano, Der-Martirosian, 2013). There are many factors that contribute to a woman's susceptibility of developing PTSD; the possible treatment options are discussed below.

Individuals who have PTSD and do not seek treatment are likely to have long-term PTSD. Women are twice as likely to suffer from PTSD than men according to Muhammad Usman (2015). Results from various epidemiological studies have shown that when no treatment is received, younger women are more likely to get PTSD than males the same age. PTSD is a disorder that does not always get better over time, and the symptoms of PTSD may actually become worse (Dana et al, 2015). Factors that negatively affect the chances of PTSD victims recovering from their disorder include: young age, severity of the traumatic experience, and not getting treatment.

With that being said, all victims of PTSD, especially war veterans, have a higher chance of recovering from their disorder if they receive treatment. Treatment options include psychiatric, pharmacological (the use of medications), and psychological treatments. Cognitive behavioral therapy (CBT) is a psychiatric treatment intervention that has been proven to decrease the symptoms of PTSD victims. Prolonged exposure therapy (PE) is a form of CBT where the PTSD patient is reminded of their traumatic experience in order to treat it. In a study (Issac et al, 2013) of those who received CBT sessions, a majority showed a quick decrease in symptoms. CBT and PE have both helped decrease PTSD symptoms. Another study (Shaley et al, 2012) has shown that pharmacotherapy has not improved PTSD symptoms at all, while others have shown effective results. One research study demonstrated that some medications work

better than others in treating PTSD symptoms. Another study (Markowitz et al, 2007) reported that a combination of psychotherapy and medications is a very successful treatment option. Although pharmacotherapy can be effective in treating PTSD, psychiatric and psychological intervention treatments are much more effective.

One innovative therapy, specifically for war veterans, is Virtual Iraq/Afghanistan therapy. This new treatment provides graduated exposure therapy of confronting/reliving traumatic events in a low threat therapeutic setting. In this treatment, the patient learns how to process trauma related emotions and decondition the avoidant learning cycle that perpetuates the condition. Smells, vibrations, audio, and visual stimuli are used to help mimic an event from war in order for a patient to relive the traumatic event in a safe environment. This relatively new and technologically advanced exposure therapy has been proven to have a very high rate of affectivity (Rizzo, 2005).

Of all the possible treatment options described above, the most successful were PE therapy, virtual Iraq/Afghanistan exposure therapy (for war veterans), and CBT. Therefore, a PTSD victim should get therapy instead of taking medications for best treatment results. There are many symptoms of PTSD as mentioned above and the necessary treatment depends on the degree of intensity of these symptoms, the severity of the traumatic experience, and the amount of time after the traumatic situation. For the best and most successful treatment of PTSD, victims should get treatment as soon as possible. The longer a victim waits for treatment, the harder it is to improve the disorder.

Description of Research Methods

I began the research by searching keywords like, "PTSD symptoms," "PTSD and gender differences," "PTSD and war veterans," "history of PTSD," and "PTSD treatment" on the Loyola Marymount University LibGuides database. This led me to a variety of articles that utilized both qualitative and quantitative research methods to answer my question. I also used ideas and articles provided by Dr. Burns regarding women veterans and the virtual Iraq/Afghanistan treatment option. I narrowed down the

search results by adding key words and looking at the abstracts of the articles to see which ones were most relevant to my research question.

My methods of research primarily revolve around scholarly articles because they give the most insight and statistics relating to my detailed research question. I chose articles based on their relevance to my research question. Overall, the information I gathered consists of qualitative data regarding symptoms, differences between males and females who have PTSD, the correlation between gender and war veterans, and quantitative statistical analysis of each of these factors. My research includes many surveys and statistics that have already been developed on PTSD trends. The articles I chose were useful because they provided with new insight on the topic and allowed me to form questions for further research. They explained how the authors collected data, performed data analysis, and made educated conclusions about the data. This was useful for my paper because I was able to make evidence based claims. I analyzed the data by comparing information from various scholarly articles to see what the trends were. I studied the data to make conclusions and form results.

Results

Just as I hypothesized, female veterans experience worse PTSD symptoms than female non-veterans and are more susceptible to PTSD than male veterans. 12% of women experienced PTSD symptoms during at least one point in their lifetime, and 4.6% actually had PTSD at the time the interview was being conducted (Resnick, Kilpatrick, Dansky, Saunders, Best, 1993). In the National Survey of Women Veterans, 13% of female war veterans were diagnosed with PTSD. 31.1% of women veterans who had PTSD and 11.4% of women who did not have PTSD received healthcare from the Veterans Health Administration. Of the 13% of women veterans who have PTSD, 48.7% used mental healthcare services, especially if they had symptoms of depression (National Survey of Women Veterans, 2008-2009). Over 12.5% of female veterans are diagnosed with PTSD and 67.1% of these women were also diagnosed with depression. In many cases, female war veterans develop PTSD from sexual assault in addition to trauma from the battlefield. Out of

about 3,500 female veterans that participated in a survey, approximately 40% of these women reported that they were sexually assaulted while in the military. Most of these women were also diagnosed with PTSD but had not sought treatment right after being assaulted (Kintzle et al, 2015). Approximately 12% to 20% of Iraq war veterans experience the symptoms associated with PTSD and therefore have PTSD (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). These studies are significant because they talk about major gender differences associated with PTSD.

Also similar to my hypothesis, therapeutic treatment is an extremely effective way to alleviate a patient's PTSD symptoms. Treatment makes up a significant part of PTSD research because it is important to understand which treatments provide the best results in curing PTSD. Therefore, studies regarding treatment of PTSD were used in order to find which treatment option is the best in reducing PTSD symptoms. For example, of those who received CBT sessions, the following was found: 56% of PTSD victims showed a quick (within one to five months) decrease in symptoms, 27% of PTSD victims showed a slower rate (after 15 months) in the decrease of symptoms, and only 17% of PTSD victims did not improve at all (Issac et al, 2013). This data proves that getting psychiatric treatment is very effective in helping an individual recover from PTSD. However, PTSD is a disorder that does not always get better over time, and the symptoms of PTSD may actually become worse, as shown in a study by Dana et al (2015). Although up to 92% of the general population who have mild PTSD recover from the disorder over time, as low as only 8% of the population can recover from PTSD. Despite this statistic about a wide variation of the effectiveness of treatment, researchers highly recommend patients with PTSD to receive treatment in order to cure their present symptoms or prevent them from getting worse.

These results have shown that PTSD is gaining more recognition over time, allowing for the study of the effectiveness of different treatments. Researchers found that medication does not work as well as therapy. Women have higher rates of PTSD than males and experience different symptoms, as I hypothesized. Regarding gender differences in veterans, females have more severe cases of PTSD and there

are higher rates of PTSD in female veterans than male veterans. These lead me to further questions discussed in the next section.

Analysis and Discussion

The most important findings of my research include the different treatment options, the symptoms of PTSD, and the gender differences (including the differences between the genders in symptoms of PTSD associated with war veterans). My findings are significant to the large discipline of sociology because they explain the most effective treatment options and how women and men differ in the susceptibility of getting PTSD as well as the various symptoms.

My research could be practical for application by the facilities that treat PTSD patients. Advising these facilities on the most effective treatment methods for women would be extremely useful. Women and men should be treated differently in therapy because they experience different symptoms. Female war veterans need to be treated differently than other patients as well, because many times their PTSD is caused by both experiences in the battlefield and are more likely than males to be sexually assaulted. Also, people who work with public health projects could make the effective treatment options more available for those in need or those who can't afford it.

Cognitive Behavior therapy, Prolonged Exposure therapy, and Virtual Iraq/Afghanistan therapy are currently the most effective in decreasing PTSD symptoms; however, new medications that completely cure the disorder could be developed in the future. This would put an end to therapy for PTSD because taking medication is a much simpler treatment for the patient if the side effects are minor. Also, surveys in the future could produce data that would prove which therapy actually has the highest success rate in treating PTSD. These surveys may also be able to show which treatments work better on the different genders and different types of PTSD cases.

Women and men develop PTSD at different rates. There is also a gender gap between the symptoms that each gender experiences. Women in the military have a higher chance of being sexually assaulted in

addition to traumatic experience in the battlefield, so the PTSD they experience may be different than PTSD of women who are not in the military. Further research could prove which groups (i.e. war veterans or rape victims) of the same gender experience the most severe form of PTSD.

My findings focused primarily on PTSD on war veterans, a limiting factor throughout my research. This essay would have had a better coverage on the topic of PTSD by looking at groups other than war veterans, such as rape victims, or those that developed PTSD from natural disasters. Another helpful topic to research is which treatment options work for each gender and each group.

My findings complicate the existing literature previously stated in my paper by showing that there are different ways of treating different kinds of PTSD. There is more than one possible method to treat someone, making the process more complicated. Depending on the reason someone has PTSD, certain treatment options may be better than other options.

Another limitation of my research paper is that I did not cover any other disorders besides PTSD. Relating other traumatic disorders to PTSD would be useful to see how they are similar. If they are similar, the same treatment option may be used to treat people with those other brain disorders and vice versa. For example, cognitive behavior therapy can help people with other disorders such as phobias and anxiety by allowing them to confront the issue they are facing.

Conclusion

Overall, my research contributes to social science because it demonstrates the differences in PTSD between women and men in general, gender differences in war veterans, and discusses the many symptoms and treatment options. In those with PTSD, females have higher rates of depression, while males have higher rates of alcoholism and aggression; future research could be used to prove which treatment options work the best for each gender. For example, it could be proven that CBT therapy works better for women and PE therapy for males. Females in the military are also more likely develop PTSD due to sexual assault trauma combined with battlefield trauma, so future research could be done to show which treatments are

most effective at targeting both sources of trauma or if the patient needs to undergo more than one type of treatment. My research could also be used to determine which treatment is the most effective for PTSD in war veterans, like the Virtual Iraq/Afghanistan therapy. Additional research would be very helpful in developing better treatment methods for PTSD patients and discovering what preventive steps people can take to avoid developing PTSD after going through a traumatic experience. There is a lot of potential for researchers to gain a better understanding of PTSD, and why certain treatments work better than others. This will be very beneficial for future war veterans, sexual assault victims, and other patients who have suffered from trauma.

References

Brown, P. (2013, February 27). Trauma Sets Female Veterans Adrift Back Home. *NY Times*. Retrieved November 15, 2015.

Christiansen, D., & Hansen, M. (2015). Accounting for sex differences in PTSD: A multi-variable mediation model. *European Journal of Psychotraumatology,* 61-10. doi:10.3402/ejpy.v6.26068

Greene, E., & Heilbrun, K. (2012). Violent Victimization and Posttraumatic Stress Disorder. In *Wrightsman's Psychology and the Legal System* (7th ed., pp. 327-330). Belmont, CA: Thomson/ Wadsworth.

Kintzle, S., Schuyler, A., Ray-Letourneau, D., Ozuna, S., Munch, C., Xintarianos, E., Castro, C. (2015). Sexual trauma in the military: Exploring PTSD and mental health care utilization in female veterans. *Psychological Services, 12*(4), 394-401. http://dx.doi.org/10.1037/ser0000054

Rizzo, A. (2005). Prototypes. Retrieved November 8, 2015.

Tiet, Q. Q., Leyva, Y. E., Blau, K., Turchik, J. A., & Rosen, C. S. (2015). Military sexual assault, gender, and PTSD treatment outcomes of U.S. veterans. *Journal of Traumatic Stress, 28*(2), 92-101. doi:http://dx.doi.org/10.1002/jts.21992

//?

Usman, M., Rehman, A., Bakhtawar, N., & Adnan Bas Hir, B. (2015). Prognosis of PTSD in Treated vs. Non-Treated Groups. *Journal Of Pakistam Psychiatric Society*, 12(1), 39-42.

Washington, D. L., Davis, T. D., Der-Martirosian, C., & Yano, E. M. (2013). PTSD risk and mental health care engagement in a multi-war era community sample of women veterans. *Journal of General Internal Medicine, 28*(7), 894-900. doi:http://dx.doi.org/10.1007/s11606-012-2303-2

Mental Health of LGBTQ Adolescents in the U.S.

By Kathryn Courson

(Pictured on page 36)

Abstract

My research question focuses on adolescence, as a socially constructed life phase, in conjunction with "coming out", as a continual process, and how this affects the mental health of non-heterosexual adolescents. My hypothesis is that the more support a non-heterosexual adolescent has, the less vulnerability that adolescent will have while discovering their own identity. This topic helps elude to the vastly changing society that we live in today, and the sociology of emotions that we experience and create. This paper will dive deeper in to specific influencers that shape the way non-heterosexual adolescents present themselves and how they hinder the inevitability of individuality. Heterosexual adolescents will be used as a comparative culture to further examine the mental health issues of struggling to disclose one's own identity

Mental Health of LGBTQ Adolescents in the U.S.

