Releasing Internalized Stigma for Empowerment: Development of Theory-Driven Interventions for Sexual and Gender Minorities

Yen-Jui Lin, Tania Israel & William S. Ryan


To link to this article: https://doi.org/10.1080/15538605.2019.1662358

Published online: 11 Oct 2019.

Submit your article to this journal

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at https://www.tandfonline.com/action/journallInformation?journalCode=wlco20
Releasing Internalized Stigma for Empowerment: Development of Theory-Driven Interventions for Sexual and Gender Minorities

Yen-Jui Lin\textsuperscript{a}, Tania Israel\textsuperscript{b} and William S. Ryan\textsuperscript{c}

\textsuperscript{a}Los Angeles County Department of Mental Health, Los Angeles, California, USA; \textsuperscript{b}Department of Counseling, Clinical, and School Psychology, University of California, Santa Barbara, California, USA; \textsuperscript{c}Department of Psychology, University of Toronto, Toronto, Canada

\textbf{ABSTRACT}
Internalized stigma has a direct and detrimental effect on the mental health of sexual and gender minorities (SGMs), yet few interventions have been specifically designed to reduce such internalized stigma. This article describes numerous social psychology concepts and theories integrated into a brief, online intervention that has demonstrated success in reducing internalized stigma among SGM subpopulations. Using this intervention as an example, we illustrate how concepts from social psychology can expand the development of such interventions and strategies. We demonstrate how social psychological theories, particularly those related to attitude formation and change, may inform development of this and other interventions.

\textbf{KEYWORDS}
internalized stigma; online intervention; prejudice reduction; sexual and gender minorities

Societal contexts that support heterosexist, monosexist, cissexist, and gender binary norms create a hostile climate for sexual and gender minorities (SGMs), exposing them to messages that are detrimental to and incongruent with development of a healthy SGM identity (Meyer, 2013). Social institutions (e.g., family, school, religion, etc.) as well as interpersonal interactions may explicitly or implicitly promote such beliefs that only being heterosexual and cisgender is normal, right, or good (Harkness & Israel, 2018). Individuals grow up exposed to these beliefs and, as they come to identify or associate themselves with SGM identities, are likely to apply these judgments and beliefs toward their own identities or personhoods. This application of negative social messages toward the self has been studied in relation to varying SGM identities and referred to by numerous terms including internalized heterosexism, internalized homonegativity, internalized homophobia, internalized biphobia, and internalized
transphobia, as well as collectively as self-stigma and internalized stigma (Berg, Munthe-Kaas, & Ross, 2015; Mizock & Mueser, 2014; Ochs, 1996).

Health disparities between SGMs and their cisgender or heterosexual counterparts have been well-documented (Meyer, 2013). Research has identified internalized stigma as an important construct in understanding how societal prejudice contributes to behavioral risks and psychosocial health problems among SGMs (Newcomb & Mustanski, 2010). This research has, however, been primarily correlational, and empirical studies focused on developing or examining reduction strategies or interventions have been scarce (for reviews, see Kashubeck-West, Szymanski, & Meyer, 2008; Puckett & Levitt, 2015). A systematic review of the literature identified 164 empirical studies that included internalized stigma as a variable. Of these, only four examined specific internalized stigma reduction interventions (Berg et al., 2015). Since then two additional intervention studies have been published (Pachankis, Hatzenbuehler, Rendina, Safren, & Parsons, 2015; Smith et al., 2017).

These six interventions were conducted with sexual minority women or men and size of the samples ranged from five to 290. Three of them were based on psychotherapeutic approaches (e.g., cognitive behavioral therapy), one was an 8-session small group intervention, and one was a community-based program that included various modes, such as group sessions, social marketing, and community presentations. The remaining intervention, an online resource (Lin & Israel, 2012), along with subsequent population-specific versions (e.g., Israel et al., 2019) are the focus of this article.

Lin and Israel’s (2012) intervention was originally developed to reduce internalized stigma for sexual minority men and was adapted by Israel et al. (in press) for four SGM populations: lesbians, gay men, bisexuals, and transgender people. These interventions, collectively called RISE (Releasing Internalized Stigma for Empowerment), are composed of interactive modules designed to challenge maladaptive stereotypical beliefs, increase awareness of negative societal messages, identify adaptive coping strategies to reject negative messages, and strengthen affirmative attitudes toward SGMs. The first version of the interventions was designed to be delivered online and they were found to be efficacious in reducing internalized stigma for SGMs compared to a stress management control condition (Israel et al., in press). Summarized in Table 1 is a logic model that lays out the distinct components of RISE, anticipated outcomes, and the relevant theories/concepts. Details of the development, content, and outcomes of RISE interventions can be found elsewhere (Israel et al., 2019; Lin & Israel, 2012).

