Revista Enfermería Herediana
E-ISSN: 2075-4000
2026, January-June | Volume 19, Issue 1, e7604

CLINICAL CASE

DOI: https://doi.org/10.20453/renh.v19i1.7604

Nursing care in an adolescent with internalized homophobia from Johnson's behavioral model

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ABSTRACT

Internalized homophobia during adolescence constitutes a phenomenon that negatively impacts mental health and promotes significant behavioral alterations. From Dorothy Johnson's Behavioral System Model perspective, nursing acts as an external regulatory agent aimed at restoring the individual's behavioral balance. The objective was to analyze nursing care in a 16-year-old adolescent with internalized homophobia, anxious-depressive symptoms, and a prior history of suicidal ideation, identifying behavioral alterations and developing a comprehensive care plan. The assessment revealed alterations in the affiliation, dependency, sexuality, and aggressive-protective subsystems, manifested as social isolation, self-devaluative language, identity conflict, and persistent anxiety. The prioritized nursing diagnoses included situational low self-esteem, ineffective coping, and risk for self-directed violence. The care plan, structured according to NANDA-I, NOC, and NIC, was implemented over eight months through initial weekly interventions followed by subsequent monitoring, focusing on emotional support, self-esteem strengthening, affect regulation, and the development of a safety plan. Evaluation showed a reduction in self-homophobic language, increased emotional expression, and the development of adaptive strategies, demonstrating behavioral reorganization in accordance with the theoretical model.

Keywords: internalized homophobia; mental health; nursing in mental health; adolescent health.

Received: January 30, 2026
Accepted: February 18, 2026
Online: March 19, 2026

Scientific contribution:

The application of Dorothy E. Johnson's Behavioral System Model in the school setting demonstrates that community nursing provides structured interventions in mental health and sexual diversity. It positions nursing as a key factor in behavioral regulation, suicide risk prevention, and the promotion of psychosocial adaptation in adolescents.

INTRODUCTION

Internalized homophobia involves the adoption of negative beliefs, prejudices, and discriminatory attitudes toward one's own sexual orientation among individuals who identify as homosexual, bisexual, or sexually diverse. This phenomenon arises from the internalization of heteronormative and stigmatizing social norms (1-4). Affected individuals commonly exhibit feelings of guilt, shame, self-rejection, and concealment behaviors, constituting a significant risk factor with deleterious effects on mental health (4).

In educational institutions characterized by high levels of conflict—such as the adolescent's school in this case—where violent behaviors, systematic psychological bullying, substance use, and episodes of physical aggression coexist, internalized homophobia may intensify as a response to social pressure and fear of stigmatization (6, 7). This hostile environment negatively impacts students' self-esteem, limits adaptive coping strategies, and may contribute to the emergence of self-harming behaviors as mechanisms of emotional regulation or escape from psychological distress (5). In this context, early identification of these psychosocial factors and a comprehensive behavioral assessment from the systemic perspective of Dorothy E. Johnson's model are essential. This model enables the understanding of imbalances within behavioral subsystems and guides interventions aimed at promoting stability, adaptation, and emotional well-being.

Clinically, this phenomenon is characterized by anxiety, depression, suicidal ideation, social isolation, and low self-esteem (2, 8). At the same time, it is associated with increased use of psychoactive substances (alcohol, amphetamines, and marijuana), leading to behavioral dysfunction and difficulties in interpersonal relationships (9). Within the minority stress model, this construct is understood as a distal stressor that amplifies the psychosocial vulnerability of LGBTQ+ individuals (10, 11).

Addressing this phenomenon from a nursing science perspective provides ethical, humanized care grounded in theoretical frameworks that promote coping and healthy adjustment. This is particularly relevant in conservative contexts, such as school environments, where stigma may be exacerbated and act as a barrier to detection and access to specialized support (12, 13). The care framework derived from the implementation of Johnson's model, in conjunction with the nursing process, offers a comprehensive approach to identifying alterations in subsystems such as affiliation, self-concept, and dependency, enabling the formulation of interventions that promote adaptive balance.

This case contributes to increasing visibility of a relatively underexplored issue in both clinical and educational practice, highlighting the strategic role of nursing in detection, containment, and therapeutic support. Therefore, the objective was to analyze the nursing care provided to an individual with internalized homophobia from the perspective of Johnson's model, identifying alterations in behavioral subsystems and proposing interventions aimed at restoring adaptive balance and promoting mental health (14).

