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## ROADMAP

01 NARRATIVE HUMANIZATION

What is it? Why is it effective in addressing stigma/stereotyping?

02 APPLICATION

How do we use narratives to address bias?

03 COMPARE & CONTRAST

How is narrative humanization similar or different to other approaches?

### INTERSECTIONAL INTRODUCTION

Pronouns: She/They

My name is Dr. Spooner and I am a White, cisgender, neurodivergent, queer woman and I am the mother of a 9-year-old kiddo. While I am a first generation college student, I have had the privilege of attending three private educational institutions of higher ed. I understand that my own experiences of classism are not linked to the color of my skin and I continue to work towards being an antiracist co-conspirator in my professional work and personal life. Additionally, I was brought up in an interfaith family (Evangelical Christian and Judaism) and navigated marginalization for my sexual orientation. I also grew up during a time when marriage within the LGBTQ+ population was illegal but I was able to marry my partner, surrounded by a supportive community of other queer folx and allies.

## AREAS OF EXPERTISE:

- Sexual Offending and Problematic Sexual Behaviors
- Paraphilic Disorders
- Pedophilia and Minor-Attraction
- Anxiety/OCD
- Kink/BDSM
- Fetishes
- Trauma/Crisis Intervention
- Gender Identity & LGBTQ+ Affirming Support
- Monogamous and Non-monogamous Treatment
- Comprehensive Sex Education, Bystander Intervention, Child Safety
- Erectile "Dysfunction"

# HOW HAS STORYTELLING IMPACTED YOUR LIFE?

## BEGINNING AT THE BEGINNING

Stigma & Stereotyping

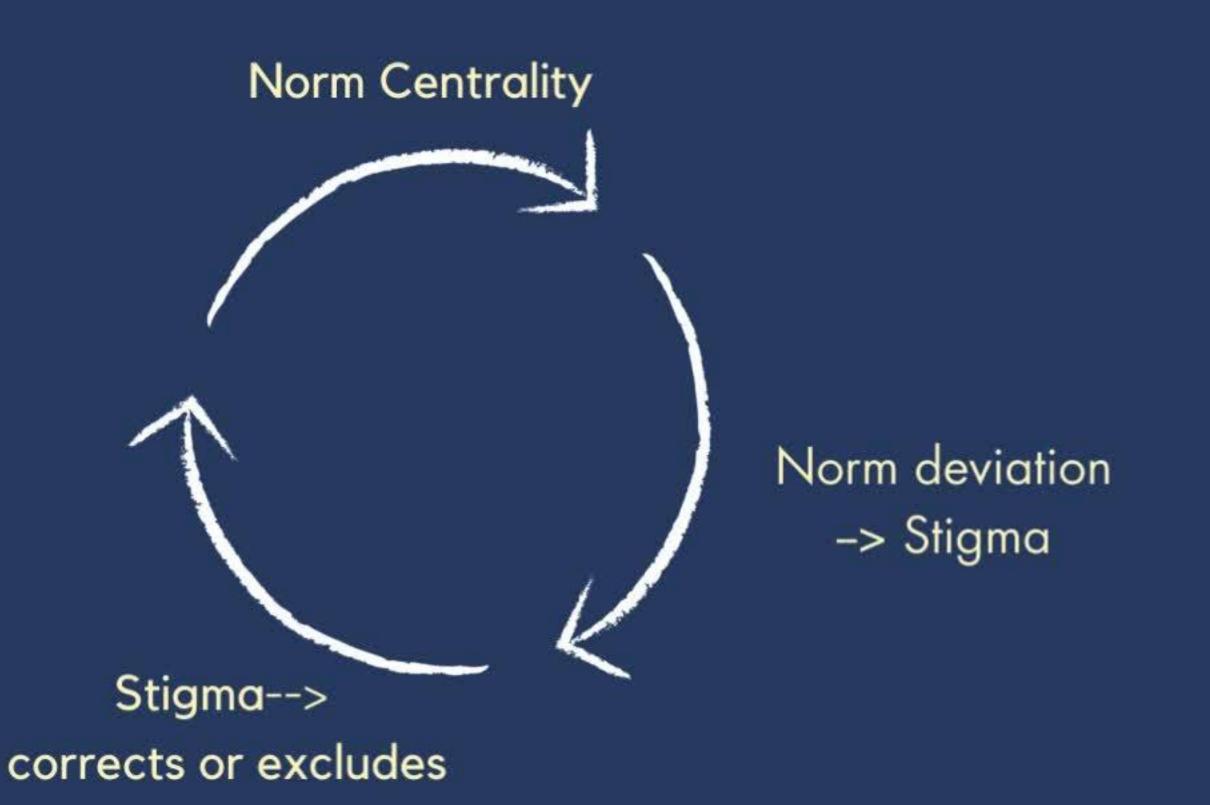
Stigmatized beliefs, stereotyping, and prejudice are rooted in the mental models we have learned about people who are part of marginalized groups

