



The Rainbow of Life:

A collective narrative practice with young LGBTQIA+ people with a health condition

by James McParland and Jaymie Huckridge



James McParland is a clinical psychologist at University College London Hospital, working with people living with chronic health conditions and in a paediatric palliative care team. His family roots are Irish, which brings with it a rich appreciation of stories, music and community. He is interested in ways anti-oppressive practices and social justice can be foregrounded in professional healthcare contexts. James's solidarity team includes: the narrative practitioners who have inspired him, including colleagues past and present; his family of origin, chosen family and wider LGBTQIA+ community; and the young people involved with the Rainbow Project. drjamesmcparland@gmail.com

ORCID ID: <https://orcid.org/00000-0003-1318-0461>

Jaymie Huckridge is a clinical psychologist working with young people with chronic health conditions at University College London Hospital. He also works at a service called TransPlus at 56 Dean Street with trans and gender-expansive people. Before qualifying as a psychologist, Jaymie's work was in amplifying the voices of people using mental health services, supporting them to influence and shape services. Since qualifying, he has continued to be passionate about centring the voices of people in their own health care and empowering them to influence change. Important commitments to Jaymie are being creative and connecting with stories of hope, joy and community. jaymie.huckridge4@nhs.net



ORCID ID: <https://orcid.org/0000-0003-2480-4647>

The authors can be contacted via james.mcparland@nhs.net

McParland, J., & Huckridge, J. (2024). The Rainbow of Life: A collective narrative practice with young LGBTQIA+ people with a health condition. *International Journal of Narrative Therapy and Community Work*, (1), 56–69. <https://doi.org/10.4320/QANA2141>

Author pronouns: James McParland he/him; Jaymie Huckridge he/him

Abstract

This article describes the use of narrative practices for LGBTQIA+ young people with a health condition. It presents a collective narrative practice: the Rainbow of Life. This adapts the Tree of Life metaphor to invite rich story development opportunities when working with LGBTQIA+ people. It involves exploring their commitments, special moments and those who stand alongside them in solidarity, and creatively mapping these on to a rainbow image. The authors outline Rainbow of Life events they have organised, including collective practices in which young people shared their wisdom for responding to oppressive storm clouds that darken the sky and dim their rainbow's shine, as well as witnessing and honouring each other's rainbows.

Key words: *LGBTQIA+; queer; health; identity; youth; young people; community development; collective narrative practice*

Introductions

When we bring together a group of lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+)¹ young people, we seek to create a space that is safe and celebratory, particularly if we have invited non-queer allies into the space. One way we have found to do this is to ask young people and professionals alike to introduce themselves by sharing their *queer icon*. The queer icon could be any LGBTQIA+ person or character who inspires them or whom they appreciate. Over the course of many groups and teaching sessions, we have been moved as people have shared their admiration for queer celebrities, artists, activists, historical figures, colleagues and family members. This small act centres queer people who have impacted the world, honours the rich queer history that has shaped our lives, and lets young people know that this is a place where queerness is celebrated. For non-queer allies, we've also found that this invites them in to queer movements, histories and acts of resistance (Hammoud-Beckett, 2007). In this spirit, we would like to begin this article by introducing ourselves and sharing our own queer icons.

James (he/him)

I am a clinical psychologist working at University College London Hospital with young people and adults living with health conditions. Skin, the lead singer of the band Skunk Anansie, is my queer icon. An incredible singer, writer and performer, Skin is also a pioneering activist, courageously making space for herself and breaking new ground as a queer Black British artist in a space dominated by white male heterosexuality (Skin & O'Brien, 2020). She rocks!

Jaymie (he/him)

I am a clinical psychologist working with young people living with health conditions at University College London Hospital, and at a service called TransPlus at 56 Dean Street, a sexual health service in Soho, London. My queer icon is television writer Russell T Davies, a fellow Welsh queer. I admire his centring of LGBTQIA+ stories that are unapologetic and honest, and his ability to speak to power.

Before you read on, to approach this paper with a spirit of appreciation for the queer community, we invite you to bring to mind a queer icon – an LGBTQIA+ person whom you admire.

Context

In October 2019 we launched a project (Huckridge et al., 2021) to improve how inclusive and welcoming the paediatric division of our inner-city hospital was for LGBTQIA+ young people and their family members, and also for LGBTQIA+ staff. This was in response to an increasingly bleak picture of how health services have failed to adequately meet the needs of such individuals: “with almost every measure we look at, LGBTQIA+ communities fare worse than others ... we need to increase our efforts to address these health inequalities” (NHS England, 2023).

When setting up this “rainbow project”, we connected with the position that young people have the right to be involved in service development; that improvement of services requires their involvement; and that there are benefits arising from participation, for both the young people themselves and for society (Head, 2011). As such, we recruited a youth adviser, Asher, to help us shape, deliver and evaluate all aspects of the work (described in Huckridge et al., 2021). As we developed the program with our youth adviser, we reflected on the challenges of navigating life at the intersection of gender identity, sexuality and a long-term health condition.

Building peer connection

A wish for peer connection has been frequently described by LGBTQIA+ young people (Eisenberg et al., 2018; Wells et al., 2013), and interventions such as gender and sexuality alliances, which are safe spaces for LGBTQIA+ youth to connect, have been shown to be promising (Madireddy & Madireddy, 2022). However, finding and accessing peer support may be more complex for LGBTQIA+ young people with long-term health conditions who can experience stigma in relation to their health condition (Brazeau et al., 2018; Gamwell et al., 2018); be disproportionately affected in terms of prevention, treatment and survivorship of illness (Quinn et al., 2015); or feel the need to “prove” themselves as a “competent and sexual individual who identifies as [LGBTQIA+]” (Toft et al., 2019). Many of the young people who have joined our groups have spoken of this ableism, and disability issues are well evidenced to disproportionately affect queer people, with calls for holding this intersection of identities and needs closely when working within LGBTQIA+ communities and movements (Rodríguez-

Roldán, 2020). This is in addition to navigating other diverse and intersecting aspects of identity that lead to structural barriers, such as experiences of racism and transphobia (including within the LGBTQIA+ community).