Informed consent was obtained from parents, along with the adolescent's assent, in accordance with Resolution No. 0309—which addresses the progressive autonomy of children and adolescents—and Resolution No. 8430 of 1993—which regulates health research, both issued by the Colombian Ministry of Health. This ensured explicit authorization for the use of clinical data for academic purposes, guaranteeing confidentiality and anonymity in the handling of the information collected in this study.

CASE PRESENTATION

Context

The care experience of a male 16-year-old adolescent, a high school student at a public educational institution in Yopal, Colombia, is described. The student was referred by the school counseling team during a self-esteem and therapeutic writing workshop, after behaviors associated with internalized homophobia were identified. According to the psychosocial assessment conducted by the school psychologist, the student exhibited self-deprecating expressions, aggressive behaviors, and symptoms of emotional distress consistent with this mental health condition. Up to the moment, no screening tests or psychiatric referrals have been conducted.

Assessment

The assessment was conducted using a semi-structured interview, mental status examination, and clinical observation, following Johnson's Behavioral System Model. During the interview, the student expressed statements characteristic of the colloquial speech of Colombia's Eastern Plains, such as "I'm not like the other guys; something is wrong with me" and "a real man has to be tough, not act 'gay'," reflecting negative self-perception and rigid beliefs about masculinity. Clinical observation revealed withdrawal behaviors, avoidant eye contact, tense body posture, and anxious emotional responses when discussing topics related to identity and school experiences. In terms of family, a history of physical and psychological violence perpetrated by the father was reported, accompanied by expressions of rejection and

devaluation toward behaviors considered "insufficiently masculine." In the social and school context, episodes of aggressive behavior toward peers were documented, resulting in disciplinary actions, with recurrence during the most recent academic term.

The mental status examination revealed anxiety, persistent sadness lasting more than 15 days, self-rejection behaviors, one prior suicide attempt, and two episodes of verbal aggression toward a peer perceived as "effeminate." Application of the Goldberg Anxiety and Depression Scale yielded a score of 6/9 on the anxiety subscale and 5/9 on the depression subscale. These values are interpreted as indicating moderate clinical symptomatology in both dimensions (15, 16). No additional screening tests were conducted, as the clinical diagnosis had already been made by the school psychologist. Behavioral subsystem analysis revealed critical alterations in the affiliation, sexuality, dependency, and aggression–protection subsystems (Table 1).

Table 1. Assessment by behavioral subsystems and identified human responses.

Subsystem	Focused assessment (subjective and objective data)	Identified human response	Evidence-based clinical analysis
Attachment-affiliation	S: reports preferring isolation due to fear of rejection ("if they find out what he/she is like"). O: isolation in school settings, peer conflict, and verbal aggression toward a peer perceived as "effeminate."	Social isolation pattern with defensive hostility in response to identity threat.	Aggressive behavior is interpreted as a defense mechanism against internalized stigma. There is evidence of disruption in the sense of belonging and activation of social self-protection responses.
Dependency	S: expresses feelings of inadequacy and lack of trust in adults. O: ambivalent help-seeking followed by withdrawal; avoidance of male authority figures.	Ambivalent need for support with emotional insecurity.	An insecure dependency pattern is observed, characterized by oscillation between seeking validation and avoidance due to fear of judgment. This pattern increases anxiety–depressive vulnerability and hinders therapeutic adherence.
Sexual	S: denial of sexual orientation despite contradictory statements; self-homophobic language. O: observable discomfort when addressing identity-related topics; evident bodily tension.	Identity conflict with self-devaluation and internalized shame.	There is dissonance between self-perception and internalized sociocultural norms. Internalized homophobia operates as a chronic stressor affecting self-concept and disrupting the sexual subsystem, with cross-cutting effects on self-esteem and emotional regulation.
Aggressive-protective	S: reports frequent irritability. O: defiant attitude and hostile verbal responses when confronted.	Defensive response with low frustration tolerance.	Aggression serves a dysfunctional regulatory function in response to identity-related anxiety. Hyperactivation of the self-protection system is evident when facing perceived threats, with risk of behavioral escalation.
Achievement	S: states, "I'm not good at anything." O: decline in academic performance and a loss of interest in rewarding activities.	Demotivation with perceived failure and hopelessness.	Persistent negative cognitions consistent with a failure schema are identified. Alteration of this achievement subsystem affects self-concept and reinforces the depressive cycle, increasing vulnerability to self-directed risk.
Ingestion	No relevant verbalizations or clinical findings.	Preserved subsystem.	No behavioral alterations were identified in this domain.
Elimination	No relevant clinical findings.	Preserved subsystem.	No physiological manifestations associated with emotional dysregulation are observed in this domain.

