Forbidden access? Exploring the nature of and access to culturally pertinent psychotherapy for Indigenous Latino border-gender youth living in Toronto

By

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A thesis submitted in conformity with the requirements for the degree of Doctor of Education. Department of Applied Psychology & Human Development

Ontario Institute for Studies in Education

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University of Toronto
Abstract
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Indigenous Latino border-gender youth form the fastest growing refugee seeker population in Canada. Indigenous Latino border-gender residents in Canada between the ages of 16 and 29 have a higher prevalence of mental health problems than their non-Indigenous trans-youth counterparts. Furthermore, there is a gap in culturally specific mental health services for Latino border-gender youth who do not access or remain in mainstream counselling services, despite this high prevalence of mental health problems. Currently, very little is known about their experiences of mental health services, and even less is known about how their identities as Indigenous affects these experiences. This study aimed to answer the following question: What are the intersections of cultural identity and counselling experiences for Indigenous Latino border-gender youth as they relate to mental health access? The study employed a qualitative narrative inquiry methodology, in which six Latino border-gender youth were interviewed and the data analyzed using a narrative story map tool. Overall results include metathemes of spirituality; trust and leadership; and, gender transition and the immigration process. The results will be used to inform counselling programs and services for Indigenous Latino border-gender youth and reduce the gap in service for this population.
Dedication

To my late mother, Professor Esther Magid, with her specialty in pre-Hispanic Latin American history, who instilled in me an undying love of learning. Her intellectual legacy of seeking one’s fragmented roots still haunts me.
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This research project has been possible because of the decade of generous and constant intellectual, emotional, and financial support given to me by various individuals in the Counselling Psychology department at the University of Toronto. From lively discussions with Dr. Roy Moodley about Mussar, to the detailed justification of a sentence, skillfully done by Prof. Lana Stermac, to the amazing and absolutely beyond-the-call-of-academic-duty spiritual and all-encompassing guidance of my thesis director, Dr. Suzanne L. Stewart, the memories of those years are still a place of sanctuary. For a careful reading of this work’s many tentative pages and the provision of a Mexican home for its author, I thank graphic designer Rogelio Briseño-Peña. As usual, the love and encouragement of my daughters helped me to navigate my labyrinthean years in graduate school with as much grace as possible. Finally, the spirit of this thesis originated when I befriended a secluded trans woman across from my parents’ house in Montevideo, as a zesty youth asking far too many personal questions that took me across many borders. That unnamed person was willing to forgive my daily sins and still broke bread with me. To that person, with love.
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CHAPTER ONE: INTRODUCTION

Background

This thesis presents a community-based approach that examines limitations in access to culturally competent psychotherapy that promotes a positive model of change for immigrant Indigenous Latino border-gender youth in Toronto. The term “Indigenous” in this research refers to the collective name for the original peoples of what is the whole American territory today and their descendants, who before settlement by Europeans thrived and met all their material and spiritual needs through the resources that the natural land had to offer (Waldram, 2004). It is also the term used by the community centre that presently offered partial services to this community, as well as the one three participants identified with.

New Canadians need to adapt to and engage in their new setting; thus a process of change is imperative. As Armstrong puts it, “Change is one part nerve, two parts knowledge and three parts tenacity” (2013, p. 239). For this reason access to on-going psychological support is crucial. Spanish-language supports exist in the City of Toronto; however, these do not differentiate among the specific needs of Latin Americans, and as a consequence, invisibilizing specific Indigenous needs. Indigenous Latino border-gender youth sometimes relate more to their Canadian Indigenous counterparts than to their Latino counterparts in terms of identity conflicts (Sherbourne Health Centre, 2009), but cannot make use of Indigenous supports because they do not yet have the language skills necessary to access English-language services directed specifically for Indigenous Peoples.

The Canadian Constitution (1982) recognizes three distinct groups of Indigenous peoples: “Indians, Inuit and Metis” (Aboriginal Affairs and Northern Development Canada [AANDC], 2011; Assembly of First Nations [AFN], 2002); however, for the purposes of this research, the term First Nation person is used interchangeably with “Indian.” The Canadian government,
through the *Indian Act* in all its subsequent amendments until the present iterations after its major overhaul in 1985, legally defines what it is to be “Indian,” but not “Indigenous.” However, Indigenous is defined in the Constitution, the highest law of Canada. Thus, First Nations is not a legally recognized term for an individual by the Canadian government. Most countries in Latin America follow similar silencing tactics. For the purpose of this thesis, a status-blind approach was taken, and it includes under the moniker First Nations both status and non-status Indians. Finally, it is important to acknowledge that even though the Indian Act’s terminology is often used by Canadian Indigenous people themselves, while their Latin American counterparts living in Toronto tend to self-identify as Indigenous. Hence, given the international and global scale of this present research project, the choice of specified terminology, which the scarce literature appears to support, is used. Similarly, individuals seeking legal landing status within Canada, such as Latin Americans with international Indigenous ancestry, cannot use their origin as grounds for a claim as part of the refugee seeking process, limiting the reasons claimants can cite for fleeing oppressive existing practices in Latin American countries.

These communities have a history of facing extreme discrimination and torture in their country of origin; not knowing how to survive in Canada, many choose not to reveal their Indigenous ancestry upon arrival for fear of deportation, because multiple sources of oppression (i.e., gender and Indigenous status) are not recognized as “valid” grounds for a refugee claim (Duberlis Ramos [sociologist and Executive Director, Hispanic Council], personal communication, March 4, 2009; Dr. Marlinda Freire [psychologist, Canadian Centre for Victims of Torture], personal communication, September 15, 2009).

Immigrant seekers of Indigenous origin do not disclose their ancestry because it proliferates their sources of oppression, leaving this aspect to be dealt with once they arrive in Toronto. Because these new immigrants did not disclose their Aboriginal status upon entering Canada, authorities assume that their first language is Spanish; their religion is Catholicism, and
so forth. Therefore, two different problems are formed: lack of proper disclosure out of fear, and, as a consequence, the invisibility of their problems once they have landed in Toronto. As a result of colonial oppression and the resulting silence of those who are new to Canada, the provision of services for this community does not address their problems; immigrant organizations cannot apply for funding from institutions that will not acknowledge the existence of such an isolated community within the larger Latino community. This is not irrelevant information at all; to the contrary, it shows that immigration laws need to be updated according to the community needs. For instance, a massive Guatemalan exile occurred as a result of the Guatemalan genocide, but the crux of the reported reasons were political and not ethnic (Marlinda Freire, personal communication, May 12, 2013). Indigenous families decided to keep their ancestry hidden as a strategy to secure refuge, with its final effect of undercounting and underserving these acutely oppressed minorities. This has perpetuated historical cycles of oppression. Geographic dislocation, paradoxically, might bring multiple sources of oppression and another clandestine life, an aspect that is known in peninsular psychology as “the Ulysses syndrome” in Spain with their refugee seekers (Tenenbaum, 2010). The “Ulysses syndrome” is an increasing clinical problem that merited a conference devoted to this new trend related to the issue of access to mental health services for undocumented North African immigrants in Barcelona, Catalonia.

The Urban Aboriginal Peoples study (UAPS) (2010) examined the values, experiences, identities, and aspirations of urban Aboriginal peoples. It found that First Nations, Metis, and Inuit people living within Canadian cities are migrating from reserve communities to metropolitan areas to strive toward better education and a healthier family life, and to strengthen their culture and traditions. It was also found that mobility was reciprocal. They moved back and forth. Statistics Canada finds this too, as did the Toronto Aboriginal Research Project. Similarly, their Latino counterparts have left their country of origin to seek safety and more life opportunities. Although the reasons to leave one’s country may be many, this research study
focuses only on families seeking a change for themselves or their children because of the gender oppression they were experiencing in their country of origin relating to gender issues. This is a key aspect of their identity process. According to Celeste Bilbao-Joseph, psychologist in the LGBTQ/HIV education Clinic, pursuing freedom of gender exploration is the leading aspiration of their urban Latino Indigenous clientele, especially for young people who see counsellors at the Centre for Spanish Speaking Peoples (www.spanishservices.org). However, it is worth noting that seeking this support might not be true for members of that community who do not seek out CSSP services, an issue that generates uncertainly of numbers given their unreported status.

During the 1970s, Latino families of Indigenous ancestry came to Canada from Guatemala, El Salvador, and Honduras as a result of the military dictatorships that followed the social revolutions. In the 1980s, these said families were joined by families from Mexico and Colombia, as a result of the political instability and rampant violence occurring in those countries at that time. During those same two decades, an undetermined number of Indigenous Latinos arrived from the southern part of Chile, the northern part of Argentina, and the countryside of Uruguay who never reported their Indigenous ancestry. Some data was being collected during the 90's, until the researchers were deported in 1999, according to Dr. Freire.

The City of Toronto is home to more than 26,000 Indigenous people, and this extends to 31,910 in the Greater Toronto Area (GTA). Toronto is described as having one of the largest and vastly diverse Indigenous communities in Canada (City of Toronto, 2010). These numbers only include Indigenous people in Canada, not Mayans, for instance. The 2006 census reported that as a whole, the Toronto Indigenous population was younger than the general population, with a much higher proportion of seniors and higher proportion of children and youth (City of Toronto, 2008). This latter finding is consistent with the entire Indigenous population in Canada, of whom more than 50% are under the age of 24 and 40% under the age of 16 (Statistics Canada, 2009). Indigenous Latino individuals living in the City of Toronto face many challenges in regards to
well-being, adaptation to societal needs/wants as they sometimes clash with their cultural values, and access to mental health services (Centre for Spanish-Speaking Peoples, 2013). It is important to note that even though these are official numbers, they are disputed by many Indigenous social service organizations, which believe that the numbers are much higher. For instance, the Toronto Aboriginal Research Project final report noted that individuals who utilize services in the community are estimated to be much higher than reported but not necessarily the population who use services. There is probably a more accurate count of the service users, but not yet in a systematic, statistically significant or qualitatively relevant manner, which invites further study.

Rationale

Overarching Principles

This research project assumed a starting point of deficit. The view of a traditional multicultural model of counselling was not sufficient to understand a sub-community within the Latin American one in Toronto. The rationale was based on a few clinicians’ anecdotes about some counselling experiences, but without a narrative frame of reference, or the participants’ own voice, and certainly no research to back up a consistent and specific counselling approach. Feminist and multicultural models have guided therapists in adapting practice to reflect social justice perspectives, thereby improving their ability to offer psychotherapeutic treatment that is not compromised by sexist, racist, heterosexist, or classist bias (Smith, Chambers, & Bratini, 2009). Authors employing these models have invited socially aware therapists to analyze the pathogenic influence of structural oppression on the emotional well-being of people impacted by it, in order to increase the development of socially just interventions (Smith et al., 2009).

Moreover, further consideration of the dynamics of oppression invites practitioners to transform the interventions that they offer to achieve a liberatory psychology, “breaking the chains of personal oppression as much as the chains of social oppression” (Smith et al., 2009, p. 159),
which include the patriarchal underpinnings of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM V) (Smith et al., 2013). Because of the pathogenic nature of structural oppression and its references for casting oppression’s damage as an individual’s disorders, mainstream psychology risks helping to perpetuate an unjust status quo (Smith et al., 2009). That political angle was the orientation this research was going to follow, meaning that a contextual analysis of participants was going to be embedded in psychological aspects of their access and success (or not) of their unique counselling experiences.

Critical psychology offers an overarching framework of values, assumptions, and practices seeking to reduce or eliminate oppression in society (Hernandez, 2008). Social justice, feminist, and other critical analyses of mental health theory and practice have illuminated the sociopolitical origins of these epistemologies, as well as the potential for conventional psychotherapeutic interventions to support (and even reproduce) the belief systems and power relations from which they emerged (Smith et al., 2009). “Therapists who wish to break from this position of complacency and allow their relatively privileged social positions to become the platform by which silenced members of society can begin to be heard . . . becom[e] part of the solution” (Smith et al., 2009, p. 167). Furthermore, all these considerations would “open the Pandora’s box of gender, race, privilege, and privileged roles in supervision” (Smith et al., 2009, p. 84), which also includes teaching, learning, programs, and courses for incoming clinicians and psychology students at large.

Cultural Context Model

The specific rationale for researching the cultural context of this particular community and its unique needs are the factors of power, dominance, and race. These barriers are consistently reported in counselling settings as first encountered in their respective Latin American countries of origin, but an exploration in depth of this exceeded the scope of
psychological research of this limited project. Nevertheless, it is crucial to stress out that indeed these previous negative experiences augment the frustration and disillusion when the hopes to find acceptance in Canada are confronted with further barriers and obstacles. The cultural context model is a social justice approach that offers an alternative to individualistic therapeutic practice and shifts toward a community-based model by linking both interpersonal processes and larger systems (Hernandez, 2008). Indigenous Latino trans youth are a group within a group, and as such suffer multiple sources of oppression, relating to their insecure immigration status, language barriers, gender fluidity status as they claim it, poverty, and isolation from mainstream activities. Trans individuals have lived experience of transience and permanence, evoking beginnings and endings and everything in between—encountered not only in the consulting room but also in art and in life, in all its forms. Artistic expression of this existential angst is not uncommon in gender-affirming teens (Tenenbaum, 2010). Trans youth have lived “the continuum of experience in opposite poles, given rise to the bittersweet tension of the human condition” (IFPE Conference).

It has been recognized that the Indigenous population in Canada is becoming increasingly more urban; resultantly, one would expect there to be more opportunities for access to Indigenous mental health services in a highly populated city such as Toronto. However, services in the Spanish language or with a cultural lens have not developed, increased, or improved despite the need for services. This suggests that Spanish-speaking Indigenous people as a group encounter further barriers to mental health access in addition to availability of counsellors. In the Latino community, suicide is still a taboo topic in research and practice related to trans youth. Although it is increasingly becoming a common topic of discussion during therapy sessions, it remains as an element of concern and spotlight in the present society and media, especially for minority youth (Stern 2014).

Researchers have identified several factors that contribute to the low levels of education,
high levels of unemployment, and limited career advancement among Indigenous communities in Canada, especially for those aged 18–30. However, psychological research within an Indigenous Latino group was yet to be conducted. It is identified in the literature that “gender is the most significant signifier” (Armstrong, 2013, p. 270), as it dictates how individuals interact with each other. Although gender research in the Latin American population was initiated in 2012 (Ivette Jaque [counsellor, Centre for Spanish Speaking Peoples], personal communication, March 20, 2012), the specific variable of transgenderism has not been addressed, even in sexual minority research, partly because of the ever-changing aspect of gender fluidity that is so paramount in gender ambiguity presentation for youth. Armstrong speaks directly to this issue by stating:

If you have never met someone before and you didn’t quite know whether the person was a male or female that you were speaking to, you feel uncomfortable because you don’t know what social rules to apply. Whereas we don’t know their nationality, their ethnicity, their social class, we still know how to interact (which raises the question: who is the “we” here?). But gender, the rules of gender, are so deeply imbued and embedded in all of us that when we start changing the rules we don’t know how to behave. It is a recognizable dilemma, but one that society has to come to terms with (Armstrong, 2013, p. 270).

Indigenous young people face multiple barriers related to poverty, access, literacy, discrimination, colonization, and the traumatic legacy of residential school abuse (Hoffman, Jackson, & Smith, 2005; McCormick & Amundson, 1997; White, Maxim, & Gymah, 2003, cited in McMullin, 2009). Even though Indigenous Latino youth have not experienced the open genocide of residential school abuse, they have been subjected to fascist-based military dictatorship that organized torture under several systemic programs of annihilation (Sabato, 1984). These programs generated thousands of “missing” and “disappearing” social fighters and
stole babies in order to give them to military families or right-wing supporters to adopt, a fact that has enraged and divided Latin Americans (see Press TV, “Controversy over Pope Francis’ political past”). The recently chosen Pope Francis is being accused of involvement in the neglect, torture, and disappearance of left-wing individuals and the stealing of their children—including Indigenous children in the north of Argentina that were given for adoption by the military authorities (Children of the “Dirty War,” 2013). Many Indigenous Latino youth’s parents arrived in Canada as asylum seekers after being tortured, put in jail, or abused in their countries of origin, experiences that generate and continue the cycle of intergenerational trauma (Dr. Freire, personal communication, September 20, 2012).

Furthermore, very little literature captures the life experiences of Indigenous border-gender youth themselves or discusses those who work directly with Indigenous youth in the Latin American community, which is also divided by political factions, such as left and right. Political divisions are still present among Latin Americans living in Toronto, such as Cubans pro-Castro or Miami, and Venezuelans pro-Chavez, and that also affects the services provided for them and acknowledged by them. Suspicion and a lack of trust still permeate the decision to access mental health services, because of the vulnerability that using these services implies. The present study aimed to address this gap in literature, especially the specific narrative aspect of lived experiences of transgender Latin American youth.

Critical psychology offers an overarching ethical framework for guiding the construction of theories and professional practices in the mental health field based on an analysis of power, well-being, oppression, and liberation (Hernandez, 2008). The term “Indigenous” is defined as Aboriginal peoples in an international context (sabar.ca/keyterms), and its aim in this study is to add texture to the need of an increased well-being and healing within an Indigenous framework. Gregory Cajete in 2011, summed up Indigenous transformative education in “A pueblo story for transformation” as follows: “one must find one’s relationships, first of all, of oneself to oneself,
then one’s relationship to the family, to the clan, to the tribe, to the place in which you live, your homeland, then the natural world and finally, to the whole cosmos. These concentric rings of relationship, these practiced responsibilities, these sets of understandings, form a context and also work together to help one find one’s face, and one’s heart, and one’s foundation.” This is the core of an Indigenous approach to education, as stated in the blog of the Federation Equity Issues. “Latino” refers to Spanish-speaking individuals from any one of the 19 countries from Mexico south to the Argentinean Patagonia. The umbrella term “trans” is used here in a working definition: individuals who privilege their psychological gender identification, whether the gender(s) is congruent with their genitalia or not. MTF are male-born individuals who desire to increase congruency toward a female identification. FTM are female-born individuals wanting to increase their masculinity psychological identification. The term “border-gender” is used here for both homo- and bisexual youth (as suggested by Dr. Erik Schneider, personal communication, January 1, 2014) and young adults in the process of transitioning from one gender to the other, giving full privilege to their inner identification, exploration, and fluidity over their genitalia and imposed sex at birth. “Youth” is used here in consistency with Canadian immigration standards: people between 16 and 29 years of age. The lower end of this age span was considered at a starting point as a critical time in forming identities and relationships, and is therefore, an appropriate age to focus on, as these issues are particularly salient and social to confirm interactionism as socially and psychologically relevant. The focus of this research is youth’s inner processing via language and culturally pertinent psychotherapy and the importance of rapid access to such psychotherapy. This framework was utilized in this research in order to understand the lives of Indigenous Latino border-gender youth living in Toronto in their own terms.

The Present Study

The cultural context model is a social justice approach to working with individuals and families that supports a collective consciousness of liberation for dismantling linkages of power,
privilege, and oppression, because it encourages a deconstructive analysis of psychological concepts in relation to social location factors such as gender, ethnicity, class, ability, sexual orientation, gender identities, and religion (Hernandez, 2008).

In the present research, Indigenous Latino border-gender youth were invited to contemplate their life according to a specific social location, and to draw conclusions based on that, paying thoughtful attention to articulating the theory and practice of social justice and mental health endeavors. Hernandez draws from Paulo Freire’s (1970) concept of “false generosity” (Hernandez, 2008, p. 29) to describe the help offered by privileged people to the oppressed in the absence of any attempt to acknowledge or address the sources of oppression. This concept was capitalized on throughout this research to create further knowledge about this population’s mental health needs and to promote access to services.

This grassroots community of youth were then able to voice “postcolonial ideas to account for the historical and current impact of oppressive social forces, including sexism, racism, homo-prejudice, and classism in the practice of counselling psychology and family therapy” (Hernandez, 2008, p. 10). This research, aimed to address access to relevant and pertinent mental health services for this population, was framed within a larger social justice analysis of power, dominance, and race, all three of which contribute to social inequality in the organization of family and community life in Toronto. Although this present study focuses in Toronto in the hope that a more generalized behavior in Canada can be addressed with a future research, to open the field to other regions that are in dire need to embrace border-genderness as well. A present lens in Toronto does not deny a potential major problem throughout the country. This is important to the overall scope of this research project because, as Smith et al. note, “empathy and competent services for the oppressed are vital, but unless we frame these within an analysis of power relations and a willingness to address our own participation within them, our efforts may not reach their full potential” (Smith et al., 2009, p. 91). The context of Smith et al.’s
work is associated with Indigenous communities in general, but it could be made generalizable to Indigenous Latino border-gender youth in particular in their way of relating to their environment. Increased access to mental health services for this particular minority within a minority is not only a means of surviving emotionally in mainstream society, but it is also a crucial realistic exploration on how these youth presently posit themselves within the existing mental health system and participate in our greater society. At present time there is no data available for the border-gender Indigenous Latino youth in Toronto accessing psychological treatment systematically, numerically, in their own voices, and in terms of coming back to treatment, if at all. Research results from this pilot study will inform the direction of the needed change.

Direction on how to access pertinent mental health services may not only be plausible but necessary for those who need to receive support in order to manage their complex existences, diminishing their anguish, and decreasing the resentment and frustration an unjust mental health system fuels.