Whereas most other psychological interventions designed to reduce internalized stigma have drawn on counseling theories or psychotherapeutic approaches, RISE is built primarily on social psychology theories, particularly those related to attitude formation and change. With an authorship
that reflects cross-disciplinary collaboration (the first and second authors are counseling psychologists, and the third author is a social psychologist), the purposes of this article are to: 1) identify relevant social psychology concepts and theories that could be applied to internalized stigma reduction interventions for SGMs; and 2) describe RISE processes through the lens of the these theories and offer interpretations of mechanisms that might be responsible for the intended effects. It should be noted that this article does not intend to provide a comprehensive review of every concept in social psychology that might be applicable in reducing internalized stigma. Rather, we focus on foundational social psychological theories as the basis for this work. Given the dearth of evidence-based interventions for reducing internalized stigma among SGMs, we hope to demonstrate how social psychology theories can serve as the basis for and be systematically integrated into such interventions and to encourage greater collaboration across disciplines. Social psychologists might find this article to be of value in understanding how social psychological constructs have been applied in developing interventions to reduce a social problem on an
intrapsychological level. This article is also intended as a demonstration of how mental health professionals can use alternative approaches (as opposed to randomized clinical trials) to develop evidence-based interventions.

This article is organized around social psychology theory, with RISE serving as a case example of how to use these concepts in practice. After framing internalized stigma as a negative self-directed attitude, theories and concepts of attitude formation and change will be introduced. Examples from the RISE interventions will be used to illustrate the application of social psychology theories. The article will conclude with implications for research and practice.

Internalized stigma as negative self-directed attitudes

According to Gordon Allport (1935), attitudes are “the most distinctive and indispensable concept in contemporary social psychology” (p. 798). Within social psychology, attitudes have been defined as “an overall categorization of an attitude object along an evaluative dimension” (Fazio & Petty, 2008, p. 11; see Gawronski & Bodenhausen, 2006; Zanna & Rempel, 1988 for similar definitions). Virtually anything may serve as an “attitude object—a specific object, an individual, a group of people, an abstract concept, or even the self (Pratkanis, Breckler, & Greenwald, 2014). Where the object of negative evaluation is a minority group (or member thereof), such an attitude is referred to as prejudice (Haddock, Zanna, & Esses, 1993). Thus, prejudice toward SGMs can be considered to be a type of attitude.

Internalized stigma refers to the absorption and application to the self of negative attitudes about one’s group that are present in the ambient social environment (Herek, Gillis, & Cogan, 2009). The difference between prejudice and internalized stigma is that in the case of the latter, the individual and their own group, rather than an outgroup, serves as the attitude object. For example, Vartanian and Novak (2011) described the internalized weight bias as a self-directed stigma and “internalized societal attitudes.” Therefore, interventions to reduce internalized stigma, like the RISE, may benefit from greater integration of conceptual and empirical literature on attitude formation and change.

Attitude formation and change: theories and concepts

Functional theory

Three broad motives capture the functions of attitudes: accuracy, impression, and defense motivation (Fiske & Taylor, 1991). According to functional theories, attitude change is most likely to occur when it would provide the individual with a more valid reflection of reality, help them
maintain a positive impression about the self, or defend important values the individual may hold (Watt, Maio, Haddock, & Johnson, 2008). For instance, individuals might change an attitude when realizing holding this attitude would be in conflict with their values (helping people in need) or self-concept (viewing self as kind and caring) (Watt et al., 2008, p.192).

**Dual process models**

When thinking about attitude change it may be useful to focus on the processes that serve attitude formation, maintenance, and change. Broadly speaking, dual process models of attitude change posit that attitude change can occur via two different pathways or processes—one that is relatively automatic or implicit in nature and another that relies on explicit, controlled processing (See Bohner, Erb, & Siebler, 2008 for a review).

The elaboration likelihood model (ELM; Petty & Cacioppo, 1984; Petty & Wegener, 1999) and the heuristic-systematic model (HSM; Chaiken, 1987; Chaiken, Lieberman, & Eagly, 1989) are the most widely known and researched of the dual process models. Both the HSM and the ELM were developed within the context of studying the impact of persuasive messages on attitude change and the information processing mechanisms by which such change occurs. Both models differentiate two qualitatively different types of processing, termed central and peripheral or systematic and heuristic processing within the ELM and HSM respectively. Central or systematic processing requires active, effortful evaluation of a persuasive message, whereas peripheral or heuristic processing relies on schemas or other heuristics and is thus relatively effortless and more affected by superficial, extraneous (e.g., source attractiveness) information.