Knowing there may be an appetite for a space that welcomed LGBTQIA+ youth managing this intersection of multiple identities, we launched our quarterly online rainbow group in April 2021. The group has grown into a community of around 12 young people who meet to connect, share their experiences and help shape the program further.

We heard that attendees were keen to meet for longer than these groups enabled (2.5 hours every three months). We also saw the potential for building peer connection and community through a more substantial event where young people would have space to exchange wisdom and skills for surviving in a world that is heteronormative, cisnormative, ableist, and at times openly dangerous and hostile to their identities. These aspirations sparked an idea for the next component of our rainbow program. Our service has used collective narrative practices with young people with a range of health conditions to help them tell their stories in ways that make them stronger, including using the Tree of Life with young people with type 1 diabetes (Casdagli et al., 2017) and using Beads of Life with young people with cancer (Portnoy et al., 2016). This paper describes a new collective narrative practice called the Rainbow of Life.

What is collective narrative practice?

Jordan (2020) suggested that with its focus on deconstructing and restorying oppressive social narratives, narrative therapy may be a promising intervention for queer youth and their families. Additionally, having a health condition during youth, when the individual is defining and making sense of identity stories, can disconnect young people from important parts of their lives (Casdagli et al., 2017). A narrative approach recognises this disconnection, suggesting that individual's stories become "thinly" described (White, 1997) when they are constructed and maintained by narrow historical and cultural understandings and descriptions of situations (Harper & Spellman, 2006). The lives of young people with long-term health conditions can become dominated by medical discourse (Edwards, 2010),

and young people themselves have expressed to us a wish to be recognised as "not their illnesses". Alternatively, more optimistic and sustaining stories of accomplishment, ambition and resilience can be privileged (Ferguson & Walker, 2014). Kaseke (2010) has suggested that in therapy we often meet people when they are stuck in a "dangerous river full of hazards", and that therapy should support them to reach the riverbank. Reconnecting people with more hopeful and helpful stories (White & Epston, 1990) might help them to reach a safer riverbank position from which to turn towards the challenges. Narrative practice has also been used to offer rich descriptions of preferred storylines for queer people at the intersection of multiple identities (Crenshaw, 2017), for example in response to racism, sexism, heterosexual dominance and Islamophobia (Hammoud-Beckett, 2022), and queer people with a learning disability (Elderton et al., 2014).

Collective narrative practice builds on the narrative therapy approach to respond to groups and communities who have experienced significant social suffering (Denborough, 2012). Perhaps the most well-known collective narrative practice is the Tree of Life (Ncube, 2006), which uses the metaphor of a tree to connect people with different parts of their lives, represented by parts of a tree, and to have these witnessed and "thickened" by others in the collective. The approach has inspired practices such as Team of Life (Denborough, 2012), Kite of Life (Denborough, 2010), Recipes of Life (Wood, 2012) and the aforementioned Beads of Life (Portnoy et al., 2016). Denborough (2018, p. 58) described the Tree of Life as a "departure point" for practitioners "to create their own distinct methodologies", and encouraged practitioners to "notice some aspect of treasured local folk culture in your own context, craft this into metaphor, infuse it with narrative practice principles, and in so doing create your own form of practice" (Denborough, 2018, p. 69).

The Rainbow of Life

Encouraged by Denborough's words, our "metaphoric methodology" was built around the concept of a rainbow, another natural symbol that could be divided into different parts (stripes), and which is also colourful and hopeful. For many queer people, the pride rainbow is a recognised symbol of inclusion and acceptance; visible pride flags operate as an important safety signal that LGBTQIA+ identities are welcome in that particular

context (McParland & Camic, 2016). The rainbow flag was created in the 1970s and originally comprised eight stripes (Baker, 2019). The six-stripe version has become an international symbol for the LGBTQIA+ community, and inspired the creation of further flags for more specific identities (such as the transgender flag). It evolved through the efforts of designers and activists to increase the visibility of the most marginalised minority identities within the community (Victoria and Albert Museum, 2020). (See for example the updated progress pride flag: Quasar, 2018 and the intersex-inclusive flag: Vecchietti, 2021.)

The idea for a Rainbow of Life also came from our young people's rainbow group, in which we had constructed a group "pride flag" by inviting young people to choose preferred colours and create a flag screenshot. We wanted to reclaim the idea of a pride rainbow. In the United Kingdom, rainbow images were co-opted during the COVID-19 pandemic as a way of thanking key workers, and they became a symbol of the National Health Service (Conway, 2020). Additionally, in a context where oppressive societal discourse around trans lives includes organisations and individuals who purport to represent the views of lesbian, gay and bisexual people (McLean, 2021), we were keen to create an inclusive space, responding to young people's requests to build connections with and show solidarity to the most marginalised young people across the LGBTQIA+ spectrum. While just 3% of LGBTQIA+ people surveyed by YouGov excluded the "T" from their definition of the community (YouGov, 2023), biphobia and transphobia have been reported as occurring within the LGBTQIA+ community itself (Marine & Nicolazzo, 2014; Weiss, 2011); there was something significant about inviting a collective of gender and sexuality diverse young people together, to create a "solidarity team" (Reynolds, 2011).

The Rainbow of Life is not the first collective narrative practice developed for the LGBTQIA+ community. The Passport of Life is a collective narrative participatory project with gay and lesbian forced migrants of Black African and Asian backgrounds (Papadopoulos et al., 2023). The Theatre of Life uses the metaphor of different parts of a theatre (e.g. backstage, wings, music pit) to narrate life stories of transgender young people (Duncan Mills et al., 2018). We took inspiration from this work, including ideas about challenges that young people might experience when talking about their lives (discussed later in the paper), while using a metaphor that felt recognisable to all and honoured LGBTQIA+ history. We proposed

sharing an outline of a rainbow, printed on an A3 sheet of paper, with each stripe representing a different area of a young person's life story (Figure 1).