It has been suggested by a number of researchers (personal communications reproduced in Tenenbaum, 2012) that current counselling and community settings do not adequately meet the needs of Indigenous Latino border-gender youth and that additional cultural factors need to be taken into account when working with specific communities. For example, within the Spanish-speaking community in Toronto, current counselling models are based on the psychological development and immigration issues that exist for the predominantly non-Indigenous, middle-class, able-bodied, heterosexual people who speak the Spanish language. This is indeed a fact that means that in actual services provided, a deficit in shared experiences is marked.

Purpose of This Study

The main reasons for this study of dually cultured (overall Latin American roots but not encompassing particular Indigenous cultural contexts), living and exploring gender nuances in
Toronto), border-gender Latino youth of Indigenous ancestry were as follows:

1. There is an under-use of mental health services by immigrant Latino trans youth because they need to consult and/or receive culturally competent counselling services, which are not presently provided in the Spanish language (Ivette Jaque, personal communication, August 13, 2010; Jose [Pepe] Mellado [counsellor, Centre for Spanish Speaking Peoples], personal communication, November 15, 2010).

2. The unstable status and/or immigration status pending resolution creates complexity for this already vulnerable population, and there is a lack of empirical data in counselling psychology related to immigrant trans youth in general and Spanish-speaking immigrant trans youth in particular (Marlinda Freire, personal communication, August 2, 2013).

3. There is a lack of understanding of specific cultural patterns of gender development for dually cultured youth, because intervention with them is intertwined with a family approach, even though they might not share the same language and cultural practices with the rest of the family of origin, other counsellors, and/or other members of the community using services. In other words, group support might not be feasible for this population because they display more differences than similarities with the rest of the group, which is expanded in the concluding chapter.

This research explored the notion that it may appear that there are no Indigenous Latino immigrant border-gender youth in Toronto, when in fact there are—we just do not have specific psychological services for border-gender Indigenous Latino youth, so we collectively invisibilize them, as the scarce existing services are not culturally pertinent or specific enough for this community within a community. This study aimed at researching this clinical issue so that we can both reveal and remedy this problem with language-appropriate and culturally appropriate treatment, if that was a proven need. Furthermore, it can be argued that mental health workers
such as counsellors should be educated in terms of complex models of gender development combined with immigration stressors for immigrant youth’s mental health. A counselling approach to gender diversity that includes a culturally based conception of well-being and healing can contribute to developing new forms of holistic or multidisciplinary health services and promotion that respond effectively to border-gender youth by the multilayered history of immigrant families’ development in their present needs. A complex gender development might increase anxiety and uncertainty about one’s future, career options, love, relationships, and so forth. Correspondingly, a specific group support and family “by choice” counselling might have a different format, because family members “by choice” are from a different background, age, sometimes even a different country of origin. Family “by choice” refers to a person and/or persons that share intimacy, care and support without a biological link. Therefore, it might add a layer of complexity and care in terms of interpersonal family dynamics.

Rationale for the Need for Culturally Competent Counselling

The field of culturally competent counselling and psychological services related to Indigenous Latinos in Toronto does not include gender constructs for transitioning border-gender youth. The incipient “trans” category is almost conspicuous by its absence. The goals of the current project were threefold: (a) to gather data that would increase theoretical and applied knowledge with respect to this specific population; (b) to generate results that would help educators and counsellors to develop culturally based, paradigm-based treatment models for immigrant youth in their cultural duality, without, as Christine Cassidy (1992) puts it “rarefying” them, to value and acknowledge border-gender youth in that angular way; and (c) to generate a more systematic view of border-gender individuals embedded in their success, in their own terms.

The primary purpose of this research is to advocate for the generation and full embodiment of border identities because, as McLaren (1995) puts it, they constitute a bold
infringement on patriarchal concepts of normalcy. Border-gender youth need to understand their role in the production of subjectivity and agency, and strive to never again be seen as supplicants of history by the rest of society (Tenenbaum, 2013). According to the elegant prose of McLaren’s illuminating article, “this is neither a Dionysian rejection of rationality nor a blind, pre-rational plunge into myth but rather an attempt to embrace and reclaim the memories of those pulsating, sinewed bodies that have been forgotten in our modernist assault on difference and uncertainty” (McLaren, 1995, p. 69).

Research Question

The research question for this thesis project was, “What are the intersections of cultural identity and counselling experiences for Indigenous Latino border-gender youth as they relate to mental health access?” The research focused on how the youth’s cultural identity as an Indigenous person who immigrated from a Spanish-speaking country, as well as how the youth’s gender identity as a border-gender youth, have influenced the experience of school and life in general for the youth and their families of origin. The research also aimed to identify what, if anything needs to be done to make mental health services safe and productive, including clinical supervision of existing mental health providers.

Research Site

The site for this research project was within the largest urban centre in Canada, the city of Toronto, Ontario. This developed metropolis is home to approximately 2.48 million people, and expands to approximately 5.5 million in the Greater Toronto Area (City of Toronto, 2010). Moreover, Toronto has often been described as being the most culturally diverse city in the world. In 2006, the city of Toronto was home to 30% of all recent immigrants and 20% of all Canadian immigrants. Furthermore, 47% of Toronto’s population (1,162,635 people) reports themselves as being part of a visible minority (City of Toronto, 2010). However, people from
Latin America are a small proportion of this, they count in their potential access to mental health services relevant to them.

The specific site for the conducted research was the Centre for Spanish Speaking Peoples (CSSP), located in downtown Toronto. On its website, CSSP describes itself as a “Spanish-speaking—including Indigenous immigrants—community and cultural LGBTQ center.” This is the reason of having considered using the term “Indigenous”, to be consistent with CSSP’s descriptors. CSSP is a community-based, non-profit organization that provides social, recreational, cultural, and spiritual services to Toronto’s urban Spanish-speaking community. The Centre for Spanish Speaking Peoples envisions “a healthy urban LGBTQ community by living, learning, and celebrating the Latin American culture including Indigenous culture through honoring Indigenous knowledge and traditions, integrating the spirit of youth and elders, and fostering the development of healthy families” (Centre for Spanish Speaking Peoples [CSSP], 2010). Although Indigenous Latino border-gender youth as a population is presently invisible and underserved by the CSSP, this centre, paradoxically, is the one that traditionally holds both credibility and seniority within the Spanish-speaking community. Therefore, the CSSP has all the potential to generate new program developments in its newer site for sexual minorities in Toronto’s gay village.

Summary of Chapter One

Chapter One has introduced the issues at stake, has defined all frequently used terms, outlined the community partnership as the research site, and listed the main questions to be addressed by this project. More specifically, this chapter presents the importance of this research and introduces a community-based approach to exploring the current limitations in mental health access for transgender Latin American Indigenous youth living today in Toronto, Canada.
Furthermore, this chapter demonstrates the parallels that this population does not share in context with Canadian Indigenous peoples. This is crucial to the scope of this research as this study incorporates an Indigenous framework to the psychosocial issues that these groups collectively experience, such as silencing, colonial oppression, and cycles of intergenerational trauma.

As identified in this chapter, Indigenous Latin American transgender youth are an exceptionally marginalized group, who suffer from multiple sources of oppression. Hence, a cultural context model that promotes liberation and incorporates issues of power, privilege, and oppression and thus deconstructs internalized racism, patriarchy, and dominant societal discourse would be more appropriate in terms of mental health care for this specific population, because current models of care are inappropriate and thus are not being accessed by this group. This chapter demonstrated the need for such research and the desirability of its application in a context where, increasingly, emergent psychological problems—coupled with scarce psychological resources—are adding to the complexity of the community being researched.
CHAPTER TWO: LITERATURE REVIEW
Factors Relating to Well-being

Psychological help plays a central role in the lives of people and communities, thus contributing to the overall social and economic welfare of a population of new Canadians. Mental health support is one of the ways we establish meaning and identity in our lives. Mental well-being not only establishes who we are and what we contribute to a society, but is also a source of means for survival. Furthermore, it is a substantial part of human life, in terms of time devoted to community connections and in terms of the meaning in one's life. People’s experiences of psychological help in times of crisis can either promote well-being or lead to distress.

According to Hernandez (2008, p. 11), Spivak (1994) posits that the experience of dominance is as relentless as the experience of oppression, which is close to the experience of geographical dislocation. As dominance is normalized, it is rarely questioned. Therefore, the clearer we can acknowledge its occurrence in daily life, the more we are able to interrupt the perpetuation of oppression. Liberation is key to healing and defines a system of healing that embraces critical consciousness, empowerment, and accountability as guiding principles.

The History and Role of Social Interactions in Queer Identity Formation

In the context of this research it has been argued that Indigenous Latino border-gender youth develop queer identity through symbolic interactions with the “Generalized Other” (Mead, 1934, p. 154). Queer is a historically overarching term that includes young adults who first identified as gay or lesbian or even bisexual, for lack of a better term, however, it is important to note that queer as a term has been quite contested, although its theoretical approach exceeds the clinical goal of this psychological research. Queer is the term used when one does not want to give more specifics about one’s process of sexual fluidity. A historical analysis of this term is pertinent to understand the gender fluctuations that parallel a different choice of words, as sexual
orientation (the sexual partner you prefer) is easier to navigate than the gender identification (whether you see yourself as boy or girl, or something else entirely different, for that matter). In the author’s experiences, clients have navigated both dilemmas at once but chose to disclose only the sexual orientation aspect to ease their social interactions. All of these clients fell under one of those categories of gay, lesbian, or bisexual before identifying as queer, an aspect that mirrors extensive research done by Dr. Erik Schneider, a Luxembourg-based German psychiatrist and psychotherapist who is a specialist in intersex and transgender children (personal communication, December 15, 2013).

The social interactive nature of queer identity formation is supported by (1) Kaufman and Johnson’s finding that receiving less “negative reflective appraisals about being gay or lesbian [leads to having less] difficulties examining [one’s] sexual identity…” (Kaufman & Johnson, 2013, p. 816); (2) Greene’s observation (2011) that the adoption of the attitude of the “generalized other” (p. 263) is needed for a gay man to be visible and desirable; and (3) Hutson’s idea that appearance is a “process of interaction” (Hutson, 2010, p. 299) integral to establishing, solidifying, and conveying gay and lesbian identities.

This research presents the queer or homosexual body as a figure that defies the social norm of heterosexuality and disrupts the power Mead accords the “Generalized Other” (Mead, 1934, p. 154). For Mead, the figure of the Generalized Other influences how one conceives of one’s sexuality. This influence is carried out through the concept—borrowed from Cooley—of the “Looking Glass Self,” which positions the self as “a reflective process” that is an “object to itself” (Mead, 1934, p. 136). A full body of queer theory explores this as well.

Importantly, the figure of the homosexual did not exist before “. . . the appearance in nineteenth-century psychiatry . . . and literature . . . on the species and subspecies of homosexuality [and] inversion [which] made possible the formation of a reverse discourse: homosexuality began to speak in its own behalf, to demand that its legitimacy or ‘naturality’ be
acknowledged . . .” (Foucault, 1978, p. 101). The term “homosexual” has a fraught history of oppression and pathology of subjects, as well as a history of reclamation and continual transformation. To identify as queer is to adopt an identity that evolves as you and your community evolve.

**The Queer Self as a Fragmentary Self**

Mead presents the concept of a self whose self-objectification is made possible only through social interaction (Mead, 1934, p. 135). The self makes it possible to identify within the broad categories of gender and sexuality. The subject “becomes an object to himself (herself) only by taking the attitudes of other individuals toward himself within a social environment” (Mead, 1934, p. 138). Without a self, one is a fragmented and disassociated person who lacks self-consciousness, however Heidegger's concept of being adds fluidity to the process (Heidegger, 1962).

For Mead, a complete self is made up of “various elementary selves” (1934, p. 144). Identifying as queer or homosexual threatens to disrupt this constructed self unity, as queerness may be an element of one’s identity people are unwilling to accept. Since unity of self is made possible through the “generalized other” (Mead, 1934, p. 154) embodied in society as a whole, lack of social acceptance is equivalent to lacking a self. The Generalized Other is a figure that benchmarks normalcy, something that Latino trans youth cannot mirror in today’s mental health services. The literature quantifies visual signifiers, such as dress code and mannerisms, used to convey one’s gender, which are outside information sources. This research aimed at inner signifiers in order to develop proper access.

Goffman’s concept of “Impression Management” and the contrast between the impressions we give involves a conscious “us[e] [of] verbal symbols . . . to convey the information that [s]he and others are known to attach to these symbols” and those we “give off,” which is action “symptomatic of the actor,” action not done consciously (Goffman, 1959, p. 2).
Impression Management provides space for self-exploration by providing default scripts that conserve emotional energy and enable interactions to run smoothly. In counselling settings, some trans youth explored the nuances of “passing” before engaging in other psychological work.

Social Interaction-Generated Selves

Blumstein suggests “social interaction generates selves” (1991, p. 305), meaning that only through others can an individual come to self-understanding. Blumstein’s concept of “identities people project” (1991, p. 305) is similar to Goffman’s notion of identities we give off (1954, p. 2). These identities are important because with frequency, they “eventually produce modifications in the self” (Blumstein, 1991, p. 307). For Blumstein, “ossification” is defined as the result of “repeated enactment of identities [which] produce selves” (1991, p. 307). As a result, the ossification of new identities changes how we see ourselves. Ossification is particularly likely to happen with those with whom we have “intimate relationships” (Blumstein, 1991, p. 307). A change in the gender of sexual partner provides the opportunity to enact a new identity “with great frequency . . . [so] we become the person whom we have enacted” (Blumstein, 1991, p. 307)—in this case a queer self.

Furthermore, Kaufman and Johnson (2013) conducted 20 semi-structured interviews with 10 self-identified lesbians and 10 self-identified gays of different races, ages, and incomes who were members of historically stigmatized groups in the United States during 2005 and 2006 in the hopes of creating a more universalizing model of identity formation. In all, they completed 14 case studies, as some participants did not complete the study, for whatever reason. They obtained their sample through a multiple start snowball approach, using friends and organizations that worked with gays and lesbians to find participants (Kaufman & Johnson, 2013). They developed a mix of open and closed-ended questions for their interview guide, which were based on research conducted in symbolic-interactionism and stigma-management, as well as “pre-trials of the interview” (p. 815–6).
Using Burke’s symbolic-interactionist theory of “reflected appraisals” (Kaufman and Johnson, 2013, p. 811), consisting of “interpret[ing], act[ing] on and [potentially] refut[ing] reflected appraisals which they do not value” (p. 808), the authors complicate the concept of “situational identity negotiation” in the hopes of better portraying how participants see themselves. Burke’s term for this is their “identity standard” (Burke 2007, as cited in Kaufman & Johnson, 2013, p. 808). This identity standard is in contrast with the reflected appraisals we get from others. Kaufman and Johnson (2013) agree with Mead’s idea that it is the General Other who has the greatest effect on how people come to see themselves (p. 811). Similarly to Goffman, Kaufman and Johnson (2013) do not believe this fluidity is due (as many authors have argued) to a “failure to accept the identity” (p. 814). Instead, Kaufman and Johnson (2013) propose that “information management” is used as a strategy to “prevent being disqualified from normal social roles such as jobs and social activities” (2013, p. 814). Therefore, the concept of identity management is very similar to Goffman’s concept of impression management (Goffman, 1959). For instance, they find that “romantic relationships aid in identity development” (Kaufman & Johnson, 2013, p. 807). They also find that those who experienced less “negative reflective appraisals about being gay or lesbian had few difficulties examining their sexual identity” (Kaufman & Johnson, 2013, p. 816), whereas the opposite was true for those who received many negative reflective appraisals. Furthermore, the impact of negative appraisals on a sense of self was especially noticeable when they came from someone close (Kaufman & Johnson, 2013). Kaufman and Johnson conclude that positive reflective appraisals are “crucial for identity development and maintenance” (Kaufman & Johnson, 2013, p. 816).

This research identified that “the experience of positive reflective appraisals…was crucial for [lesbian or gay] identity development and maintenance” (2013, p. 816). They also found negative appraisals to have a stronger impact when coming from close family or friends (2013, p. 818). This study provided meaning and important information in regards to queer identity.
formulation in the context of romantic relationships; however, the study’s reliability could have been increased with a larger sample size and a more randomized method of subject recruitment.

Between 2005 and 2007, in a middle-class, gay-friendly area in a major city in the United States, Greene conducted a combination of in-depth, semi-structured interviews of 70 gay and bisexual participants, pre-screened for suitability (Greene, 2011, p. 248). These interviews were later transcribed and analyzed using a combination of “inductive and deductive methods” (p. 251). Participants lived in a large, gay “village” (neighborhood) in a North American urban area. The participants were recruited using a “targeted, community-based sampling procedure,” including the use of “advertisements . . . and solicitation at gay organizations” (p. 249). The sample was then organized according to race, class, and age.

Greene (2011) examined at the micro-level “interactional processes that operate within the sexual status order” (p. 244). Included, were seven excerpts of interviews with participants labeled with pseudonyms and character sketches, such as Cecil and Fred (p. 252 and Arthur and Ian (p. 261), which provided a richness to the context of the qualitative data. Greene argues that the sexual field is capable of “act[ing] back, thereby shaping actors desires” (Greene, 2011, p. 256). Desirability and visibility influence the amount of “positive reinforcement [one receives] from others” (p. 256). Understanding gay culture competitiveness and sexual selection is made possible through relations. Thus, actors must adopt the attitude of the generalized other (Greene, 2011, p. 263) if they are to be desirable and visible.

Greene (2011) examines the “interactional processes within each of the sexual fields” (p. 265). This involves a recognition of the relational and competitive nature of the sexual field, “the perception of the general other within the field,” “assessment of other’s positions” within the sexual social order, “knowledge of the game,” and the ability to “save face” (Greene, 2011, p. 244). For Greene, collective sexual life shapes the [homosexual] field [of competition] through which “individual sexual tastes” are discovered and enacted (Greene, 2011, p. 262). This means
that individuals are always relating their sense of self with others and the world. Heteronormativity around sex and sexual desire can oppress non-normative individuals, as contested by the participants in chapter 4.

Greene argues that through interacting at sites of sexual sociality, individuals come to recognize the sexual field as a “set of relations anchored in competition and sexual selection” (Greene, 2011, p. 263). This means that psychosexual social interactions are viewed in a specific way. Greene suggests individuals must internalize the community set of attitudes or the generalized other to see oneself as others do (p. 263); in other words, the idea that identity is socially constructed through relationship is central to understanding his theory. Once they receive this “inter-subjective feedback,” they can locate themselves within the “structure of desire” (Greene, 2011, p. 263). Internalization of inter-subjective desire informs them about those with whom they can build (sexual) relationships, while also teaching them how to use their impression management strategies to give off a “successful self-performance” (Greene, 2011, p. 263). What this means is that sexual desire is both felt and embodied in a cultural context under a specific emotional compass that should bring a personal, individual sense of satisfaction and self-actualization. As the aim of the present research study was a better practice in Toronto, these theorizing did enter into dialogue with queer theory in its application to therapy for border-gender youth in a specific experience of group therapy from 2007 to 2010 (Tenenbaum, 2012).

Latino Sexual Self and the Generalized Other

Hutson’s (2010) study from 2005 gathered data from in-depth interviews of eleven lesbian women and nine gay men aged eighteen to thirty (p. 218) who were already out of the closet (p. 229). He recruited subjects near a public university in the mid-west by using e-mail, flyers, and snow-ball sampling, so students made up 60% of the sample. Of the study participants, 75% identified as Caucasian; there was only one Jewish woman, one Latino man, one black woman, one Mexican woman, and one male Asian Pacific-Islander.
Much like Greene’s study, Hutson’s study employed a blend of inductive and deductive methods (p. 219), though unlike Greene, Hutson conducted two separate memo-writing rounds. (The first one was more qualitative and useful for establishing significant themes, while the second was integrative and applicable to inductive reasoning). Hutson provides the most detailed account of and reasoning for his choice of method, as he posited that individuals lived from the particular to the general and vice versa. The reliability of Hutson’s findings could have been improved with a larger sample size as well as a more randomized way of recruiting participants.

Hutson (2010) notes how the “hegemonic gay ‘look’” (p. 228) has become the sign of authentic gay identity (p. 229) against which gay men are compared. Hutson shows that “appearance—as a process of interaction—is integral to establishing gay and lesbian identities. [This process] implies both identifications with a gay or lesbian identity, as well as identifications of individuals as gay or lesbian (facilitated through meaningful symbols in everyday lives) [p. 229]). The literature review seems to indicate that queer identity is developed within the parameters of symbolic interactions between our self and others in society, being cultural parameters important in its dual development of both identity and otherness. Hegemony in gay looks is also problematized by cultural and other parameters. As part of the queer challenges to heteronormativity, borrowing from Sedgwick and queer theory, the relationship between sex and gender presentation was interrogated within larger socio-cultural contexts including the intersections of such markers as class and race, and the influence of capitalism (Sedgwick, 1990).

Since the gay or lesbian body is presented for this research as differing from Mead’s (1934) concept of the generalized other (p. 154), queer people make its social-construction visible. At the same time, each queer body relies on its interactions with the generalized other to construct and ossify (Blumstein, 1991, p. 307) their queer unified self (Mead, 1934, p. 135). Queer-identified individuals also use the generalized other to match the queer impressions they
give with the impressions they give off (Goffman, 1959, p. 2). Finally, Kaufman and Johnson’s, Greene’s, and Hutson’s studies found that others were crucial in developing a unified (sensu Mead, 1934, p. 154) and positive identity. In other words, the concept of the other needs to be both generalized and particularized, something that this project vehemently aimed to discern for Latino trans youth.