Developed by the authors based on the nursing assessment process, grounded in Johnson's Behavioral System Model, which synthesizes findings across the seven behavioral subsystems (14).

Nursing diagnoses and care plan

Based on the NANDA-I taxonomy (2024-2026), the following priority diagnoses were established (17):

- [00481] Inadequate situational self-esteem, related to identity conflict and internalized stigma, as evidenced by self-deprecating language and persistent fear of rejection.
- [00372] Ineffective emotional regulation, related to sexual identity conflict, as evidenced by irritability and defensive verbal aggression.
- [00466] Risk of suicidal self-harm, associated with hopelessness and a history of suicidal ideation.
- [00052] Impaired social interaction, related to fear of rejection, as evidenced by school isolation and avoidance of peers.

These nursing diagnoses were integrated with the Nursing Outcomes Classification (NOC) and the Nursing Interventions Classification (NIC), allowing the development of a care plan aimed at strengthening self-concept, promoting safe emotional expression, and fostering a protective environment (Table 2).

Table 2. Diagnoses and care plan.

NANDA-I Diagnosis	Altered subsystems (Johnson)	NOC Outcomes	NIC Interventions
[00481] Inadequate situational self-esteem, related to identity conflict and internalized stigma, as evidenced by self-deprecating language and persistent fear of rejection.	Dependency, affiliation, achievement.	[1205] Self-esteem. [1300] Self-acceptance.	[5400] Self-esteem enhancement. [5220] Coping enhancement. [5230] Emotional support.
[00372] Ineffective emotional regulation, related to sexual identity conflict, as evidenced by irritability and defensive verbal aggression.	Affiliation, sexual, aggressive–protective.	[1302] Coping. [1402] Impulse control.	[5230] Emotional support. [4360] Behavior modification. [5440] Coping enhancement.
[00466] Risk for suicidal self-directed violence, related to hopelessness and a history of suicidal ideation.	Aggressive-protective, dependency, affiliation.	[1405] Suicide prevention behavior. [1200] Emotional well-being.	[6486] Management of suicidal behavior. [5270] Crisis support [5440] Coping enhancement.
[00052] Impaired social interaction, related to fear of rejection and internalized stigma, as evidenced by school isolation and peer avoidance.	Affiliation	[1503] Social participation. [1301] Social behavior.	[5100] Establishing therapeutic relationships. [4350] Socialization enhancement. [6000] Social skills development.

Prepared and based on Dorothy E. Johnson's Behavioral System Model (18, 19) and the NANDA-I (2024-2026) (17), NOC (20), and NIC taxonomies(21).

Implementation of the care plan

Nursing interventions integrated individualized therapeutic actions, including active listening, emotional validation, education on sexual diversity, and symbolic expression through writing, in accordance with current scientific evidence. During the sessions, a reduction in self-deprecating language was observed, along with greater emotional openness and acknowledgment of painful experiences related to social and family rejection. The implementation of Johnson's model facilitated the identification of dysfunctional patterns within the adolescent's behavioral system and guided interventions aimed at restoring balance, promoting psycho-emotional well-being, and fostering the development of healthier coping strategies (Table 3).

Table 3. NIC interventions and nursing activities implemented.