Both the HSM and the ELM contend that the mode of processing is largely determined by ability and motivation. When cognitive resources are abundant (high ability) and the topic is of personal import (high motivation) individuals are likely to engage in systematic processing. Where resources are depleted or the topic is not personally relevant, however, heuristic processing is more likely (Petty & Cacioppo, 1984).

**Components of attitudes**

Although defined as valanced evaluations, attitudes encompass more than positive or negative affect directed at the attitude object (in this case, one’s gender identity or sexual orientation). Indeed, research and theory suggest that attitudes are multi-faceted containing cognitive, affective, and conative (behavioral) determinants, components, and outcomes (e.g., Fazio & Petty, 2008; Zanna & Rempel, 1988).
Cognition. Cognitive information provides the content of the attitudes and includes beliefs about the attitude object. Cognitive information may take the form of stereotypical beliefs or symbolic beliefs. Stereotypic beliefs refer to the ideas and assumptions associated with a specific group of people based on certain social characteristics or identities (e.g., “lipstick lesbians,” “gay men are flamboyant”) (Geiger, Harwood, & Hummert, 2006). Symbolic beliefs, on the other hand, refer to beliefs related to one’s norms, values, customs, or traditions. These are the beliefs that certain social groups “violate or promote the attainment of cherished values, customs, and traditions” or one’s perception of how a specific social groups fit into society (Haddock et al., 1993, p. 1106). For example, some individuals might hold the belief that SGMs violate the attainment of the family values they cherish (e.g., people “should get married and have children”). Research has shown that stereotypical and symbolic beliefs are important distinctive elements in understanding and predicting prejudice (Haddock et al., 1993).

RISE targets the sources of attitudes and capitalizes on their functions and structure to alleviate internalized SGM stigma. In relation to cognition, RISE counters stereotypes by appealing to the accuracy function of attitudes mentioned earlier. In RISE (See Table 1: General statements), participants are presented with common stereotypes associated with SGM identities or behaviors (e.g., “all transgender people want to change their gender”) and asked to rate how accurate they believe that statement to be. After making this rating the participant then receives instant feedback about a prepared response along with a rationale integrated with empirical evidence and/or research findings (See Table 1: Evidence and factual information).

This “myth-buster” component capitalizes on the accuracy function of attitudes and includes cues to enhance central-route processing. According to the dual process models, change would happen via the “central route” when participants exercise logical and critical thinking to assess the validity of a persuasive message and evaluate presented information that would strengthen or weaken associated attitudes. Factors that have been found to increase central-route processes include persuasive messages that are framed in an “unexpected manner” (Smith & Petty, 1996), presented in accessible, not overly complex language (Hafer, Reynolds, & Obertynski, 1996), or use of phrases that ambiguously signal broader values (Garst & Bodenhausen, 1996). In keeping with these findings, we made efforts to phrase the rationales in “myth-buster” in neutral, accessible language, and include citations and references.

Despite the desire for and presumed functionality of holding accurate beliefs, research and experience indicate that even attitudes based on inaccurate beliefs are resistant to change. Perhaps in part because of this
desire to be correct, we are remarkably resistant to being convinced otherwise and have a host of defensive processes that kick in to uphold existing beliefs despite opposing evidence. This tendency is referred to as belief perseverance (Ross, Lepper, & Hubbard, 1975). Research indicates that beliefs persevere due to a combination of selectively seeking out information that confirms beliefs (e.g. Lundgren & Prislin, 1998) and the derogation of information that does not (e.g. Edwards & Smith, 1996).

Strategies have been proposed and tested in their effectiveness in reducing belief perseverance. For example, elaborative interrogation, a technique that requires a person to generate their own causal explanations to support factual statements, has been shown to facilitate attitude change and the correction of erroneous beliefs (Slusher & Anderson, 1996). Generally speaking, new information that is phrased in a neutral manner and processed privately (making it less likely that the person would have to defend their belief in the public) is more likely to be accepted (Slusher & Anderson, 1996).