Counselling Models for Latino Trans Youth

Two models are presently being employed at the Centre for Spanish Speaking Peoples in relation to counselling Latino youth: the *Avenida Revista* magazine for Latino queer youth, but not only for them (Ivette Jaque, personal communication, September 4, 2012) and the photo-novella for gay men in the HIV/AIDS site (Gerardo Betancourt [sexual health counsellor], personal communication, October 5, 2013). The magazine aims at creative expressions of young Latinos between the ages of 12 and 19, and it might include sexual minority issues (for instance, there is an article about the expectations associated with wearing the colors pink and blue), although the review for this project did not uncover any articles tackling being part of the LGBTQ community. In that sense, the magazine invisibilizes part of the community, perhaps as a default. The photo-novella, which covers everything from Zumba classes to how to fill out immigration forms to issues of safe sex for gay men while visiting bath houses, is supposed to include trans issues, but the review for this project identified no specific mentions.

Therefore, although both existing models are partial attempts at changing traditional views of a homogeneous, moralistically Catholic, white, heterosexual Latin American content, these models do not address the gap in the literature about the needs of non-Caucasian Latino LGBTQ youth, specifically a younger generation with Indigenous ancestry that also proudly claims a trans identity.

Summary of Chapter Two

Chapter Two summarized a historical and sociological account of oppressive practices
toward cultural minorities in general and sexual minorities in particular that are based on the process of ‘othering’ and rarifying what is not part of the status quo. Specifically, this chapter presented the theoretical understanding of psychological well-being during identity development in the context of social and relational interaction for those who identify as queer. Several studies have shown how fragmentation and alterity do not help in the healthy development of an individual, unless situated from a resistant standpoint. For instance, this study highlighted these issues presented in the current literature and did not endorse the idea that border-gender people must feel (and probably remain) “trapped in the wrong body” (Mock, 2012), but did advocate academic research into finding a site where they may voice their narrative—a narrative that would encourage trans youth to take ownership of their bodies (Mock, 2012). This is similar to the American teen Ross (birth name “Rose”), who self-advocated after constant school bullying and whose cinematic message is to not fight alone (McKee, 2011).

In this regard, psychology has much to offer toward change in the existing paradigm and to address that gap encountered in Canadian society in terms of healing the wounds produced by the recent legacy of Indigenous residential schools. Social psychology, for instance, can prevent the recurrence of such infamous treatment by exercising a better and more humane response to sexual minority immigrant youth who are claiming Indigenous ancestry, such as the Indigenous Latino trans youth incipient community, who are eager to access appropriate mental health resources.
CHAPTER THREE: METHODS

Social Constructivism

Social constructivism is a research paradigm that emphasizes the role of social processes and action in constructing new forms of knowledge (Young & Collin, 2004). Four key assumptions underpin social constructivism: (1) There is no taken-for-granted knowledge. (2) Knowledge is shaped by language and bound by time and culture. (3) Knowledge is a product of daily interactions with the world, which results in multiple truths and ways of being. (4) The products of knowledge, which are negotiated understandings, or “social constructions,” take a variety of different forms. Social constructivism supplements the natural and physical worlds as conductive to other methodologies that also inform about the truth; the social and human realms are distinct from the natural and physical and better suited to methodologies that invite the possibility of multiple and yet coexisting truths (Guba & Lincoln, 1990). The social constructivism perspective veers away from the focus of individual knowledge and objective proof and instead emphasizes the process and dynamics of social interaction (Burr, 1995).

Individuals are viewed as co-constructers and interpreters of their surrounding world. Thus, according to this perspective, human beings create meaning based on their culturally shaped sense of reality (Crushman, 1995; Young & Collin, 1992). This idea is consistent with traditional Indigenous ways of knowing, both for Canadian standards and for a Latin American cosmovision that suggest there are multiple truths and no single reality (Steinhauer, 2002), as decolonial thought from Latin America attests.

The social constructivism approach is, according to Blustein, “well-suited as a foundation for movement from the traditional style of middle-class careers to a more broadly inclusive of working across cultures and social classes” (p. 428). It has been noted by Blustein (2006) that the social constructionist perspective is ideal to inform the development of the psychology of functioning. Furthermore, the determination of “reality” is inherently local, with cultural norms,
historic shifts, and idiosyncratic relationship patterns (Blustein & Noumair, 1996; Crushman, 1995), which is consistent with the approach that is central to this research, namely, the peculiar, specific, cultural aspects of trans youth in their cultural and language markers. The key to understanding qualitative research according to a social constructivism paradigm lies in the idea that individuals in interaction with their world socially construct meaning. This implies that a social constructionist approach is appropriate when conducting qualitative research. Social constructivism was the overarching principle that acted as the foundation for the current research.

**Qualitative Research**

Qualitative methodologies are designed to increase the understanding of the lived experiences of individuals from the perspective of the acknowledgment of the meaning-making of the specific individual (Schwandt, 1994). It has been pointed out that quantitative methods such as employing surveys, numerical models, and other statistical instruments may limit findings to a particular paradigm (Hoffman et al., 2005; Jackson & Smith, 2001), while qualitative methods allow for more flexibility and increased exploration that is not defined by researcher assumptions (Patton, 2002). Furthermore, qualitative researchers stress the value of a socially constructed nature of reality, the subtle relationship and nuances between the researcher and what is studied and the situational boundaries that shape inquiry (Denzin & Lincoln, 2003).

In the past, Latin American families and Indigenous Latin American communities in particular, were victimized by research agendas that did not include them in the process, generating an overall mistrust of perceived figures of authority, such as researchers (Tenenbaum, 2008). For Indigenous youth of Latino origin who are also exploring their gender journey, this process of victimization (Tenenbaum, 2012) acquires an additional layer and finds expression in a multivocality of forms, adding complexity to the issue at stake of post-colonial oppressions, which includes de psychology of exile, diasporic studies, the added stressors of being an Indigenous youth immigrant, part of a sexual minority group, among others. For instance,
previous counselling experiences with trans youth of Latino origin confirmed that following years of bullying they opted for non-expression of their needs or being ambivalent, for “fear of devastation and disappointment,” which accounts for “maladaptive fears such as annihilation or loss of control” (Elliot et al., 2004, p. 237).

Emotional expression for a sexually and culturally transgressive youth is a compounded problematic situation. Thus, a psychological construct that requires a tailored intervention might be the result of the information gathered by this study. Emotional ambivalence (Kennedy-Moore & Watson, 1999, p. 105) was recognized as the most common emotional type of goal-related problem for trans youth of Latino origin in a previous study. Therefore, a qualitative approach eased the problem by dwelling on it, and thus applies to this present study by going deeper into a few aspects, which is more manageable with a small sample.

Qualitative research would appear to be relevant for understanding the life contexts of Indigenous Latino border-gender youth because the research participants have control over what they are sharing with the researcher, coupled with the way story maps are co-constructed and revisited, and the process takes into consideration historical oppressions, mainly seeing an internal dilemma of “anatomical/surgical reparation” instead of societal gender co-construction (Puenzo, 2012). The qualitative research process has the potential of being less intrusive and thus less oppressive than quantitative research under these circumstances, depending on how the researcher actually does this work.

Narrative Inquiry

Narrative inquiry is an approach that focuses on the particular experiences of individuals, proclaiming its subjective value in all its splendor. According to Chase (2005), it is a framework “characterized as an amalgam of interdisciplinary analytic lenses, diverse disciplinary approaches and both traditional and innovative methods—all revolving around an interest in biographical particulars as narrated by the one who lives them” (Chase, 2005, p. 651). For these reasons, a
narrative model of inquiry with a story map tool is not a fixed, rigid, or standard set of principles that are applied to research. Instead, it is an approach that continues to develop and evolve. Chase (2005) utilizes the following five analytic lenses in the narrative inquiry methodology, making it distinctly different from other forms of qualitative research methods:

Subjectivity

The first lens recognizes that the narrative method utilizes the narrator’s perspective in a retrospective manner, incorporating the narrator’s emotions, thoughts, and interpretations in such a way that gives a unique understanding into the openly subjective individual’s experiences over time.

Meaning-making

The second lens is an emphasis on the interpretation made by and meaning inferred by the narrator.

Voice and embodiment

The third lens is the recognition for the narrator’s voice by the researcher as having the capacity for “verbal action” (Chase, 2005, p. 657), suggesting that narratives are constructed by an individual to communicate her or his experience of reality. This deemphasizes the factual aspect of the story and instead focuses on the person’s experiences of reality, going from the mere event into an interpretation and embodiment of the event.

Specificities

The fourth lens emphasizes that a narrative is constructed to address a particular audience and with a particular purpose. Furthermore, the narrative inquiry method also looks at the individual’s experience, taking into account the social context.

Dual involvement

The final and fifth distinguishing characteristic of the narrative method is that authors
using narrative methods, by interpreting and presenting their studies, are themselves narrators. This suggests that the narrative method involves both the participants and the researchers in meaning-making and storytelling.

Indigenous people usually describe themselves as being storytellers, and many of their traditions and beliefs are embraced through oral history (Lightening, 1992; Medicine-Eagle, 1989). Given the storytelling traditions of Indigenous people, narrative methodology is a culturally appropriate choice in working with people with Indigenous ancestry. Moreover, the congruence between narrative inquiry and Indigenous epistemology suggests that narrative inquiry is both culturally appropriate and linguistically conducive to exploring the lived experiences of Indigenous peoples (Barton, 2004). This holds true both in Canada and in Latin American cultures, as storytelling is the natural passing of wisdom for Latin American youth. Narrative inquiry is an appropriate framework for understanding the lived experiences of Latino trans youth, assuming that these youth would identify with these traditions in a fluid, collaborative process of conversation and oral meaning-making.

**Research Design**

The depth and detailed themes of the research question invite a qualitative methodology that emphasizes co-construction and meaning-making in a cultural and linguistic context. A narrative-overarching principle is most appropriate in terms of meaning-making in relation to the visual signifiers of race, class, perceived gender and/or sexual orientation for Indigenous Latino border-gender immigrant youth. Stories “are” not, they are being made, according to one’s perceptions of oneself in relation to one’s environment, which included the researcher as well.

Community partnerships and ethical principles are integral to the study design. The researcher’s personal experiences as a researcher in several Latin American communities have underscored the necessity for respectful and reciprocal relationships of trust and positive leadership. In the past, some of those who conducted research with Spanish-speaking
communities had little knowledge of Latin American heterogeneous traditions and history, excluding the communities in the process (Duberlis Ramos, personal communication, February 23, 2008). Indigenous communities are also understandably suspicious of researchers (Cochran, Marshall, Garcia-Downing, Kendall, Cook, McCubbin, & Gover, 2008; Hudson & Taylor-Henley, 2001). Although none of the participants stated being suspicious of this researcher, community partnership and collaboration throughout the entire process of this project is crucial in terms of ethical principles as well as maintaining meaningful and respectful relationships with the participants.

The adoption of a Latin American Indigenous research paradigm could support Indigenous Latino trans people in general, who are living in Toronto, in finding more effective coping mechanisms for dealing with their healing issues. In order to accomplish this, they will need to have access to programs and services in the Spanish language within a culturally appropriate framework. Such a framework has never been developed before for border-gender youth. A similar thesis about border-embodiment of gender through dance therapy has been produced with previous collaboration by myself as a thesis reader, with some applicable results (Hanan, 2010). Thus, the present research follows a culturally pertinent qualitative procedure to expand and approve upon present practices.

Qualitative inquiry regarding the voices of immigrant youth is becoming increasingly pronounced in the field of cultural communication (Enriquez-Johnson, 2013). Partial academic interests have also been recently researched, from intersectionality aspects of feminism and multiple marginalities in literature and fiction (Hobbs & Rice, 2013), gender representation and not sexual orientation (Naugler, 2012), literary aspects of sexuality studies (Fitzgerald & Rayter, 2012), and historical accounts of intersex individuals that did not identify in queer labels (Holmes, 2009). Even though diversity is recognized both as a legitimate field of psychological study and a desirable, applicable counselling paradigm (Tenenbaum, 2008), culturally-relevant
clinical interventions with immigrant Latino border-gender youth within sexual diversity in general and transgenderism in particular have not been addressed in Canadian academic circles with the same enthusiasm, with the exception of the upcoming First Canadian Trans-Anthology (Irving & Raj, 2014). Canadian psychological research within any type of transgendering individuals is a major endeavor, as most societies historically enveloped minority practices in a halo of mystery. However, social media nowadays denounce and normalize such practices; examples are the transgender library and academic database (TransgenderZone.com) and the story of Betty Cowell, the first documented trans person in Britain (Zagria, 2014), although transgenderism is a global and historical occurrence, the story of Betty Cowell has arbitrarily been acknowledged as the first well-known trans individual, a fact that silences Kate Bornstein, Mauro Cabral, and RW Connell, among others.

American research on gender issues at large went from speculating on the relationship between gender presentation and sexual orientation (Wallien & Cohen-Kettenis, 2008) to the North American media usually portraying trans youth in a context of acceptance and school support (Mock, 2012). Gender-variance still generates bullying as part of a punitive school system (Tenenbaum, 2012), but its visibility has increased tremendously in the last years in Toronto and to a lesser extent throughout the world (Tenenbaum, 2011). There is a vast literature on these issues in general, but in this study the reference is about specific psychological interventions for this particular sub-community within the Spanish-speaking population.

Participants

The participants were six self-identified Indigenous Latino border-gender youth (two FTM [female to male] coded as participants A-430 and B-440, two MTF [male to female] coded as participants C-450 and D-460, and two gender-queer coded as participants E-470 and F-480) aged 16–29, residing in downtown Toronto. “Youth” is a working category defined by the age of
participants. These individuals were asked by this researcher to participate in two interviews in a Canadian urban setting. For this study, the main urban centre was Toronto, where there is a rich community of Latin American people, many of them with Indigenous ancestry. Research participants were not excluded by gender, class, or position and were recruited through the Centre for Spanish Speaking Peoples. Participants themselves were adamant about not using a pseudonym, not even an androgynous one, hence the choice of combining letters with numbers.

Participants were, previous to this study, attending community centres and the programs available at these centres, which indicated that they were functioning in English. Furthermore, immigration requires all immigrants to have a minimum level of English language upon arrival. Nonetheless, since the youth age bracket includes individuals as young as 16 years of age, the language in the appended forms relating to recruitment, informed consent, and interview materials have been carefully monitored in order to reduce technical terms, abbreviations, and jargon, and to prevent duplication of forms and administrative tasks. However, some of the language that is already being used is common knowledge in this community (such as MTF and LGBTQ).

Extra support was made available for these participants, given the notorious vulnerability of these populations. However, given the content of the research scope, there were indeed some potential risks involved in emotional and psychological distress throughout the interview process. This had been addressed in the appropriate corresponding sections and had been included in the informed consent materials. Furthermore, an additional section was included in the Informed Consent that provided participants with a list of referral services they could access for support at any time after the interview, which was viewed by the author as not being necessary.

Recruitment

Ideas regarding the recruitment of participants originated in previous work experience of the author between 2007 and 2010 while working at Sherbourne Health Centre in Toronto as a
clinical counsellor with gender non-conforming youth and their families. The conversation of a potential recruitment process began with the formation of community partnerships for this thesis with local Spanish-speaking agencies. The term partnership was used as the community agencies were invited to provide feedback on the proposed study and were encouraged to be actively involved throughout the research process. This is consistent with progressive Latin American principles that are designed to respect Indigenous communities so that research is conducted with these communities rather than for or on these communities (Schnarch, 2004). This approach acknowledged the appalling conditions that many individuals with Indigenous ancestry faced in Latin America, and certainly those faced by most of the prospective participants, as one of the conditions for participation was to be within ten years of Canadian landing from a Latin American, Spanish-speaking country as a former refugee-seeker and/or present permanent resident, to encapsulate the “newcomer” experience. Thus, issues of unfinished business within their country of origin vis-à-vis their living conditions in Toronto were expected. In this specific case, the consultation about their story map was an active component of collaboration.

Recruitment of participants for the scheduled interviews occurred among those who frequently visit the Centre for Spanish Speaking Peoples’ HIV/AIDS Prevention Program, which serves the Latino LGBTQ groups, and through other Latin American agencies affiliated with some programs of the Centre for Spanish Speaking Peoples, such as Sherbourne Health Centre and the Barbra Schlifer Commemorative Clinic, also in downtown Toronto, in proximity to the (gay) Village of Church and Wellesley as its main intersections.

In regard to recruitment, the information was adapted in the original ethics protocol to specifically address the issue of non-consent-driven disclosure of others by working with a consultant in contacting potential research participants. Instead, the researcher did contact the community partners and asked the person of contact to send out the information regarding the study (i.e., the recruitment letter) to their contacts. That way, individuals who were then
interested in participating in the study did follow up themselves and contacted the researcher for a more objective and careful consideration of all levels of psychological distress involved, which included a pseudo-name of a code with letter and numbers.

For recruitment of individuals interested in this specific study, the researcher set up a meeting with a consultant, the Argentinean psychotherapist Celeste Bilbao-Joseph, at the Centre for Spanish Speaking Peoples and asked for her direction in contacting potential participants, with the approval of Pablo Vivanco, director of programs. In the next phase of recruitment, the researcher set up an introductory meeting in the form of an informal get-together to distribute general information, to introduce herself in the role of researcher to the pool of possible candidates, and to have the consultant distribute a copy of the participant recruitment letter (Appendix A). Next, the researcher described the purpose of the research project and the specific objective of each of the three stages of the research process (outlined below). Parallel to this, recruitment letters were distributed in the mailboxes of all pertinent workers in the agencies.

It was made clear that the researcher would not see any participant for counselling and would not interview any previous clients if they were part of one of the hospital or community setting populations that the researcher had been previously engaged in as a practicing clinician, because researchers must adhere to confidentiality conflict of interest protocols. Furthermore, this matter was addressed by including a statement to the effect that participants who received counselling services from any of the individuals involved in the research study could not participate, within the informed consent process. The contact information of the community partner and the supervising faculty member was also included on both the Recruitment Form and the Informed Consent.

Recruitment was guided by the participants’ interest in the research topic, the participants’ willingness to share their story through interviews, and the researcher’s obligation to meet all sample requirements, as detailed below in the section titled “Participants.”
Individual Interviews. The interview aspect of this research had been organized into three stages: in-depth interviews, preliminary analysis, and transcription of the interviews into a verbatim transcript. In general terms, individual interviews were conducted with willing and ready young adult participants. These interviews provided an opportunity for participants to reflect, together with the interviewer on their stories and experiences.

Stage 1: First individual interview

Interviews were conducted in one- to two-hour time frames beginning with review of the Consent Form (Appendix B) with the participant, allowing her or him to read it. Once informed consent had been clearly established, the participant was invited to share his or her life story through lived experience, to keep the narrative methodology of a temporally linear organization, using the following four sets of questions as an interview format (Appendix D):

1. Tell me about yourself as an indigenous Latino border-gender youth living today in Toronto. \textit{[If participant does not know what “border-gender” means, say, “Latino youth currently transitioning between genders.”]}

2. What are the cultural supports that you have experienced in the past in relation to mental health access and services? What are the challenges that you have experienced in relation to mental health access and services?

3. How do counsellors help you within the mental health system? How are counsellors not helpful?

4. What services do you think should exist in the future for your specific mental health and identity needs?

These questions were posed to participants in an open-ended and unstructured manner.
Prompts such as “Tell me more about that” and “How so?” were used to elicit open-ended statements that, in turn, would facilitate participant’s narratives. As the interview came to a close, the participant’s time and effort were recognized with a $20 VISA card honorarium and a future date was proposed in order to review initial themes and the initial story map that would emerge from their interviews. The idea was to provide a safe container for clarification of ideas, and to ensure the participants' overall well-being after the psychological processing by the end of the initial interview.

Stage 2: Preliminary Analysis

Preliminary analysis for each participant’s data followed a holistic approach, looking at the narrative as a whole (that is, the verbatim transcript for each interview), analyzing it by dividing the transcript up into smaller components such as the theme statements, then coding for these statements, exposing those specific codes that manifested the thematic statement into the story map. This brought the components of the narrative back to a second analysis to integrate the many information pieces from the previous components into a meaningful whole.

Story maps, a process of qualitative data analysis adapted for use with Indigenous peoples by Stewart (2007), were then generated in order to obtain a schematic portrayal of each participant’s story of access to mental health and how that interrelated with current counselling and/or support practices in the City of Toronto, the participant’s identity as Latino with Indigenous roots, and the participant’s sense of community. Story mapping is an inductive process that takes data going from the general to the particular, and across commonalities, in order to generate initial and final story maps in a process of collaboration with participants that summarizes the participants' narratives in a synthesis. That synthesis is called “story map.” The main idea of story maps is that “the story map organizes the recounting of past and present experiences and future intentions under the rubric of character, settings, events, conflicts,
incidents, themes and resolutions” (Richmond 1999). Its aim is that “the patterns that emerge to both the story teller and researcher allow both reconstructing and making sense of what is being told or heard in a different or deeper way” (Richmond 1999). Dr. Suzanne Stewart in 2007 adapted this research tool for her study with First Nations. Following in her steps, this was adapted in this research project for the specific needs of the community, namely, border-gender Latino youth who claim Indigenous ancestry while living in Toronto (Marlinda Freire, personal communication, February 3, 2012).