Mental health is defined by a person's psychological and emotional well-being. My research will be focused on the emotion work associated with the mental health of adolescents and the many factors that affect it. Some of these factors are as follows: socioeconomic status, culture, gender, political change, social change, and so on. The effects of social acceptance differs for heterosexual and non-heterosexual adolescents. Non-heterosexual's can be further broken down into subgroups: lesbian, gay, bisexual, transgender, and questioning. To have a "normal" life in the face of intolerance and harassment is a utopian goal. LGBTQ youth hope to be accepted by society for their sexual orientation and identity. Adolescents are unsure as to whether they can achieve such a cultural way of life but are trying their best to find out through adolescence as a socially constructed life phase. In order to explore sociology of emotions it is critical to understand how each factor, like those listed above, affects the lives of adolescents.

The emotion work associated with these factors helps to piece together where progress might arise or where something might be lacking.

This paper presents insight from both written research and field research in exploring the emotion work associated with the mental health of adolescents and the factors that affect it. This topic is important because as society continues to move forward, non-heterosexuals are becoming more widely acknowledged for who they are. This is relevant to non-heterosexual adolescents because as society continues to become more accepting of newer generations and their attributes, younger people are beginning to come out at earlier ages. This is important because no one should have to wait to claim their identity- they should be able to do so when they feel comfortable.

Literature Review

Sadly, to most people in the United States anyone who falls under the identification of LGBTQ is a sexual minority. The culture of these non-heterosexual adolescents is the result of a process formed by historical forces, social events and practices which have aided in leading youth out of isolation and secrecy and into public solidarity of the LGBTQ culture. There are many who serve to help promote self-identification and some that try to change it. Some adolescents feel that they have no one to turn to due to feelings of being hindered by parents, friends, teachers, and peers. There is fear of disapproval and lack of acceptance associated with deviation from the norm. Some of the worst fears of LGBTQ adolescents are that they are sinning, are crazy or that they might contract AIDS and become isolated, or addicted to some chemical (D'Augelli, 1996). Social support and peace of mind are important for productive means of growth. Finding peers and friends of similar age to confide in is crucial. Adult role models also give adolescents the respect and openness they need in order to talk about their feelings.

In spite of the prejudice and stigma attached to being non-heterosexual, there is a struggle for adolescents to overcome hatred of others and guilt in themselves. They work hard to gain understanding and acceptance from those around them. Being "closeted" due to fear of discovery, LGBTQ adolescents

struggle harder to do well with school and employment than those adolescents of heterosexual identity. Everyday there is a possibility of struggle to feel worthy, valuable, and to find respect for oneself as an object of self-love (Herdt & Boxer, 1996). The resilience of the human spirit to recover from negativity and failure is remarkable. Prior and current political and social changes have helped to create a more powerful community of adults who are willing to stand up against discrimination, violence, harassment, and isolation by committing themselves to the construction of a new culture.

When sexual minorities know each other, their friendships help to alleviate psychological distress and avoidance of interpersonal problems. Sexual orientation is an important dimension to understand for adolescents because it identifies who they are. Adolescent sexual orientation is a dimension of social inequality. LGBTQ adolescents have a lower status in society. They have a higher rate of psychological problems, such as, depression and suicide. These adolescents are exposed to a greater amount of stressors-victimization being the most visible. Some examples of this are name calling, jokes, physical assault, vandalism, and hostile graffiti. Social isolation can result due to rejection of one's sexual orientation personally as an "internal homophobia" or in order to avoid discovery of one's sexual orientation by others (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998). Even adolescents with sizable friend groups may refrain from disclosing their sexual orientation by emotionally distancing themselves. Due to the lacking of close friends, the opportunity to take full advantage of social networks is nonexistent. Emotional management becomes crucial when dealing with aspects of coming out.

Sexual minorities' mental health receives more benefits from having friendships with sexual minorities than with sexual majorities. A strong sense of belonging can be developed with sexual minority friends and the presence of similar friends may help to reduce the stigma imposed on these adolescents (Ueno, 2005). Friendships among sexual minorities act as a stress reliever, in a sense that they can provide shared sympathy and practical support in order to cope with shared situations of psychological harm. As it

can be assumed, adolescents who experience victimization, interpersonal problems at school, and arguments among parents are all variables that contribute to psychological distress.

There are two major sexual orientation dimensions: (1) sexual identity and (2) sexual behavior. Sexual identity is one's self-identification of heterosexuality or non-heterosexuality. Sexual behavior depends on whether or not one has had same-sex intercourse. In order to bridge the mental health gap between sexual orientation groups, the role of socially supportive relationships becomes greatly important. Social relationships are beneficial to one's mental health because they provide instrumental and informational assistance, and they facilitate healthy behaviors, such as, exercise, diet, and adherence to medical regimens. Social relationship is an umbrella term to refer to social integration and social acceptance (Hsieh, 2014)**.** Social integration and social support are linked through their joint influence on health outcomes. Furthermore, social support helps individuals adapt to life transitions. Perceived support alone, for both heterosexuals and non-heterosexuals, for one's romantic relationship predicts positive mental health outcomes. Finally, social integration and social support mediate the relationship between sexual orientation and mental health status.

For racial minorities, family is a significant source of social support due to the fact that family members usually share the same minority background. This is not the case for sexual minorities. Although parent's reactions to a child's disclosure of sexual orientation are not always negative, it becomes one of the most stressful developmental tasks for a sexual minority adolescent to overcome. Sufficient emotional support acts as a buffer to the health effects associated with minority status (Hsieh, 2014). Availability to social resources helps to counter some of these disparities. There are several implications related to sexual minorities, such that, disadvantaged social groups have lower mental health due to marginalization brought on by stress and lack of power.

LBGTQ adolescents attempting to deal with "coming out" are more likely to have thoughts of suicide which usually leads to attempts on their lives. Around 42% of sexual minority adolescents have had

suicidal thoughts, and nearly 33% have attempted suicide at least once (D'Augelli, Hershberger, & Pilkington, 2001). These risky behaviors are likely to be caused due to feelings towards another of the same-sex or due to disclosure of one's sexual orientation. In comparison, about 7%-16% of both heterosexual and non-heterosexual adolescents have made a suicidal attempt (D'Augelli, Hershberger, & Pilkington, 2001). Some other factors that might influence suicide attempts are: previous suicide attempts, prior psychiatric disorders, losses of loved ones, and negative life events. Not all suicidal attempts are directly due to "coming out", but can result from the aftermath of peer reactions to "coming out". Disclosure of sexual orientation occurs twice as frequently among adolescents that attempt suicide than those who have not.

Gender differences illustrate that generally there is more suicidal risk for both male and female sexual minorities than for heterosexual adolescents. The gap between non-heterosexual and heterosexual males and the percentage of at risk adolescents is larger than that of females (D'Augelli, Hershberger, & Pilkington, 2001). The negative effect of romantic involvements on depression is greater for girls then for boys (Simon & Barrett, 2010). Intimate relationships are associated with enhanced emotional well-being. No gender differences have been found in the association between partner support and partner strain among adolescents (Simon & Barrett, 2010). Both genders struggle to cope with the ramifications of "coming out", if any, and are pushed to deal with whatever may come of this self-expression of themselves. Adolescence, being a prolonged and varied period in life, is characterized by the exploration of identity, a focus on the self, and forming new relationships. The ultimate goal is to seek emotional security, along with companionship, love, and physical intimacy (Simon & Barrett, 2010).

The symbolic interactionist view says that society is manifested in the coordinated efforts of individuals. Humans act on meanings that are based on adjustment and readjustment, involving plans and intentions (Mead, 1934). Human activity involves thought and self-consciousness. Mead stresses the importance of role-taking and defines it as social control. Role-taking allows people to predict and adjust

their actions to cooperate with others around them- as a result, adjustment effects one's self esteem. Role-taking integrates self-awareness of a wider range of audiences and cumulative attitudes, such as those of communities (Mead, 1934). Emotions promote solidarity and social order, and within role-taking resides emotion. Some emotions promote role-taking, like pride, vanity and empathy. People with pride present themselves in a way that continues their self-approval. People in vain are dependent on others for their self image. Empathetic people share positive emotions to counter the negative ones. Some emotions mobilize a person to adjust their behavior, like guilt, shame and embarrassment (Shott, 1979). People who feel guilty raise their sense of self monitoring to divert back to moral value. A person who is shameful tends to socially isolate themselves as a consequence to incompetency. A person who feels embarrassed may use corrective measures to prove their situational identity as not faulty.

Sexual minorities are branded as a lower social status, effecting adolescents more negatively than the majority. Although research shows a disadvantage to sexual minorities of the LGBTQ community, it is also possible to change one's destiny through desire to rise above discrimination. In order to rise above the negativity of these adolescents, that is so hastily stigmatized, one must sometimes take into account what length of optimistic action is necessary to create change. Sociology outside of sexuality can help to create a strong base through various methods of emotion work. It is imperative that LGBTQ adolescents know how to manage their feelings, focusing on both oneself and when need be others. My research question focuses on adolescence, as a socially constructed life phase, in conjunction with "coming out", as a continual process, and how this affects the mental health of non-heterosexual adolescents. My hypothesis is that the more support a non-heterosexual adolescent has, the less vulnerability that adolescent will have while discovering their own identity.

Methods

The sample of whom I will be collecting data from will be twenty college students who grew up as heterosexual adolescents and twenty college students who grew up as LGBTQ adolescents. The method I

will use in order to analyze their emotion work will be collected through a combination of anonymous surveys and sit down interviews. The reason I am choosing to survey and interview students who have already surpassed adolescence is important because they are thoroughly able to reflect on their experiences while also giving the opportunity to disclose information anonymously. The members included in my sample will be able to look back on their personal experiences analyzing what kind of family supports they had or did not have and whether or not they were closeted because of those supports.

It is important to have an equal amount of samples for both heterosexual and non-heterosexual adolescents in hopes that the data will be as accurate as possible and not skewed. In order to properly measure the concept of mental heath of LGBTQ adolescents versus non-heterosexual adolescents it is crucial to picking your questions strategically. Some of the questions I plan to explore will be based on the following: gender, sexual orientation, family support, being closeted, who one has disclosed to, whether trust exists within one's community, physical safety, happiness, suicide, etc. There are many other aspects to touch upon but the examples given will be the ideas focused on. It is important to capture attitudes and behaviors in order to determine if there is indeed a distinctive culture that has the ability to wield social and political influence.

Participants for the anonymous survey will be selected using a non-representative quota sample. I will deliberately set the proportions of levels or strata within the sample. This will be done to insure the inclusion of both LGBTQ adolescents and heterosexual adolescents. This quota will guarantee that both samples will be equally represented. As far as participants included in the interviews I will strive to use a purposive sample, in which a non-representative subset of some larger population(i.e. college students) is constructed to serve a very specific need or purpose. It may not be possible to specify the population in every aspect- they would not all be known, and access will be difficult. I, as the researcher, will attempt to zero in on non-heterosexual adolescents, interviewing whomever is available and willing to be interviewed.

I will be using these two research methods because I think they will both help to limit restrictions in order to gather data. This subject can be very sensitive for many and the last thing I want to do is ask any question that might fail to direct my research and instead offend someone. I further think these methods are appropriate because both methods can also give me different options for striving to be as least intrusive as possible, while still comparing heterosexual and non-heterosexual adolescents. For example, a question about what is your gender is a lot less intrusive than asking who you have disclosed your sexual orientation to or if you currently on any prescription medication for anxiety or depression. The last two questions are ones that I would include in my anonymous survey as opposed to asking in an interview. This question might make someone feel uncomfortable and they might be more likely to skip it if they are directly being asked in an interview.

Results

After conducting my field research it is evident that not all methods went as planned. Only five sit down interviews with LGBTQ college students seemed to relay some useful data, some of which was evident in my literature review and some that is newly acquired. The first question that was asked had to do whether or not each interviewee felt pressure from their parents growing up to be heterosexual. Interviewee #1 stated that he 100% felt pressure to be heterosexual indicative of the society that he grew up in: the "normal" thing to do was to be heterosexual, and straying from that norm was to be avoided. Interviewee #2 stated that she did not overtly feel pressure and that she did not really know what it meant to not be straight growing up- that pressure was definitely something she realized once she started to come out to herself. Growing up she was not subjected to a lot of examples of gay people in the media or in her own life, so it was never really something she thought about personally.

The second question I inquired about was if each interviewees parents are accepting of LGBTQ adolescents. Interviewee #1, #2 and #3 all expressed similar answers in that their families became more accepting once they came out as being homosexual. Interviewee #1 communicated that since he has come

out, his parents have developed a better understanding of what it means to be homosexual, and about the struggles and realities that come along with it. Interviewee #2 explained that both of her parents put forth effort to continually educate themselves either on their own or in conversation with her.