**Affect.** Affect informs the valence and visceral nature of the attitude and functions as a dominant force in social attitudes. It is posited that affective reactions to a stimulus can inform cognitive beliefs about that object, as negative affect may be transformed into beliefs such as viewing the attitude object as wrong or dangerous (Gawronski & Bodenhausen, 2006). In fact, propositional reasoning in regard to attitude objects generally serves to affirm the validity of the affective response (Gilbert, 1991). For example, a person might “think” that being a SGM is wrong because they might experience an emotion (shame) when thinking about their identity that is commonly the consequence of “wrongdoings.”

Affect is also important in organizing the structure of cognitions stored in memory, as objects may be stored in categories based solely on the affective reactions they evoke (Forgas, 2008; Niedenthal & Halberstadt, 2000). For example, if an SGM individual predominantly associates hopelessness with their SGM identity, it would make sense that they are more likely to retain and retrieve information that portrays being SGM as hopeless.

Previous research suggests that, with training, participants can come to form or reform their evaluations of attitude objects. Evaluative conditioning techniques which pair an attitude object with valanced images or words have been successful in shifting affective evaluations (Martin & Levey, 1978). A “higher-order” form of classical conditioning, evaluative conditioning involves changing the affect associated with an attitude object by forming new associations with positive or negative stimuli and has been found to be effective in reducing prejudice toward minorities (Olson & Fazio, 2006).
In RISE (See Table 1: Personal narrative & Multi-media presentation), participants are presented with positive personal accounts of being SGMs (in a video format) and a multimedia presentation of pleasant music coupled with SGM-affirming images (e.g., images of LGBT individuals, symbols associated with LGBT cultures and communities). Evaluative conditioning may explain research findings that demonstrate distinct impact of cultivating positive feelings and attitudes in reducing stigma. Some researchers have argued that reducing “hate” toward a group does not simultaneously increase affection for that group, and directly promoting positive attitudes may have distinct contributions to prejudice reduction (Gonzalez, Riggle, & Rostosky, 2015).

The affective nature of attitudes may also underlie the efficacy of personal narratives in attitude change. Transportation, the experience of being lost or absorbed in a story/narrative, has been shown to be an effective method in changing attitudes as the experience of transportation may make the recipient of the narrative less likely to counterargue and therefore align their beliefs with the story propositions (Green & Brock, 2000). Capitalizing on this, the aforementioned component of RISE presents participants with a video clip in which a similarly identified SGM person talks about their personal challenges of being SGM as well as experiences and strategies that have helped them overcome prejudice.

Behavior. The behavioral components of attitudes have been studied primarily in relation to investigation of the consistency between attitudes and behavior (e.g. Ajzen & Fishbein, 1977; Fazio, 1990). This research indicates that despite lay beliefs that behaviors follow from attitudes, the causal link is often reversed. Cognitive dissonance theory posits that individuals are motivated to seek consistency among their attitudes, emotions, and behaviors (Festinger & Carlsmith, 1959). When these are inconsistent, one experiences dissonance, or a sense of psychological discomfort, and is motivated to reduce this dissonance by changing, justifying, or ignoring one of the dissonant elements which can lead to attitude change (Festinger & Carlsmith, 1959).

Cognitive dissonance theory has been applied to reduce discriminatory attitudes toward different communities (e.g., Galinsky & Moskowitz, 2000). Similar to the previous studies, in RISE (See Table 1: Vignette & letter writing), participants read a vignette about a fictional young person exhibiting high levels of internalized stigma. The participants are then asked to write a personal note to this person to offer support and comfort. Cognitive dissonance may be induced in the participant based on their level of prejudice against other similarly identified SGMs. By asking participants to engage and comfort another SGM person with high negativity toward their gender or sexual orientation, participants are impelled to bring their attitudes into
alignment with this behavior, which would result in lowering their stigma toward SGMs.

**Attribution**

Attribution is a well-researched subject in psychology and refers to a process by which individuals determine or attempt to explain the causes of events or behaviors (Fiske & Taylor, 1991). Broadly speaking, one can make internal or external attributions for any given event or behavior (Heider, 1958). External or situational attribution occurs when the cause of the event is attributed to the current situation or context whereas an internal attribution locates the impetus for the behavior within the actor herself. Attributional processes are applied to both the actions of others and of oneself (Fiske & Taylor, 1991).

Research shows that members of stigmatized groups (such as SGMs) can reduce the negative impact of prejudice on self-esteem by attributing negative feedback or interaction to prejudice, rather than to the self (Crocker, Voelkl, Testa, & Major, 1991). Therefore, we would argue that singling out and problematizing the prejudice itself would effectively relieve internalized stigma. This kind of awareness raising intervention (reflecting on prejudice related memories or beliefs) has been applied in reducing prejudice toward racial minorities (e.g., Hing, Li, & Zanna, 2002).