Preliminary analysis of the in-depth interviews was then conducted using the following seven sequential steps:

1. Transcribing the interview into a verbatim transcript (including a field journal);
2. Reading and re-reading the transcript;
3. Grouping the transcript into thematic statements;
4. Assigning a descriptive code to each theme;
5. Constructing an initial story map by adding the code label onto a map within the map’s structural elements of content in time orientation (categories of past, present, and future);
6. Revising the transcripts at least one to two more times to refine the map for accuracy within the descriptive codes in the transcript; and
7. Examining the larger picture of the story map as a faithful reflection of all story map contents, to identify evidence of salient overarching principles through emblematic ideas and emergent themes.

The guiding principles of this detailed process were clarity, consistency, and equal respect for what is similar as well as what is unique and different in the participants’ life story.

The story maps became particularly meaningful when examined following their initial display because of the participant’s subjective choice of wording, thus finally exposing the researcher to the overarching theme by means of the codes that represent components of a
participant’s answer or story conveyed during the in-depth interview. Story maps were fully
developed by Stewart (2009) as part of Indigenous narrative methodology research and were
used as the data main analysis tool.

Stage 3: Second (Final) Individual Interview

Preliminary results were presented in a second interview (Appendix D) with each
participant. The second interview was designed to purposely co-generate a final story map for
each individual as the transcripts, having been analyzed and separated into thematic statements
and codes, filled the story map. Furthermore, individual interviews including life stories are
unique to the research process in that the analysis is directly part of the data collection and was
conducted by the research participants themselves, allowing for a rich form of data collection.
Stages 2 and 3, which were discussed in the previous sections, constituted the data analysis
portion of this research.

Any blank spaces in a participant’s map (like not informing about past experiences, or
future hopes, for instance) were addressed in the second interview, where the participants were
invited to add, discard, or modify any aspect of the story map that was presented to her or him.
This design and procedure clearly required both co-participation and acknowledgment of the
participants’ unique voice, in a transparent and empowering creative process. In this second
interview, the participants were also asked to further reflect on the four research questions in
order to provide feedback regarding both the initial story map and the core message, as well as
the themes that were identified by the researcher. My role was to engage in a creative
collaboration between process and product.

Each participant was asked to participate in a follow-up audio-taped interview using a
semi-structured format. The following questions were used as a guide: From your stories in your
first interview, I have constructed a story map. How does this map illustrate your views? Should
anything in the map be changed or removed? What is missing from your story map? What would you like to add? Do you have anything else to say about your own story map? At a later date, participants were given copies of their transcribed interviews, their grouped and themed transcripts, their transcripts coded descriptively, and the overarching principles across all participants.

**Ethical Issues and Consent**

Although any research involving humans requires approval from a Research Ethics Board, when dealing with a potentially triggering disclosure by a vulnerable population that do not have yet specific clinical resources (the very aspect this study was going to advocate, if proven), ethical issues must be very carefully considered. In this particular case, extra caution needs to be placed pertaining to mental health treatment of pre-adolescents and young adults, and both internal and external stress factors association with identity formation. Hence, “the focus on transgender individuals, communities, and inclusive initiatives are gaining momentum on many private and public colleges and university campuses, to create trans-friendly syllabi” (Wentley, Schilt, Windsor, & Lucal, 2008, p. 49), which is the final aim of an academic thesis to further knowledge and educational practices. The participants as immigrants or refugee seekers were particularly vulnerable and historically marginalized as a community, as trans people’s human rights are still not recognized. It seems that it has been harder than expected to know who they are as shifting personas during both interviews, because of the combination of historical mistrust of figures of authority, ever changing identities, and the author’s expressed desire not to put her voice in their voices, which might actually not give out the full richness and tragedy of the participant's textured narrative. If it was not fully known who they were at that research moment in time, this research project at least achieved to present who they aim, struggle, and ask help for, to be.

With respect to ethical considerations, this research project followed the general research
principles. Preliminary and informal oral consent from both the six youths and their caregivers, either biological family or family by choice, was obtained. As a result, the researcher adhered to and will continue to adhere to Bogdan and Biklen’s (1998) recommendations surrounding ethical concerns:

(1) Avoid research sites where informants might feel coerced to participate in the research.

(2) Honor informants’ privacy.

(3) Be aware that there is a difference in informant’s time commitment to the researcher when participant observation is conducted in a public space versus a private interview. In this study, the researcher will let participants know what is expected of them and what can be expected from the interviewer and the research process.

(4) Unless otherwise agreed to, protect the informant’s identity so that the information that was collected did not embarrass or in any other way harm them.

(5) Treat informants with respect and actively seek out cooperation with them throughout the research process.

(6) In negotiating permission to conduct the study, clarify the terms of the agreement. The agreement goes both ways, and all parties should abide by the contract.

(7) Be honest when writing and reporting the research findings. All participants were asked for consent to include their records in this study through a letter, mailed via regular mail. The researcher also had access to participants within the parameters of standard clinical practice at the Centre and did satisfy the requirements of the Ethics Review Board through the Certificate of Ethics Approval (Appendix C) in the following ways:

(1) Individuals were contacted for their consent.

(2) A sample of the Participant Consent Form (Appendix B) was provided for all participants.

(3) Once permission from participants was obtained, clinical records were utilized while ensuring that the file was not identifiable in any way.
(4) The consultant directly contacted participants. Because the study was presented through a letter, participants and their family could have chosen not to respond if they felt pressure or changed their minds.

In terms of the limits to confidentiality and personal aim of securing trust of participants, veracity of disclosure, and the building of a solid rapport, the researcher clearly included a specific part in the confidentiality section document that all participants were going to read before starting the interview. Therefore, a section was added to the Informed Consent Form regarding limits to confidentiality. The rationale for that inclusion was that, should the issue have arisen where an individual participant might have posed harm to him or herself. The data security section was also systemically revised to include information on how sensitive materials, such as audio recordings, were going to be handled in ways that were consistent with the University of Toronto’s data security and encryption standards. The confidentiality section in the Informed Consent Form was also revised to include this information.

Finally, the appended information/consent material was revised to include the information that participation was going to involve meeting alone with the researcher on two separate occasions. Furthermore, all consent forms were printed on OISE/University of Toronto letterhead, and for the purpose of this study, University of Toronto letterhead was attached to all documents sent electronically to secure consistency of information to participants.

Summary of Chapter Three

In the specific context of this project, social constructivism within a narrative inquiry was the overarching principle guiding the research questions. Justification was given for pertinent data collection, as well as for the proper procedures for data analysis and presentation through the methodological tool of adapted story maps, based on emerging core themes of participants’ storying their own lives. Qualitative research, more specifically a narrative approach was utilized
throughout this research as it best captures the unique lived experiences of the population of interest, in this context, Indigenous Latino border-gender youth. Furthermore, this research methodology is appropriate as it is similar to oral traditions that are central to Indigenous as well as Latin American culture and world-views.

Specific ethical issues and considerations for conducting research with marginalized and vulnerable peoples were also presented in this chapter. The population of interest, and Indigenous people in general, have a collective history of being exploited by researchers who unknowingly have created further harm through excluding the community and the participant during the research process. This is especially true in the case where the researcher is ignorant to the historical issues and underpinnings of a specific minority group, thus creating further means of oppression. Specific considerations and attention to this issue were outlined in this chapter.

Following the description of the methodology used in this research, the following chapter will outline the results from the six participants, which is presented through individual character sketch; first interview; initial story map; feedback from second interview and final story map; and, lastly, the generation of a core message and individual emerging themes.
Chapter Four: Within-Participant Results

Chapter Four is a summary of the within-participant results. The process of obtaining story maps for each participant from the analysis of data has been delineated. For each participant coded to protect their privacy, four sections are included: The first section is the general background information that is defined as information that characterized and individualized each participant through a character sketch. Its purpose is to illustrate the process of vivid cultural engagement and trust that is developing at the outset of the relationship with community partners during the interviews, and throughout the dissemination process. The second section presents a summary of the core message for each participant's first individual interview. The third section identifies the overarching themes that emerged from each individual's first and second interview. Finally, an initial story map and final story map for each participant, illustrating all the data categories and themes discussed, is presented. Participants' data are presented in the same order in which they were interviewed.

Analyses of data were conducted by gaining insight and synthesizing three elements: field journal of the researcher, the audio tapes from the interviews, and the written transcription from each participant interview. The purpose was to add texture to the mere verbal elements of the interviews. Since all of the participants were dealing with the existential duality of living in diaspora, defined by them as not living in their territories of origin, and hence, assuming a historically and geographically marked body. Therefore, the aim of the initial story map was to have a place or origin from where deepening of the issues at stake during the second and final interview could have been revisited, as they were.
Participant A-430

Character Sketch

Participant A-430 is 21 years of age, from Chilean origin, although born in Alberta, where she lived until age 6, when her parents decided to move to Toronto to offer “love and creativity to their precious child” (A-430 p. 1). Her parents were very supportive, but nonetheless had no idea where to seek help for their unconventional child. Two years following arrival in Toronto, her parents had an amicable separation. Their relationship has been consistently cordial since the separation—and in spite of both parents forming new partnerships. Participant A-430 is now living with friends and will start hormone treatments in July. At that time she will begin living full-time as a boy, and that is reason, she explained, that even though she considers herself a “he,” (A-430 p. 1) to “honor a consistent self” (A-430 p. 2), she uses the feminine pronoun. Participant A-430 is receiving support from a community centre to legally change her name, Ontario Health Insurance Program (OHIP) card, and passport, but has never received counselling or psychological support other than the support provided by her parents. Participant A-430 stated that she was very happy to hear about this research project, as she “never fit into any program or group support” (A-430 p. 2). By that she meant that no present program was a good fit for her multiple identities, thus obliging this participant to receive support in a fragmentary way. Her only contact with Indigenous youth was through the Mapuche (Indigenous Chilean, fighting for land and human rights in Chile today) political activists to which her father currently belongs. Participant A-430’s father sometimes attends healing ceremonies in Toronto, but her mother sees herself as “white, and from European origin” (A-430 p. 4). In this participant’s opinion, a heavy duality and ambiguous identity was expressed at home growing up half Indigenous and half white, a topic of difference important for this person throughout the conversations and clearly marked this first interview.
First Interview

Participant A-430 arrived at the interview on time, smiling in a very relaxed and friendly manner and drinking a coffee. Participant A-430 self-identified as a female-to-male (FTM), Canadian person from Chilean parents and Mapuche Indigenous origin. Her preferred pronoun is still “she” (A-430 p. 1); it is thus the subjective personal pronoun choice used here.

Participant A-430’s first interview began with the informed consent process. Participant A-430 appeared slightly aloof yet polite at the beginning of the interview, but seemed to establish an initial rapport through the process of sharing some basic information about one another (like the country the researcher was born in, the places she has lived in Latin America, and reasons for living in exile), as Participant A-430 was noticeably more relaxed by the first thirty minutes of the interview, as observed in the body posture. She was provided with a copy of the interview questions at the commencement. She initially responded to each question with great hesitancy, adding more details with some prompting, such as “How so?” or “Tell me more.” Although Participant A-430 demonstrated signs of mistrust and uncertainty about how much to disclose at the beginning of the interview, by the end she was both able and willing, not only to share but also to make sure her message, both personal and political, came across as clearly as possible, for example, by checking twice if the tape recorder was with its red light still on.

The overarching tone of the interview with Participant A-430 was a grim portrait of Indigenous youth, both in Latin America and in Canada, and a pessimistic view of the future. As the participant stated:

“Nothing ever works. When I tried therapy, the counsellors did not see any relation between what my family went through, like torture, jail, exile, and being stripped away from Indigenous roots, and the violence, addiction, and separation issues we experienced later as a family. If they did, they thought that it was too much and they can only address the most superficial issue, and never letting me say what is crucial for me to work on” (A-430 p. 8).
Participant A-430 only discussed the Chilean social-political situation and her relationship with her father outside the interview and only in terms of the issues for which she could use culturally pertinent therapy and community support at large. Two initial story map themes were identified after the end of the first interview: acknowledging post-colonial residues in participant A-430's everyday life, and today more than ever the personal is political, because issues of a similarity oppression exist in the struggles experienced by the Mapuches from Chile and Canadian Indigenous invisibility. The Mapuche struggle provided support for both themes, but did not constitute a second theme per se. Participant A-430’s interview occurred over 65 minutes.

Participant A-430 spontaneously offered the insight of having lived intergenerational trauma in both her family of origin and her extended family. Participant A-430 stated that this is the main problem she has never been able to consult on or attempt to heal, given the type of counsellors, even Latinas, who were working in community agencies. When prompted for more details, Participant A-430 said “white, middle-upper class, obviously bored with their jobs, not feeling any passion or even genuine desire to help me” (A-430 p. 17). This provided an opportunity to explain that it is not race alone or ethnic background that is needed here, but relational resonance or congruence in the intersectionality of identities in the process of developing for an indigenous Latino youth who also identifies as border-gender (Table 1).

Second Interview and Final Story Map

Participant A-430 seemed excited to participate in the second interview, however stressed the living contradictions in her household, a problem that she had never addressed in therapy or even disclosed to a counsellor until now. Her mother works in a shelter for abused women and is judgmental about women whose children are taken by the Children’s Aid Society (CAS), about women who choose to work in the sex trade, and about women who are dealing with chemical
Participant A-430 disclosed that her father regularly uses psilocybin mushrooms, otherwise known as magic mushrooms, which are a psychedelic substance commonly ingested orally for traditional purposes during some ceremonies. Participant A-430 explained that when ingested orally, mushrooms can produce hallucinogenic and euphoric effects in the user. Furthermore, she explained to me that the Mapuche First Nations in Chile saw mushrooms as their “little Gods” (A-430 p. 18) for cures for problems of the body and mind. According to this participant, the Mapuche believe that these mushrooms only grow where the blood of Christ and saliva of Christ fell. Ingesting this substance is akin to taking in the body of Christ, considering colonial roots. Since research shows that magic mushrooms have very low addictive potential (Government of Canada, 2013), Participant A-430’s father’s reports of non-problematic use may be credible. Further, he denies experiencing increased tolerance or withdrawal in the absence of the substance. This researcher identified Participant A-430’s turmoil: she wants to ask her father to let her take part in these sacred ceremonies, but the medical model externally and her mother’s messages internally make it impossible for her to resolve this matter without conflict.

According to this participant, existing mental health programs related to gender orientation are boring (“another ignorance by counsellors”) or non-existent. As Participant A-430 bluntly stated, “What programs? Is this a joke or what?” When asked about access to a potential new program, Participant A-430 said, “Well, I was discriminated once at [ . . . ] and many times at [ . . . ] so, unless you teach the counsellors there how to treat (and not treat) a gender-border youth, I am not interested in even accessing anymore” (A-430 p. 20). This statement presents a bleak perspective, although understandable given Participant A-430’s past experiences, but also a clear sense of agency.

The vast majority of the second interview with Participant A-430 focused on discussing the cultural parameters in Chile and Canada and the notion of integration in diaspora, as an
urgent need after immigrating. The most important information that was added about this participant’s complex needs is the ceremonial use of “magic mushrooms,” which are seen as problematic by the medical establishment, with their Western viewpoint, even though they are a culturally acceptable Chilean healing technique (Table 2). Participant A-430 agreed with the core message and initial theme that were derived from her first interview and stated that it should remain as part of her final analysis. The additional theme of ceremonial use of mind-altering substances was confirmed with Participant A-430 over the phone shortly following our second interview, as she wanted to state that, “ceremonial use of mushrooms, both accepted and expected in culture of origin”. It has therefore been noted as an addition in Participant A-430's Final Story Map (Table 2) by the use of underlining.

Core Message and Themes

The final core message for Participant A-430 is Political Activism, which was defined as her life-long struggle that also manifests in her present approach to mental health problems. While the core remained the same for her throughout the second interview framed in the importance of manifesting one’s political agency as a sentient being, the identified three themes for her final story map are as follows: Post-colonial Residues; the Personal as Political; and, Alcohol Consumption.

Participant A-430 stated:

“I have always been a sensitive child, and relied on my inner fantasy world more than the grim reality that surrounded me. Life was hard back in Chile, but in Canada is even harder, but I know I am strong and have to use that strength to fight for my rights, for what I want and the type of society I want to live in” (A-430 p. 2). This participant recognized her examined privileges of coming from a loving and supportive family, belonging to an upper middle class, and having developed inner resources together with a sense of agency, to address her own
individual personal struggles. As she said:

“I had something back home, at least sharing misery; here I have nothing at all, not even respect as a border-gender youth, on top of my visceral body discomfort, and I get upset and my anger is huge, it is easy to feel rage for all the injustices I have dealt throughout my life” (A-430 p. 6).

In this example, the participant shared that a life-long struggle against injustices when she was visiting Chile felt different than similar injustices that occurred when she was living in a different land, and that, therefore, immigration may well have been a trigger for previous conflicts as well as new conflicts, as well as a lived experience in the common situation of Indigenous peoples across the globe.

Themes

*Post-colonial Residues.* According to Participant A-430, post-colonial residues as a theme identifies problematic areas still pending resolution, as referred to the frustrations to deal with, such as resentment and anger each time a group of community members meet. Participant A-430 defined evidence of post-colonial residues as the colonial inability to act according to present dominance, with the wish to have present circumstances being the trigger instead of past tragedies (A-430 p. 14). She provided a descriptive quote to explain the meaning of areas that still need further elaboration:

“I made peace with the fact that I have recurring nightmares. They are mine, but they belong to my ancestors too. I have fears, terrors, and shame, but I also have persistent desires, am passionate about nature and art, and the teachings of my family about being courageous and having survived centuries of attempts of cultural destruction” (A-430 p. 16).

By this statement Participant A-430 meant that connections through trauma are part of her family and culture, and it has been accepted as their legacy in life. It could be seen as such after
the awareness of what the colonies imposed upon the colonized, but with potential for healing within a psychological revision under a different (a safe) framework. Linking her individual trauma history to her family’s from a post-colonial analysis—including the systematic human rights violations during the Latin American dictatorships that forced this family to re-establish a sense of community—formed the essence of this participant’s specific message. Language was another cultural element that was “given” (A-430 p. 3) after the fatidic cultural encounter between Spaniards and Indigenous peoples of Latin America. Participant A-430 spoke predominantly in English, but switched to Spanish when her emotions were heightened, for instance, when tearfully remembering her first years in high school when her grandfather used to take her there while telling stories. However criminal the process of colonization was and still is, this participant stated that being able to communicate in Spanish is good, but no language can take the place of the original languages of Chile:

“My grandfather wanted to teach me his language and I never wanted, but now I have regrets about that. That I cannot change, but what I can is to be more connected with the Mapuche people in Chile and the Mapuche movement in Toronto” (A-430 p. 7).

This quote stated that she was given this example to demonstrate how resilience has been constructed for her, because from a traumatic legacy comes an understanding of expanding her roots into both countries, with a sense of agency and interconnectedness. Participant A-430 spoke the Spanish language with ease, using many and varied Chilean mannerisms, such as ending sentences with the sound “po” (A-430 pp. 1, 3, 7, 12, 19), which is a very colloquial term that comes directly from Quechua and Aymara languages from the southern cone of South America.

*The Personal as Political.* This theme confronts the notion that one cannot change the system from within. This participant stated that, indeed, the only way to change the status quo is to take action and empower him/herself up to a position to instigate change and a sense of safety:

“I have limitations, but my cultural background is very strong, we are coming from
resilient, dignified people. We have to empower ourselves to take action and roles into changing things from within” (A-430 p. 10-11).

Culture as a form of strength and pride was expressed in that statement. As an example, of this apparently contradictory idea, this participant added the following cultural explanation:

“My history is a difficult one, and counsellors talk to me about trauma, but for me it is not trauma, it is my life you are talking about, and the life of my people too” (A-430 p. 9).

In discussing how traumatic experiences are treated generally from an individual standpoint, this participant stated the need for a collective healing instead of—or coupled with—an individual intervention. For this participant, attending groups or doing therapy alone, without the parallel political action, is not going to serve a purpose for a long-term solution. Furthermore, Participant A-430 stated that a dual process of gaining insight on internalization of oppression, for instance, needed to be mirrored by advocacy action on an external, politically visible front, as doing is seeing as a mirror image of changing inside, as internalization of oppression might be detrimental to outgoing action and political development:

“I have seen many of my brothers and sisters being afraid of being happy or powerful, but I am not afraid of that. I need to gain power to be able to change my own history, not my past, but maybe my future” (A-430 p. 18).

Alcohol Consumption. This participant stated that drinking alcohol was a numbing mechanism for present dilemmas and also was historically introduced to Mapuche (Indigenous Chileans) to control and break them culturally (A-430 p. 7). Moreover, this participant insisted on clarifying her concerns of lived problematic access to existing mental health programs in Toronto:

“The counsellors tell me over and over again that I have a drinking problem when I say the amount of wine we drink at home. But we drink to celebrate, we drink to stop crying, we would drink when we used to prepare wine from the grapes in my grandfather’s house in
Valparaiso; we drink while we listen to stories, we drink to feel alive! It is hard to be here and suddenly I am boxed as an alcoholic. I don’t have a ‘drinking problem,’ a have an immigration problem!” (A-430 p. 10).