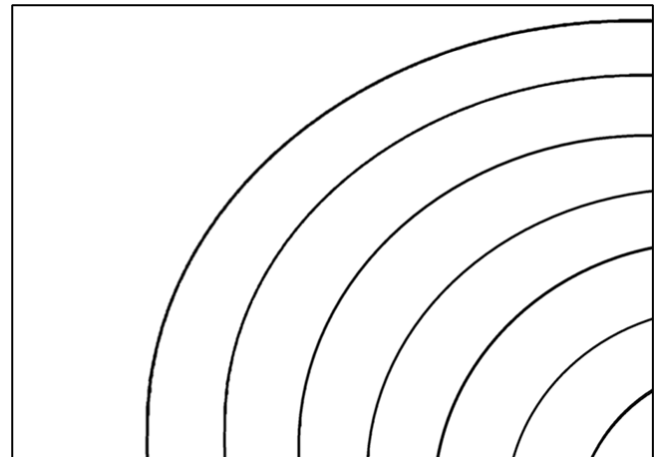


Figure 1. The blank Rainbow of Life template that was provided to participants

Each blank stripe could be decorated or filled with colour, allowing for creative customisation. This would enable our participants to represent multiple identity stories and embrace the spirit and tradition of taking inspiration from the various community flags that have been created, while defining and taking ownership of their own rainbow. The rainbow shape meant each stripe was a different size, which would allow the young people to choose how they structured their rainbow, allocating more space to the areas that were most important. They could also draw their own rainbow outline if preferred.

When creating the Rainbow of Life, we carefully reviewed the sections included in the Tree of Life practice – the roots, the ground, the trunk, the branches, the leaves, the fruits and the flowers – and considered how we might adapt them to be more accessible and relevant to queer young people. We shared the rainbow template and suggestions for areas of life that each stripe might represent with young people who came to one of our quarterly groups. The young people loved the idea, sharing thoughts on the different sections and immediately generating ideas for what they might like to include on their own Rainbow of Life. We share our meaning and rationale for each of the six stripes of the rainbow below.

Special moments

The Tree of Life includes "roots", inviting young people to include "where they come from", which could include their heritage, ancestry, cultural background

and traditions, or geographical roots (Ncube, 2006). Some LGBTQIA+ young people may have challenging histories with family-of-origin and community reactions to disclosure of their gender or sexuality, informed by oppressive sociocultural and/or religious views that might limit someone's ability to disclose this aspect of identity at all. However, we appreciate this might not be the only story of their experience, so wanted to invite stories of sustenance, acceptance and moments of appreciation connected to sociocultural, religious and/or spiritual aspects of identity. Additionally, Duncan Mills (2017) noted that reflecting on the past is potentially very complex for young transgender people (in a past, present, future linear way) and more creative invitations are needed, including the option to stay in the "here and now". As such, we broadened the invitation to young people to include any special moments on their rainbows, with "special" denoting experiences that are enjoyable, connected and cherished. We created a broad range of prompts for this, asking young people:

- What have been enjoyable times or moments that stay with you from either the close past or distant past? They could be memories of big events – what holidays have you been on? What special occasions have you marked? What gigs have you been to? Or they could be everyday moments – what TV shows do you enjoy? What video games do you play? How do you connect with the important people in your life?

Our group attendees reminded us that when working with young people who have chronic health conditions, it is important to acknowledge that even "small wins" can be special moments. Special moments may also be connected to cultural identity:

- Do you have any traditions that are important to you? Are there any special places you like to visit?

Solidarity team

For this stripe, we drew upon Reynolds's (2011) idea of a solidarity team, which is informed by social justice activism and connects with the Papadopoulos et al. (2023) Passport of Life, in which "allies" are those standing by you and "role models" are those who have influenced you. The prompts we used for this were:

- Who are the significant people who stand alongside you?
- Who is in your family of origin and family of choice?
- Who are your friends (physically in life or online)?

- What celebrities, creators/musicians/artists, book/TV/film/video game characters, or people from the LGBTQIA+ community or allies do you admire?
- Do you have any pets? Are there any other animals you have a connection with?

Our intention for this section was to decrease the sense of isolation experienced by young queer people through visually peopling their rainbow and honouring their network and community of support (Reynolds, 2011). We also encouraged young people to think beyond their immediate network towards social movements rather than individuals for solidarity; queer youth connect with and value queer history and the wider accomplishments of queer people being acknowledged and centred (Davis et al., 2009; 2010).

Commitments

Health challenges may have constrained opportunities to develop traditional, educational and/or achievement-based "abilities" or skills, and so we made our next stripe commitments. Rather than fixed, stable and internal parts of self-identity, commitments are intentional states of identity (White, 2004). Through discussion of commitments, young people can adopt dynamic and agentic positions in relation to preferred directions in life. We describe these as the things people give value to, such as their principles, aspirations, beliefs and qualities, as well as actions they take in relation to them. For example:

- Do you practice any skills (e.g. drawing, playing an instrument)?
- Do you show any acts of care and kindness (e.g. being a reliable friend, responsibility for a pet)?
- What do you prioritise in life?
- What would you like to give more priority to?

Images

As symbols such as community flags, organisational logos and visual signifiers hold identity stories and meaning to LGBTQIA+ people (Wolowic et al., 2017), we provided space for young people to include images. Some of the prompts included:

- Are there any important flags or logos you would like to include on your rainbow?
- Any important political symbols or organisations?
- Would you include any symbols for a sports activity or team?

Words

The inclusion of words was inspired by the earlier quarterly rainbow group meetings in which attendees shared many recommendations for literature, films and music, and by Duncan Mills et al. (2018) who included music, songs or lyrics in the Theatre of Life's "music pit". Additionally, as narrative practitioners, we connect with the importance of words in constituting and reflecting preferred identity stories that afford people encouragement, sustenance, inspiration or possibility; we wanted space for such words to be documented. Prompts included asking attendees about words:

- Are there any phrases or sayings that stay with you?
- Any hashtags that you follow on social media?
- Do you have any mottos?
- Are there any lyrics, poems, books or quotes that you appreciate?

Hopes and dreams

As chronic health challenges can rob young people of future hopes and dreams, it is important to create

a gentle and non-pressurising context for them to be voiced and brought forth (Portnoy et al., 2016). In a similar spirit to how we approach the special moments, we encourage young people to think about the smaller goals that might be important to them: prompting them to think about hopes for the next few days, all the way into the far future. We also encourage people to consider global wishes as well as personal dreams, and to use their imagination as they step into preferred futures and "dream big" if they would like to. Prompts include:

- In the future, what do you hope for?
- What do you dream of doing in the future?
- What do you want to do when you are older?