Research shows that the belief that SGMs are “born this way” is correlated with lower prejudice against SGMs (Haslam & Levy, 2006). SGM identities, when stigmatized, are often viewed as a blemish of character (Goffman, 1963) meaning that one’s SGM status is perceived to be due to some personal failing and thus controllable (Jones et al, 1984). The belief that sexual and gender identities are a choice is thus associated with attributions of blame to individual category members and with negative moral evaluations and emotions (e.g. disgust; Haidt & Kresebir, 2010). Viewing sexual orientation as a personal failing positions it as legitimately low status. Emphasizing a “born this way” narrative thus shifts the attribution away from the individual and opens up space for arguing against the low status of SGM individuals. However, it is important to note that not every SGM individual ascribes to this narrative for their own experience, although most SGMs would agree that personal will is not powerful enough for a person to freely choose their sexual orientation or gender identity.

Importantly, individuals must view their group’s low status as illegitimate in order for its devalued position to be questioned. **Legitimacy** refers broadly to the evaluation of whether a given system, outcome, or event is fair and justifiable as well as the resultant consequences of holding such a view (Jost & Major, 2001). Within the social identity tradition, legitimacy
refers to the perceived fairness of the social group’s position within the social hierarchy (Ellemers, Wilke, & Van Knippenberg, 1993). When the hierarchy is perceived to be legitimate, the status quo is likely to go unchallenged. Within the system justification literatures, individuals are argued to be intrinsically motivated to view the current system as just and will therefore engage in a variety of cognitive processes to uphold that system even when personally disadvantageous (Jost, 2001). Individuals high in system justifying beliefs are less likely to perceive discrimination against low status groups and more likely to support policies and beliefs that uphold the current social arrangement (Jost & Major, 2001). A critical component of perceived legitimacy is whether it is (perceived to be) possible to move between groups. Individuals who perceive their position to be mobile are more likely to view the system as legitimate. Thus, according to the status-legitimacy hypothesis, if individuals who belong to lower status categories endorse the ideology of individual mobility, the less likely they are to attribute negative outcomes from higher status group members to discrimination (Major et al., 2002). In other words, if a SGM person believes that they can choose to become cisgender or straight, it is less like that they would attribute the microaggression against SGMs they have witnessed to discrimination.

In RISE (See Table 1: Maladaptive social messages), participants are provided with a paragraph explaining how socialization might contribute to prejudice toward SGMs. Participants are then provided a list of negative messages often associated with the respective SGM group with which they identify (e.g., for bisexual individuals, “You’re just confused about your sexuality”). After participants have the chance to review and check off the messages they personally received while growing up, they are asked to identify one socialization “source” (e.g., school, family, religion, etc.) that conveys this message most strongly. Following that, participants are provided the same list of messages and asked to check the ones that they have come to reject (See Table 1: Rejection of social messages). This exercise ends with an open-ended question asking how they came to reject those messages, along with few paragraphs reinforcing the idea that prejudice toward SGMs are developed and maintained through the process of socialization.

As mentioned earlier, attributing discriminatory treatment to prejudice itself could reduce negative impact on the stigmatized group members. The elaborative process of this exercise is designed to weaken the attribution of negativity to one’s SGM identity by establishing and/or strengthening the connection between such negativity and the process of socialization and a concrete external sources. Reflecting on these personally relevant questions may also increase SGM participants’ awareness about the potential symbolic beliefs they have “violated” in a society in which the majority of people
identify as cisgender and heterosexual. Even if a participant realizes that they have not rejected any of the socialization messages, moving through the intervention is likely to reinforce the belief that these value laden messages are socially sanctioned (linked with specific sources), harmful, and that it is legitimate and important to find ways to reject them.

**Discussion**

Internalized stigma is prejudice toward the self, resulting from exposure to negative societal messages about oneself as a member of a marginalized group. Stigma can shape stigmatized individuals’ cognitive, affective, and behavioral processes. Given the vast body of knowledge in social psychology with regard to prejudice and stigma, social psychology provides a promising foundation for the development of interventions to combat internalized stigma among SGMs. This article identifies social psychological theories and concepts that may be particularly relevant to such efforts and describes a set of online interventions based on these theories. This material informs psychological research and practice on sexual and gender minority internalized stigma and might serve as an example for encouraging other types of intervention development and research.