By this statement, Participant A-430 meant that the immigration process has been difficult and that she wanted to retain some elements of her culture of origin, such as celebrations with alcohol in considerable amounts. She also claimed for a relativistic, contextual analysis of her situation, as adaptation is gradual and fragmentary. The relativistic notion of drinking and its cultural use is here being contemplated by this participant, who nevertheless is acutely aware of both the origin of the introduction of alcohol by the Spaniards to Original peoples and of the necessity to keep some traditions alive. Furthermore, this participant exclaimed, “Everybody is asking for ‘moderation,’ and I respond: I will drink moderately when the system represses me in moderation too!” (A-430 p. 11). The moderation that a brutal system is requiring from this participant is contested in this notion that she requires an equal footing in relation to her processing, which she feels the system is providing at this juncture. This is another stated example of cultural fragmentation that colonialism is bringing into the settlement of this person’s family, as according to Participant A-430 she is required to be consistent with Canadian standards while not being offered the necessary support systems to manage both worlds with balance and stability: “I am trying to keep my roots while engaging in a life here, but some elements of my culture of origin are important to me, to feel alive and fiery inside” (A-430 p. 13). According to this belief, all individuals need to be able to contain at least part of their heritage to manage the myriad changes occurring during the re-settlement process.

Participant A-430’s responses provided evidence that there are still many internal challenges and external issues that need to be addressed before we can consider Chilean Mapuche border-gender youth to be fully integrated into existing Spanish speaking programs and services in mental health. Furthermore, the narrative provided by participant A-430 provides further evidence of the
systemic barriers that both immigrants and Indigenous people living in Canada face in regards to the intergenerational and current effects of colonization.
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Participant B-440

Character Sketch

Participant B-440 is 25 years old and has recently graduated from a graphic design college program and obtained a part-time job at a promising magazine. Participant B-440 has identified as a female to male (FTM) “forever” (B-440 p. 1), but began hormone treatment at 12 years of age, with the support of his parents. Participant B-440 stated that he is “lucky that my parents have always been very supportive of me, even if they think that I am a bit weird” (B-440 p. 1), expressing the blunt acknowledgment of not having followed traditional gender development and expression. Participant B-440 currently lives at home with his parents, as he is presently saving in order to travel to Mexico to study with a shaman. With this opportunity he aspires to become more acquainted with his Indigenous ancestry.

A spiritual component was identified as a healing element in all of Participant B-440’s struggles throughout his life, as he was unable to find any treatment for his cycles of depression within the existing dominant “Western” medical model. He stated, “Nature and Spirit is my saving grace” (B-440 p. 2). Both recognition of diverse forms of disease treatments and inner sources of strength are recognized issues that currently stand as challenges to integration for Participant B-440. This is an example of how crucial the strength relating to spiritual matters has been for the survival of this person within his identified community. When prompted specifically to expand on this, he stated, “The beauty of Nature has always helped calm my spirit, and as a consequence not to act on my fear and other negative impulses, for instance, when I feel robbed of my own real heritage here in Toronto” (B-440 p. 4). Moving forward, this participant stated that integration of past and present, to going from rejection to re-balancing of present opportunities is crucial for this person’s well-being. Furthermore, Participant B-440 disclosed that he was partially home-schooled bilingually, and that was mirrored in the comfort with which he switched from language to language when addressing specific situations that occurred in
either geography. Interestingly enough, Participant B-440 made consistent situation-language comments, as if he does not feel the need to examine his privileges. Rather, he focuses on the gender process, as stated: “I never had to concern myself with food on the table, or a roof over my head, so I could explore my gender expression and make art” (B-440 p. 7). By giving this example, this participant privileged the gender expression over the immigration process. Since his family of origin provided his basic needs, he could devote his time in the artistic expression of these more specific needs. It is important to acknowledge that many younger generations desire to keep some traditions alive but do not necessarily encompass a political angle into their struggles, a position Participant B-440 stated: “I am not here to change the world; my life mission is to be an example for other border-gender people, in Canada or in Mexico” (B-440 p. 9). This is a perspective on political action as external to one’s developmental issues, in this participant’s view.

First Interview

Participant B-440 arrived early to the interview, apparently eager to be part of this project, and was very comfortable talking about his life in relation to counsellors and mental health experiences. The first interview with Participant B-440 began with a smile and an apparent genuine desire to share his story, as stated. Participant B-440 appeared relaxed and clear about the interview as the researcher went through the informed consent process. When Participant B-440 was given a copy of the interview questions, he began engaging, without any prompting, and shared amply and with a vast array of details about both his life and his immigration process as a “gender-variant child”, as this was his preferred self-identifying word during childhood, as disclosed (B-440 p. 3).

Participant B-440 did not want to talk about politics, religion, and/or psychological traumas, as he sees himself as “a normal guy, just with a different set of doctors and medical
procedures during childhood” (B-440 p. 16). By this, he separated himself from other members of his community who resent past medical procedures, and even views them as violations. “I have other traumas, but not those. The doctors did not know what to do with me, and my parents trusted them. So, that was it” (B-440 p. 17). Participant B-440 disclosed that much of his border-gender definitions occurred early in his life and that the real struggle was to be allowed to live a “normal, typical, unprotected life, without fear of being bullied by the other kids in school, and school personnel” (B-440 p. 5). The issue of school violence and bullying is “exorcised” (B-440 p. 17) through drawings, fashion designing (undergarments for trans youth, incidentally), and occasional acting to rehearse all his potential choices, as stated. The main characteristic of this interview was a pronounced optimism and a refreshing view of the future, without major barriers to self-expression, according to this participant’s own words. In terms of relating to his Indigenous roots, Participant B-440 stated that he prefers to have “Mexican friends, whether they assume a common ancestry or not” (B-440 p. 9-10). This participant was very explicit in his belief that common ancestry does not guarantee common ground, as cultural sameness could occur in different settings.

Overall, this interview was marked by a trusting and relaxed conversation that did not require any extra prompting; to the contrary, it required frequent gentle time and interview-boundary reminders. There were two initial main topics for a story map: creativity and artistic expression more “real” than a society’s imposed reality/realities, and “society alienating trans people as they cannot deal with absolute developmental differences.”

The main psychological symptom that Participant B-440 disclosed was dissociation: “If I am in great pain, I go out, I travel, and when I am back, I feel better. In my culture that is acceptable, but for a counsellor, I am not normal, and they push for medication” (B-440 p. 17).”Acceptable” is presented as an example of the notion related to the upper classes with privileges related to social location that this participant was referring to at the beginning of the
When confronted with the reasons for bullying in school-age activities at a local community centre, Participant B-440 stated that the mental health system appears more punitive than interested in healing: “no teacher ever protected me, they sent me home until I dropped out” (B-440 p. 10). Thus he never trusted it enough to discuss an issue deeper than the superficial “help” and “support” that a well-meaning counsellor was willing (and able) to provide (B-440 p. 18). Total time duration for the interview was 110 minutes.

Even though counselling sessions are currently provided by some institutions, Participant B-440 recognizes that they could be more effective if integration of traditional healing techniques and acceptance of a cultural view of medicinal drugs (use of peyote in cultural ceremony) and astral travels were accepted as cultural expressions of stress related to geographic dislocation.

Second Interview and Final Story Map

Participant B-440 is aware that being part of a marginalized community makes him particularly vulnerable to figures of authority in “the medical establishment that would love to use me as an unimportant Guinea pig” (B-440 p. 13). As a relatively petite man, participant B-440 is more likely to be susceptible to the hallucinogenic effects of the mescaline found within the peyote. “Additionally,” participant B-440 added, “my GP [a ‘general practitioner,’ a family doctor in a supposedly LGBTQ+ clinic in Toronto] stated last year that research has shown that prolonged use of peyote is implicated with a ‘hallucinogen persisting perception disorder’ and diagnosed me with this disorder” (B-440 p. 16). Participant B-440 did not agree with the doctor, stating that if that is the case “half Mexico would qualify for that, and that would have been the end of our art, cinema, theatre, and most performances, never mind the healing ceremonies that keep our traditions alive” (B-440 p. 18). By saying this, this participant is advocating for a free use of substances without the implication of evaluation by the medical establishment that has been detrimental to border-gender young individuals who are in a position of vulnerability given
their immigration status.

This participant did however, acknowledge that perhaps the fact that he has been taking part in ceremonies and ingesting peyote since he was 5 years of age, might have had its effects in today’s dissociation: “as I start having visions today without having ingested any [peyote], but I have an artistic temperament, and my imagination and fantasy life are very alive in me” (B-440 p. 15), and that he would like to “have more information about any lingering long-term dependency issues, if these exist” (B-440 p. 15-16). This attests to the need to engage in psycho-educational sessions with a trusted counsellor. The participant also spoke candidly about his “altered states or dissociation, as my doctor imposed the term about my inner life” (B-440 p. 17). When invited to elaborate more about the topic, participant B-440 stated that the lack of respect about “my own ideas about my world, referred to ideas of trauma and how to manage that” (B-440 p. 19). When I suggested if he was referring to his own boundaries to generate a sense of safety, he acknowledged that indeed he was. This section characterizes the origin of a difficult working relationship with a health provider that would need to be repaired. Furthermore, it also highlights the current gaps in cultural understanding between Indigenous peoples and the health care providers in Canada who are trained and acculturated in a “Westernized” and Eurocentric worldview.

Following this part of the interview process, the researcher debriefed with some concepts from recent research from Scaer regarding neuroplasticity (2007, p. 67), paraphrasing his well-known concept of boundaries (“We all try to live in a small but safe world of our own, defined by invisible but very real perceptual barriers, or boundaries” [Scaer, 2007, p. 3]). This was the only participant with whom referrals were offered; however, he dismissed them as “useless for my needs, specially as an Indigenous trans guy” (B-440 p. 20), reinforcing the need for a program specially tailored to this unique community.

According to Participant B-440, existing programs are “out of touch with reality, or want
to mix me into a gay+ group” (B-440 p. 8). This refers to the common belief that gender expression is related to sexual orientation, a belief mentioned by this participant on several occasions, and one that generates a great deal of anger and frustration (B-440 pp. 6, 8, 11, 14, 17). In regards to access, he stated that he is “tired of feeling patronized by White Latino counsellors. I am not them, they are not me” (B-440 p. 20). In order to deconstruct such statement, when invited to collaborate more on the expansion of this, the participant spoke of identification coming from differentiation, being as what he is, as much as what he is not. Issues of self-identification, instead of external imposition to fit the binary expectations, were expressed in this quote. The new issue that was identified in this interview was the use of peyote in ceremonies in Mexico, but also in Toronto outside ceremonial settings, where he stated, “I don’t want to change, as I have been already robbed greatly of my culture. I don’t want to give that away too” (B-440 p. 11). This can be seen as a form of resistance, as explained by this participant. He elaborated by stating that medicines are also chemicals, and all come from the same source that is nature: “the only doctor is Nature” (B-440 p. 13). An Initial Story Map (Table 3) was composed to reflect the issues discussed in the interview with Participant B-440. He was then presented with the initial story map in the second interview and given the opportunity to revise it to accurately present his story. Upon review of the initial story map, Participant B-440 requested two additions, which are noted in Participant B-440's Final Story Map (Table 4), by the use of underlining. He revised “feeling like a Guinea pig”, and also wanted to emphasize past experiences with counsellors as “more giving insight than receiving help”.

Participant B-440’s comments suggest that border-gender youth and mental health providers should be equally committed to making sure that they understand each other by providing necessary information and to working from commonalities rather than differences in order to access existent program or to work towards the generation of new ones.
Core Message and Themes

The final core message for Participant B-440 was gender transitioning, defined as the autonomy to modify either internally or externally any gender manifestation. The vast majority of the first interview focused on discussing the relativization of one’s battles as a border-gender child with an artistic temperament. After agreeing with the core message and initial themes, Participant B-440 commented on the crucial role of spirituality in its development as a continuum after geographic dislocation and relocation processing, communication through language, and Participant B-440's own experience with health providers. The aspects were themed as spirituality as a source of strength; the strategic use of language; and feeling used like a Guinea pig by the medical establishment in general and counsellors in particular.

Core message

The core message that was received from B-440’s interview was that life could be hard or easy, depending on the battles engaged in, as there are many internal and external battles, like the battles for safety and survival in Mexico City as a minority person with a very unusual gender presentation, together with his community. In his particular case, the said battle has been easier than the battle of adapting to Toronto. This participant stated that he had chosen the internal ones in Mexico before immigrating, but now everything is compounded by the complexity of living outside his community of origin. His aim now is to connect with his people from past generations, and to connect fluently with a good command of both languages so that he can travel to Mexico and Canada and still be able to talk and hear, and pass along stories from other people. “I want to tell my story to other border-gender individuals that do not dare yet to come out” (B-440 p. 2). By stating this, he was affirming the clarity of his purpose in life at this juncture: the community use of his life experience for this participant that presently gives purpose and direction to his life. In order to identify the overarching themes that emerged from his interview
upon transcript revision and consultation with Participant B-440, he agreed that he was particularly interested in spirituality and language as predominant themes.

Themes

*Spirituality in Diaspora.* This participant defined spirituality as “keeping with one’s cultural traditions” that identified the core of this participant’s life. Spirituality acts as the general framework to include Mayan and Toltec elements from his Mexican background close to the Yucatan Peninsula, even if living in diaspora. This observation was supported by the following quote:

“I can be in Canada or Mexico, and I know this is not my original land, but when I engage in shamanic healing, I am in a different place, outside time and space, and I can also be fully in my body, because gender does not matter either. I am a being, a person, and I don’t suffer anymore” (B-440 p. 12).

The main idea explored was that there is a sacred path that is paramount to one’s identity in Indigenous cultures all over Latin America; however, that includes the medicinal use of peyote and magic mushrooms. This participant volunteered information about his view on the use of these:

“It is medicine, it is authentic, and I do it for healing purposes in the presence of the shaman. So, I am not willing to also lose this part of me because of the ignorance of the White counsellors in Toronto, no way I gave this up too” (B-440 p. 16).

This quote means that peyote, to a Canadian counsellor, is just another problematic substance but in the grand scheme of this participant’s story, is the benchmark of keeping his cultural roots and so to give that up is to willingly allow oneself to be continuously colonized. Similarly, this participant stated that he wants to study theatre to academically formalize his spiritual inclinations: “I want to have a life that makes sense to me” (B-440 p. 18), as an
acceptable compromise midway between alienation and rebellion and modeling in the workplace at a later stage in the life. As the concept of reality is at least elusive, directionality can provide the intention and attention to integrate into a new country in a healthy and productive way. Even though immigration is a painful process, it might provide the change to re-create one’s life with more awareness.

Language as an Expressive Tool of Identity. Both languages, Spanish and English, were identified as an overarching theme in the participant’s life because they are:

“The tools for communication, or lack thereof, so I think . . . um . . . if you want to say something to someone, you have to say it in the way and how that person is going to receive the message. With Latinos I switch back and forth all the time, but with other First Nations people, it has to be English” (B-440 p. 4).

When asked about how others take this approach, this participant stated: “White counsellors might feel interrogated, but I keep that power to myself” (B-440 p. 9). The idea of keeping one’s power to oneself is related to an idea of being resilient, a true survivor, as explained. As an example, this participant spoke of one trace of a colonial legacy as the perpetuation of a state of imbalance and powerlessness. “This could be seen as a survival mechanism to manage oneself in authoritarian situations” (B-440 p. 13-14). He went on to state that this mechanism has allowed this participant to create his own reality, one that he can get in and out with self-referentiality—or performative elements—without the heaviness of alienation, another aspect mentioned and reinforced in the previous theme of spirituality, as illustrated below.

Feeling Used Like a Guinea Pig. Participant B-440 stated as a working definition of “feeling used like a Guinea pig” that he kept control of any counselling situation by paying privately according to his means, and by changing counsellors when the engagement seemed “too risky” (B-440 p. 11) in the sense of not trusting the knowledge base of the therapist or the
extent of the confidentiality, or feeling like “a Guinea pig, where I was giving information more than receiving insight” (B-440 p. 12). The idea of cultural appropriation was backing this assertion, as stated. Later on, this participant disclosed that at times, and in order to accept help in one of the many areas pending resolution in this life, he “dissociated” (a medical model term) as a mechanism to manage the pain and the frustration of a “lighter version of what healing should be for me, my roots, my people, my way of seeing things” (B-440 p. 14). The issue of self-medicating with a shamanic approach to mental balance instead of accepting psychotropic medication prescribed by his doctor was never spoken about in sessions, as this participant decided to “pick my battles” (B-440 p. 14) in life.

According to Participant B-440’s opinions in terms of use of the present mental health system, respect for each other’s cultural heritage is necessary but not sufficient; for a counselling relationship to be relevant and pertinent, a foundation of respect needs to be acknowledged across the culturally different healing systems.
Table 3
Participant B-440 Initial Story Map

<table>
<thead>
<tr>
<th>Past experiences</th>
<th>Self as border-gender</th>
<th>Cultural supports</th>
<th>Community experience of counsellors</th>
<th>Mental health services</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Growing up as FTM in Mexico</td>
<td>Parents and members of community</td>
<td>Lack of empathy by White Latino counsellors</td>
<td>Dissociation</td>
</tr>
<tr>
<td></td>
<td>Early transitioning</td>
<td>Ceremonies with use of peyote to visualize journey</td>
<td>Disconnection with young communities</td>
<td>Private services OK</td>
</tr>
<tr>
<td></td>
<td>Very supported by family of origin</td>
<td>Use of peyote to imagine a world while not in ceremonial practices</td>
<td></td>
<td>Discriminated against by counsellors, left therapy</td>
</tr>
<tr>
<td></td>
<td>Developing pride as border-gender while acknowledging privileges</td>
<td></td>
<td>Connecting with spirituality for sustenance and ongoing support</td>
<td></td>
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<tr>
<td></td>
<td>Using silence to protect oneself</td>
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<table>
<thead>
<tr>
<th>Present experiences</th>
<th>Creativity and artistic expression more “real” than reality, to play out roles</th>
<th>Disconnected from cultural supports in Toronto</th>
<th>Out of touch with reality</th>
<th>Acting and performing to heal from past wounds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Society alienating trans people</td>
<td>Engaging through artistic expression</td>
<td>Connecting occasionally with culture of origin when travelling for Shamanic ceremonies</td>
<td>Considering attending counselling if gender expression is respected</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Future intentions</th>
<th>Obtain more education</th>
<th>Stop using peyote in Toronto, as it is not understood</th>
<th>Address disconnection and dissociation/astral travels</th>
<th>Obtain more education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase artistic expression</td>
<td>Address need of interconnectedness</td>
<td>Work on similarities instead of focusing on differences</td>
<td>Become empowered through consistent theatrical performances in summer festivals to address visibility of people like me</td>
</tr>
<tr>
<td></td>
<td>Use words to advocate for equity</td>
<td>Attend other traditional ceremonies to further both knowledge and community connections</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>More increased support in shamanic community in Mexico</td>
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Participant C-450

Character Sketch

Participant C-450 was the youngest of the participants. Participant C-450 is 16 years old, originally from Patagonia, Argentina. Both parents identified as Indigenous people, but they do not mix with any other Indigenous group in Toronto as a result of their language barrier. Participant C-450 self-identified as male to female (MTF) and said that the assigned gender at birth was male. Participant C-450 began to “feel” like the opposite sex and gender at 5 years of age and spoke to “his” (at that time) parents, and began seeking community support through friends and word of mouth. Today, participant C-450 lives as female, with all the love and support from some relatives and a few friends (C-450 pp. 1-3). This participant stated that she is glad somebody is asking about her mental health problems.

According to participant C-450, the only effective methods of coping when she is feeling down are sketching, photographs, and theatrical set design. Participant C-450 began to attend an art school where she accumulated two Indigenous Latino trans friends. The first interview with participant C-450 was conducted in English. Over the course of the entire research project, participant C-450 spoke with a strong Spanish accent and clearly experienced syntax and vocabulary difficulties; however, when asked if she preferred to have the option of reading the interviews in translation, participant C-450 politely declined the option to speak in Spanish, stating that she does not feel at ease talking outside the family circle.

First Interview

Participant C-450 attended her first interview a few minutes late and appeared nervous. Once informed consent was secured, the interview began at a slow pace, as Participant C-450 stated that she was hesitant about the content of the questions and required reassurance that the language of use was going to be English. With many encouragements and verbal prompts, she
relaxed and gained confidence in her answers, stepping into her own story with determination and a quiet dignity. Participant C-450’s answers were articulate and eloquently formulated.

When asked about him/herself as border-gender identification, this participant responded:

“Being raised in a Westernized society, I share the identity problems that many LGBTQ youth at school confront every day, however being border-gender separates me from the rest. Although I identify as Canadian, my cultural history is rooted in Patagonia. The traces of this land are in my language with a specifically unique dialect, the traces are in the quality of our meals at home, and the traces are in my presentation of personality. Regardless, in Canada I am seen as being from a Latin American orientation, but to others born and raised in Argentina, I am seen as completely Native Canadian, never mind that I feel Patagonian and Indigenous, and with a border-gender chosen presentation (C-450 p. 4).

Participant C-450 sees herself as a Patagonian person displaced in Toronto. Lucidly, her border-gender presentation is stated as a choice. The issue of power and choice was present from the beginning of the interview. The interview was marked by a dignified use of personal, familial, and communal stories of Patagonia and of Patagonian families in Ontario, who number around 12 according to her recollection of past gatherings (C-450 p. 5). The main topics can be summarized as both the awareness of interconnection between self, the others, and the world and the need to keep finding—or creating—an emotionally fulfilling connection in Toronto between her past and her present, with family and community. The total time of this first interview was 85 minutes.