These behaviors/beliefs are often reinforced by social norms that force certain people into "out-groups."

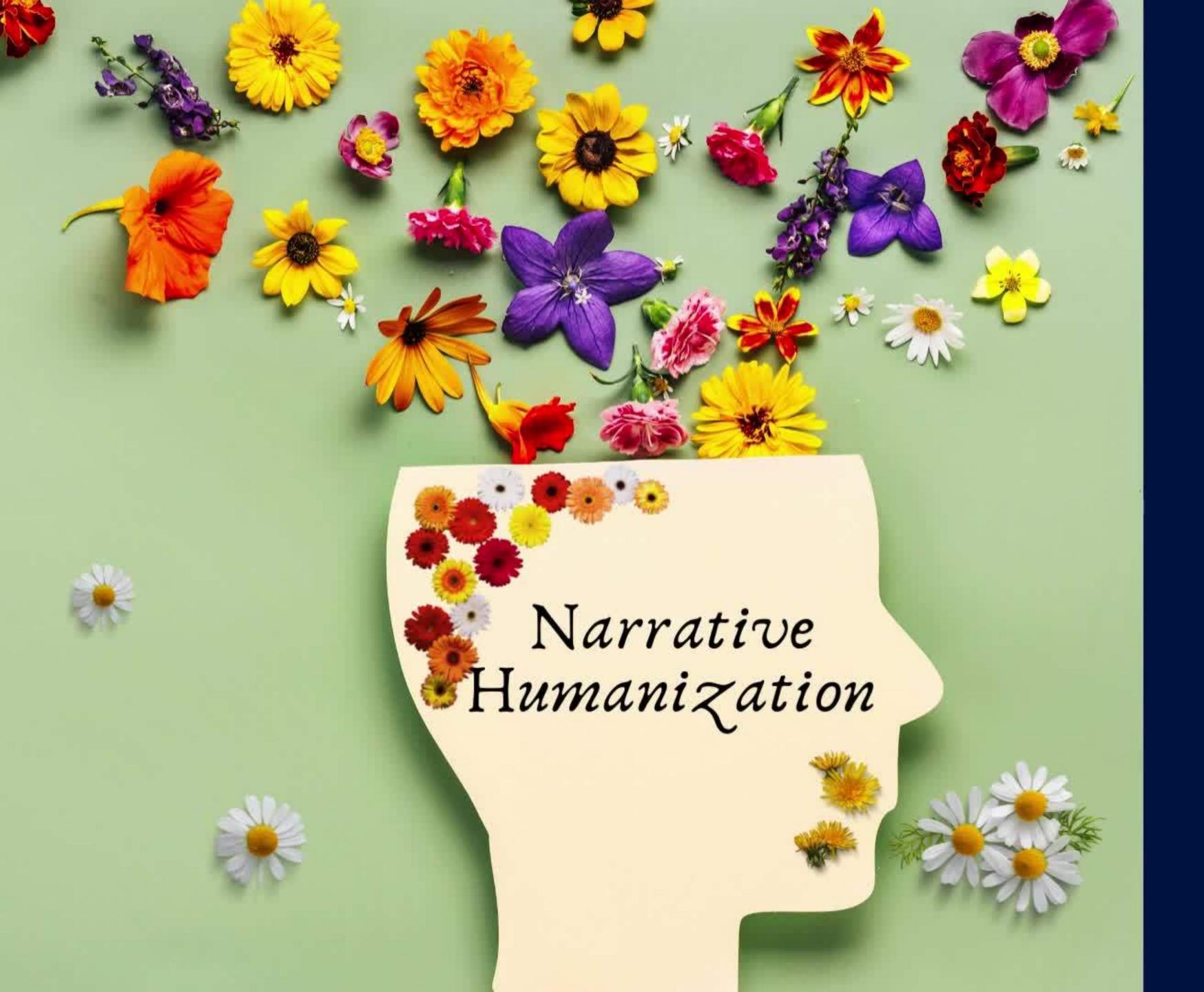
Individuals within the "in-group" have the power to create norms, withhold social currency, and allocate resources.