Following the completion of each person's rainbow and an interview about it, the other participants are invited to share "witnessing stars" or "sparkling stars" as a way of witnessing and affirming preferred identity stories (White, 2000). We drew inspiration from Casdagli et al. (2021) who developed Tree of Life groups to include "fruits" given by others (this is discussed in detail in part 4). See Figure 2 for a Rainbow of Life prototype.

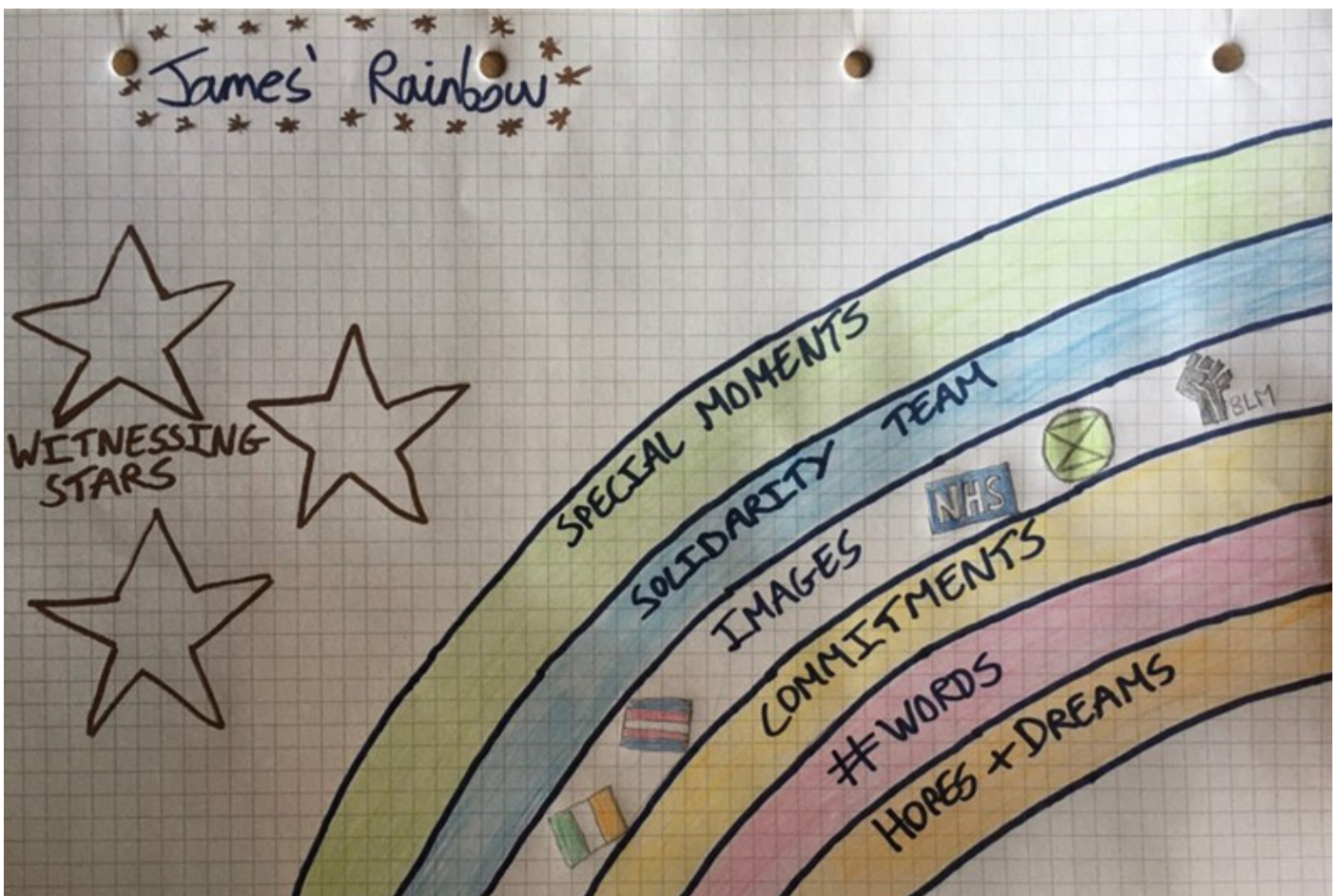


Figure 2. A labelled rainbow prototype

Inviting young people to join the Rainbow of Life

Our existing quarterly rainbow group supports teenagers and young adults up to the age of 25 who access medical care at our hospital. When planning the first Rainbow of Life day, we had run two of our young people's groups and started by inviting the young people who attend our quarterly group. They also helped us to think about how we might open the group to other young people. We knew from research that visibility of queerness, including increased visibility of LGBTQIA+ adults and allies, is an important enabler of LGBTQIA+ young people accessing services (Davis et al., 2009; 2010; Eisenberg et al., 2018; Wells et al., 2013). As such, we let young people know that the group is run by staff who are members of the LGBTQIA+ community or allies, and also use visual cues such as rainbow flags, which have also been shown to be important safety signals for young people (Paceley et al., 2019). In our context, staff in the hospital wear NHS rainbow badges and promotional group posters are displayed (Huckridge et al., 2021). Our group members advised us to share the posters both in public places and in areas that can be seen and processed discreetly by young people, including hospital toilets. We introduce ourselves by sharing our pronouns when we make contact with prospective new attendees, which participants have shared is an important safety signal for them. Holding in mind that the young people might not be "out" to all the medical professionals or people in their lives, we assure them that on their patient record, the group will only be recorded as them having attended a "young people's psychology group" (unless a safeguarding concern emerges, in which case confidentiality may need to be broken to prevent risk of harm).

While some young people expressed interest in meeting face-to-face, others let us know they would find it difficult to attend in-person due to distance or ill health. Also, LGBTQIA+ individuals suffered disproportionately during the COVID-19 pandemic, being unable to access supportive services, while potentially facing increased exposure to hostile or unsupportive households (Konnoth, 2021). We offered a hybrid blend of in-person and online access options to facilitate the most comfortable way to attend for all.

Running the Rainbow of Life

We are now going to outline our step-by-step approach to facilitating a Rainbow of Life collective narrative event over a day (around six hours including regular breaks).