The third question, which is closely related to question number two, touched upon was how each interviewee came out to their parents and whether or not they were accepting. Interviewees #1, #2, #3, and #4 all shared that they did not come out until they were in high school. Interviewee #2 mentioned that she came out before she really knew who she was or how she identified. She was already dating another girl so when she came out as a homosexual, her coming out was more of "this is who I'm dating" versus "this is who I am" which is a distinction she became much more aware of as she got older. All interviewees acknowledged that their parents didn't react as best as they could have, but overall they became accepting. Interviewee #2 said that for awhile her parents thought that she might be going through a phase, saying that maybe it was because she went to an all girls high school that she was interested in girls. There were insensitive comments made early on, such as "okay, but don't do anything like shave your head", that were purely based on lack of knowledge and understanding of LGBTQ identities. Interviewee #3 was able to relate to Interviewee #2 and expressed that he was an emotional train wreck. When he first came out to his mom, her biggest concern was his well-being- she feared that be might be bullied.

The fourth question inquired about was the affects of coming out on mental health, physical health, and relationships. Interviewees #1, #2 and #3 all shared that their mental and physical health were affected by coming out. Interviewee #1 spent a lot of time trying to fight feelings, through a big mental fight to accept himself for who he is. Interviewee #2 relayed that having this enormous secret weighs down on you. She commented that young people are not meant to have to deal with that level of stress that comes along with such a secret, and that they are not equipped to handle it. Interviewee #3 went on to say that such stress caused a block in certain relationships because he was not able to be his authentic self- he could not talk about his dating relationships openly.

The fifth question, the most intrusive of them all, directly asked if any of the interviewees had ever had suicidal thoughts or tendencies. Interviewees #1, #3 and #4 all answered yes to having suicidal thoughts or tendencies related to being homosexual. Interviewee #1 explained that he briefly had suicidal thoughts when he was in middle school and still searching for his sense of self. Now that he is older and as established who he is, he couldn't be more comfortable with the person that he is now. The most rewarding thing about coming out was that he was finally able to accept himself for who he is- having no care in the world for societal acceptance. Interviewee #3's suicidal thoughts were driven by bullying rather than a lacking sense of self.

The sixth question focuses on advice that can be given to closeted adolescents that have not yet come out. Interviewees #1, #2 and #3 all brought up the priority of safety first. Interviewee #1 stated that we as individuals are just as we are meant to be and that we as our authentic selves can make the world a better place. Interviewee #2 recommended that if you might be in danger when coming out to parents or friends that it may be best to wait and build a safety plan- possibly having someone else with you or having a place to go if the situation could become dangerous. She discusses that sometimes coming out feels like a necessity, with the added pressure of things like Coming Out Day or the "it gets better" idea, and that for some people coming out may not be a possibility for a long time and that is okay. Furthermore, she goes on to analyze that coming out can be a continual process, so it may be something that happens over and over again, and it's important to do that on your own timeline. She remarks that it's okay to come out and change your mind, or to come out and then learn more about yourself and come out again as another identity. Interviewee #3 notes that coming out gets better and that it is worth it. He contends that it is one of the most difficult things he has had to do during his life, but after he did it he learned how much he could gain from doing so; he felt as though a weight had been lifted off of his shoulders.

The seventh question inquires about when each interviewee knew they were not straight and if anyone influenced them from coming out sooner. Interviewee #1 could not have answered more directly by

saying that he always knew that he was gay his entire life and that to put this question into perspective, it is like asking a straight person, "when did you know you were straight?"; it was not a decision- it's how his mind was programmed. He was influenced to come out sooner after watching a YouTube video of a U.S. soldier coming out to his mom on the phone- the soldiers mom was so accepting and that gave him the courage to come out to his parents. Interviewee #2 answered that it took awhile for it to sink in for her that she was gay. Her first relationship with another girl was a situation where she thought she really liked her, but that this was just a specific circumstance- that it didn't mean she was gay. Later on she began to realize that this was exactly what it meant- this was a process for her. Nobody in particular influenced her from coming out any sooner, but her mom often made comments that would make someone else think otherwise. Her mom would tell her to hold off on telling other people, such as family or even posting things publicly on Facebook, until she was sure she was gay. Her mom would say that it would be difficult to go back on coming out if she later decided she wasn't and that she should wait. She also told her not to tell her grandparents because they would not understand or approve. Interviewee #3 stated that nobody directly made him come out and that when he did, he was ready to be himself and take claim to his identity.

The eighth question asks if whether interviewees were treated differently by family, peers or colleagues, after coming out. Interviewee #2 brought up a discussion about "femme invisibility", a stereotype that queer women look a particular way and that they are not feminine. She has had negative experiences at work, such as a boss saying "that's gay" or talking about people who "choose to live certain lifestyles". Being out and proud of who she is has helped her find a community of really supportive friends.

Analysis

My results indicated that my interviewing process went better than originally projected in my methods section. Interviewees were more susceptible to answering my questions once they were given brief background knowledge about my research and my purpose for conducting it. Giving an open-ended interview also sparked additional commentary that proved useful when comparing my interview data with

my literature review findings. Many aspects from my literature review were reiterated throughout my interviewing process. Social acceptance and sociology of emotions differ for many adolescents growing up. Three factors proved to be noteworthy: culture, gender, and social change. The emotion work associated with these three factors helps to piece together where support has been lacking, but also shows regression towards change.

Interviewees' answers confirmed that fear of disapproval and lack of acceptance are profoundly associated with coming out. Victimization was documented as a prominent effect of coming out in middle school and high school. Three out of five interviewees, which is 60%, disclosed to having suicidal thoughts but never acted on them, and men were found more likely to have suicidal thoughts over females. This percentage is high compared to the 42% found in my literature review. This heightened percentage may be due to my small sample size.

Throughout my field research my findings became validated that emotional management becomes central when coming out, and that by virtue of adolescence, is important to recognize that coming out can be a recurrent and continual process. Data verified that adolescents avoid disclosing their sexual orientation by separating themselves emotionally. In conjunction, social integration and support were found to avert emotional disengagement. This in turn creates a sense of optimism and possible acceptance that links back to the sources cited in my literature review.

On the contrary, some limitations quickly became evident when conducting my anonymous survey. My survey findings drove me to the conclusion that survey questions were too generalized. The survey process itself is less personal than a sit down interview. It was also evident that my sample pool could have been more gender balanced. Aside from the five sit down interviewees, fifteen other LGBTQ adolescents were utilized to complete an anonymous survey. The questions that I originally predicted would make a homosexual adolescent feel uncomfortable and likely to skip turned out to be polar opposite. Interviewees were more proactive and willing to answer more sensitive topics than the fifteen survey participants.

Although the data collected was not as beneficial in terms of detail and reflection, it served it's initial purpose when statistically comparing and analyzing data from my cited sources. When reviewing anonymous surveys from my heterosexual sample, there were a few aspects that stood out as being seemingly foundational: family support, whether trust exists within one's community, physical safety and happiness.

As far as suggestions for the future, if I were to conduct this research over again I would ideally have a larger sample size and conduct only sit down interviews. Having a larger sample size would lead to more precise and accurate results. Like previously mentioned, sit down interviews are more personal and detail-oriented. I, as the interviewer, could prompt my interviewees and ask follow up questions when needed. Overall, there is likely to be some limitation or discrepancy when conducting field research so it is important to always accurately document your results. Although it is always nice to prove that your research supports your research question, it is important to report authentic and legitimate findings.

Conclusion

The findings of this research paper provide high significance and excellent discussion into what non-heterosexual adolescents deal with on a daily basis. The struggles and ramifications of coming out to family or peers can be life altering, either positively or negatively, depending on a given situation. Parental acceptance relies heavily on cultural upbringing and subjectivity. Sometimes this can instill understanding or in turn elicit kickback. As a heterosexual, I will never understand myself how it truly feels to experience the pressures of being a sexual minority, but by reviewing literature and conducting my own research I have come to better grasp the harm that can develop from insensitivity.

There are many implications in today's society, and many people express their views, beliefs and opinions, which stimulate argument and debate. People are scared of what they don't understand. Even if sexual orientation were a choice, it should not be deterred. A lot of harmful experiences can be prevented by supporting one's choice to be homosexual, such as, reparative therapy camp or battling to use the correct

bathroom when struggling with gender identity. If people want to hate they will find a reason to. For example, this can be seen in the parallel instance of the continuation of racism today. It has been proven scientifically, many times, that races are more similar than they are different, and yet it continues to be an issue today. Everyone has a story so let them tell it.

Bibliography

D'Augelli, Anthony R. 1996. *Lesbian, Gay, and Bisexual Development During Adolescence and Young Adulthood: Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press.

D'Augelli, Anthony R., Scott L. Hershberger, and Neil W. Pilkington. 2001. "Suicidality Patterns and Sexual Orientation–Related Factors Among Lesbian, Gay, and Bisexual Youths: Suicide and Life-Threatening Behavior.": *Oxford University Press* 31(3):250-264.

Garofalo, Robert, R. Cameron Wolf, Shari Kessel, Judith Palfrey, and Robert H. DuRant. 1998. "The Association Between Health Risk Behaviors and Sexual Orientation Among a School-Based Sample of Adolescents": *Pediatrics* 101(5):895-902.

Herdt, Gilbert H., and Andrew Boxer. 1996. *Children of horizons: How gay and lesbian teens are leading a new way out of the closet*. Boston, Massachusetts: Beacon Press.

Hsieh, Ning. 2014. *Explaining the Mental Health Disparity by Sexual Orientation: The Importance of Social Resources*. Philadelphia, Pennsylvania: University of Pennsylvania.

Mead, George H. 1934. *Mind, self, and society: From the standpoint of a social behaviorist*. Chicago, Illinois: The University of Chicago Press.

Shott, Susan. 1979. "Emotion and social life: A symbolic interactionist analysis": *American journal of Sociology* 1:1317-1334.

Simon, Robin W., and Anne E. Barrett. 2010. "Nonmarital Romantic Relationships and

Mental Health in Early Adulthood: Does the Association Differ for Women and Men?": *Journal of Health and Social Behavior*: 51(2):168-182.

Ueno, Koji. 2005. "Sexual orientation and psychological distress in adolescence: Examining interpersonal stressors and social support processes": *Social Psychology Quarterly*: 68(3):258-277.

Abigail Rawl

Abigail Rawl is a senior Sociology major and Urban Studies minor. Originally from South Carolina, she moved to Los Angeles four years ago in pursuit of a change of environment and a college degree. Now coming to the end of her delightful experience as a student at LMU, Abigail has realized she has gained much more than she ever anticipated. She is passionate about a variety of social issues, but she finds that she is consistently most interested in topics of race, immigration, and health. The literature review published here reflects these interests by discussing common health concerns of Latino male day laborers. She wants to thank Professor Kim for guiding her through her research process. She also wants to thank all of her professors over the years for opening her mind to a world of information and discourse. Abigail is the editor of The Sociological Eye and has thoroughly enjoyed the process of working with all of the writers, Professor Kim, Professor Sager, and Jasmine Reyna to make this possible. When Abigail is not being a full-time student, she enjoys trying new restaurants, listening to Kanye West, watching documentaries, and going on long road trips.

Latino Migrant Day Laborer Health in the United States: Literature Review

With the increased migration of Latinos to the United States, especially after the expansion of free trade policies as a result of globalization, there has been an ever-increasing presence of day laborer populations in urban areas across the nation. Day labor, according to Worby and Organista (2013) is "the informal labor market taking place on the street or through profit and not-for-profit hiring halls that matches workers with temporary jobs" (Worby and Organista 2013: 391). Most of these day laborers come from Mexico, Central America, and other Latin nations. Amongst these day laborer migrants, it has been reported that 80% are undocumented (Worby, Organista, Kral, Quesada, Arreola, & Khoury 2014: 1292). These workers do not work permanent jobs, but instead search for work daily with hopes that employers hire them for a project. These workers are consistently referred to as a "vulnerable" population throughout the review. This "vulnerability" is largely due to their lower social position in American society, socially and

economically, as well as the high levels of stress they endure, which make them more susceptible to poor health. A review of the literature on the various health conditions associated with Latino migrant day laborers (LMDLs) is organized below via three prevalent themes found: on-the-job injury and illness, mental health, and alcohol consumption. While alcohol consumption seemed to be the most commonly studied health issue, on-the-job injury was also an important health concern. Mental health was discussed less prominently throughout the literature, but themes of psychological distress were present throughout the literature.

On-the-job Injury and Illness

Many migrant day laborers work in some of the most strenuous, labor-heavy jobs in the U.S. Either due to their immigration status, education level, economic status, or other factors, many Latino immigrant men work physically demanding jobs in the informal work sector, with little ability to change jobs. Some of the jobs these day laborers work are construction, cleaning, and service industries (Rabito, Perry, Salinas, Hembling, Schmidt, Parsons, & Kissinger. 2010). Not only are these jobs more vigorous than the average American's job, but these individuals are also marginalized within American society so they are less able to protect themselves from abuses on the job. It has been found that immigrant Latino day laborers have "almost double the occupational injury rate of the US labor force" (Walter, Bourgois, & Loinaz 2004: 1159). One self-reported health study found that 54% of day laborers said their overall general health was fair or poor (Nelson, Schmotzer, Burgel, & Crothers 2012). Their jobs often require lifting heavy objects, long-term sun exposure, breathing in dust/gases and toxic fumes, and much more (Fernández-Esquer, Fernández-Espada, Atkinson, and Montanto 2015; Rabito et al. 2010). These jobs often do not provide adequate safety training beforehand, and many of these workers do not question the safety conditions of these jobs, especially bearing in mind their lack of job alternatives. One study found that 62% of the sampled Latino day laborers reported no health or safety training whatsoever (Burgel, Nelson, & White.2014).