The issue of free will and personal agency as a factor of concern for her safety and well-being in the Indigenous Patagonian community in Toronto was addressed through her current presentation as a woman:

“Trans women are not permitted to dress in a certain manner that is seen as suggestive; this includes simple items such as earrings or bracelets. There is an unspoken rule for younger
trans women to be more submissive and accepting of the Elders in the Patagonian community regardless of how bizarre or inapplicable to the Canadian context the traditional ideologies may be. The idea of critical thinking and contemplation is frowned upon for youth in general, as you are supposed to respect your Elders” (C-450 p. 6).

This is the way this participant explained the separation between her roots in Argentina and the small community of exiles in Toronto, adding:

“The option to do what you want with your Indigenous roots in Patagonia is very different from your agency in Toronto, and I would rather be here and exploring myself as a border-gender youth... because If I want to live my journey back in Argentina, I am certain I would be hurt because of this gender presentation choice, as I cannot compromise my autonomy” (C-450 p. 8).

Thus, the gender exploration is a more urgent element to explore than the immigration adaptation process, also appearing as less problematic from an internal viewpoint. This means that this part did not reveal conflict with gender but social areas of immigration status.

When asked about an example of what are—in her view—the issue(s) she has not been able to address in a mental health setting, participant C-450 quickly responded that these issues were certainly the emotional fragility of her mother, symptomatized by her cyclical suicide attempts, coupled with her father’s helplessness attitude: “Mom was always dying the same death, and it never happened. Dad was overwhelmed, hopeless, confused all the time after moving here” (C-450 p. 6). This is clinically significant, and supported the notion of increasing access to specific mental health services as relevant. First, the risks associated with immigration and second, the inability or lack of training of assigned counsellors who thought that because they spoke the language (Spanish) or had some exposure to Latin American culture, they could deal with multiple sources of oppression, which clearly was not the case, according to participant C-450. Furthermore, other determinants of health were explored (such as obtaining a housing
application, referral to a more sympathetic physician, and some tokens to attend a group). One of the areas of concern not yet addressed in counselling was expressed as a sense of hurt from being displaced:

“My tears displayed the wounds inside, from being outcast, from being lied to and rejected by my country, and sometimes by my community. I have never encountered a counsellor equipped to deal with this gigantic task, or maybe I was not ready before. They offered me instead the address of the nearby food banks, which infuriated me. Then they call me crazy” (C-450 p. 11).

Through this statement, Participant C-450 addressed the main problem of the existing services: they do not address the core of the matter, offering a superficial, parochial view of charity instead of justice. It seems that this participant is now ready to engage more critically about the wounds of history as part of her colonial legacy, and would want to examine the role of these wounds in her daily functioning and in her life as a whole. When asked about what would help her in the counselling process, she responded: “to understand what happened to my people, and how this has affected them, and my family, and myself as well, to be better” (C-450 p. 12). This epistemological view of needs encompasses a full cosmovision very distant from the present use of support services for newcomers to Toronto—without considering the specifics of a small group of Indigenous migrants from Latin America. The healing process would entail identifying and understanding the extent of the wounds and then focusing on working through them and possibly re-writing the story so as to make the wounds more like “scars of survival” (C-450 p. 14) for her people, and ultimately to enforce a positive orientation. The presence and absence of healthy supporters after immigrating to Canada was a topic interlaced throughout the interview.

**Second Interview and Final Story Map**

When presented with the Initial Story Map (Table 5), Participant C-450 politely agreed
with all previous coded themes and declined to add anything else, indicating that the content of the story map was representative of her “overall” story (C-450 p. 16). As the researcher was not sure if this choice of word was a subtle expression of resistance or whether the participant just needed more time to process, she offered to go and get a coffee for both the participant and researcher while she could perhaps “draw something or think of something else to add or simply say” (C-450 p. 14). By the time the researcher returned a few minutes later, Participant C-450 had produced a beautiful and grotesque picture. Participant C-450 did not allow the researcher to neither explore nor reproduce it in this research; only the words “beautiful and grotesque” were allowed, hence their inclusion in this section (C-450 p. 15). The rest of the interview was an exploration of the meaning of those two works in this participant’s life. By mid-interview, Participant C-450 said that her body is beautiful, has always been, but that “people don’t see it that way, so I am always stared at like a freak” (C-450 p. 17). Moreover, she then wanted to expand on the Final Story Map (Table 6) that she has historically been “viewed as a 'freak' instead of a person with a human experience getting to know the Canadian parameters of border-gender people”, and such addition has been denoted by the use of underline in the Final Story Map (Table 6).

When prompted to expand on the word “freak,” this participant stated that it was the “almost non-human nature of myself,” defining the otherness and rejection that are prevalent attitudes toward her. The grotesque part, according to Participant C-450, is “the way nurses are always looking at me; I feel like I am being violated when I am with them” (C-450 p. 16), referring to past medical treatments and even primary health care appointments, to have a vaccination or when presenting her health card before a clinical appointment. She added:

“Nobody ever asked me how I feel, if I feel that I need to change, or if I want to change. I like to talk; this [meaning the interview] is nice; we should have more time to do this, and more often. I would attend something like this” (C-450 p. 17).
This statement provides evidence that this participant is open to counselling if trust and rapport exist before the first session, during the initial contact over the phone and/or during the intake process. When asked about existing programs, she responded with a succinct “nothing for my age, 15 to 17” (C-450 p. 18), stating that present programs and services are not addressed to Latin youth with Indigenous roots who also want to explore gender variance in an integrated, holistic approach. In terms of access, she said it was “impossible given the ignorance of those in positions of power” (C-450 p. 20). The issue of access is more related to program development than to the inability to connect to this participant, as stated.

Participant C-450 pointed out that she is upset at the gaze of doctors and social workers, and often felt violated by nurses or any hospital personnel (Table 6). “That is why I don’t want to see anybody that is not already known to me or my friends. I trust them more” (C-450 p. 16). However, the issue of lack of trust was marked, as stated by the end of the second interview, when invited whether she might reassess her view of the power or research and/or researchers. She shyly stated, “I think so” and offered the researcher the picture as a gift, under the promise (and the incipient trust it entails) that it would not be published (C-450 p. 20), which has the value of being a symbol of perceived trust and the real possibility of collaboration in a non-threatening engagement.

Core Message and Themes

The core message in the interview with Participant C-450 focused on Multiple Elements of Identity, defined as a combination of past, future, and present issues. She discussed the interaction between her identity as a former refugee, an Indigenous person both in Patagonia and Toronto, and a border-gender youth defending an alternative gender-presentation. According to Participant C-450's lived experience, life was hard and continued to be more complicated when compounded by the refugee experience, as the identified themes were connections; career
choices; and family cycles of crisis. Participant C-450 concurred that it is acceptable to feel “beautiful and grotesque” at the same time, as long as we are on a healing journey with family and community, both in the country of origin and in the new country.

Participant C-450 spoke at length of the importance of keeping a connection alive with one’s culture of origin while living in diaspora, and the importance of linking one’s present with the past and opportunities for the future career choices. Such preoccupation was deemed the overarching theme that emerged from her transcript and follow-up interview. Participant C-450 emphasized the need for:

“People like me, Indian Latinos that walk invisibly in the streets of downtown Toronto, unless you know- Most people think of Argentina as soccer players or Buenos Aires as the capital city of cosmetic surgery, but nothing about Patagonia, or even us, non-White people that have lived there forever” (C-450 p. 5).

Participant C-450 stressed the issue of invisibility for non-Canadian Indigenous youth, coupled with the stereotype of Latinos that are so prevalent in Toronto. More so, she noted that she would access mental health support to enjoy relating with community events more than other activities if and when she can openly be a border-gender Indigenous Latina youth without wearing “my social mask that hides my isolation and loneliness” (C-450 p. 15). The reference to wearing a mask echoes the theme of connections through symbolic communication for lack of other channels, as expressed by this participant. The theme of connections is broadening individual abilities.

Themes

Connections. Participant C-450 stressed the need for keeping connections to relate to oneself, to the family of choice and the extended one, to the family in Canada and the one left back home in Patagonia, and also to the new country, as well as ecologically to “the also
colonized land of the Mississauga that we are now occupying in a respectful way” (C-450 p. 3). This statement entails an awareness of another layer of land and dominance. Connecting her past with Canadian Indigenous problems gives this participant common ground in the struggle for autonomy, as well as perspective. Building community through the myriad of activities and engagements that Toronto offers seemed to be an important element of agency and personal development for this participant. She went on to explain the many measures of her complex set of identities that sometimes overlap in the different roles one has to play in society within all our interpersonal relations.

*Career choices.* Participant C-450 also suggested that providing vocational counselling and career choices are essential elements to empowering immigrant youth.

“I need support that is clear to me, especially when I am looking at my dad and my mom and wanting to do something different with my life now that we are in Canada. I love them, but I want to live a different life, er . . . and maybe help them later on. But I don’t know what to do or where to go, as I don’t feel comfortable with Latino counsellors or speaking the language of the oppressors. I want to be open about my gender choices and my cultural heritage, but I need to have training for a career where I can be open about this instead of shameful” (C-450 p. 6).

The issue of pride instead of shame is marking the need to heal the wounds from the past, and so to open up opportunities in the future. As was noted in the literature review, education for Latinos is understood as being comprised of multiple dimensions of teachings, learning, training, sharing oral stories, and applying the traditions. It is for this reason that this participant spoke about learning how to be proud of herself and her people, and not just acquiring techniques. Also, adding to that theme of vocational options opened to this participant, she stated that “I have been stereotyped for so long, that it is hard for me to trust just any program, any school . . . um . . . I need to know what kind of people are going there” (C-450 p. 7), indicating that safety will play a major role in the choice of program, something that any other group will not even consider unless
sources of privilege were to be analyzed. Previous negative experiences have impacted the desire to keep trying in a punitive educational system that does not embrace divergent thinking as praxis:

“I have been bullied at school by my peers, but way more by teachers, school counsellors, and many others that were supposed to protect me- And that is my story, my reality, my truth- And the irony is that if I don’t accept it, I am the crazy one” (C-450 p. 10).

“Crazy” was defined as different, laughed at in school, and left unprotected. This participant believed that the power dynamics that are placed in schools under the current Canadian educational system are repeating and continuing the oppressive practice of subjugation that colonialism imposed, while organizing its main institutions, namely, education and the Western view of mental health.

“I am sick and tired of being the other, the weird Argentinean . . . and also tired of changing schools. When is all this going to end?” (C-450 p. 12). Participant C-450’s views suggest that sustainability is not always a choice for non-traditional students; leaving school to preserve one’s dignity or even safety is indeed a healthier choice than attending classes. School and training are fluid educational opportunities that need to lead towards meaningful career options. Immigrant youth are a vulnerable sector. With an ambiguous gender presentation, the potential of rejection is ample; tailored programs therefore are paramount. This participant described rewarding education as one of the main keys to finding fulfilling employment at a later stage, compounded by the situation of living in diaspora.

*Family cycles of crisis.* Participant C-450 attributed the term “crisis” to an on-going problem that is increased by not solving it and is repeated over time. As an example, she continued to mention her need of processing her mother’s recurrent suicide attempts as well as her helpless father, but fear of being “punished by a social worker” (C-450 p. 6). This expression summarizes her frustration with the way protection agencies are managing difficult cases with
Indigenous newcomers to Toronto; thus, enhancing the fear of the potential of being placed in custody by the Children’s Aid Society and preventing her from seeking out support. Instead, Participant C-450 used the loving support of friends and other members of the community to manage the ongoing crisis at a familial level. It appears that the problem of mental health is that current diagnostic tools do not address drastic cosmovisions other than the traditional, European ones, framed in heteronormative patterns.

Internal versus external locus of control was a common axis of exploration in terms of career, connections, and family. Participant C-450 mentioned their struggle in dealing with multiple sources of oppression, racism being the more evident and changing over time, because of their “thick accent” or because of the gender they were “externally identified with” (C-450 p. 4). But once she had secured aspects of support from her family of origin and choice and/or safe friends, she was able to state their boundaries to their level of comfort, not society’s standards. For example, Participant C-450 disclosed that she would never go to mainstream hospitals for “anything, even if I die at home it would be better,” as she views social workers and White counsellors in general as “mercenaries of the [mental health] system” (C-450 p. 8-9). She attributed this to the training of many programs, which are similar to business: “I don't know what they learn in school, but I sure hope to be more prepared after university, that's for sure” (C-450 p. 13). As provided from this participant’s narrative, it appears that a mixture of community healers and properly trained, culturally sensitive clinicians who have lived experience in Latin America and are familiar with the political struggles still occurring in many countries and even with community fractions in Toronto would be the natural solution for these dilemmas.

As per comments made, it was evident that Participant C-450 was both able and willing to differentiate what can be done and what is probably outside the scope of action of the current Canadian health care system. Never lacking insight, she asserted that what was lacking is a voice, the opportunity (“like this one,” as Participant C-450 stated) to express her inner desires.
Basically, Participant C-450 is provoking internal growth by accessing a variety of culturally pertinent rituals and ceremonies and by keeping a connection with her inner nature alive. Interpersonal connection was identified as poor, inconsistent, and mixed with conflict, but nevertheless happening. As an example, word-of-mouth for Participant C-450 has been identified as an effective manner of communication; and is recognized by the rapid engagement in the study by this participant.

Participant C-450’s opinions encapsulate elements of emotional adaptation to displacement as a political consequence of a post-colonial world order; intergenerational trauma where parents are willing but not able to provide stable guidance; and counselling clashes when seeking support for the exploration of a border-gender identity formation with a Latin American context.
<table>
<thead>
<tr>
<th>Past experiences</th>
<th>Self as border-gender</th>
<th>Cultural supports</th>
<th>Community experience of counsellors</th>
<th>Mental health services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supported and loved by family</td>
<td>Fulfillment through community, not family</td>
<td>Violated by nurses, afraid of medical doctors</td>
<td>Charity instead of justice</td>
</tr>
<tr>
<td></td>
<td>Internalization of White community repudiation</td>
<td>Artistic relief through sketching and photography</td>
<td>Ignorance of people in positions of authority and/or power</td>
<td>Based mostly on non-Indigenous practices in Toronto</td>
</tr>
<tr>
<td></td>
<td>Growing up as a border-gender child</td>
<td></td>
<td>Colonization effects, feeling violated</td>
<td>Silenced in exploring issues of identifying as a border-gender youth Seeking services for mom and dad</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Present experiences</th>
<th>Self as MTF</th>
<th>Dealing with colonization through school counsellor, but not Indigenous, not border-gender issues</th>
<th>Nothing for this specific age group (15–17)</th>
<th>School support Community self-help group Focusing on own struggles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Struggles to balance self, other, and the world</td>
<td>View of the Spanish language as the language of the oppressors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Views own body as beautiful, anatomically perfect</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Future intentions</th>
<th>More emotional fulfillment through specific counselling</th>
<th>Increasing resiliency after understanding colonization effects</th>
<th>Build community for long-term survival</th>
<th>Organize workshops in school to train guidance counsellors about diversity in Spanish-speaking communities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More relationship-building with community-based counsellors</td>
<td>More connecting in a healthy way with family of origin</td>
<td>Focus more on staying in counselling to mirror other connections in life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More schooling</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Artwork to show inner beauty and work for the promotion of self-acceptance</td>
<td></td>
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<tr>
<td></td>
<td>“Beautiful and grotesque” visual representation of self and the work ahead</td>
<td></td>
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</tr>
<tr>
<td></td>
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<td>Artistic relief through sketching and photography</td>
<td>Viewed as a “freak” instead of a person with a human experience getting to know the Canadian parameters of border-gender people</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>More popular theatre education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less bullying</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Participant D-460

Character Sketch

Participant D-460 identified as being “just a girl” (male to female (MTF), she adds later) from El Salvador, 17 years old, studying at the same college as Participant C-450. Participant D-460 expressed being slightly hesitant to attend this interview because she had “a couple of bad experiences with doctors and hospitals while growing up” (D-460 p. 1). This introduced the idea of the abusive treatment that border-gender youth receive from figures of authority, as well as a traumatic family history in El Salvador before seeking refugee status in Canada, a theme expanded on during both interviews. Participant D-460 is estranged from her family of origin—although they live in Toronto—as they do not support Participant D-460 in her life choices:

“I have family but I don’t. They want a son they never had. I am, and always will be, a girl, so I am border-gender forever, but they don’t care about me, too busy with their own problems. Well, I am not sure if they are too busy or dealing with so many other problems as well, but they certainly don't have time for my own drama. They don't get me either” (D-460 p. 1).

This was the preamble for her mention of the under-housing situation and separation from her family of origin when also separated from country of origin. In this way, the participant explored her many losses. After a series of suicide attempts between the ages of 9 and 12, Participant D-460 was placed with another family by a protection agency, which added trauma and much shame to the nuclear family already dealing with intense stigma by several authority figures. She later experienced the shelter system in Toronto, which is problematic as there are currently no specialized shelters for trans youth. However, she recognized that the issue is continuing to get more media attention than ever (www.ilona6.com/press.php). Participant D-460 is currently living in a group home and visiting her family of origin regularly. Throughout the research project, participant D-460 proudly spoke Spanish throughout all interviews.
First Interview

Participant D-460 stated, “I only talk to my friend [D-450] here [meaning in Toronto], so am not sure how to talk to you. Most people don't ask me about my mental health issues or my bad experiences when I tried to talk to counsellors” (D-460 p. 1). It took about 10 minutes for her to say that she was now ready to start the formal part of the interview. Participant D-460 required much more disclosure on the part of the researcher, for her to gain trust, which is culturally acceptable: information about her own family of origin, the type of upbringing she had, her political views about the immigration system in Canada, and what she was planning to do in the long run with the information and power her education has provided—questions which were found very interesting and thought-provoking, as stated at the end.

Participant D-460 reviewed all previous responses and stated that she wanted to add that the topic of suicide is still taboo for most people, adding:

“Even for some, when you tell your life story they kinda agree that, yeah, it is not worth to live life like this, so I said, “what kind of stupid advice is this, to kill myself?’(D-460 p. 3). “The social workers and counsellors I have seen are too scared to believe that sometimes it is better to kill oneself rather than living, but it scares the hell out of them to talk about this with a young person, but this is a conversation I need to have if I am going to choose to keep living on Earth. I deserve that conversation, and I have never had it. They want to feel that they are ‘saving this poor kid,’ but I don’t need this shit” (D-460 p. 5).

Interactions between counsellors and an Indigenous youth were exemplified via this quote, with the burden of a different heritage as a daunting task. The interview lasted 93 minutes. Furthermore, Participant D-460 stated that respect for cultural and gender presentation differences must be integrated into counselling practices and/or a proper referral service (something that needs to be developed), as the participant and any other client needs to feel respected and dignified in their views, not just tolerated because of the exceptionality of their
Second Interview and Final Story Map

An Initial Story Map (Table 7) was composed to reflect the issues discussed in the interview with Participant D-460. When reviewing the transcript from the first interview and being invited to add more information to the existing outline during the second interview, this participant declined to add anything else, stating that her main points were clearly emphasized and that she was pleased to see her individual story portrayed in an accurate way. Incidentally, she went on and affirmed that programs “like this, with a focus on people like me, are none. I have been looking for one and talking to friends about it forever!” (D-460 p. 5). The idea of networking emotionally through friends was presented as a double-edged sword: community members can be supportive, but if assigned the role of counsellors, relationships can become toxic and the boundaries unclear. However, when asked about accessing such a program if it were created, a grim response followed: “I don’t trust to place my name on a wait list if I am not sure about who is running the program, who is reviewing the file, etc. Way too many bad experiences already, I am being honest here.” Participant D-460 stated that, in terms of program content, she would like to see more information about the topic of suicide as a valid one, not another taboo avoided in counselling situations, as well as “survivor’s guilt” as “something I feel every day” (D-460 pp. 12-13). By this she meant the realization that the different problems experienced by family members have left different scars that nevertheless are profound and still proliferating in this participant’s well-being. Participant D-460 acknowledged that coping with PTSD was the main focus of her previous counselling experiences, from meditation groups to a community Tai Chi class: “The best for me was to do something, not just talk, because all counsellors want to do is talk about my PTSD. But I am more than that, I am not White, so no White solutions will never work with me” (D-460 p. 15). However well-meaning previous
counsellors may have been, the limitations of the practice has left this participant unsure of the effectiveness. Furthermore, Participant D-460 stated that her profound lack of trust in authority figures has hindered many potential contacts and interactions with professionals. Participant D-460 stated that it will take “a very special person to get me into talking about things that I need to talk, as they present to me over and over again in my nightmares” (D-460 p. 15). The topic of nightmares was expressed as a symbol of past trauma still present in daily life that needed to be processed in therapy (Table 8).

Core Message and Themes

The core message derived from participant D-460’s narrative is Integration, defined as the healthy combination of past dreams and nightmare, with a more balanced present. More specifically, Participant D-460 stated that “one’s existence can be constructed, but with the effort and need to integrate cultural and historically embedded values into present circumstances” (D-460 p. 9). The themes were the Value of an Indigenous Life; Authenticity and Reality; and Trust, defined as not trusting counsellors yet, however needing this as an asset towards effective therapy.