Part 1: Structuring safety

We give great consideration to how young people might arrive at an NHS group run by a psychology team. The LGBTQIA+ community have reported witnessing discriminatory or negative remarks against LGBTQIA+ people by NHS health-care staff, being pressured to access services to question or change their sexual orientation when accessing health-care services, and not being "out" to health-care professionals or avoiding treatment for fear of discrimination (Stonewall, 2018). Trans youth have reported missing needed physical and mental health care and discomfort about discussing their health with medical professionals (Veale et al., 2015), as well as negative interactions with health-care providers due to a perceived lack of knowledge about trans health (Heard et al., 2018). It is burdensome when young people have to educate professionals. Navigating health services may be particularly challenging for queer people living at the intersection of multiple identities, such as those with particular religious beliefs (Pallotta-Chiarolli et al., 2022). As such, we begin our event with an emphasis on structuring safety for the young people attending.

- All participants, including facilitators, select songs by queer artists for a group playlist, writing their choices on a warm up board as they enter the space (or in the chat if joining online). As with our introduction to this article, we invite everyone to choose a queer icon or LGBTQIA+ person they've appreciated, and a colour representing how they feel joining or something they did recently that they're proud of. Our intention is to "warm the context" (Burnham, 2005) for the later activity of choosing different elements for rainbow stripes alongside staff voicing positive attitudes towards LGBTQIA+ people.
- We start with a name and correct pronoun round for all people present.
- Ground rules are established together. For example, we suggest that participants be permitted to share what they hear on the day outside the group, but for these stories to only be repeated in ways that preserve the anonymity of the person who has shared them.

- We invite people to attend to their bodies and health throughout the event, including taking movement and screen breaks when needed.
- We share our intentions for the day, including explicitly naming that our hope for the day is to centre queer culture, which we view as fun, involving a sense of belonging, and a celebration of queer lives and joy.

Part 2: Creating rainbows

We introduce the metaphor of the rainbow by encouraging attendees to bring to mind a clear blue sky with a rainbow across it. Then, we invite participants to think about where they have seen rainbows and if they could share any special moments or memories of rainbows (including the pride flag or other contexts), or cultural or spiritual connections with rainbows. We also invite and reflect on further symbolic meanings of rainbows including: hope; light after darkness and new beginnings; treasure, good luck or good fortune; and peace.

We then move from the collective discussion to the personal through explaining that we will be using the metaphor of a rainbow with the different stripes representing different parts of each attendee's identity. Although we show an example of a completed rainbow,

we acknowledge that rainbows are unique and there is no set way to complete one or colours that need to be used. We invite people to feel free and be creative. Also, we note that rainbows can be fleeting and created in a particular moment, among sunshine and rain, with varying appearance at different times in changing weather conditions; this day is a particular moment in time, and is about capturing your rainbow as it might look right now, with an awareness it might be different in the future.

Young people then create their rainbows through filling in the blank rainbow template (Figure 1), working through the stripes, writing, drawing and collaging. For online attendees, materials are sent in advance. This includes different coloured pencils, marker pens and the blank template. We also provide an "image book" from which young people can cut out images to stick to their rainbow as well as drawing them; it includes "queer icons" (celebrities, musicians, etc.), flags and LGBTQIA+ symbols.

Facilitators talk through each stripe using the prompt questions above. Young people can also create their rainbows through a digital drawing if this is more accessible. Figure 3 shows a completed Rainbow of Life, including the witnessing stars described in Part 4.



Figure 3. A completed Rainbow of Life including sparkling stars.

Part 3: Interviews

Following completion of the rainbows, we invite the young people to participate in interviews facilitated by a staff member about their rainbow and what is featured on their stripes. We emphasise a consent culture as part of our ethical positioning and people do not need to expand on anything if they'd prefer not to. Our intention is to thicken and weave between preferred identity stories, making them dynamic and relational; for example, when talking about their *commitments*, we ask about the actions the person has taken in line with them and who is appreciative. During the interviews, we use Logan's (2002) idea of "queer listening", which is characterised by bringing curiosity to the aspects of a young person's story that do not fit with dominant societal heteronormativity, with an intent to purposefully make space for the queer elements of young people's stories. For example, when sharing *special moments*, we show curiosity when a participant mentions queer literature or music or attending pride events and protests. When exploring *solidarity teams*, we give as much space, curiosity and appreciation to chosen families, fictional characters and public figures (including the significance of celebrities, activists, creators and health-care professionals) as families of origin. We weave between "stripes"; for example, asking about the commitments shared with solidarity team members. We also linger in fictional, online/gaming and fantasy worlds if shared, as these can be "landscapes of possibility" in which LGBTQIA+ people can be recognised and valued for identities that confer hostility in other contexts (Salja, 2022). When discussing *words and images*, we ask questions about personal meanings and the effects of holding on to them, exploring their place in preferred identity stories. When given permission by the interviewee, we connect to personal and global *hopes and dreams*, including individual plans for travel, education, employment or exploring gender expression and social or medical transition, as well as further liberation of queer people around the world. Our intention throughout is to affirm queer aspects alongside and within preferred identity stories.

Part 4: Witnessing stars

As young people listen to each other's interviews, they note the qualities and values that stand out, how the stories connect with their own lives and what they have learnt from listening. They then document and award these as *sparkling stars*. This witnessing acknowledges "transport" and gives the interviewee an experience of their story having affected someone else's life. This

impact on another's life enables people who experience powerlessness due to challenges (such as health or LGBTQIA+ stigma) to feel they've made a significant contribution (Denborough, 2012). Key words or phrases are written on star-shaped stickers and added to the sky above the interviewee's rainbow to demonstrate they are valued, seen and celebrated by their peers.

Part 5: Storms

Now that the young people have a "safe place to stand" (Ncube, 2006), we facilitate a space for the sharing of insider knowledges about surviving in a world that brings challenges in relation to their identities. To introduce this, we extend the rainbow metaphor to introduce the idea of dark storm clouds filling the sky, which can make it difficult to see the rainbows:

Dark storm clouds can fill the sky and make it difficult to see rainbows. Is it the rainbow's fault that storm clouds roll in and affect them?
That the dark clouds dim their brightness?
No!