One study of self-reported occupational related injuries/illnesses found that 34% reported they had an injury/illness *from* their job (Fernández-Esquer et al. 2015). Some common injuries that occurred that effected their ability to work for at least one day were falling, being cut, and being hit by an object (Fernández-Esquer et al. 2015). Back pain was found to be one of the most frequent complaints (Burgel et al. 2014). These are all injuries unique to the physically demanding and risky jobs this day laborer population performs on a daily basis. These day laborers are not exposed to only one hazardous working condition while on the job, but are instead exposed to multiple at a time, further increasing their risk of injury (Fernández-Esquer et al. 2015).

While work-related injuries are common, so are work-related *illnesses*. Besides obvious physical injuries like falling or being cut, Rabito et al. (2010) found that in a small sample study of construction site day laborers in New Orleans, there were high reports of respiratory, headache, and sino-nasal symptoms. Dust and irritants from the construction sites were deemed the likely source for these poor-health symptoms (Rabito et al. 2010: 372). These jobs also often require consistent exposure to toxic substances. Using lead paint is one of the many hazardous substances these workers encounter on a regular basis. Rabito et al. (2010) found rather high blood lead levels in about half of their sampled day laborer population, which can be connected to increased mortality, chronic kidney disease, and cardiovascular problems. This finding reaffirmed previous studies that construction work is often strongly associated with high lead levels (Rabito et al. 2010: 373).

Related to these physical injuries and illnesses, Latino men also deeply value their masculinity (Walter et al. 2004). Their jobs as day laborers depend upon this physical "masculine" appearance, and if they are physically hindered, their self-worth and sometimes their *actual* worth as an employee decrease. Their jobs require a "strong, healthy body eager for hard, honest labor" (Walter et al. 2004: 1161). They can show no signs of weakness if they plan to continue working. Physical injuries can have real consequences

for these workers both economically and psychologically. These psychological/emotional health outcomes will be discussed in further depth in the review of the mental health literature next.

Day laborers' injuries and illnesses are worsened by the fact that they regularly lack knowledge about the health hazards they face (Nelson et al. 2012). They also often lack the ability to seek health care. Nelson et al. (2012) found that only 14% of their sampled population of day laborers in San Francisco had health insurance and more than half said they were not eligible because they were not U.S. citizens. Nelson et al. (2012) suggests that more non-traditional forms of health care access, maybe provided by organizations and social workers, is greatly needed. This is a high-risk population for injury and illness from work-related tasks. This population is also often living in the shadows of American society, which restricts them from being able to receive the suitable health care services they so greatly need.

Mental Health

Stress levels are a strong determinant for health for all humans (Bacio, Moore, Karno, & Ray 2014; Negi 2012; Walter et al. 2004). The Latino migrant day laborers are a highly vulnerable population in society and experience a great number of stressors daily. Stress can have an effect on physical health, and it can have an even greater effect on mental health. Their citizenship status, low-economic status, experience with culture shock, separation from family, and working conditions are only a few of the many stressors common amongst LMDLs. One specific study focused on their experience of discrimination and social isolation and related stress levels (Negi 2012). These individuals felt discriminated against both by local and federal government and policies by classifying them as "trespassers" and "loiterers" (Negi 2012: 170). These men often left their families in their home countries and experience social isolation and lack social support (Negi 2012: 171). There is a common theme of sadness mentioned throughout this qualitative study conducted by Negi. Although not blatantly called "depression" by Negi, other studies have found a prevalence of depressive symptoms in this population. According to Bacio et al., "stress due to being a day laborer has a detrimental indirect effect on mental health" (Bacio et al. 2014: 1045). Symptoms of anxiety

have also been reported, especially anxiety about leaving their families (wives and children) in their home countries as well as providing for them economically (Walter et al. 2004: 1163).

Alcohol Consumption

An overtly common theme in the literature on the health of immigrant day laborers in the U.S. is alcohol consumption (Ornelas et al. 2015; Worby et al. 2014; Worby and Organista 2013). The unique work and life conditions of LMDLs strongly affect their levels of alcohol consumption. One specific study on alcoholism used the idea of "structural vulnerability" as a framework to understanding *why* these Latino migrant day laborers consume alcohol at high rates (Worby et al. 2014). This idea of "structural vulnerability" is the idea that societal structures have a direct impact on an individual's position socially and their own personal suffering (Worby et al. 2014). Worby et al. (2014) acknowledged that the literature they found largely agreed that over half of LMDLs are drinkers, and that binge drinking on a single day is common amongst the LMDLs samples previously studied. Worby et al. (2014) conducted a qualitative study of LMDLs in the San Francisco Bay Area and focused their study on problem vs. non-problem drinking. Problem drinking was defined, "when drinking reaches the point where the positive effects are outweighed by the bad" (Worby et al. 2014: 1298). While some individuals interviewed consume alcohol in order to socialize or cool off, many individuals said they drink in order to escape life stressors such as: crowded housing/homelessness, low-income, migration troubles, sadness, boredom, inability to support family, racism/discrimination, etc. (Worby et al. 2014).

Another study on alcohol consumption amongst the Latino migrant day laborer group focused on *where* these individuals drink and *how much* they consume (Worby and Organista 2013). Using a variety of qualitative data collection method tactics, a total of one hundred and twenty day laborers in Berkeley, CA were studied over a two year time period (Worby and Organista 2013: 393). It was found that these individuals often prefer drinking at home with their housemates for three reasons; bars are expensive, crime

in their neighborhood, and fear of confrontation/harassment by police/immigration authorities (Worby and Organista 2013: 395). Because of these various reasons not to leave the house to drink, many of these day laborers may binge drink in their houses for hours or even days (Worby and Organista 2013: 395). Some "situational factors," such as temptation from housemates, economic factors and alcohol availability, and alcohol present on the job, are reasons commonly mentioned by the laborers to be related to their excessive drinking habits (Worby and Organista 2013: 395). This study reasserts the common theme in the literature that the Latino migrant day laborer population often participates in excessive drinking, while also providing further insight about where they consume the alcohol and why they often consume the alcohol in such large quantities at once.

Given the above evidence of the presence of alcohol consumption in this population, there has also been research on the ability of these laborers to receive treatment for their drinking habits. Due to the fact that many of these Latino migrant day laborers are undocumented, they usually lack access to health care. This population is often hesitant to seek help for any health issues they may face, considering their citizenship status in the U.S., so seeking help for alcohol-related health issues or substance abuse more generally is not common for these individuals. It has been found that intervention programs that are culturally adapted to the Latino population were successful in both attracting the immigrant men to seek help and reducing unhealthy levels of consuming alcohol (Ornelas, Allen, Vaughan, &Williams 2015). These laborers preferred to receive information in Spanish, where they felt safe and comfortable (like a day laborer center), and where there was attentiveness to social and cultural factors related to their drinking habits (Ornelas et al. 2015). Another study that also integrated culture into an intervention plan for LMDL individuals found that alcohol intake was reduced using a culturally adapted intervention, but results did not show significant difference in non-culturally adapted interventions (Moore, Karno, Ray, Ramirez, Barenstein, Portillo . . . & Barry 2016). Despite the varying outcomes of these intervention studies, the need for intervention programs for this population is widely discussed in the literature.

Excessive alcohol drinking is a health threat to *anyone*, and the health risks are increased amongst the Latino migrant day laborer population. Considering this population undergo a great deal of stresses as migrant, low-income, minorities in the United States with laborious jobs, it should come as no surprise that these individuals may be more apt to consume high-amounts of alcohol than other people in society. Because this is a vulnerable population, it is suggested by scholars that more community-level interventions, more non-alcoholic recreational activities, improved housing conditions, additional work opportunities, and improved immigration reform all be achieved in order to alleviate the need/desire/temptation of these laborers to drink alcohol in the first place (Ornelas et al. 2015; Worby et al. 2014; Worby and Organista 2013)

Conclusion

Latino migrant day laborers make up a distinct group in American society that research reveals has unique patterns of health disparities. The most common health concerns research has discussed with regards to this population are on-the-job injuries, mental health, and alcohol consumption. This population experiences a variety health issues, and these three categories are only 'the tip of the iceberg.' Much more research on the specific health concerns of this vulnerable population is necessary. The research should move beyond quantitative, scientific health findings and should also explore ideas of why this particular population experiences these specific health disparities. By reflecting on these individuals' positions with regards to macro-level social, cultural, and economic structures, we can better explain why these health disparities exist and simultaneously work towards improving their life conditions and overall health.

References

Bacio, G., A. Moore, M. Karno & L. Ray. 2014. Determinants of Problem Drinking and Depression among Latino Day Laborers. *Substance Use & Misuse,* 49(8): 1039-1048.

Burgel, B., R. Nelson & M. White. 2015. Work-Related Health Complaints and

Injuries, and Health and Safety Perceptions of Latino Day Laborers. *Workplace Health & Safety,* 63(8): 350.

Fernández-Esquer, M.E., N. Fernández-Espada, J.A. Atkinson & C.F. Montanto. 2015. The influence of demographics and working conditions on self-reported injuries among Latino day laborers. *International Journal Of Occupational & Environmental Health*, 21(1): 5.

Moore, A.A., M.P. Karno, L. Ray, K. Ramirez, V. Barenstein, M.J. Portillo . . . K.L. Barry. Development and Preliminary Testing of a Promotora – Delivered, Spanish Language, Counseling Intervention for Heavy Drinking among Male, Latino Day Laborers. *Journal of Substance Abuse Treatment*, 62: 96-101.

Negi, N.J. 2013. Battling discrimination and social isolation: psychological distress among Latino day laborers. *American Journal of Community Psychology*, 51(1-2): 164-174.

Nelson, R.J., G. Schmotzer, B.J. Burgel & R. Crothers. 2012. Sociodemographic Characteristics, Health, and Success at Obtaining Work among Latino Urban Day Laborers. *Journal Of Health Care For The Poor And Underserved*, (2): 797-810.

Ornelas I.J., C. Allen, C. Vaughan & E.C. Williams. 2015. Vida PURA: A Cultural Adaptation of Screening and Brief Intervention to Reduce Unhealthy Drinking Among Latino Day Laborers. *Substance Abuse,* 36(3): 264-271.

Rabito, F.A., S. Perry, O. Salinas, J. Hembling, N. Schmidt, P.J. Parsons, P Kissinger. 2011. A Longitudinal Assessment of Occupation, Respiratory Symptoms, and Blood Lead Levels Among Latino Day Laborers in a Non-Agricultural Setting. *American Journal of Industrial Medicine,* 54(5): 366-374.

Walter, N., P. Bourgois & H.M. Loinaz. 2004. Masculinity and undocumented labor migration: injured latino day laborers in San Francisco. *Social Science & Medicine,* 59: 1159-1168.

Cielo Garat

Cielo Garat is a junior at LMU majoring in Sociology and Psychology. She currently works as the Student Administrator for the Psychology Human Subject Pool Office, as a Research Assistant for Dr. Muraco and a Resident Advisor for the First Year Area. Cielo was born in Buenos Aires, Argentina and immigrated to the States at the age of 6. Her personal story as well as those of many others taught her to become passionate about immigrant populations in the U.S. and to search for justice and human rights for all marginalized groups. Cielo is set to graduate from LMU in 2017 and pursue a career in Clinical Psychology. She hopes to continually be moved by the complexity of both these fields and unravel the mystery that is human behavior and society as a whole. Cielo would like to thank the Sociology department for this opportunity as well as her parents for inspiring her to study these fields from very early on.

The Impact of Race on Employment Rates and Wage Inequality;
Black Males in The Labor Market

Modern day America faces many forms of discrimination. Unlike our history, contemporary forms of discrimination are disguised and discrete, creating a sense of denial. However, sociological studies demonstrate that unequal employment opportunities are deeply embedded in our history and persist because of racial discrimination. How are black men particularly vulnerable to employment and wage inequality? In the workplace, discrimination takes form in the way individuals are seen as qualified, with factors that are unrelated to work performance such as race, culture, religion and gender (Lee, 791). Recruitment and allocation of individuals that is determined because of such aspects can have severe societal implications, disrupting ideals of justice and equality.

Race is a socially constructed idea that labels and categorizes people based on their phenotype (Lecture). These racial boundaries attach meaning and can lead to prejudice, intolerance, hatred and hostility. Further, such racism can fundamentally alter relationships between groups of people. Belonging to certain racial groups can create an image or conception that will be assigned to you by others in society. According to the sociologist Maria Abascal, racial groups form social positions, depicting images of themselves and of others. Abascal states, "to characterize another racial group is, by opposition, to define one's own group" (792). Consequently, race becomes the measure used to disqualify individuals from certain roles and position in society. Research shows that discrimination in the labor market is manifested by the act of disqualifying applicants because of their race/ethnicity (Pager, 426). Additionally, a racial hierarchy in American society puts whites at a high advantage when applying to jobs in comparison to minority groups.