**Implications for practice**

The theories and intervention presented here can offer guidance to psychological practice. Of the handful of interventions designed to address internalized stigma, RISE draws on social psychology principles rather than theories and practice of psychotherapy. Given the dearth of efficacious treatments to address internalized stigma and the small effect size of those that have been developed, multiple approaches may be necessary to combat this proximal minority stressor. Drawing on social psychology theories and theories of change in psychotherapy offers a wide array of foundations to develop interventions.

Due to its online format, the RISE intervention is scalable and avoids many of the barriers to LGBT-affirming interventions faced by SGMs, such as lack of trained mental health providers and cost. This approach may be particularly helpful for hard-to-reach SGM populations, such as youth, rural residents, and people who are not connected with LGBT communities. Furthermore, it is important to acknowledge the significant differences between each of the subpopulation within the LGBT community and the RISE online interventions are targeted to the distinct content of internalized stigma experienced by each subpopulation, including especially marginalized bisexual and transgender people (Israel et al., in press).
In addition to application of social psychology principles in an online environment, it may be possible to adapt the activities and the underlying principles to a therapy setting. Social psychology prejudice reduction within a counseling environment could capitalize on RISE’s effective approaches to reducing internalized stigma, coupled with evidence-based practice. As the therapeutic relationship is a powerful aspect of counseling and psychotherapy, grounding attitude change within this interpersonal context has potential to boost the efficacy of RISE. Group interventions might contribute to an additional ingredient of peer support and normalizing experiences of minority stress related to SGM status.

Implications for research

Advances in clinical sciences depend on methods researchers use for investigating the causal relationships among variables. The experiment method RISE integrates in its development process provides abundant opportunities for practitioners and researchers to collaborate in examining the efficacy and refinement of specific components in achieving their intended goals. Given the overall efficacy of online versions of RISE has been established, it would be beneficial to dismantle this complex intervention to determine the extent to which each activity contributes to the theorized mechanism of change, as well as the overall outcome of reducing internalized stigma. Researchers could further examine the ordering of activities to elucidate how the specific ingredients of the intervention may build on each other. Future research could also investigate whether individual characteristics (e.g., authoritarianism, openness, etc.) moderate efficacy of the activities, as well as the overall intervention. Functional matching (i.e., assigning specific intervention activities based on individual characteristics) may be useful if the intervention is able to adapt to these characteristics. This would be a valuable alternative and address the limitations traditional randomized clinical trials often face (e.g., time, cost, cultural sensitivity).

Investigations of interventions to reduce internalized stigma may benefit from the longer history of research on prejudice reduction. Paluck and Green (2009) reviewed prejudice reduction interventions from research literatures across disciplines (e.g., psychology, sociology, education, etc.). They placed special emphasis on assessing the methodological rigor of existing research to understand whether, why, and under what conditions a given type of intervention works. According to their study, most of the prejudice reduction interventions cannot demonstrate a clear causal relationship between their intervention and the observed prejudice reduction due to methodological issues. The authors believe that randomized field experiments are essential in establishing internally valid inferences and
externally valid generalization. They also provide a summary of the theoretical frameworks (e.g., social norm theory, contact hypotheses, cognitive dissonance, and classical conditioning etc.) associated with the surveyed prejudice interventions.

**Conclusion**

RISE interventions hold a great deal of promise for reducing SGM internalized stigma in a theory-driven and evidence-based framework. The foundation articulated herein offers a platform for extending prejudice reduction theories to combat self-stigma and promote mental health. RISE interventions based on this foundation have demonstrated efficacy in reducing internalized stigma for LGBT subpopulations. Future research can be helpful in specifying how aspects of these interventions contribute to distinct aspects of change, and researchers can investigate adaptations of interventions for individual and group psychotherapy settings.

The articulation of theory, research, and practice related to RISE interventions was enhanced by the cross-disciplinary collaboration among the authors, who came to the project with complementary training in Counseling Psychology and Social Psychology. This collaboration deepened our thinking about familiar concepts, allowed us to examine a single process from different angles, and led to creative energy in developing solutions. In order to view RISE from multiple disciplinary angles, we had to grapple with several challenges. Specifically, this collaboration required flexibility in considering how to organize and explain concepts in a way that would speak to different disciplines, communication and compromise regarding interest points, and consideration and reexamination about how we use certain terms to reduce ambiguity or avoid confusion. Ultimately, we believe our cross-disciplinary approach strengthened our ability to tackle the challenge of developing and articulating theory-driven approaches to reducing SGM internalized stigma.

**References**