This connects to the concept of externalising to discuss homophobia and other oppression faced by LGBTQIA+ people. Externalising has been encouraged to support queer people to position "their" problems as separate to them (Logan, 2002). It has also been used with parents of queer adolescents to help them to identify and acknowledge how homophobia has gained power in their lives and the effects of this (Saltzburg, 2007).

We ask attendees to consider the dark storm clouds that can roll into young people's lives generally, for young people with health conditions, and for LGBTQIA+ young people specifically. Examples of storms in the lives of young people might include: how queer lives are discussed in the media; homophobia, transphobia and other oppressive discourses; and how they might not feel welcome in spaces for youth facing challenges with their health due to being LGBTQIA+, while spaces for queer young people may not be accessible or understanding of health or physical needs.

Part 6: Responses to storms

Discourses of victimhood can contribute considerably to establishing long-term negative identity conclusions for young people. Focusing on responses to challenges can aid in conversations that contribute to rich second story development without being re-traumatising (Yuen, 2007). Narrative therapy recognises that people facing hardship or oppression will be responding to

try to address the effects of challenges, using whatever resource they have available to them. While these responses may not be widely acknowledged, or may be limited in their impact, they are significant, and identifying these responses, richly describing the skills and knowledge used, and tracing the history of these responses can strengthen them. Doing this collectively allows for a sense of solidarity to be created (Denborough et al., 2006). Informed by White's (1986) relative influence questioning, we first map the influence of the problem on the person (the effect), and then the influence of people on the problem (the response), and explore any "sparkling moments" – moments and actions that are inconsistent with the problem-saturated narrative. For us, thinking about what we can do to make the rainbow more visible is also connected with the idea of identity becoming more visible, especially in certain contexts (those that are "sunnier"). We think together about some of the responses that might exist to these storms, focusing on what young people, adults, professionals and communities can do to reduce the storms' impact (Denborough, 2018, p. 65). We make clear this is not about finding ways to "accept" oppression, but rather about finding support and ways through the stormy moments. To do this we reconnect with the metaphor:

Rainbows often appear through heavy rainfall and storms, when things feel at their most dark and challenging – they are sometimes dimmed, but re-emerge with strength and clarity. Then the sun comes out and rainbows reappear as the sky brightens. What lights up the rainbow?

Responses might include finding a community of understanding people, participating in events like Pride, reading and watching queer media content, and trying to take a stand by being your authentic self.

Part 7: Becoming rainbow advocates

To conclude, we reflect on the day and do further witnessing of the stories we have heard. We offer young people an inclusive pride flag badge to represent their completion of the process and membership of the community they have created together. We asked young people at our first Rainbow of Life event what they would like to be called having completed the day. They chose "rainbow advocates", and the awarding of this honorific alongside the pride badge in a short celebration ritual has been adopted into our events.

Rainbows on the horizon

Initial feedback about the Rainbow of Life day has been encouraging, with young people describing how they felt heard, respected and connected. They have shared how powerful it is to have their identities acknowledged, particularly in a medical context where queer identities can be pushed aside. We have run the group three times in the paediatric division, seeing more rainbows emerge through the storms, showers and sunshine of queer young people's lives and further building our community of rainbow advocates.

The second group was co-facilitated by a rainbow advocate in a similar way to how other collective narrative practice groups have developed peer-trainer roles, which allow participants to experience personal development and growth, "a level up" for identity as they take on a new role, and giving people the opportunity to notice a change in their relationship with self and others through adopting such a role, while further developing a community in which preferred identity stories can be lived and witnessed (Casdagli et al., 2021; Henly et al., 2022). Participation in a Rainbow of Life group is now part of our regular offerings to young people in paediatrics.

We have also seen rainbows appear in skies further afield: the Rainbow of Life has been run at an adult gender identity clinic (GIC) in London and is being set up to be run in a GIC further afield. It is also being adapted for LGBTQIA+ people with a learning disability. This demonstrates that the Rainbow of Life can be incorporated into work with LGBTQIA+ people facing challenges and storms in multiple contexts, not only in relation to health conditions.

We would encourage you to think about how it could be applied to your work. The colour and light from the Rainbow of Life have been cast more widely than just the participants who have come to a group. Our rainbow advocates have been invited to share their experiences of the group at the most senior level of the hospital's management, to influence systemic change.

Farewells

As we opened this paper with one of our group practices, we will close it by participating in one. When we reach the end of a meeting with young people, we often ask them to "check out" with us by

sharing how they are feeling or something they will hold on to from the space as a way of hearing about their experience and saying farewell. We often use a visual prompt for completing this; for example, choosing a colour. To close this paper, we would each like to choose a colour that allows us to capture something about our experience of participating in this project, and to say farewell.



James

I choose orange, which I associate with sunshine, warmth and optimism. Witnessing the community of solidarity created by young people attending our groups, as well as their commitments to social justice and change, inspires optimism for the future of LGBTQIA+ people.



Jaymie

I am drawn to turquoise, which originally represented magic on the pride flag. In my work with trans and gender-expansive people, I have been struck by how often the word magic is used to describe those moments when people feel they are able to fully express themselves and have meaningful and joyous connections with others while doing so. Every time we run the Rainbow of Life group, I feel this magic in the room, a shimmer among some of the darker storms in the world right now.

Acknowledgments

We would like to thank our youth adviser, Asher, who has been a source of inspiration, energy and knowledge. We would also like to acknowledge all the young people who attend the rainbow group and those who've attended a Rainbow of Life event, including our Rainbow Advocates. Thank you to Sara Portnoy who encouraged us to develop this idea and our clinical teams for their support of the project. Thank you to everyone who read a draft and provided feedback on this paper, including members of the Narrative Developments Group. Our reviewers for this paper were so generous in their encouraging feedback, helping us to not only improve this paper, but also think about next directions for this project. We would also like to thank our colleague Dr Lizzie Driscoll who creatively designed the Rainbow of Life template.

Note

¹ The "+" stands for the diverse sexualities and gender identities that are not named in this acronym.