### NORM-CENTERED STIGMA THEORY (NCST)



- Social power is required to create norms.
- Groups with power decide who is excluded
- Gate-keeps social currency.
- Maintains social power structures.



Inaccurate or harmful beliefs about specific groups are broken down, unlearned and replaced with accurate information,

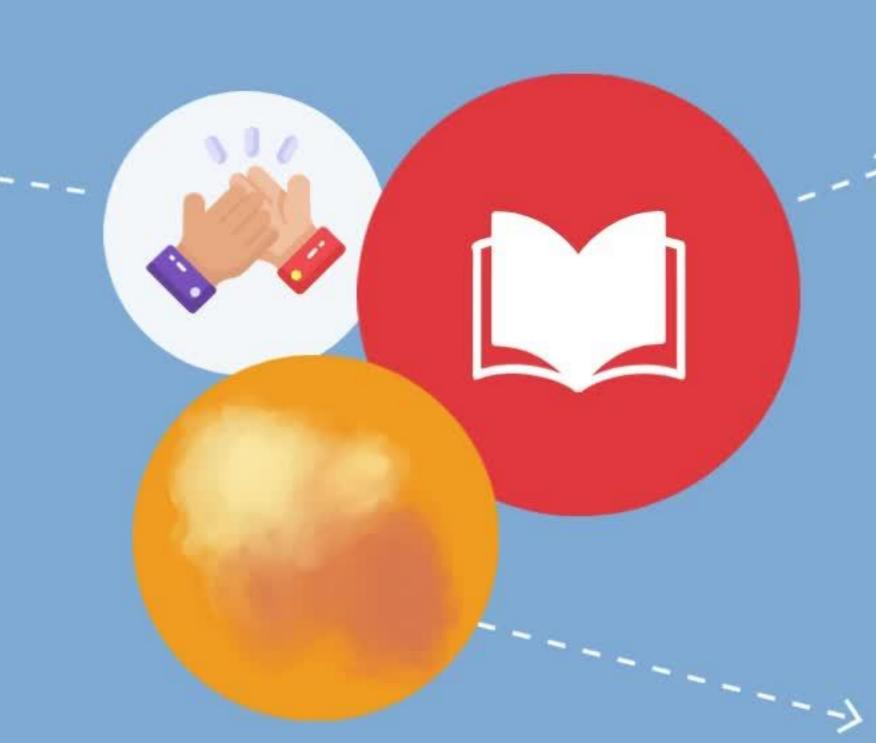
- Uses personal stories, from people within stigmatized group.
- Can allow engagement (questions, dialogue, etc.)
- Amplifies and centers experiences.

### OTHER STIGMA REDUCTION APPROACHES:

#### 3 Main Groups of Theory

#### **Contact Hypothesis**

Exposing individuals to positive encounters with < representatives from the "out-group."



#### **Psychoeducation**

Provides cognitive & emotional understanding of out-group members.

## Social Categorization Challenging

Instead of trying to change stereotypes or emotional reactions--challenges the idea that "out-groups" are actually "out-groups."

## NARRATIVE APPROACHES



#### GENERATING COUNTER-STEREOTYPICAL ROLE MODELS

Help to reduce the reliance of heuristic thinking.



#### AMPLIFY VOICES

Encourage and support story telling (when safe). Rewrite social narratives.



#### RESISTANCE

We didn't consent to much of the harmful information we have acquired--Take back your thoughts!

## Comapre & Contrast: (-)



#### STIGMA & STEREOTYPE REDUCTION METHODS.

#### **PROMPTS:**

- WHICH APPROACH TO STIGMA/STEREOTYPE REDUCTION DO YOU CONNECT WITH THE MOST? WHY?
- ARE THERE TIMES WHEN ONE APPROACH MAY BE MORE EFFECTIVE OVER ANOTHER? WHY OR WHY NOT?
- HOW CAN WE USE NARRATIVE THERAPY & NARRATIVE HUMANIZATION TO ADVOCATE FOR AND SUPPORT CHANGE/INCLUSION?
- OTHER THOUGHTS?





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