In a sociological study investigating the impact of racial dynamics in the work place, results indicated low employment rates among men of color. The resumes of white, black and Latino men were constructed to seem equally qualified in order to properly measure the effects of race. Results indicated that whites were more than half as likely to receive positive responses from employees than were their black counterparts. This experience spoke to the racial dynamics present in the work force, representing "a major barrier to economic self-sufficiency for those at the low end of the labor market hierarchy" (Pager 431). A second set of data demonstrated that whites with a criminal record were more likely to be offered a position than blacks or Latinos with no criminal history. These results shed light on the contemporary forms of racism. Another article showed that incarceration rates accounted for high levels of unemployment among black men (Western, 2005).

"The growth of the U.S. penal system through the 1980s and 1990s removed an ever-growing fraction of young, low-skill black men from the non-institutional population," stated sociologists Bruce Western and Becky Pettit who explain wage inequalities as concealed by conventional labor force statistics (555). After the antidiscrimination policy in the 1960s, there were improvements in public education and public employment but economic expansion within minority populations has been overstated. The reality is that incarceration rates of black men have risen and has created a larger black-white wage gap. Data suggest that the penal system conceals labor market inequality by removing low-wage men from the labor market and using unrepresentative statistics: providing fewer unemployment rates for minorities. Furthermore, studies show that wages of black males prior to incarceration are significantly lower than of white males in the same position. This goes to show that criminal records are not the only obstacles getting in the way of fair wages for blacks. In fact, stereotypes about black men being violent and threatening persist in the United States today. These misconceptions are common around white populations and help to understand the reasons why black males are so often faced with discrimination, hardship and prejudice (Pedulla, 2014)

Studies suggest that during job recruitments, employees will systematically choose people of their own social group over those pertaining to separate groups. This helps one understand how a dominant social paradigm can discretely impact selection decisions and thus lead to high levels of race-based employment discrimination charges. In the year 2011, there were more than 38,200 charges filed against this form of behavior (Lee, 808). Further, "the frequency with which discrimination is reported does not decline among those higher in the social hierarchy; in fact, middle-class blacks are as likely to perceive discrimination as are working-class blacks, if not more" (Pager, 2). Psychological problems can effects minorities as a result of constant discrimination as well. High levels of stress, feelings of worthlessness, anxiety and depression

were all recorded symptoms as well as poor performance at school and at work.

In attempts to make sense of this disparity, considerable efforts have been placed on job accessibility research. Data demonstrates employment rates being half as high for black youth than for their white counterparts. According to the work of Keith R. Ihlanfeldt and David L. Sjoquist, there are a number of theories to explain such discrepancies. Theory one explains these inequalities in terms of housing segregation among blacks, which limit employment opportunities (Ihlanfeld, 267). The second and third theories speak to the culture of poverty and employment discrimination. Of the three, this article offers evidence to support the job accessibility hypothesis for it was proven useful to explain the racial difference in youth employment rates (Ihlanfeld 274). This issue sheds light on another consequence of racial discrimination, such as housing segregation. The impact of housing segregation can have many layers. Specifically, it can directly affect one's access to employment opportunities as well as information for various jobs. Tackling this social issue could result in immediate improvement of job rates for minority groups.

As is has been discussion previously, race appears to overtake all else in determining employment opportunities (Pager, 428). We find that blacks applying to jobs are only two-thirds as likely to receive employment than equally qualified Latinos and approximately half as successful as whites (Pager, 431). What does this information tell us? By being aware of modern day racism, we can be educated on the social injustices facing many minority groups. Identifying racial discrimination and understanding the wide range of effects it has on racial minorities will allow us to understand contemporary lives in America. While it may not be the only factor shaping contemporary times, discrimination does play a significant part in the

allocation of resources and opportunities. Furthermore, this field of study could also lead us to understand how to bring forth equal opportunity and justice. Previous research demonstrated that positive change in school desegregation and the expansion of equal employment opportunity in the past highly decreased joblessness as well as showed a rise in salary earnings (Western, 575). Social progress can still be achieved, beginning with a serious alteration of contemporary policies and practices.

Citations:

Abascal, Maria. "Us and Them: Black-White Relations in the Wake of Hispanic Population Growth." *American Sociological Review* 80.4 (2015): 789-813. Web.

Class lecture. "Racial and Ethnic Inequality". 9/21/2015. Social Inequalities

Keith R. Ihlanfeldt and David L. Sjoquist, *The American Economic Review*, Vol. 80, No. 1 (Mar., 1990), pp. 267-276

Lee, S. Y., M. Pitesa, S. Thau, and M. M. Pillutla. "Discrimination in Selection Decisions: Integrating Stereotype Fit and Interdependence Theories."*Academy of Management Journal* 58.3 (2014): 789-812. Web.

Pager, Devah, Bruce Western, Bart Bonikowski, Jeff Manza, and Michael Sauder. 2009. "Race at Work: The Realities of Race and Criminal Record in the Nyc Job Market." In Inequality and Society: Social Science Perspectives on Social Stratification. New York: W.W. Norton & Company.

Pager, Devah, and Hana Shepherd. "The Sociology of Discrimination: Racial Discrimination in Employment, Housing, Credit, and Consumer Markets." *Annu. Rev. Sociol. Annual Review of Sociology* 34.1 (2008): 181-209. Web.

Pedulla, D. S. "The Positive Consequences of Negative Stereotypes: Race, Sexual

Orientation, and the Job Application Process." *Social Psychology Quarterly* 77.1 (2014): 75-94. Web.

Western, Bruce, and Becky Pettit. "Black-White Wage Inequality, Employment Rates, and Incarceration." *Am J Sociol American Journal of Sociology* 111.2 (2005): 553-78. Web.

Society: Social Science Perspectives on Social Stratification. New York: W.W. Norton & Company.

Lauren E. Weir

Lauren Weir is a freshman psychology major at Loyola Marymount University. Having been born and raised in Spokane, Washington, she is loving all of the opportunities and experiences living in Los Angeles has to offer. Through a school service retreat, she was able to see firsthand the effects of mental illness within homelessness over a weekend staying on Skid Row, an area with one of the largest homeless populations in the United States. Being in conversation with some of the individuals that live on Skid Row opened her eyes to the non-discriminatory nature of mental illness and homelessness. Her passion for her research topic originated on this trip when she witnessed the disparity that lies within a few blocks of downtown Los Angeles. Lauren loves working and interacting with people, so on campus she is very involved. She is on the executive board of the LMU chapter of the nonprofit SAVE (Sustaining A Village Everyday), the student director of The Well (a non-denominational Christian group), a member of Pi Beta Phi, and is a tutor in the local community. Lauren is looking forward to her next three years at LMU and the opportunities for growth that lie ahead of her.

A Generalized Homeless Subpopulation

Within the national homeless population, there is an overlooked and stigmatized subpopulation: the mentally ill. These individuals make up at least 30% of the homeless population nationally. The situation of homelessness in California, in particular, is an important representation of the national issue. Henry, Cortes, Shivji, and Buck (2014) found in "The 2014 Annual Homeless Assessment Report (AHAR) to Congress" on behalf of The U.S. Department of Housing and Urban Development Office of Community Planning and Development that "California accounted for 20 percent of the nation's homeless population in 2014" and that "California had the highest percentage of homeless people counted in unsheltered locations" (pp. 1-62). By analyzing mental illness within the homeless population in California and the strategies the state is implementing to address the problems this underserved population confronts, we can better understand the national population of individuals with coinciding mental illness and homelessness.

It is impossible to discuss mental illness within homeless populations without first understanding who is considered a homeless individual. According to the Public Health Service Act (n.d.) a homeless individual is defined as

> an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b) nhchc.org]

This definition of homelessness will be used throughout when discussing homelessness and the stigmatization of the mentally ill within this population.

Abdi Kusow (n.d.) defines stigma as a "social or individual attribute that is devalued and discredited in a particular social context" (pp. 4778). The stigma of homelessness is often inaccurate, especially in the case of Alfred Postell. The Washington Post reporter, Terrence McCoy (2015), shows the "nondiscriminatory nature of mental illness" as he describes Postell's transformation from a Harvard Law School graduate to a man living on the streets of Washington D.C. Schizophrenia caused Postell to become homeless and perpetuated the issue as he continually refused treatment. McCoy's report on Postell describes mental illness as "the ultimate class leveler" (2015).

It is important to remember the humanity of the individuals afflicted with mental illness and homelessness. Each individual suffering from these situations has a personal story that contributes to the perception of these issues and challenges the stigma surrounding them. In the Washington Post, Terrence McCoy (2015) delivers an account of Alfred Postell's life that exemplifies mental illness as the great equalizer. Postell's experience shows the universal vulnerability to mental illness and defies the stereotype

of an uneducated homeless population. Each individual under the conditions of co-occurring mental illness and homelessness has different backgrounds that impact their experiences.

Although each individual living on the street has a different background, the quality of life they enter into is similar. The quality of life for a homeless person is often poor, but when homelessness is paired with coinciding mental illness, the quality of life drastically declines.

Literature Review

Sulivan, Burnam, Koegel, and Hollenberg (2000) conducted research to measure the quality of life of mentally ill homeless individuals. Their research focused on comparing the average quality of life of homeless persons without mental illness with the mentally ill homeless persons. Interviews with 1,533 homeless adults within Los Angeles were used to help determine quality of life rating. Subjects were tracked for over a year, and data was compared using chi square tests and regression analyses. The results showed that overall quality of life was significantly lower for mentally ill homeless persons regardless of their better access to resources such as Medicaid and Social Security Disability Insurance.

Despite there being many resources available to mentally ill homeless, they are often not utilized. A study, conducted in San Diego, attempted to measure the amount of services utilized. The sample in this study is selected from San Diego, California. Within this study, the characteristics of the homeless and non-homeless being treated for serious mental illnesses are compared. The sample reflected the demographic variation of the population in age, ethnicity, and gender. Results suggested a correlation between mental illness, demographics, and homelessness. Further evaluation was done within the study to analyze which population was most likely to utilize services for mental illness and homelessness. The success of these services was also evaluated.

One important service for getting the mentally ill homeless off the streets is housing services. *The 2014 Annual Homeless Assessment Report (AHAR) to Congress* (2014) and *Homelessness, Housing, and Mental Illness* (2011) look at housing policies and the most effective housing programs for housing

retention. Both sources provide research showing the effectiveness of housing programs and the statistics of the population still without housing. In *The 2014 Annual Homeless Assessment Report (AHAR) to Congress* data shows the severe need for increased housing availability; however, data also demonstrates the improvement in number of available beds for individuals affected by homelessness. One example of this improvement is the increase in permanent housing by 100,000 beds from 2007 to 2014 (Henry et al., 2014). This research is conducted by the Department of Housing and Urban Development and is reviewed prior to submitting the report to congress. Data represented has been checked for accuracy and is conducted nationally. Point-in-time estimates are used throughout the research to show one night counts of homelessness nationally and by state. It is difficult to treat mental illness in an unstable environment, so housing plays a significant role in the recovery of these individuals. Furthermore, housing is an important aspect in alleviating the issue of homelessness as a whole.

Criminalization of homelessness and of mental illness are other actions taken within California that have impacted the issue of mental illness and homelessness. Examples of the criminalization of homelessness are making it a crime to sleep on the street and making it a crime to ask people in their cars for money. Discussed in the research within *The Criminalization of Mental Illness: Crisis & Opportunity for the Justice System* is the involvement of criminal justice issues with the mentally ill homeless. Slate and Johnson (2008) show the correlation between mental illness and homelessness and how the two issues can perpetuate one another.

The professionals who assist homeless individuals are essential in their recovery. It is important for the professionals involved in making contact with the mentally ill homeless population to be educated in how to approach the individuals. Incorrectly executed interactions can be dangerous for the professionals, can cause distress to the mentally ill homeless individual, or can worsen the situation. Dr. Daniel Rudofossi (n.d.) explains the way to handle the mentally ill on the street for care providers and law enforcement. His research shows the most effective conduct and communication when attempting to engage with someone

with mental illness on the street. Rudofossi's novel serves as a guide for officers, but also demonstrates the reality of the mentally-ill population on the streets.

There is an ample amount of data that has been conducted on the mentally ill homeless population in California, so I will be utilizing case studies and recent research of homeless populations. The pre-existing articles and novels on the topic of co-occurring mental illness and homelessness provide the data that supports my arguments and answers my research question. A compilation of other researchers' studies shows the historic trends of mental illness within homelessness and the resources available to that population.

Individual case studies show the personal reality of coinciding mental illness and homelessness and also offer first hand knowledge about available resources. These studies provide an important perspective of the current homeless experience and the availability of resources.

Research on the entire homeless population of California illuminates the common effects of mental illness and homelessness. This pre-existing research demonstrates the general experience of the mentally-ill homeless population which shows the experiences of the majority of this population throughout history.