NIC Code and name	General objective of the intervention	Specific nursing activities
[5400] Self-esteem enhancement.	Improve self-worth perception and self-acceptance.	• Encourage verbal recognition of personal strengths. • Co-design a "personal achievements" bulletin board with the patient. • Validate emotions without judgment during sessions. • Highlight the positive behaviors observed in the patient.
[5230] Emotional support.	Provide a safe environment for emotional expression and coping with distress.	• Offer uninterrupted active listening. • Facilitate the use of metaphors or symbols to express internal conflicts. • Validate feelings of ambivalence, fear, or shame. • Verbally reinforce the patient's right to be themselves.
[6040] Art therapy (therapeutic writing).	Promote symbolic expression of internal conflict through creative writing.	• Propose weekly free-writing exercises focused on emotions. • Suggest writing fictional letters to the "past self" or "future self." • Jointly analyze written texts from an empathetic perspective. • Encourage the creation of a poem or story that transforms a painful experience.
[5440] Coping enhancement.	Develop skills to manage identity conflict and social rejection.	• Together with the patient, identify recent challenging situations. • Explore previous coping strategies and their effectiveness. • Teach basic breathing and emotional regulation techniques. • Promote the use of positive self-affirmation statements.
[6486] Management of suicidal behavior.	Prevent self-harm and strengthen protective emotional resources.	• Develop a personalized safety plan (e.g., emotional "traffic light" system and emergency contacts). • Establish confidentiality agreements with clear limits. • Educate on warning signs and how to ask for timely help. • Coordinate with school and family support networks.
[4360] Behavior modification	Restructure maladaptive behavioral patterns through positive reinforcement.	• Identify behaviors the patient wishes to change. • Establish short-term behavioral goals. • Reinforce prosocial behaviors through verbal recognition. • Conduct weekly, non-punitive evaluations of progress and setbacks.
[5100] Establishing a therapeutic relationship	Strengthen the therapeutic bond and the patient's perception of support.	• Present oneself as a safe and accessible figure from the first encounter. • Use inclusive, non-pathologizing language. • Establish mutual respect guidelines and clear intervention timeframes. • Periodically assess the patient's perception of the therapeutic.

Author's own work based on the Nursing Interventions Classification (NIC), (21)derived from the nursing care process.

Evaluation

The evaluation was structured according to NOC outcomes. Observable achievement criteria, corresponding indicators, and levels of progress (initial, partial, or advanced) were defined and monitored over an eight-month intervention and follow-up period (Table 4).

Table 4. Evaluation of nursing outcomes according to the Nursing Outcomes Classification (NOC).

NANDA-I Diagnosis	NOC Outcome	Indicator	Target score*
[00481] Inadequate situational self-esteem, related to identity conflict and internalized stigma, as evidenced by self-deprecating language and persistent fear of rejection.	[1205] Self-esteem	[120501] Verbalizes self-acceptance.	Maintain at 2 → Increase to 4
		[120503] Expresses positive feelings about him/herself.	Maintain at 2 → Increase to 4
	[1300] Self-acceptance	[130001] Recognizes personal strengths.	Maintain at 2 → Increase to 4
		[130003] Accepts personal limitations.	Maintain at 2 → Increase to 4
[00372] Ineffective emotional regulation, related to sexual identity conflict, as evidenced by irritability and defensive verbal aggression.	[1302] Coping	[130201] Identifies problems.	Maintain at 2 → Increase to 4
		[130204] Uses effective coping strategies.	Maintain at 2 → Increase to 4
	[1402] Impulse control	[140201] Controls impulsive responses.	Maintain at 3 → Increase to 4
		[140204] Thinks before acting.	Maintain at 3 → Increase to 4
[00466] Risk for suicidal self-directed violence, related to hopelessness and a history of suicidal ideation.	[1405] Suicide prevention behavior	[140501] Expresses desire to live.	Maintain at 3 → Increase to 5
		[140503] Looks for help when feeling overwhelmed.	Maintain at 2 → Increase to 4
	[1200] Emotional well-being	[120001] Stable mood.	Maintain at 2 → Increase to 4
		[120003] Expresses hope.	Maintain at 2 → Increase to 4
[00052] Impaired social interaction, related to fear of rejection and internalized stigma, as evidenced by school isolation and peer avoidance.	[1503] Social participation	[150301] Participates in social activities.	Maintain at 2 → Increase to 4
		[150303] Initiates interaction with others.	Maintain at 2 → Increase to 4
	[1301] Social behavior	[130101] Demonstrates appropriate social skills.	Maintain at 2 → Increase to 4
		[130104] Responds appropriately to social norms.	Maintain at 2 → Increase to 4

Author's own work based on the Nursing Outcomes Classification (NOC) (20), derived from the evaluation of nursing care and follow-up of identified human responses.
* Measurement scale: 1: never; 2: rarely; 3: sometimes; 4: frequently; 5: always.