Core message

The core message presented in the narrative created by Participant D-460 was Immigration, which is both individual and family experience in seeking permanent landing status. Throughout the interview the main idea was that one’s existence can and should be created. Participant D-460 suggested that immigration provided a unique opportunity to create another life, as more tolerance towards gender expression was visually available, and emergency housing and basic necessities covered through government programs. However, mental health programs were never “good for me, or my situation” (D-460 p. 10), she stated, adding the
following:

“*I knew that Toronto offered me more opportunities right away, but I also experienced that in terms of my own mental health. I have always been on my own, for good and for bad. I don’t think that people, even counsellors realize the unsafety of a youth being in a shelter*” (D-460 p. 11).

In this participant’s own story the importance of a strong support system in lieu of family of origin for immigrant youth is noted, more so for those who are exploring their own gender categorization. “*My mom is a good person, but the soldiers came and did a number on her . . . now she is too fragile to help me*” (D-460 p. 12). The effect of her mother’s abuse is still present in this participant’s life, as exemplified by the following statement: “*but I feel that image in my body, living in me*” (D-460 p. 13). This participant identifies herself as a “*refugee survivor*” (D-460 p. 14) because of intergenerational trauma. Many problems of her ancestors are manifesting in her own self, in this lifetime. Furthermore, she noted that initially she was reluctant to talk about her parents because of the associated ideas that Salvadorian people “*are lazy or criminals*” (D-460 p. 17). Participant D-460 also explored the detrimental stereotype of people from Central America after many started to arrive in Toronto during the mid-1980s. At the present time her parents are both unable to work, disabled physically and in urgent need of psychological support. However, for fear of losing their landing status, they were advised not to seek help until they are granted Canadian citizenship. “*So for them fear is real, it is not ‘just in your head’; I need to make sure they are safe and protected*” (D-460 p. 13). This participant is also creating a livable life for her “*broken parents*” (D-460 p. 17), as opportunities become available to her, adding into the obligations a person can access with limited resources. Fear of stereotyping and shame of vulnerability has prevented this family to seek external sources of support, limiting them to the internal ones only, with the cultural cohesion of the group. As a consequence, Participant D-460 stated that she feels as though she does not exist, given the limited expressions of her fuller, truer
self in a Canadian environment of relevant mental health supports.

Themes

*Value of an Indigenous Life.* Participant D-460 explained that, early experiences of death in family of origin make her self-reflective regarding this topic, and immigration aggravated the issue: “when you lose everything, you need to choose again life, if you are going to keep alive” (D-460 p. 3). The presence of a strong family influence, combined with the absence of community supporters for Indigenous refugee complex needs within the existing parameters of mental health services in Spanish language, interlaced throughout the interview. On the topic of value of an Indigenous life, Participant D-460 remarked: “If I need something, I have to ‘play White’ with my Spanish-speaking counsellor; how false is that? That makes me furious” (D-460 p. 4). In addition, Participant D-460 described the dependence on conformity to established norms, with the flip side of acknowledging a position of exteriority, from which the state of reality is evaluated and which this participant has denounced as problematic. Difference in services for Indigenous populations were observed in El Salvador by this participant, as stated: “We had nothing in the countryside where we lived, but that was normal, real. Here you see the difference in treatment by White Latinos and White Canadian as well. Nobody values us, nobody” (D-460 p. 11). Furthermore, with her analysis of power and the lack of consideration for refugees in present services, this participant spoke of the precarity and insecurity and even despair in her present situation.

*Authenticity and Reality.* Participant D-460 discussed the role of herself as a young Indigenous member of her family, and representing or performing different roles according to the expectations, to receive charitable services that do not seek “reparative justice but a token of appreciation” (D-460 p. 4). The analysis of gender performativity was always concerned to show how some performances were considered “real” and others “unreal” (Butler, 2012). For this participant living at the margins after moving from her ancestral land, everything is a
performance:

“The only time I feel real is when I don’t need to explain myself, when I am at home playing musical instruments and singing with the women from my family, where they do not assume I am gay, and being border-gender is respected, even venerated according to your traditions; the rest is hide and seek: now you see me, now you don't” (D-460 p. 14).

Exploration of psychological reality versus performativity was defined by this participant as a volatile state, given the difficulties in communication with existing programs to serve this community. Border-gender normativity, like heteronormativity, describes normalizing a process like the one exemplified and literalized by this participant, where an emotionally valid framework seeks to contest and displace that very distinction between the real and the unreal (Butler, 2012). What this participant is expressing is describing and evaluating the differential distribution of “reality” she has created and lived in.

*Trust (Not Trusting Counsellors Yet Needing Them).* Participant C-460 examined the fact that the global population is moving at a rapid pace in today’s political climate. Thus, diversification of ideas in terms of sanity, madness, and the spectrum of gender-affirming behaviors should be examined with today’s situations. As stated: “The first time I tried to talk about my gender views with a doctor, she said that I was a cross-dresser, and that it was going to be OK later on when I come out of the closet as gay” (D-460 p. 8). The idea behind this quote is that gender variance was viewed by a trusted professional as deviance in binary sexual orientation, without engaging the client in such a classification. That episode was followed by a similar attempt with an addictions counsellor: “Same story with the counsellor from the shelter where I had to stay for a while. They don’t get it, they don’t get me” (D-460 p. 16). The “it” clearly refers to the mixing of gender and sexual categories, while the “me” applies to the psychological nuances of a border-gender presentation. Given the historical background of trauma and geographic dislocation, it is not surprising that this participant decided not to talk
about the same issue for the following six years, at the risk of developing a serious mental illness based on anxiety and constant fear of the authorities.

Participant D-460’s narrative proliferated her identified challenges, including aspects of her narrative that she did not allow this study to reproduce, although some challenges were discussed in detail with the aim of considering the reform of resources or the creation of more positive and conducive resources in present-day Toronto to help heal an Indigenous community that is rooted in the Salvadorian war history.
Table 7
Participant D-460 Initial Story Map

<table>
<thead>
<tr>
<th>Past experiences</th>
<th>Self as border-gender</th>
<th>Cultural supports</th>
<th>Community experience of counsellors</th>
<th>Mental health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassment and trauma in country of origin, but being authentic was worth it</td>
<td>Connecting with trauma counsellors in refugee centre</td>
<td>Building more trust</td>
<td>Partial PTSD support</td>
<td></td>
</tr>
<tr>
<td>Pondering Life and Death as equal possibilities</td>
<td>Dealing with specific war effects in Indigenous Latino refugees</td>
<td>Losing cultural healing opportunities</td>
<td>Partial use for topic of suicide or for seeking information</td>
<td></td>
</tr>
<tr>
<td>Confused about discrepancy between anatomy and gender feelings</td>
<td></td>
<td></td>
<td>Discouraged to be border-gender and forced to blend in with mainstream youth therapy</td>
<td></td>
</tr>
<tr>
<td>Border-gender problematic</td>
<td></td>
<td></td>
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<tr>
<td>Life as a performance</td>
<td></td>
<td></td>
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<tr>
<td>Repeatedly abused by several families in custody</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Present experiences</th>
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<th>Cultural supports</th>
<th>Community experience of counsellors</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Identifies as MTF</td>
<td>Resiliency</td>
<td>Do not exist for Indigenous Latinos; they offer mainstream therapy in Spanish language, not the same</td>
<td>With other border-gender friend more connection to group counselling</td>
<td></td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>Sharing information with community youth</td>
<td></td>
<td>Feeling safer when in trans group</td>
<td></td>
</tr>
<tr>
<td>Self-care through friends and community</td>
<td>Building rapport to feel that life is not unreal as it is today</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Trusting a social worker for some specific issues</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Future intentions</th>
<th>More educational opportunities for people to understand border-gender youth</th>
<th>More focus on understanding colonial trauma still operating in family of origin</th>
<th>Staying on long-term healing journey by building rapport</th>
<th>Full psychological support related to survivors guilt</th>
</tr>
</thead>
<tbody>
<tr>
<td>More counselling opportunities to seek healing in personal journey</td>
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<td>Ongoing individual support</td>
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<tr>
<td>More job opportunities</td>
<td></td>
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<td>Building counselling group for Indigenous trans youth in Spanish language</td>
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<tr>
<td>Stable environment</td>
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<td>Disclose circumstances related to suicide attempts as a child</td>
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</tr>
<tr>
<td>Receive more teaching from positive role models</td>
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<td></td>
<td>Disclose witnessing of sexual abuse of mother to heal from nightmares</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Understand more about PTSD</td>
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</tr>
</tbody>
</table>
### Table 8
Participant D-460 Final Story Map

<table>
<thead>
<tr>
<th>Past experiences</th>
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<td>Trusting a social worker for some specific issues</td>
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<tr>
<th>Future intentions</th>
<th>More educational opportunities for people to understand border-gender youth</th>
<th>More focus on understanding colonial trauma still operating in family of origin</th>
<th>Staying on long-term healing journey by building rapport</th>
<th>Full psychological support related to survivors guilt</th>
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<tr>
<td></td>
<td>More counselling opportunities to seek healing in personal journey</td>
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<td>Ongoing individual support</td>
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<td>More job opportunities</td>
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<td>Building counselling group for Indigenous trans youth in Spanish language</td>
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<td>Stable environment</td>
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<td>Disclose circumstances related to suicide attempts as a child</td>
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<td>Receive more teaching from positive role models</td>
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<td>Disclose witnessing of sexual abuse of mother to heal from nightmares</td>
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<td>Understand more about PTSD</td>
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Participant E-470

Character Sketch

Participant E-470 is 20 years of age and has recently completed an addiction treatment program in Ontario and is now moving to a new, independent apartment for the first time in his life. Participant E-470 is applying for a pre-university program as he hopes to pursue an education in social work. Participant E-470 acknowledged feeling hesitant about this project but wanted to experience it on his own terms. He stated that he wanted to participate “by myself, so nothing to lose here, eh?” (E-470 p.1). By setting boundaries of protection, this participant used his power to assert his emotional needs.

Participant E-470 was born in Perú and arrived in Canada as a toddler with both his parents and siblings. His mother was killed a few years later, and his father was incarcerated for approximately three years and then “disappeared” (E-470 p. 2). That choice of word meant, according to him, that the father either was killed or left, escaping the country, which neither options he cannot assert with total accuracy. Participant E-470 then lived on the streets until one year ago, when he began treatment:

“I felt safer in the streets than in the shelter or at home, but being homeless is very, very tough. I am thankful for the guy from the Health Bus from [ . . . ] community centre that got me out; I feel better now, much better” (E-470 p. 16).

As a strong, resilient individual, participant E-470 stated that he would like to further explore his Indigenous heritage, which in this working project was seen as similar -but not the same- as being Indigenous. Most of participant E-470’s interview was conducted in English; however, he used some specific Spanish words to describe elements of his family of origin. For participant E-470, Peruvian Spanish is the language associated with trauma and pain.
First Interview

Participant E-470 arrived on time and was ready to begin with the interview process. Participant E-470 identifies as “gender queer” and was very pleased when asked by the interviewer which personal pronoun should be used when addressing him: “I don’t buy being boy or a girl, and I don’t care if I am confusing to you, because if you care to know, you would ask. I am me, no gender, and prefer to be called ‘gender-queer,’ and given the opportunity that you are honest enough to ask me, to use ‘him’ and ‘his’” (E-470 p. 3). One can therefore see how a respectful glance of individuality can be used to open up channels of communication, allowing the participant the gift of self-identification and voicing referentiality.

Participant E-470 read the consent form, and following an explanation of the process of informed consent the interview began. Participant E-470 was very quiet and irresolute towards question comprehension, requiring constant reassurance. “I am not sure if this is what you want to know . . .” or “What does this mean . . .?” or “Do you really want to know about me?” (E-470 p. 2, 3, 5); however, his statements were sharp and to the point. This characterized not a lack of cognitive understanding or linguistic limitations, but an emotional conflict towards being the subject of investigation and the object of personal information. “Nobody ever asked me about my life before. People were assuming they knew about me because they had some Mexican friend, or learnt Spanish in school, or went to Cuba for vacation” (E-470 p. 4). This first interview was tense at first, but after rapport and basic trust were established, participant E-470 managed to express his fears of “ending up in jail like my dad” (E-470 p. 10). Furthermore, he also expressed frustrations towards the mental health system, and also identified his pride in currently being clean and sober, although without positive role models from his community in Toronto. The fear of repeating the cycle of limitation in schooling, work, and options within the law were expressed by that quote. Nevertheless, this participant was supportive of the idea of collaborating with White healthcare professionals as a promising form of collaborative work in his healing process.

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I asked if I was seen as 'another White professional', and the answer was “No, you are an immigrant”. Total time for this first interview was 98 minutes.

**Second Interview and Final Story Map**

During the second interview, participant E-470 disclosed that he now understands that “there must be a link” between the violence he witnessed (and normalized), growing up when he lived with his family of origin, and his subsequent burst of violence and anger issues, or the desire to numb strong emotions, which later on led to problematic poly-drug use. However, most counsellors did not have the time to go over the past as “they pushed me to move forward,” which, in the end, “did not help me but postponed the work” (E-470 p. 11). This participant was very aware of the problems that he needed to address in a comfortable counselling situation, and was also able to separate past experiences from potentially different ones in the future, if they arise as promising.

In regards to mental health services- when probed by the researcher with a key word to synthesize both existing mental health programs and the issue of access, participant E-470 stated, “There is nothing for border-gender or gender-queer Latinos. We simply are an invisible community, and, even worse, some of us are still dealing with an unclear immigration status. This whole thing is a big, shitty mess” (E-470 p. 14). This referenced a whole non-status community that were denied their refugee case or whose residency status had lapsed. Nevertheless, this participant identified and acknowledged that many border-gender youth do not disclose their gender difficulties while seeking refugee status; therefore applying with a “weak” case because it is not based on the most difficult discrimination they were facing in their country of origin. Some of his Indigenous Latino trans friends fall under this category, which does complicate their situation. In regards to potential access if such pertinent programs were to be created, he stated that: “Too many previous bad experiences . . . hmm . . . I don’t know” (E-470
The role of the participant’s belief system is once again noted as an important determinant in the sources of hope and expectations for the future. Participant E-470 identified past incidents as the root cause of his problem with trust. It is important to note that, an important sign of resiliency in the form of voicing a present need that was disclosed shortly after: “I need to learn how to laugh, or even smile. Laugh in a safe environment, laugh without fear, laugh in Spanish” (E-470 p. 17). The healing value of communal joy was appreciated in its full significance, by this last commentary. Finally, upon being invited to share his opinion about present programs and services, Participant E-470 dared to say, “I don’t know, no sé. If they offer a good one, why not?” (E-470 p. 18). That implies a flexible approach, a possibility of perhaps engaging in the future with a different set of expectations than in the past.

The product of the initial interview with Participant E-470 was the Initial Story Map (Table 9). Participant E-470 was provided with an opportunity to comment on and revise the story map. Upon reviewing the story map Participant E-470 indicated that he felt it was a fair representation of what was discussed in the interview, as such, the Initial Story Map (Table 9) and Final Story Map (Table 10) are identical.

**Core Message and Themes**

The core message for Participant E-470 was adaptability, defined as a versatile way of being in one's existence, and was woven throughout the interview with Participant E-470, in the ideas such as if situations are left alone without working on solutions, they can also be problematic. The themes that were present were Guidance; Positive Role Models; and Counsellors.

**Core message**

Throughout the interview with Participant E-470, the messages of dealing with constant
sources of frustration and finding positive role models were prominent. E-470 described a journey that continued to evolve since witnessing family violence in Perú and deciding if that was something desirable or not. “I grew up watching violence, lots of it, and I did not want to do it myself, and yet, I did it too” (E-470 p. 17). The participant explored his painful realization regarding cycles of violence and intergenerational trauma as part of the family dynamics that require hard work to overcome. “Then I wanted to change, and was looking for models, for good people around, but could not find one, nobody was around much either. I guess that is because I am new in this land now” (E-470 p. 9). This quote illustrates that the participant expressed finding direction in his path is a clearly identified need, and yet it voices the origin of unfulfilled expectations resulting from the narco-traffic war in his country of origin that precipitated the refugee process, that this participant and community had no time to prepare for, grieve over, and/or choose. Unmet expectations from the immigration situation combined with the divergent gender development created a more textured process.

Themes

Guidance. The first theme noted in the interview with this participant was an emphasis on working with norms and wanting to change. Having both an ethical and legal existence allowed Participant E-470 to live a drug-free life and to envision an adult life that is free of violence. “I smoke dope all day long, everything was a mess but I did not know how to get out of it, until a churchgoer took me to a hospital and I started to accept working with the norms” (E-470 p. 16). Participant E-470 defined guidance as a caring, compassionate and genuine desire to help, clarifying and guiding a way out, as in the example of the person who took him to his first Alcoholics Anonymous (AA) meeting in a modest basement of a church. The idea of leaving life at the margins and accepting help as part of a centering experience was expressed by the social mobility implied in leaving the street and entering the hospital, shelter, and/or school systems.
The desire to change was motivated by a good Samaritan who offered a cup of coffee at a coffee shop at 3 a.m. in winter, providing a public transportation token, and the willingness to hear his story. This motivation was not clinically inclined or psychologically minded, to use Western terms, but was bounded from a collectivist ideal that a simple Spanish-speaking person was able to produce, a change that was so long desired by this street youth. This participant observed that many things changed after he managed sobriety with a few relapses. Frustrations regarding his family of origin, the political system in Perú, the immigration system in Canada, learning English as a second language, and “passing” as an effeminate gay youth (addressed as “she”) instead of a gender-queer Latino man, were placed in a political statement:

“Everybody used to call me ‘she’ and ‘her.’ I hate it, but said nothing. Chaotic rage and fury occupied a shameful place instead of healthy social connections and political understanding. Now I know better, I act differently, and I see my power and choices. I needed guidance, love, and an authentically caring person. I had no idea where to go for help for someone like me” (E-470 p. 12).

The process of self-affirming identity began with the voicing of the differences it has made. Moreover, this participant stated that his priorities had shifted significantly and remarked that “I am proud of so many things about myself, but I still don’t know well- where to look when I need someone to admire in my communities” (E-470 p. 11). However increased his self-knowledge may be, positive role models to try to emulate are still lacking for a gender-queer Latino claiming Indigeneity, so he has not disclosed that element of his family yet, for fear of being stereotyped, as another layer of marginalization.

*Positive Role Models.* Small interactions with “good people in general, and more so from my own communities” (E-470 p. 12) were noted as positive role models by Participant E-470. In this sense, participant E-470 addressed the need to improve self-esteem and trusting figures of authority while keeping a safe distance, “especially after being in jails and the shelter system as a
trans person, a very traumatic and lonely experience where nobody watches out for you. This is something I need to talk to someone about one day” (E-470 p. 6). By accentuating his need of safety, protection, and self-preservation, he has named the awareness and readiness to explore these needs as potential topics for future therapy, if invited to do so. In his own experience, persevering despite the obstacles allowed him to keep his sanity intact. He continued to describe how a schoolteacher helped him connect with another border-gender youth from another school, and another shelter worker helped him to “speed up” the housing application process to secure a place before winter and donated a mattress and some covers:

“These are my role models- Simple people with a caring, real attitude of solidarity, without always asking me questions about my gender or abusing me. Now when I am really down and instead of getting a joint, I think of those people and feel good about life and my future” (E-470 pp. 12-13).

The candid disclosure of this anecdote suggests that according to this participant’s life experience in difficult situations, heroes of everyday existence might play an important yet fleeing role until other community members are observed as more permanent role models.

*Counsellors.* Participant E-470 stated that counsellors are ideal for helping with problems from the past that still affect the present, “with the right combination of books and life experiences” (D-470 p. 13). Hence, the disclosure of “there is still a lot of anger in me; I can feel it in my body” (D-470 p. 9) directs an example of the present needs. This quote expressed the internalization of oppressive practices by the juvenile treatment centers, for instance, and was part of his views on his embodiments of pain. Expanding on the same idea of having endured extreme past abuse, as a response about previous experiences with counselling, he stated:

“I was repeatedly raped in jail because I refused to deal with a jail guard in passing drugs. I felt very unsafe all the time, I am still getting sweating palms if I talk about it, and I feel violated very often too. The counsellors there did nothing to protect me” (D-470 p. 10).
Violence at home, or in the country of origin preceded institutional violence, both overt and covert, as explained by the previous quote. When asked about his opinion of and experience with present programs and services, Participant E-470 graciously volunteered a refreshing thought:

“Not everything healing has to be ‘therapeutic’ y’know?” and added, “a bit of music or watching together a film to discuss after, some cooking together and chilling with a counsellor regularly could have a great effect in my broken spirit, y’know” (E-470 p. 19).

This provided texture to this participant’s needs in terms of supportive counselling. In theoretical terms, a critical or resistant culturalistic praxis does not simply reject the bourgeois decorum that has consigned the imperialized other to the realm of the grotesque, but effectively attempts to remap mental health needs in the Spanish-speaking community by fighting for a linguistically multivalenced culture and new structures of experience in which individuals—border gender youth included—refuse the role of the omniscient narrator but, rather, conceive of identity as a polyvalent assemblage of contradictory and over determined subject positions. Existing systems of difference, which organize social life into patterns of domination and subordination, must be reconstructed (McLaren, 1995, p. 58). Mental health programs and services do not escape this power relationship, as stated by the participants regarding their mental health experiences.