References

- Baker, G. (2019). *Rainbow warrior: My life in colour*. Chicago Review Press.
- Brazeau, A. S., Nakhla, M., Wright, M., Henderson, M., Panagiotopoulos, C., Pacaud, D., Kearns, P., Elham, R., Da Costa, D., & Dasgupta, K. (2018). Stigma and its association with glycemic control and hypoglycemia in adolescents and young adults with type 1 diabetes: Cross-sectional study. *Journal of medical Internet research*, *20*(4), e151.
- Burnham, J. (2005). Relational reflexivity: A tool for socially constructing therapeutic relationships. In C. Flaskas, B. Mason, & A. Perlesz (Eds.), *The space between: Experience, context, and process in the therapeutic relationship* (pp. 1–17). Routledge.
- Casdagli, L., Christie, D., Girling, I., Ali, S., & Fredman, G. (2017). Evaluating the Tree of Life project: An innovative way of engaging children and young people with type 1 diabetes. *Diabetes Care for Children and Young People*, *6*, 9–15.
- Casdagli, L., Fredman, G., Huckle, E., Mahony, E., & Christie, D. (2021). The contribution of peer trainers to the Tree of Life project for young people living with type 1 diabetes: Building community. *Clinical Child Psychology and Psychiatry*, *26*, 39–50.
- Conway, K. (2020, June 15). The problem with using rainbow flags to support the NHS. *British Psychological Society*. <https://thepsychologist.bps.org.uk/problem-using-rainbow-flags-support-nhs>
- Crenshaw, K. W. (2017). *On intersectionality: Essential writings*. New Press.
- Davis, T. S., Saltzburg, S., & Locke, C. R. (2009). Supporting the emotional and psychological well being of sexual minority youth: Youth ideas for action. *Children and Youth Services Review*, *31*, 1030–1041.
- Davis, T. S., Saltzburg, S., & Locke, C. R. (2010). Assessing community needs of sexual minority youths: Modeling concept mapping for service planning. *Journal of Gay and Lesbian Social Services*, *22*, 226–249.
- Denborough, D. (2010). *Kite of Life: From intergenerational conflict to intergenerational alliance*. Dulwich Centre Foundation.
- Denborough, D. (2012). The team of life with young men from refugee backgrounds. *International Journal of Narrative Therapy and Community Work*, *(2)*, 44–53.
- Denborough, D. (2018). *Do you want to hear a story? Adventures in collective narrative practice*. Dulwich Centre Publications.
- Denborough, D. (2012). A storyline of collective narrative practice: A History of Ideas? Social Projects and Partnerships. *International Journal of Narrative Therapy and Community Work*, *(1)*, 40–65.
- Denborough, D., Koolmatie, C., Mununggirritj, D., Marika, D., Dhurrkay, W., & Yunupingu, M. (2006). Linking stories and initiatives: A narrative approach to working with the skills and knowledge of communities. *International Journal of Narrative Therapy and Community Work*, *(2)*, 19–51.
- Duncan Mills, D., Castro Romero, M., & Ashman, J. (2018). The theatre of life: Collective narrative practice with young trans people. *Context*, *155*, 13–15.
- Edwards, M. (2010). *Promoting psychological well-being in children with acute and chronic illness*. Jessica Kingsley.
- Eisenberg, M. E., Mehus, C. J., Saewyc, E. M., Corliss, H. L., Gower, A. L., Sullivan, R., & Porta, C. M. (2018). Helping young people stay afloat: A qualitative study of community resources and supports for LGBTQ adolescents in the United States and Canada. *Journal of homosexuality*, *65*, 969–989.
- Elderton, A., Clarke, S., Jones, C., & Stacey, J. (2014). Telling our story: A narrative therapy approach to helping lesbian, gay, bisexual and transgender people with a learning disability identify and strengthen positive self-identity stories. *British Journal of Learning Disabilities*, *42*(4), 301–307.
- Ferguson, P., & Walker, H. (2014). “Getting on with life”: Resilience and normalcy in adolescents living with chronic illness. *International Journal of Inclusive Education*, *18*, 227–240.
- Gamwell, K. L., Baudino, M. N., Bakula, D. M., Sharkey, C. M., Roberts, C. M., Grunow, Jacobs, N. J., Gillaspay, S.R., Mullins, L.L., & Chaney, J. M. (2018). Perceived illness stigma, thwarted belongingness, and depressive symptoms in youth with inflammatory bowel disease (IBD). *Inflammatory bowel diseases*, *24*(5), 960–965.
- Hammoud-Beckett, S. (2007). Azima ila Hayati – An invitation in to my life: Narrative conversations about sexual identity. *International Journal of Narrative Therapy and Community Work*, *(1)*, 29–39.
- Hammoud-Beckett, S. (2022). Intersectional narrative practice with queer Muslim clients. *Journal of Intercultural Studies*, *43*, 120–147.
- Harper, D., & Spellman, D. (2006). Social constructionist formulation: Telling a different story. In L. Johnstone & R. Dallos (Eds.), *Formulation in psychology and psychotherapy: Making sense of people’s problems* (pp. 98–125). Routledge.
- Head, B. W. (2011). Why not ask them? Mapping and promoting youth participation. *Children and Youth Services Review*, *33*(4), 541–547.
- Heard, J., Morris, A., Kirouac, N., Ducharme, J., Trepel, S., & Wicklow, B. (2018). Gender dysphoria assessment and action for youth: Review of health care services and experiences of trans youth in Manitoba. *Paediatrics and Child Health*, *23*(3), 179–184.
- Henly, R., Joscelyne, T., & McParland, J. (2023). “Learning and growing”: Young people’s experiences of being peer trainers within a “Beads of Life” group in an oncology setting. *Clinical Child Psychology and Psychiatry*, *28*, 84–98.
- Huckridge, J., Arnold, A., & McParland, J. (2021). Seeing rainbows through the storms of a health condition: Making space for LGBTQ+ young people to have their identity acknowledged. *Clinical Child Psychology and Psychiatry*, *26*, 909–923.
- Jordan, F. (2020). Changing the narrative for LGBTQ adolescents: A literature review and call for research into narrative therapy to improve family acceptance of LGBTQ teens. *Counseling and Family Therapy Scholarship Review*, *3*, 1–8. <https://doi.org/10.53309/RAQX6953>