Findings and Analysis

My sources discuss the correlations between mental illness, demographics, and homelessness. Furthermore, this research is used to demonstrate the current situation of the mentally ill homeless and how the state of California has sought to resolve this growing problem. Through the previously conducted research, conclusions can be drawn as to what approach may be effective in alleviating the issues surrounding coinciding mental illness and chronic homelessness.

The mentally ill homeless are a marginalized population within the state of California. Over the last decade and a half, programs in support of the population have arisen; however, these programs lack funding and do not change society's perception of the population. One perpetuation of the problem of the mentally ill homeless is they are an overlooked, stigmatized group that society fights to hide. Both mental illness and

homelessness alone are portrayed through media and the education system in a stigmatized fashion, so when both are coinciding the societal response is not compassionate or supportive. Agans, Liu, Jones, Verjan, Silverbush, and Kalsbeek conduct research on the public's attitudes towards the homeless. Public attitudes make important contributions to what actions are taken to combat the problem. Agans et al. argue that "The power in quantifying public opinion lies in the assumption that opinion predicts behavior…if the public starts to attribute homelessness to structural rather than personal causes, they will be more likely to support government programs for the homeless" (Agans, Liu, Jones, Verjan, Silverbush, & Kalsbeek 2011).

My findings have demonstrated that resources have significantly changed since 2000. Government action has significantly helped to slow the growth of homelessness within California. This increase in government action may be attributed to the change in public attitudes towards the situation of mental illness and homelessness. The economic hardship in America may have increased public sympathy because the situation of homelessness and inadequate mental health care can be attributed to lack of government support instead of "personal failings" (Agans et al. 2011). Although it's important to acknowledge the action being taken on behalf of the mentally ill homeless, it is also a priority to criticize the history of neglect. One important event in history that exemplifies this neglect is deinstitutionalization. When the first effective antipsychotic drug was released in 1955, a large population of severely mentally ill patients were released throughout the United States. The effects on California's mental health facilities has been significant. DeRisi and Vega (1983), in "The Impact of Deinstitutionalization on California's State Hospital Population", explain that "deinstitutionalization has dramatically reduced the state psychiatric hospital population in California from 37,000 in 1955 to only 2,500 at the present time". This drop in the number of individuals institutionalized does not mean that there was a decrease in the number of severely mentally ill individuals; it only exemplifies that the number treated for severe mental illness in institutions has decreased. This deinstitutionalization has led to a large increase in the presence of mental illness within the

homeless population. Furthermore, it is important to understand that in some aspects, California is a microcosm of the issue of mental illness within homelessness across America.

This research shows the quality of life of the mentally ill homeless in California, but it does not accurately reflect the quality of life of the mentally ill homeless across America. Geographic location has a significant impact on quality of life for the homeless. California has a better geographic location for the homeless due to its warmer weather. It is necessary to consider the climate of California when evaluating explanations for the high rates of homelessness within the state. The disproportionate number of homeless individuals in California compared with the rest of the United States cannot be attributed solely to poor government response.

Another factor that contributes to California being a misrepresentation of the U.S., in regards to its response to the mentally ill homeless, is the scrutiny the state has been under due to the recently publicized scandal Susan Abram (2015) calls "patient dumping" (Abram 2015). In the Los Angeles Daily News, Susan Abram wrote an article about a severely mentally ill woman who was denied treatment due to her lack of a way to pay for treatment at the hospital. The hospital dropped her in skid row (an infamous 54 block area in downtown Los Angeles with over 2000 homeless individuals) "dressed in paper hospital clothes and having no money, identification or medication" (Abram 2015). Many reports of dropping patients in skid row or giving homeless individuals in Santa Monica, California a bus ticket to clean their streets have recently been reported, thus drawing a lot of attention on the state of California and their action to combat the problem compassionately.

One potential limitation of this research is the generalization of California as a state when each city differs dramatically. There is a significantly larger population of the mentally ill homeless in big cities like Los Angeles and San Francisco. As a result of the large amount of mentally ill homeless persons in these locations, the majority of programs and resources for the mentally ill homeless will be located in these

areas. Smaller cities will not have as many resources allocated to them due to the heavy concentration on big cities.

Although this research can not be representative of the nation as a whole, it is important in addressing the issues of the mentally ill homeless population and the necessity of government action within this problem. Attempts to alleviate the large issue in California, as a whole, have made significant improvements, so it is vital that the successes of the state are acknowledged and continued.

Solution

In order to assuage the difficult situation of co-occurring mental illness and homelessness, it is worthwhile to acknowledge the complex dynamic between the two situations. Severe mental illness has an evident correlation to homelessness. Individuals suffering from severe mental illness may have difficulty completing their education, maintaining a job, and remaining in a relationship with others, including family. Without a stable source of income or support, individuals with mental illness have a likelihood of becoming homeless. Mental illness is a factor in the susceptibility to circumstances of homelessness; however, homelessness is also a factor in the formation, continuation, or intensification of mental illness. The quality of life without a home and the volatile situations homeless individuals encounter can affect mental health. Homeless individuals have a greater risk of exposure to crimes committed against them such as sexual assault and physical violence. One challenge in mitigating the numbers of mentally ill homeless individuals in California is the difficulty in treating both circumstances, mental illness and homelessness, simultaneously.

California has acknowledged the importance of taking action to combat homelessness, but these actions do not favor the mentally ill homeless subpopulation. Substantial funds are being allocated to programs for the homeless population such as housing, job assistance, and financial management; nonetheless, there are not enough funds being directed to treating mental illness within California. One of the largest mental health facilities in the United States is the LA county jail. This fact demonstrates the

unacceptable lack of treatment of mental illness in the state of California. The implementation of adequate mental health institutions and the placement of competent mental health care providers in jails and prisons are essential in targeting the longstanding issue of coinciding mental illness and homelessness.

Ultimately, the cessation of large numbers of mentally ill homeless individuals in California will only arrive when action is taken communally and individually. Within the state, each individual community has a responsibility to address the severity of mental illness and homelessness. If every city utilizes funds and government support to lessen the statewide predicament the ramifications would be great. Another important aspect is regard for the individual. The person experiencing mental illness and homelessness cannot be forgotten in the generalization of the situation. Each individual's acquisition of treatment is vital in solving the challenge of mental illness and homelessness on a statewide platform. Coinciding mental illness and homelessness is a major concern for the state of California. Although there is no sole solution for the two afflictions, initiative must be taken to control the issue.

Works Cited

Cahane, Dennis P., Stephen Metraux, and Trevor Hadley. "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing." *Housing Policy Debate* 13.1 (2002): 107-63. 31 Mar. 2010. Web.

Draine, Jeffrey, Mark S. Salzer, Dennis P. Calhane, and Trevor R. Hadley. "Role of Social Disadvantage in Crime, Joblessness, and Homelessness Among Persons With Serious Mental Illness." *Psychiatric Services*. 5th ed. Vol. 53. N.p.: n.p., 2002. 565-73. Web.

Folson, David P., William Hawthorne, Laurie Lindamer, Todd Gilmer, Anne Bailey, Shahrokh Golshan, Piedad Garcia, Jürgen Unützer, Richard Hough, and Dilip V. Heste. "Prevalence and Risk Factors for Homelessness and Utilization of Mental Health Services Among 10,340 Patients With Serious Mental Illness in a Large Public Mental Health System." N.p., Feb. 2005. Web. 23 Oct. 2015.

Gillig, Paulette Marie, and Hunter L. McQuistion. *Clinical Guide to the Treatment of the Mentally Ill Homeless Person*. Washington, DC: American Psychiatric Pub., 2006. Print.

Henry, Meghan, Alvaro Cortes, Azim Shivji, and Katherine Buck. "The 2014 Annual Homeless Assessment Report (AHAR) to Congress." *Assessment Report (AHAR)* (2014): n. pag. The U.S. Department of Housing and Urban Development: Office Of Community Planning And Development. Web.

Kusow, Abdi M. "Stigma." (2015): n. pag. Web.

McCoy, Terrence. "Why the Homeless Man Who Graduated from Harvard Is Still on the Streets." *Washington Post*. The Washington Post, 16 July 2015. Web. 24 Oct. 2015.

Ravenhill, Megan. *The Culture of Homelessness*. Aldershot, England: Ashgate, 2008. Print.

Rosenheck, Robert, Wesley Kasprow, Linda Frisman, and Wen Liu-Mares. "Cost-effectiveness of Supported Housing for Homeless Persons With Mental Illness." *Archives of General Psychiatry* 60.9 (2003): n. pag. Web.

Rudofossi, Daniel. *Dealing with the Mentally Ill Person on the Street: An Assessment and Intervention Guide for Public Safety Professionals*. N.p.: n.p., n.d. Print.

Schutt, Russell K., and Stephen M. Goldfinger. *Homelessness, Housing, and Mental Illness*. Cambridge, MA: Harvard UP, 2011. Print.

Slate, Risdon N., and W. Wesley. Johnson. "Homelessness." *The Criminalization of Mental Illness: Crisis & Opportunity for the Justice System*. 2nd ed. Durham, NC: Carolina Academic, 2008. 79-82. Print.

Snow, David A., Susan G. Baker, and Leon Anderson. "The Myth of Pervasive Mental Illness Among the Homeless." *Social Problems*. 5th ed. Vol. 33. N.p.: Oxford UP, n.d. 407-23. Print.

Sullivan G., A. Burnam, and P. Koegel. "Pathways to Homelessness among the Mentally Ill." N.p., Oct. 2000. Web.

Sullivan G., A. Burnam, P. Koegel, and J. Hollenberg. "Quality of Life of Homeless Persons with Mental Illness: Results from the Course-of-homelessness Study." *National Center for Biotechnology Information*. U.S. National Library of Medicine, 2000. Web. 25 Oct. 2015.

Christine Ashikian

My name is Christine Ashikian and I will be graduating Loyola Marymount University this year with a major in sociology. Taking one sociology course in my first semester of college made it clear that it was supposed to be my major. It's amazing that one major can cover the whole world around you and make you so observant of your surroundings. Sociology can well prepare students for a wide range of jobs since its focus has been everything that takes place in society. I am excited to be a part of Alpha Kappa Delta, which is a sociology honor society. I have learned so much throughout my experience here and for that I am thankful for my parents as well as all of my professors who have guided me and taught me so much. I am excited to move onto the next step of my life and aim to achieve my career goal as an attorney.

Life in a Retirement Home

Introduction

"Most elders enter institutional settings due to failing health. Thus, nursing home residents are frail, with numerous chronic, comorbid conditions and multiple functional deficits" (Mulrow et al. 1994 cited in Ice 2002: 2). Large populations of elderly people live in retirement homes today, but not many qualitative studies have been done on finding out whether or not they truly enjoy their lives in these homes. "Although most Americans know that the U.S. population is aging, they are far less informed about the reality of providing elders with personal care, health care, and social support" (Bookamn and Kimbel, 2011: 117). Many scholars have studied the quality of life in retirement homes, as well as the activities done in retirement homes, but not many have focused on how they truly feel while living in these homes. Although many of these scholars focus on key aspects of life in retirement homes that can affect the outcome of people's daily lives and how they feel, they don't necessarily focus on the little details of what truly affects

them. Visiting a group of elderly people every Saturday for about three months, I have come to understand what they are going through and how they are feeling living in their current situation. Specifically, I will examine the mental health of the elderly in the retirement home, including depression, loneliness, rumination, and physical activity.

Phillips (2015) has studied effects of physical activity in retirement home residents and whether or not it leads to depression and functional limitations. Hypothesizing that physical activity does indeed help lower depressive symptoms among elderly people, Phillips studied this by installing in home monitors, as well as obtaining access to health information retained through health assessments, which are conducted every six months. Findings interpret that the most common conditions found among elderly were hypertension and neurological diseases. It was proven that members of the retirement home who had less functional limitations participated in more physical activity.

The members in the study had low scores of short physical performance battery (SPPB). Even though low functional activity led to depressive symptoms, depressive symptoms did not tend to affect functional activity: "Older adults relocating to retirement communities may need to offset the loss in habitual daily walking with a structured walking program just to maintain baseline physical function" (Phillips 2015: 20). Many elders seem to have participated in physical activity more before they moved to a home. Physical activity (PA) levels may increase if people were educated on the positive effects they may have on health. This information will be useful in my study because the elderly I study exercise everyday, but for short periods of time, which can affect their long-term health.

I study depression among elderly who reside in retirement homes through the study of Gan, et al. (2015). They focus on loneliness and rumination, which is the process of spending time thinking deeply. They were wondering whether both factors lead to depression among elderly people. They conducted their study among 71 Chinese elderly using a UCLA loneliness and ruminative response scale for a total of six

months: “Depression has been a significant mental issue among the elderly around the world; this mental condition usually causes poor health, emotional suffering, family disruption, mortality, and increased medical care costs” (Gan, et al. 2015: 2). They used the UCLA- 8 loneliness scale (loneliness indicator), ruminative response scale, and the epidemiologic studies depression scale (both depression indicators).