DISCUSSION

The care experience described confirms that internalized homophobia has negative effects on adolescent mental health, particularly when associated with family violence, social stigmatization, and unresolved identity conflict (2). These factors increase low self-esteem, depressive symptomatology, and the risk of suicidal ideation—effects that can be explained by the internalization of hostile heteronormative norms, which generate a persistent state of minority stress, as described in recent literature (1, 7, 8).

Through the application of Johnson's Behavioral System Model, alterations were identified in the affiliation, sexual, dependency, and aggressive/protective subsystems. These findings are consistent with those reported in LGBTQ+ adolescents who grow up in family and school environments characterized by high levels of hostility, which favor the adoption of maladaptive coping mechanisms such as avoidance, projection of aggression, and social isolation (3, 22). At the same time, the presence of denial and shame within the sexual subsystem is consistent with literature linking internalized homophobia to rejection of the "sexual self" and an increased risk of major depression and suicidal ideation (22, 23).

The identified nursing diagnoses are aligned with evidence associating internalized homophobia with impaired self-concept, the use of maladaptive defense mechanisms, and suicide risk (2, 3, 22). Notably, the human response of situational low self-esteem is attributed, according to the reviewed literature, to exposure to derogatory family and social messages, which are detrimental to self-concept and overall self-esteem (4, 22), leading to socio-familial invalidation—an issue observed in the care recipient.

The care plan integrates interventions supported by international literature. Self-esteem enhancement (NIC 5400) and emotional support (NIC 5230) are consistent with affirmative strategies that improve self-acceptance and reduce psychological distress among young individuals with sexual diversity (24, 25). Similarly, art therapy through writing (NIC 6040) aligns with narrative approaches that facilitate the reframing of stigmatizing experiences and adaptive emotional processing (26). Suicide prevention management (NIC 6486) is consistent with international recommendations for preventing suicide in adolescents with prior ideation, as it includes a personalized safety plan and the strengthening of active support networks (27, 28).

Evaluation through NOC indicators enables the monitoring of objective and gradual changes, which is essential given that internalized homophobia is a structural phenomenon requiring sustained and multidimensional interventions (29). In this case, although progress is partial, a positive trend is observed in coping and self-acceptance. This aligns with studies that define therapeutic success as the progressive reduction of vulnerability rather than the immediate resolution of identity conflict (30).

This case highlights the potential of Johnson's model to structure assessment and guide comprehensive interventions in adolescent mental health and sexual diversity. Its systemic approach facilitates the identification of behavioral imbalances and the selection of targeted interventions, integrating theory, evidence, and clinical practice (31, 32).

From a scientific perspective, this case contributes to the evidence supporting the integration of nursing theoretical models with diagnostic taxonomies and evidence-based guidelines to address complex psychosocial issues. Furthermore, it reinforces the need to develop culturally competent interventions in conservative educational settings, where early detection and interdisciplinary support can prevent severe outcomes such as school dropout or suicide (33-35). The systematization of these care plans in school settings opens possibilities for replication and scalability, strengthening the role of nursing in promoting mental health and respect for sexual diversity.

CONCLUSIONS

The analyzed care experience demonstrates that internalized homophobia produces significant alterations in the adolescent's behavioral system, directly affecting self-concept, coping, social interaction, and emotional regulation. The application of Johnson's model enables the structured identification of altered subsystems and the development of a comprehensive care plan integrated with NANDA-I, NOC, and NIC taxonomies. This approach promotes adaptive balance and mental health. The findings show that systematic nursing intervention contributes to the reduction of self-deprecating language, strengthening of coping strategies, and prevention of suicide risk, consolidating the role of nursing in educational settings as a key agent for care, early detection, and therapeutic support.

Future research is suggested to conduct longitudinal studies with larger sample sizes to evaluate the sustainability of nursing care outcomes in adolescents with internalized homophobia. Further research should examine the integration of disciplinary theoretical models with affirmative and community-based approaches to strengthen culturally competent interventions and expand the evidence base for adolescent mental health practice.

Conflict of interest:
The authors declare no conflict of interest.

Funding:
Self-funded.

Authorship contribution:
ALP: conceptualización, curación de datos, análisis formal, investigación, redacción del borrador original.
PYNP: investigación, curación de datos, redacción del borrador original, redacción (revisión y edición).

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