- Kaseke, S. (2010). "Standing together on a riverbank": Group conversations about sexual abuse in Zimbabwe. *International Journal of Narrative Therapy and Community Work*, (4), 42–44.
- Konnoth, C. J. (2021). Supporting LGBT communities in the COVID-19 pandemic. In S. Burris, S. de Gula, L. Gable, D. E. Levin, W. E. Parmet, & N. P. Terry (Eds.), *COVID-19 policy playbook: Legal recommendations for a safer, more equitable future* (pp. 204–208). Public Health Law Watch.
- Logan, B. (2002). Weaving new stories over the phone: A narrative approach to a gay switchboard. In D. Denborough (Ed.), *Queer counselling and narrative practice* (pp. 138–156). Dulwich Centre Publications.
- Madireddy, S., & Madireddy, S. (2022). Supportive model for the improvement of mental health and prevention of suicide among LGBTQ+ youth. *International Journal of Adolescence and Youth*, 27, 85–101.
- Marine, S. B., & Nicolazzo, Z. (2014). Names that matter: Exploring the tensions of campus LGBTQ centers and trans* inclusion. *Journal of Diversity in Higher Education*, 7(4), 265–281.
- McLean, C. (2021). The growth of the anti-transgender movement in the United Kingdom. The silent radicalization of the British electorate. *International Journal of Sociology*, 51, 473–482.
- McParland, J., & Camic, P. M. (2016). Psychosocial factors and ageing in older lesbian, gay and bisexual people: a systematic review of the literature. *Journal of Clinical Nursing*, 25, 3415–3437.
- Ncube, N. (2006). The Tree of Life project. *International Journal of Narrative Therapy and Community Work*, (1), 3–16.
- NHS England. (2023). *LGBT health*. <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/lgbt-health/>
- Paceley, M. S., Thomas, M. M., & Turner, G. W. (2019). Factors limiting SGM youths' involvement in nonmetropolitan SGM community organizations. *Journal of Gay and Lesbian Social Services*, 31, 1–18.
- Pallotta-Chiarolli, M., Sweid, R., & Sudarto, B. (2022). "You can't be gay and do religion": Understanding Muslim LGBTIQ+ experiences of accessing support services. *Journal of Intercultural Studies*, 43, 148–165.
- Papadopoulos, S., Castro Romero, M., & Semlyen, J. (2023). Collective resistance as a means to healing. A narrative participatory study with sexual minority refugee and asylum-seeking people. *Psychology and Sexuality*, 1–16. <https://doi.org/10.1080/19419899.2023.2268666>
- Portnoy, S., Girling, I., & Fredman, G. (2016). Supporting young people living with cancer to tell their stories in ways that make them stronger: The Beads of Life approach. *Clinical Child Psychology and Psychiatry*, 21, 255–267.
- Quasar, D. (2018). *Progress pride flag*. <https://quasar.digital/?v=a284e24d5f46>
- Quinn, G. P., Sanchez, J. A., Sutton, S. K., Vadaparampil, S. T., Nguyen, G. T., Green, B. L., Kanetsky, A., & Schabath, M. B. (2015). Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. *CA: a cancer journal for clinicians*, 65, 384–400.
- Reynolds, V. (2011). Supervision of solidarity practices: Solidarity teams and people-ing-the-room. *Context*, 116, 4–7.
- Rodríguez-Roldán, V. (2020). The intersection between disability and LGBT discrimination and marginalization. *American University Journal of Gender, Social Policy and the Law*, 28(3), 429–438.
- Salja, E. (2022). Landscapes of possibility: An introduction to fantasy in 2SLGBTQIA+ and disabled therapeutic contexts. *International Journal of Narrative Therapy and Community Work*, (1), 17–25.
- Saltzburg, S. (2007). Narrative therapy pathways for re-authoring with parents of adolescents coming-out as lesbian, gay, and bisexual. *Contemporary Family Therapy*, 29, 57–69.
- Skin., & O'Brien, L. (2020). *It takes blood and guts*. Simon and Schuster.
- Stonewall. (2018). *LGBT in Britain: Health report*. https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf
- Toft, A., Franklin, A., & Langley, E. (2019). Young disabled and LGBT+: Negotiating identity. *Journal of LGBT Youth*, 16(2), 157–172.
- Veale, J., Saewyc, E., Frohard-Dourlent, H., Dobson, S., Clark, B., & the Canadian Trans Youth Health Survey Research Group. (2015). *Being safe, being me: Results of the Canadian trans youth health survey*. Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.
- Vecchietti, V. (2021). *Intersex-inclusive pride flag*. <https://www.consortium.lgbt/intersex-inclusive-flag/>
- Victoria and Albert Museum. (2020). *The Progress Pride flag*. <https://www.vam.ac.uk/articles/the-progress-pride-flag>
- Weiss, J. (2011). Reflective paper: GL versus BT: The archaeology of biphobia and transphobia within the US gay and lesbian community. *Journal of Bisexuality*, 11(4), 498–502.
- Wells, E. A., Asakura, K., Hoppe, M. J., Balsam, K. F., Morrison, D. M., & Beadnell, B. (2013). Social services for sexual minority youth: Preferences for what, where, and how services are delivered. *Children and Youth Services Review*, 35, 312–320.
- White, M. (1986). Negative explanation, restraint, and double description: A template for family therapy. *Family Process*, 25(2), 169–184.
- White, M. (1997). *Narratives of therapist's lives*. Dulwich Centre Publications.
- White, M. (2000). *Reflections on narrative practice: Essays and Interviews*. Dulwich Centre Publications.
- White, M. (2004). *Narrative practice and exotic lives: Resurrecting diversity in everyday life*. Dulwich Centre Publications.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. Norton.
- Wolowic, J. M., Heston, L. V., Saewyc, E. M., Porta, C., & Eisenberg, M. E. (2017). Chasing the rainbow: Lesbian, gay, bisexual, transgender and queer youth and pride semiotics. *Culture, health and sexuality*, 19(5), 557–571.
- Wood, N. R. (2012). Recipes for life. *International Journal of Narrative Therapy and Community Work*, (2), 34–43.
- YouGov. (2023). *LGBT acronym*. <https://docs.cdn.yougov.com/ki9l2zkt20/YouGov%20-%20LGBT%20acronym.pdf>
- Yuen, A. (2007). Discovering children's responses to trauma: A response-based narrative practice. *International Journal of Narrative Therapy and Community Work*, (4), 3–18.