Results found that loneliness could lead to rumination and depression. Findings conclude that both rumination and loneliness can lead to depression, but rumination cannot intervene between loneliness and depression. They also provide examples on how to help reduce the likelihood of depression among elderly in homes: “Social support system should be established in nursing homes by developing diverse sports, culture, and social activities to help the elderly reduce their loneliness and increase their perceived social support,” and “Mental health professionals in nursing homes should also actively devote to changing the rumination of the elderly by adopting positive psychological intervention and positive psychological therapies”(Gan, et al. 2015: 7). These findings can help me with my study because many of the elderly in the home I study seem to be going through a constant state of loneliness and rumination.

Other researchers such as Ice (2002) have studied the daily lives of individuals in nursing homes. Ice discusses that nursing home residents in the past (around 1974) spend 56 percent of their day doing nothing. However, activities have expanded, therefore the amount of things done in nursing homes may have changed today. The study was conducted by observing 27 nursing home residents for thirteen hours each. Findings concluded that residents spend sixty- five percent of their time doing nothing and twelve percent of their time with social activities. They spend the majority of their times sitting alone or in their rooms. This problem limits the opportunities of activities residents can take part in without the help of staff and family members.

Not being able to be active leads to loneliness, low self-esteem, depression, and low quality of life. Findings concluded that residents spend forty- three percent of their time in their rooms, twenty- five

percent of their time in the dining room, twenty- six percent of their time in 'parking areas', and only four percent of their time in activity rooms. Most of the time residents in nursing homes have nothing to do. We have become more aware about the role of activities in nursing homes, but yet nursing home residents spend the majority of their time doing nothing. The elderly I study seem to not have many things to do throughout their days; therefore they sit around doing nothing for the majority of their day. This has a lot to do with the fact that they will need help from staff members to in order to participate in activities, which becomes complicated.

Quality of life among individuals who live in nursing homes has become very popularly studied among scholars such as Kane, et al. Little research has been done about the quality of life (QOL) for individuals living in nursing homes: "The distinction between quality of care and QOL is perhaps spurious because the former contributes to the latter" (Kane, et al. 2003: 240). They studied five nursing homes in five states, which they chose randomly. Quality of life includes individualized care plans that allow individual choice and preference, activity programs that maximize individual interest, comfortable and clean environment, ability to retain personal belongings, and a range of residents' rights. Findings conclude that they were least happy about autonomy, functional competence, meaningful activity, privacy, and spiritual well-being. This study is very helpful because while I'm at the retirement home I can look to see if the elders are provided with these things that ensure their quality of life.

Methods

This study, which focuses on the mental health of elderly individuals in a Pasadena retirement home, required weekly visits and careful observation in order to conclude an understanding of how life operates in a retirement home. Knowledge of mental health included the study of depression, rumination, loneliness, and physical activity. The sample for which I base my study on includes six elderly people who are mostly females from the ages of 80-90 and four different staff members who work with them. Unfortunately one of the members of this study passed during my fourth visit to the home. One week later a new member became

a resident in the retirement home. Not only were the elderly individuals studied, but also the staff members, the owner, and the family members who paid their visit to the retirement home. This study was conducted over a fourteen- week period, in which I slowly achieved entrée and trust from my informants through my weekly visits every Saturday morning for one hour each time.

Gaining entrée took about two week and I remained patient because people in the retirement home took two weeks to get used to my presence and to open up to me. Having consent forms signed, in which I indicated full confidentiality, made room for comfort when speaking to me. Walking into the site being known as a researcher did not do me any favors because it only made people wary of my presence. I had to emphasize to them that none of their personal identity would be known within my work, their confidentiality will be provided, and that I would not do anything to cause them harm. I sensed worry among them because they didn't allow me to video record our interview not knowing what I was going to do with that information. After I explained to them the purpose of my study and their confidentiality, they allowed me to video them the second time around. Field notes were taken during my visits until I came to realize that every time I would write something down, they would stop speaking and try to stare at my notes. I began to take mental notes and write my field notes as soon as I got into my car. As I visited more, played games with them, stopped taking notes, and entertained them through conversation, I was no longer seen as a researcher, but rather a friend who was included into the activities at the home. My data includes mostly observation, as well as interviews with two residents, and literature work.

The demographics of this home includes a majority of white individuals (German, Hungarian), which is comprised of four females and two males around the ages of 80-90 years old who seemed to belong to the middle class population (Linda and Ana said this) given that they had the pleasure of living in a nice retirement home in a suburban area. "Since women, on average live longer than men, they comprise the majority of older people, in a process known as the 'feminization of later life'" (Chambers, 2012: 94). All of the staff members belonged to the Hispanic population, which was much different from the elderly

population. Although I observed and spoke to everyone in the home, there were some individuals I spoke to more often. These individuals were recruited as the ones I would interview and that was mostly because they were the only elderly individuals who would speak and who seemed to not suffer any form of mental illness. In these interviews, which lasted 40 minutes, I would ask questions about their opinion of the home they live in and what they would like changed, as well as questions about their family members. In order to gather the data I received through my interactions with them I would write down field notes and record interviews in order to code/ transcribe.

In order to establish validity, reliability, and credibility, I included thick descriptions in my field notes and data, I examined very closely, used many scholarly articles to assess my findings. As a qualitative researcher, I sought to capture people's direct meanings, understandings, and interpretations of their world, and included patterns of behaviors, which are transferable. "Empirical representations are products of the researcher's understanding of the meanings that the subjects bring to, and get from, their social interactions" (Morris, 1962 cited in Sanchez-Jankowski, 2002: 150). Through my study, I triangulated by cross checking my findings with those of other works, which have been done on similar topics. Through other scholarly sources I was given extra insight and proof. Although my study is not generalizable, I believe that many different retirement homes worldwide would come to have similar themes and problems. Understanding one retirement home doesn't mean we will understand all retirement homes, but we can come to find similarities in all these homes regarding daily schedule, activities, staff interaction, and feelings toward living in a retirement facility, therefore making the study transferrable. This can help people better understand all retirement homes and allow people to take steps to improve living conditions in these homes.

Going into the project I hypothesized different types of problems to take place such as emotional or physical abuse among elderly because of frustration or disobedience, but my findings conclude that this is far from the truth. The staff members, although they would seem to get frustrated from time to time when they would have to repeat something numerous times, were extremely calm and helpful. Staff members

would smile at the patients while they would play games, hug them unexpectedly, and help them out with certain things they were not required to do such as helping one pluck her eyebrows. It can be argued that their behaviors could have been motivated by my presence in the home, but these types of things are not required of them yet they do it anyway, which goes to show they truly care for them.

Like every study, ethical questions always arise. The ethical dilemmas I had to face included whether or not I should mention certain types of information in my study because they may be too personal to share. Sharing certain types of information can put participants at risk and may cause them emotional problems, which will lead to their loss of trust towards me; therefore I use pseudonyms instead of their real names. Benefits of my study expressed by the elderly, included having company every Saturday in which they graciously thank me for my time and being able to share their stories with someone who will listen to them. They asked me numerous times to continue coming, therefore I told them I would continue visiting them. If it was not for this project, they would not have an extra visitor who keeps them company, and the staff would not have an extra set of hand around the home. I helped them gather the elderly people around the table for lunch, keep them company, and clean up after their activities. My work will also benefit them because I will express ways in which retirement homes can be improved in order to provide elderly people all over the world in retirement homes more preferable living conditions. What my study gets at is not something a quantitative research study would get at, therefore it can offer a lot of helpful insight into a topic of research which is mostly always done through a quantitative lens. Qualitative researchers are more descriptive in that "They are interested in histories of events" (Becker, 1996: 319). Being done in a qualitative lens, this study will get at participants' thoughts, ideas, stories, opinions, quotes, interactions, decision- making processes, values, and beliefs offering an emic perspective.

Findings

Many elderly individuals who enter a retirement home are taken aback by how different their lives become when they first enter the home, however throughout the years they become very accustomed to their

new lifestyles and learn to cope with their new living conditions. Although they have gotten used to their new form of life it does not mean they are happy with it. Through the focus of my themes I came to find out very interesting details about their lives and their feelings. Mental illness, my main theme was found to be very common in the home. Throughout the 6 individuals that I observed 4 of them were suffering some form of mental illness. I came to this conclusion because those 4 did not speak, did not show any interest to interact with anyone, were not alert of their social scenery, would talk to themselves, and were always provided extra attention. My key informants who shall be known as Linda and Ana would socialize with people as much as they could, would express feelings, and would play games without any difficulty except for not being able to see very clearly. Most of the information I gathered was through my key informants due to the fact that they were the only ones who could interact with me. Given that I may risk offending people I decided to not ask about anyone's mental illness in order to not come off strong, or threatening.

Another theme I observed was that of depression, which focused on the instances they described feeling depressed or sad. Although some people didn't express any emotion, those who could express their emotions to me would look sad or tell me why they were feeling sad. As discussed in Gan (2015), rumination and loneliness could be the cause for their depression. If they spent most of their time alone they were more depressed, as well as if they spent large portions of their day reminiscing about negative thoughts. My key informants would explain to me how their family members would not visit them very often and that would make them very sad. Ana told me that her granddaughter used to visit her very often but then she stopped visiting as much. Ana said, "I haven't seen Nina in a while. I thought we were close, but no, because she doesn't come to visit much anymore. They have their own lives." When she told me about this she was on the verge of tears. When I asked how often her granddaughter would visit Ana said "Very very seldom. And my grandson is even more seldom. I, I'm not on their list. They have other things to do." She always mentions to how happy she is to see me because her family members don't stop by often. Linda also expressed feeling depressed after her knee replacement surgery when she told me how her sons

were not very accommodating to her needs. She cried to me for twenty minutes and explained to me how she wished to have a daughter because a daughter would care more about her than her sons. She told me that I am her daughter and that she loves me. Linda told me she gets very sad time to time when she remembers her husband because they were always together and he cared a lot about her.

The next theme I observed was loneliness, in which my informants expressed feeling alone or abandoned. Ana kept telling me that she had no one to speak to and when I told her she has people in the home to speak to, she responded with "No, not really, who do you talk to"? She turned to Linda who responded with, "Well the girls that help us here, we talk to them." Ana said "Of course you talk to people, but not talk talk." This implies that the only people to speak to in the home are each other and the workers. Ana mentions that the conversations, which take place with the workers are not meaningful, therefore they are not considered people whom they can socialize with. My informants would constantly tell me that no one in the home interests them in order to socialize with them. Ana told me about a lady who would visit her before, but she stopped showing up. "I used to like interesting people that I can talk to I wonder where is Bettie, she used to come once in a while and now I don't see her. She was a teacher here at the Pasadena City College, now she's retired… We would spend a day or so, but now I call her and nobody answers." It is clear that Ana waits for certain people to come visit her in the home on a daily basis, but most of these people don't make it a part of their schedule to drop by and see her. Linda tells me that not having her husband around makes her feel lonely and sad.

Another theme often observed would be rumination, in which people living in the retirement home spend a big portion of their day thinking deeply. Ana thinks about her family very often because she talks to me most of the time about them. When I asked if she gets sad that they don't visit she responded, "No, not really… It's different now. My lifestyle is different now. I am different. Am I different? I, I don't know? It would be interesting if I asked them 'why don't you come and visit me'? I would never ask them the question. I like to know how do they get away with it. How do they get away with it."? She tells me that she

doesn't care about her family not visiting her often, but then says she would like to ask them why they do that to her. They try to convince others that they are not unhappy with the fact that their family members don't visit as often as they say they wish they would.

Physical Activity was another theme I based my study on in order to find out whether or not they exercise on a daily basis. Finding out how often they get physically active can explain their well-being. When I asked Ana if they participate in any physical activities in the home she responded, "Once a day for half an hour. We stretch." They exercise in the morning everyday and one day I had the opportunity to see what takes place during their exercise. One of the staff members will show them exercises and from their seats they will mimic her moves. This is good for them because they get to move around and stretch their muscles. Although their exercises aren't much it is still helpful for them to get moving and most of the elderly people wouldn't be able to do more intensive work outs. The staff members include three people at all times and this is a bit difficult for them when people want to go walking, but there aren't enough staff members to assist them. They are only allowed to walk with the assistance of a staff member, but most of the time the staff is busy assisting elderly people who need more attention. Boredom became a theme I observed, which was not a part of the themes I expected to encounter. Many times they expressed to me that they had nothing to do or that there was nothing interesting for them to participate in. Ana told me, "I'm often thinking what would I do if Linda wouldn't be here. I probably uh probably I wouldn't be here. Because I wouldn't have anybody to talk to." They would describe their day to me with many parts of it empty because they had nothing to do. They would mention eating, playing rummikub, and reading as the most eventful parts of their day because they didn't have anything else to look forward to.

Conclusion

Through my time at the home I found out many things I did not think I would come across while I was conducting my research. I mainly focused on problems concerned with mental health including psychological and emotional well- being, however I found themes that were more often considered a

problem. My informants emphasized that the retirement home provided them a clean, quiet and relaxing place to live. Ana mentioned about the home, “It is good, and it’s clean, and it’s quiet, and it’s just an ideal place for people at my age.” They are happy with the life the home provides them with, but they are unhappy that they have to be placed in one and get disconnected with their family members who do not visit them. They feel as though by being placed in a retirement home their family members have placed their lives in other people’s hands because they don’t want to take responsibility. As a result of their disconnection with family members they often look to others for love and attention. By being there to speak to them they were thankful to me and made sure I knew that. They showed me by saying “I love you,” telling me they were happy to see me every week, and asking me to continue visiting.

The most common problem I observed as expressed by my informants was that of boredom. Ever too often they expressed to me that they wish there were more things for them to be able to do in the home. On top of feeling lonely, they didn’t have much things to help them pass the time. When I would ask why they play rummikub so much Ana said, “I mean, there’s nothing else we like here.” I responded with “There is nothing else you like to do besides play rummikub”? Ana said “We exercise in the morning… No, no nothing.” This struck me as problematic because these types of problems can make depression, rumination, and loneliness more common. If activities increased in the home and elderly people had more things to do they would spend less time being sad, having negative thoughts, and feeling lonely.

Providing more activities would help them live a happier life. It was also made clear that they did not like the quality of autonomy they had. Ana told me, “This gets difficult when you are dependent on others.” Sometimes she wants to go places, but since she does not have the freedom to, she has to depend on others. Life for them became very different the moment they entered the retirement and although they are doing their best to cope with these changes they seem to come across hardships and moments in which they are feeling lonely, depressed, and abandoned. More qualitative research must be done in this field to

understand what elderly people need and want, but until then I will visit my informants to help provide these changes.

References

Phillips, L. J. 2015. Retirement Community Residents' Physical Activity, Depressive Symptoms, and Functional Limitations. *Clinical Nursing Research*, *24*(1), 7-28. doi:10.1177/1054773813508133

Bookman, A., & Kimbrel, D. 2011. Families and elder care in the twenty-first century. *The Future of Children*, *21*(2), 117-140.

Gan, P., Xie, Y., Duan, W., Deng, Q., & Yu, X. 2015. Rumination and Loneliness Independently Predict Six-Month Later Depression Symptoms among Chinese Elderly in Nursing Homes. *Plos ONE*, *10*(9), 1-10. doi:10.1371/journal.pone.0137176Ice,

G. H. 2002. Daily life in a nursing home Has it changed in 25 years?. *Journal Of Aging Studies*, *16*(4), 345.

Ice, G.H. 2000. Daily life in a nursing home Has it changed in 25 years?. *Journal Of Aging Studies*, 16 (4), 345.

Kane, R. A., Kling, K. C., Bershadsky, B., Kane, R. L., Giles, K., Degenholtz, H. B., & ... Cutler, L. J. 2003. Quality of Life Measures for Nursing Home Residents. *Journals Of Gerontology Series A: Biological Sciences & Medical Sciences*, *58A*(3), 240-248.

*Sanchez-Jankowski, M. 2002. Representation, Responsibility, and Reliability in Participant-Observation,144-159.

Chambers, D. 2012. *A sociology of family life: Families and Aging Societies*. Polity, 94-113.

*Becker, H. S. 1996. The epistemology of qualitative research. *Ethnography and human development: Context and meaning in social inquiry*, 53-71.

Emely Luna

Emely Luna will receive her Bachelor of Arts in Sociology with a minor in Political Science from Loyola Marymount University in May 2016. In doing so, she will be the first-generation in her family to graduate from college. Emely hopes to a pursue a career in the law in order to continue uplifting the the Latino community through public policy and legal advocacy work. On her free time Emely loves baking, cooking, exploring new places, meditating, doing yoga and listening to music.

Affirmative Action: A Reflection of White Privilege

Feagin and Feagin define affirmative action programs as "private and governmental programs that seek to improve the economic or educational opportunities for formerly excluded racial, ethnic, and gender groups" (2012). Affirmative action programs have come under a great deal of scrutiny in recent years by those who label programs like these as a form of "reverse discrimination" and "reverse racism." Critics of affirmative action try to change the traditional form of racial discrimination and argue that whites suffer from a type of discrimination known as "reverse discrimination" through programs like affirmative action that in reality attempt to "redress the extensive discrimination historically faced by subordinate racial groups" (2012). However, what these critics fail to recognize is the privilege White Americans are still granted today. By using terms such as reverse discrimination or reverse racism they take the attention away from the institutionalized racism that continues to oppress people of color.

Remedial programs like affirmative action are labeled as reverse racism but as Feagin and Feagin describe, real reverse racism would consist of "reversing the power and resources of inequalities for several

hundred years" (2012). This would be the complete reversal of the way power structure is formed today. Almost all major institutionalized areas such as housing, employment and education would all be ran by black officials. In the past they would have used their power to discriminate against whites and force them into slavery and segregation ultimately resulting in whites suffering a tremendous amount of social and economic loss through "lower wages, as well as high rates of unemployment and political disenfranchisement for long periods, widespread housing segregation, inferior school facilities, and violent lynching" (2012). This is what reversing the discrimination faced by racial and ethnic minorities would be according to Feagin and Feagin, but this does not exist.

This definition, what is actually reverse racism, is not any of the things that are often given the label of reverse racism. When a small incomparable cost must be paid by white America, it is wrongfully given this label. Programs such as affirmative action "seek to remedy the past and present discrimination that has targeted Americans of color" by screening out race to overcome a small portion of this discriminative past (2012). Feagin and Feagin point out that even when whites suffer losses because of programs such as affirmative action they are suffering in only one area of their lives, unlike their black/Latino counterparts who would suffer in multiple areas (racial, economic, educational). As shown heavily in the news, affirmative action programs have been widely protested against in the last two decades and many of them have been cut because of "white protests and judicial backtracking," being a reflection of the power coming from white privilege.

Authors Brianne Hastie and David Rimmington describe this privilege as being "unspoken and rarely visible to those who possess privileged identities, and it also allows one to ignore the fact that others do not have access to such advantages. Resistance to policies aimed at redressing inequality is often framed as a denial of privilege, even when inequality is acknowledged as having occurred in the past" (2014). When those with privilege protest these policies like affirmative action they are unaware of the privilege and advantages they have had and still have over those who do not possess the same privilege. According to

Hastie and Rimmington by denying programs like affirmative action they are in denial of the privilege they possess. In a study they conducted, they reviewed comments from a New York Times article about affirmative action. They looked at the comments rather than the article to see the differences amongst respondents when talking about this privilege. Those who opposed the policy in their comments clearly deny the systematic racial inequalities that currently exist. Those who support the policy acknowledged how past discriminatory behavior is responsible for the present day advantages and disadvantages. There is a clear division between the people who oppose the policy and those who support the policy and this ultimately comes from how aware they are of the privileges they have or do not have.

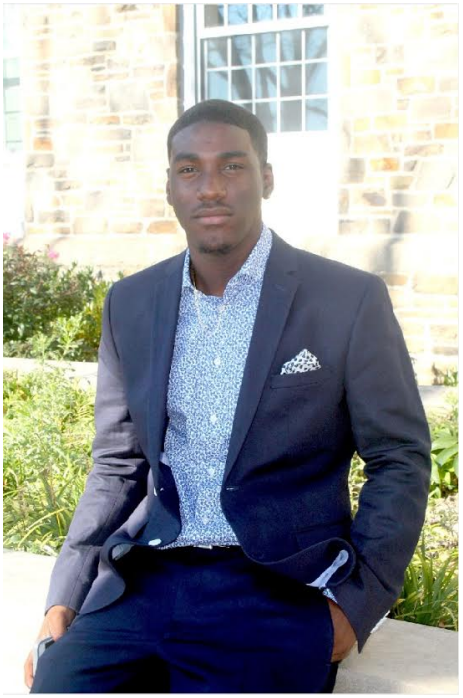
Bibliography

Hastie, B., & Rimmington, D. (2014). '200 years of white affirmative action': White privilege discourse in discussions of racial inequality. *Discourse & Society*, *25*(2), 186-204.

Feagin, J., & Feagin, C. B. (2012). *Racial and Ethnic relations*. (9th ed.). New Jersey: Prentice Hall.

Greg Morton

Gregory Morton is a senior at Loyola Marymount University located in Los Angeles, CA. He is a member of the National Black Law Scholars Association-LMU Chapter and the sociology honor society. Also, he is a University of Baltimore, School of Law-Baltimore Scholar. Although he will be graduating this spring with a B.A. in Sociology, he is really passionate about the study of law. Greg is looking forward to graduation, and he believes that he has a lot to offer to the world and the completion of his college degree is only the beginning. Aside from academics, he loves to travel, and plans to retire and eventually relocate in Cape Town, South Africa.



Advice for Getting Into Law School

The law school admissions process is more challenging than undergraduate admissions. Admission to law school is highly competitive [Pinello, "Advice for Getting Into Law School" at 9]. 40 percent of applicants are not admitted [Pinello, "Advice for Getting Into Law School" at 9]. Despite those odds, applicants can enhance their chances by understanding what law admission counselors expect.

It is imperative to have all of the following: UGPA, LSAT, personal statement, and letters of recommendation. The most significant is the GPA and LSAT.

One of the most important factors in the law school admissions process is the UGPA. Understand that admission is not guaranteed because of a high GPA [FAU, "Law School Admission" at 16]. Prospective law students should aim for challenging courses that will be impressive to admissions officers. According to FAU, "Some majors are believed to be harder than others. Applicants who earn a 3.0 GPA in a challenging

major have better chances at admission than applicants with the same GPA in what is considered an easy major [FAU, “Law School Admissions” at 17].

A second very important factor is the LSAT. FAU states that, scores on the LSAT range from 120 to 180, and the median score for many law schools is approximately 152.

Law schools rely heavily on LSAT scores [FAU, “Law School Admissions” at 14]. Therefore, prospective law school students should become familiar with the questions and strategies on the LSAT by taking LSAT prep classes or studying the LSAT booklet. Familiarity can greatly improve one’s score. The test will become less difficult once concepts of the logical, analytical, and reading comprehensions are understood [Bakert, “Document 6” at 21].

The LSAT is given four times per year: February, June, September, and December. Applicants should take the test on the earliest date possible on the month of June as a junior.

While less significant, admissions officials consider other factors. The personal statement provides an opportunity to do two things. First, it allows you to demonstrate writing ability. Great writing skills are key to one’s success as a law student and a lawyer [Bakert, “Document 6” at 24]. Second, the personal statement serves as an entity where law schools can learn more about the personal qualities, values, goals, and aspirations of candidates [Bakert, “Document 6” at 24]. According to Bakert, for [some] schools, your personal statement can be the difference between gaining admissions or being denied.

Most law schools require up to two letters of recommendation. It is important that you identify someone who has known you for a period of time and witnessed your strengths and weaknesses. It is better to have a professor, manager, or mentor to recommend you to an institution based on your professionalism and work ethic. Furthermore, law schools use letters of recommendation to get an outsider’s view of you and your talents, particularly those talents you will be using in the law classroom and those that bring a diverse element to their schools. Letters of recommendation can also be the difference between receiving

admission or being rejected. Most importantly, be sure to choose individuals who are familiar with your work and who will paint you in a positive light.

Prospective law students must find the schools they want to attend and learn their criteria. Also, register for the LSAT and take time familiarizing yourself with the material. It is a must that students have a well-written personal statement, and good letters of recommendation to accompany a high UGPA and LSAT score. All of these components will enhance one's chance of admission to law school.

Jasmine Reyna

Jasmine Reyna, born and raised in Santa Monica, California, is a senior Sociology major at Loyola Marymount University. She is currently the Publicity coordinator for the Alternative Breaks Program at the Center for Service and Action. She accepted this position because of the mission, which is to bring social awareness through exchange on the local, national, and international level through hands on, community based learning. Her experiences here have afforded her the opportunity to become familiar with social justice issues that touch on Immigration, Refugees, Public Health, Education and Worker Rights. By working at the Alternative Breaks Program Jasmine got the opportunity to facilitate and lead one of the AB trips during Spring Break to Havana, Cuba focusing on Education and Cultural Arts. In addition to working part-time at CSA and going to school full-time, she is also an intern at the Curiel and Parker Immigration offices where she is getting hands on experience working with clients. As a first-generation college student she is greatly passionate about Immigration issues and hopes to bring awareness through her artwork. Jasmine plans to further continue her passion of arts and Immigration by going to law school and becoming an Immigration attorney.

Riqueza Mexicana- Mama's Kitchen
48in. x 30 in.
Acrylic paint

Artist Statement:

The land that my parents left runs through my veins and the heart ache that they endured while crossing the U.S/Mexico border serves as my motivation for my success as a first generation college student. My Mexican roots are deeply embedded in my strength and determination and I take huge pride in exemplifying my heritage through my artwork. This art piece not only represents my *cultura* and my parents as they leave their hometowns, but all those who had to leave all their belongings and everything they knew to pursue a better life for themselves and their kids, but still taking with them *las tradiciones y la gran riqueza Mexicana*.