Participant E-470 shared with the researcher that even though some personal responsibility has to be acknowledged to propitiate change and endure well-being, the proper social system has to be in place, originating from LGBTQ+ agencies, Indigenous groups, or immigration advocacy groups lobbying in Toronto.
<table>
<thead>
<tr>
<th>Past experiences</th>
<th>Self as border-gender</th>
<th>Cultural supports</th>
<th>Community experience of counsellors</th>
<th>Mental health services</th>
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<tbody>
<tr>
<td></td>
<td>Endured violence and witnessed family violence related to unconventional gender expression</td>
<td>Family, when together (before CAS involvement)</td>
<td>Mixing gender identity with sexual orientation</td>
<td>Disconnection</td>
</tr>
<tr>
<td></td>
<td>Social marginalization</td>
<td>Addiction counsellors/jail culture with language and country of origin</td>
<td>Not acknowledging past traumatic experiences</td>
<td>Oppressed by ignorance and judgment</td>
</tr>
<tr>
<td>Present experiences</td>
<td>Identifies as gender-queer</td>
<td>Safe engagement with counsellors</td>
<td>Not culturally-based, only peer support for youth and community-building for trans</td>
<td>Not trusting enough to talk about emotions related to orphan-hood</td>
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<tr>
<td></td>
<td>Community support to replace family of origin</td>
<td>Building rapport with peer supporters</td>
<td>Frustrated with lack of knowledge</td>
<td>Accepting community supports</td>
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<td></td>
<td>Lives in group home to replace family of origin</td>
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<td>Removing boundaries that did not allow participant to laugh and feel happy sometimes</td>
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<td></td>
<td>Started experience of independence while clean and sober</td>
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<td>Addressing unemployment with career counsellor</td>
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<td></td>
<td>Choosing supportive people and community networks</td>
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<tr>
<td>Future intentions</td>
<td>Share knowledge with LGBTQ youth</td>
<td>Share knowledge with non-Native Spanish-speaking communities</td>
<td>More accepting benefits for basic living needs</td>
<td>Change to incorporate Indigenous ways</td>
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<td></td>
<td>Go from shame to pride, with help of addiction counsellor</td>
<td>Return more to roots</td>
<td>Feel deserving of a better connection with counsellors</td>
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<td>Judgmental about use of marijuana as a coping mechanism</td>
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Participant F-480

Character Sketch

Participant F-480 is an 18-year-old gender-queer individual who was born in Uruguay from an Indigenous and a Korean parent and was assigned female sex at birth. Participant F-480 is currently living at home with her parents and is unsure where she is going with her gender definition, as she stated: “I have to obey my parents according to the Korean standards, but also have had different messages from the place where I grew up, Rocha [Uruguay]” (F-480 p. 1).

The previous statement marked the definition of this participant’s cultural duality from birth, in terms of ethnicity, Indigeneity, language, and overall worldview. Her maternal grandparents moved to Uruguay in the 1960s, and her parents moved to Canada five years ago. Participant F-480 disclosed having an Indigenous mother from the northeast part of Uruguay (close to Brazil) and a traditional Korean father. She has never learnt the Korean language and stated that she was “forced to go to a British School where she was made fun of” (F-480 p. 1). Participant F-480 prefers to speak English “today” (that meant during the initial interview), but “understands Spanish perfectly” (F-480 p. 1), which was demonstrated during the second interview when the rapport grew stronger. Furthermore, she identifies with all Latin American elements of culture, and acknowledged the pride she feels as an Indigenous person living in diaspora.

First Interview

Participant F-480 arrived androgynally dressed and with “an Asian element” in her personality, demeanor, and accent, both in the English language and in Spanish. When asked “Tell me about you,” during the initial part of the first interview, this participant stated, “I have always felt an Asian element to my personality, and people were talking about my demeanor” (F-480 p. 1). When prompted to expand on that “Asian” statement, F-480 said that she was “both a Zen and Umbanda person, with a unique combination of their energies,” and stated that “maybe
that is the reason I feel so comfortable changing the personal subjective pronoun that I want and need to be addressed by” (F-480 p. 2-3). The apparent ‘stickiness’ with the use of pronoun by border-gender youth underlies the central issue of radical acceptance, which plays an important role in the struggle for invisibilization and respect. It was exemplified by the following quote: “To know me, to care about me, means to be able to be fluid with me, as I am with the world” (F-480 p. 4). To Participant F-480, a genuine interest in her unique characteristics is paramount for her to attend the counselling support services that are so much needed. “I know I can use some help, but I don’t want to put myself again in a position of extreme vulnerability. Been there, done that” (F-480 p. 12). In regards to mental health needs while identifying as a border-person immigrant, this participant engaged in conversation about identifying the concerted efforts necessary by society to understand people with different roots in the integration process, which has placed Participant F-480 in a position of vulnerability. If mental health providers are willing to learn from clients and patients authentically, this provides a solid and unique counselling opportunity to have an expanded clinical repertoire.

Participant F-480 was provided a copy of the interview questions, took time to read and asked general questions about the researcher’s own international ancestry, and then began to respond to each statement with a precise viewpoint. Participant F-480 did not need any prompting and was careful to look for the right word to convey a specific experience. The main ideas were: the personal experience of the imposition of one culture, language, and gender over another, and how the gender aspect has historically taken precedence over all other problems in her life. It is an issue pending resolution, hence her identification as “gender queer or non-gender individual,” as disclosed, and her difficulty in identifying even with “Latino counsellors” (F-480 p. 17). Her own definition of a Latino counsellor was someone with cultural roots in Latin America who kept the language (either Spanish or Brazilian Portuguese) to work from that specific viewpoint, whether in an ethnic community centre or as part of a language-specific
service offered anywhere in Toronto. Participant F-480’s initial interview lasted 87 minutes.

Participant F-480 extensively expressed her frustration with “Latino” counsellors, as they did not seem to break the stereotype of a Korean person who self-identified with international Indigenous ancestry from Uruguay. Participant F-480 stated that sessions translated into “educational moments where I became the therapist, but without any salary after. I felt used” (F-480 p. 9). The role reversal that she is claiming in this quote stems from the lack of general knowledge on the intersectionalities of identities, with the negative consequence of feeling not helped and, furthermore, interrogated and negated in her reality. In terms of a specific symptom associated with this lack of proper support, participant F-480 claimed that she continues to need support on “the many moods of silence” (F-480 p. 5). By this she is referring that on many occasions throughout her life she has chosen to be silent, and that silence is defined as very different things according to the circumstances, which is something she would like to work through in a proper counselling setting. “I don’t like conflict, so if I disagree, I don’t say anything. I think that is enough, at least for me” (F-480 p. 7). Therefore, silence was also used as a communication tool, for instance, to communicate disapproval, rejection, or mistrust.

Second Interview and Final Story Map

Participant F-480 was given the opportunity to read all previous information and stated that because she grew up in Uruguay, her ceremonies were related to Brazilian and African traditions, so Umbanda is her religion, as an Indigenous person. “Most Latino counsellors believe that Umbanda is black magic” (F-480 p. 11) and thus “reject all interactions with it, even in conversation. Thus, a big part of my life, like the discussions I have with my friends, and how I address my health concerns, are related to Umbanda. We do kill animals to sacrifice them, but this is something I never disclosed, even though I have images and nightmares from it, and would have wanted in the past to be able to talk about my reality, not what the counsellors think
my reality should be. Because I self-identify as gender-queer, social workers think that this is it, this is the problem,” but no, “the problem is them not me” (F-480 p. 13-14). This descriptive quote attests to the value placed on preserving familial tradition, even at the risk of not being understood for doing so. This participant relates strongly with spiritual upbringing in order to keep her traditions alive in diaspora. This was the only added element requested for change in the Final Story Map (Table 10) as an underlining element: “Regular Umbanda ceremonies as part of a Latin American heritage”, as requested by Participant F-480 and identified by underlining.

According to Participant F-480, “existing mental health programs” are an oxymoron, “a contradiction in terms, as they do not exist” (F-480 p. 16). This statement negates the mere existence of such programs, as it has been the lived experience of this participant. She was as fiery in responding when asked about access to a potential new program: “Counsellors do not have any interest in actually helping young people like me. I guess they do not have money either to start new programs, but bottom line: they don’t care” (F-480 p. 18). Her pessimistic view was a result of her previous attempts to attend therapy in Toronto and/or to engage with other trans youth groups who did not embrace her Indigenous roots under an Asian presentation. “I have to choose which aspect I am going to present, not so different from which gender I am going to be today” (F-480 p. 18-19). The idea of choice here is related to the oppression of multiple identities, as services demand a fragmentary self: “If I play straight, I can go to a Korean counsellor, if I play Latino, I can go to other places, and so forth. That is my life” (F-480 p. 19). Despite the painful awareness of the lack of a holistic approach to the needs of an Indigenous Latino border-gender youth living in Toronto, participant F-480 added, “we are all strangers in this land, but some of us are aware of it; that’s it” (F-480 p. 19). Intrigued by this comment, the researcher prompted for its source, and participant F-480 cited an obscure text by a Himalayan monk. Participant F-480 promptly provided the name and source for more information (Bamford, 2003).
stranger, and, by extension, the other (any other) and the unknown lies at the heart of the
Abrahamic tradition. Hospitality always awaits and expects the stranger—every stranger—with
open heart. A true host is ready to give his or her life for the guest: and the converse is also true,
for host and guest are interchangeable” (Bamford, 2003, p. 33).

Another need expressed by Participant F-480 was the need of a place of ceremonial cult
in Toronto, where “perhaps a real healer will care to attend and understand instead of imposing,
again using a colonial framework” (F-480 p. 20). Attention was given to one of the challenges
towards the development of specific programs, as well as towards working on potential solutions
to overcome the existing barriers. In terms of identifying the possibility of change and action
through research and counselling, Participant F-480’s unequivocal response was an approval of
that possibility.

Core Message and Themes

The core message for Participant F-480 was Cultural Adaptability, defined as the cultural
imperative of seeking one's many roots, specially if multilayered. The issue of internal safety and
external aloofness as a safe management of existential angst were the most important element in
both interviews with Participant F-480. When the identified themes of imposition of one culture
over another; and the variety of international ancestry in the entire continent of Latin America
were presented to Participant F-480, she responded that it was indeed an accurate representation
of her story, adding that she was very pleased to see so.

Themes

*Imposition of one culture over another.* Throughout her interview, participant F-480
discussed the lived experiences of culture in various ways and as such it was noted as a theme.
She described herself as someone culturally fluid even as a Korean child living in Indian territory
with her mother, who is a well-recognized Elder. She stated:

“I always sensed that my mom had an important role in the community, but also felt a bit as an outsider because of my dad’s ‘other’ background, and the fact that I was not sure if I was a boy or a girl, but did not want to show my confusion. That was before coming to Canada; then the real confusion began” (F-480 p. 5).

It was an important distinction between the before and after as this is the crux of the precarity as an undeniable reality for this participant in their context. Noticeably, her fluid choice of pronouns, from her, his, and their, can be seen as a faithful reflection of this element that needed to be negotiated as part of the immigration factor. The use of pronouns in this case was not just a linguistic element, but also an identification aspect of a non-conventional element of development.

Participant F-480 emphasized the importance of honoring and preserving one’s culture or cultures of origin, stressing, however, that it should be a negotiating and open encounter with many aspects of oneself, and never an external imposition. “I never felt that I was leaving my Aboriginal identity behind when I was moving to Canada, but I obviously was” (F-480 p. 6-7). Although this participant acknowledge being mestizo/métis in Latin America (this participant's own choice of term), a stronger otherness coupled with a sense of alienation was felt once in a new land:

“Here in Toronto my mom is nobody, and her healing abilities are not recognized. My dad is totally alienated from his culture of origin, and is very disappointed at myself, as I don’t follow the dutiful daughter expectation. I live with them, but we don’t talk, we just co-exist. I think that immigration was not as traumatic as losing one’s land, the smells, to live in a place with history, with memories. I lost myself when I lost my memories” (F-480 p. 14).

Layers of different cultures were expressed in this quote. They illustrate the complexity, with such a strong sense of many losses, of unpeeling the layers in order to have an organized
sense of self and to be functional enough to manage day-to-day existence. This participant was very aware and recognized the importance of keeping historical memories alive and to be congruent with the mixed cultures of origin. This has proved to be a difficult task after leaving, as the current living situation—both at home and in her own self—transforms the constitutive vulnerability of Aboriginal Latinos claiming international ancestry into unbearable precarity.

*International Ancestry in Latin America.* According to Participant F-480, the most recent development of capitalism and both neo-colonial and post-colonial immigration policies increase global poverty and exposes populations to greater precarity once they migrate, which defeats the idea of a life in Canada that would be completely authentic, taking into account the multiplicity of power relations and identities such a society encompasses:

“Living in Toronto is not easy, not because there are no jobs or counsellors to help, but because I need to talk to different people to get help with different parts of me, which feels bad and dishonest” (F-480 p. 7).

Being cognizant of the issue of fragmentation was addressed as a component of the post-colonial unfairness that takes precedence over the lack of employment or even unhelpful counselling opportunities, as viewed by this participant. She also commented on the scarcity of other individuals “with Indigenous roots, and from the same continent, and trans or queer or gender-variant. The point is, I don’t have nobody to talk to about these . . . all this” (F-480 p. 12). The issue of “this” was expanded into the layers of identities, some more integrated than others, therefore relying on counselling services only for simple tasks and not for disorienting anxieties, for instance. This participant is giving a personal example of how detrimental to one’s self esteem is the act of asking a counsellor to help fill out and sign an application for housing, and routinely been asked about their “lifestyle” instead of life or living situation. Mainstream oppression was expected, but an added layer of oppressive practices in counselling was not. According to this participant’s expectations, she realistically hoped to,
“Have a long and complex acclimatization to the new country, but also expected to receive counselling support without their invisibilization as border-gender people, I never expected to face also discrimination based on my gender expressions and the fluidity I so proudly claim” (F-480 p. 16).

The gap between expectations and reality originated frustration and uneasiness. The participant also mentioned that she was required to be psychologically assessed before hormonal treatments, which assumed a pathological view of a gender-variant young person. Upon expanding on the modes of subjection by existing programs, such as application for housing, or hormonal readiness assessment, or obtaining a support letter from a psychiatrist, or filling out a gender-imposing binary form to apply for a Canadian passport; all that is reflecting on the political conditions of a livable life (Butler, 2012) in the Latin American diaspora. She attributed this partially to the hegemonic conditions in Latin America and North America, but also to a Western view of life vis-à-vis an Indigenous one, still prevalent in Indigenous communities all over the world. “It is hard to believe that my situation has not changed that much in Uruguay or in Canada. It is a shame, actually” (F-480 p. 18). Given the economic and political conditions, people immigrate, but the social conditions, even though some progress can be noted, are still culturally oppressive, to find such precarious identities traumatized and silenced once again. As an example of anti-hegemonic communities, such as the one that this participant belongs to, border-gender youth are merely relying on each other—even though it is a small community—in case of a crisis in need of community support and solidarity. Furthermore, Participant F-480 informed the interviewer that when a border-gender youth has an urgent matter—for instance, the crisis of being in “the wrong jail” or being homeless—usually assistance comes in the form of community solidarity, as members don’t trust the authorities, the shelter system, or Ontario Works (social assistance programs) to ask for help.

Participant F-480’s comments suggest the expectation of access to previously established
counselling programs and to support services that are not yet in place. Information about the specific mental health needs of this new group of sexual minority immigrants living in Toronto is paramount to prevent further damage in their development process.
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<thead>
<tr>
<th>Past experiences</th>
<th>Self as border-gender</th>
<th>Cultural supports</th>
<th>Community experience of counsellors</th>
<th>Mental health services</th>
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<tr>
<td>No conflict growing up</td>
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<td>Hard to identify with Latino counsellors in Toronto</td>
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<td>Identifies as gender-queer, as it allows participant to be border-gender with fluidity according to ever-changing needs</td>
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<td>Engaging with other religions to amplify circles of support</td>
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<td>Future intentions</td>
<td>Engage in more counselling to process silence through words</td>
<td>More ceremonial places in Toronto providing also counselling support</td>
<td>Collaborate in grant searching to fund specifics in counselling programs and train authentically interested people</td>
<td>More ongoing individual support</td>
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<td>More words and conversations instead of silencing oneself</td>
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<th>Regular Umbanda ceremonies as part of a Latin American heritage</th>
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Summary of Chapter Four

Chapter Four presented the within-participant analysis and results for the six participants who were willing to share their experiences as Indigenous Latino youth with border-gender incidents in Toronto. This presentation of their narratives included individual character sketches, an exploration of the two individual interviews conducted with each participant, the core message and main themes identified for each participant, as well as initial and final story maps. Many of the themes overlapped, and many of the core messages were similar. Chapter Five will contain the presentation of interview commonalities of across-participants analysis and results.
CHAPTER FIVE: ACROSS-PARTICIPANTS DISCUSSION

Chapter Five presents a discussion of the across participant results, highlighting commonalities and differences in experiences as related to the overall research question explored in this project: What are the intersections of cultural identity and counselling experiences for Indigenous Latino border-gender youth as they relate to mental health access? This includes the identification of metathemes, in depth-examination of each metatheme, and an analysis of the elements that interconnect them, from both the researcher and the participant's perspective, including the participant interviews, the researcher's field journal, and field notes. The research findings will be further extended in regards to their meaning through suggested implications for these research findings and addressing the gaps in preexisting literature on this topic. The chapter will be concluded with a summary.

Identifying Metathemes

Immersion in the data of the six participants in this study provided the researcher with the opportunity to identify three salient metathemes that were consistently apparent across all participants' stories. The term metathemes originates from the juxtaposition of the Greek prefix *meta*, which signifies “meaning of a higher or second-order kind” and *theme*, which in qualitative research is defined as “labels for assigning units of meaning to the descripting or inferential information compiled during a study” (Miles & Huberman, 1997, p. 56). Subsequently, the metathemes identified for this section are evidence that emerged throughout the data and a mirroring aspect that “reflects a more general statement than a theme” (Ely, Vinz, Downing & Anzul, 1997).

The overall metathemes that emerged from the narratives of the six participants in this study were as follows: Crucial role of spirituality, developing trust and leadership, and gender
transition and immigration process. Spirituality was expressed as crucial, as manifested as a necessary source of connection to build a better future for all participants in diaspora, given their difficult existential conditions. Trust is central to a Latin American response to historical conditions with its cycles of problematic politics, and after a few decades of military dictatorships with missing communities. Therefore, a crucial aspect of a healthy incorporation of a newcomer into a Torontoian society is feeling safe while in situation of vulnerability.

Leadership represents a much-needed guide post for emotional relocation. Finally, the acknowledgment of the development of border-gender identities in these particular youth as zones of occult instability (Fanon, 1952) can be refreshing, vis-à-vis the immigration process.

The identification of metathemes marks the culmination of this research project, as they surfaced with internal consistency and yet distinction from one another. The first two of these metathemes (spirituality; trust and leadership) demonstrate consistency with previous research. However, one of these themes (grander transition and immigration) was clearly divergent. These three metathemes are interrelated across participants, and this will be illuminated in the following in-depth description of each metatheme. The interrelatedness of metathemes is displayed visually in Figure 10.

**Metathemes**

*Crucial Role of Spirituality.*

As expressed through the narratives of the participants, spirituality represented a direct, constant, and clear connection to a higher power via nature or prayer and a myriad of other daily manifestations. However, the common element in all of these participants was the old Latin American dictum from freedom fighters and revolutionaries alike: “the present only generates present” (Sartre, cited by Fanon, 1952). As such, the participants clearly embedded their problematic lives into the hope of changing society into accepting them as they are. In this sense, spirituality is identified as action and a way to affirm and assert existence in their own terms, not
the colonial ones. Participant C-450 disclosed that she realized long ago the following:

“Being an ambiguous boy as a child gave me the freedom to navigate my own sexuality, but I soon learnt that my teachers, doctors, and even therapists did not feel comfortable talking about this at all. So I kept these conversations between me and God, for now, or when I am in contact with Nature, feeling less painful about having changed countries” (C-450 p. 8).

Conversely, Participant E-470 disclosed that he did not grow up with his family of origin, but was raised by a Jewish Latino family, also from Perú and stated that, they “helped me out often, but they did not adopt me, as I never wanted to be adopted” (E-470 p. 16). Spirituality through Nature helped ease the transition among different geographies. They gave him some sources of cross-spirituality between Indigenous practices and Cabbalistic thought.

This participant also found guided support through literature. The main author whom this participant recognized as a support was Howard Schwartz, whose notion that “the I Ching [is] in many ways like the Talmud” is well known (2000, p. 48). Following disclosure from the researcher of having Jewish ancestry, with family descended from Holocaust survivors, and also being descended from Middle-Eastern nomadic healers, participant D-460 immediately opened up a deeper level of conversation, as a reminder of how much the personal is indeed political, even at the research–researched dyad. The main idea in Schwartz concerns the myth of the Ari of the Shattering of the Vessels. According to this myth, narrated by Rabbi Isaac Luria of Safed (old Spain), at the time the world came into being, vessels were filled with light that emanated from the essence of the Holy One. For some reason—which is one of the greatest mysteries—the vessels shattered and scattered sparks of that primordial light all over the world. According to the Ari, this was why the Jewish people had been brought into being, to gather those scattered sparks wherever they have fallen (Schwartz 2000, p. 49). This opened Pandora’s box in terms of specific experiences of cultural transgression and how a resilient voice helped this person to deal with “one crisis at the time” (D-460 p. 6) and “using the system for what they care for, a housing
application, a note to Ontario Works, a letter to a [medical] specialist” (D-460 p. 7). This is illustrative of the current limited use of counselling resources that is available and utilized by this participant. The connection is that when one opens her/his needs, a selection process of strategies will need to be created by the participants, as emotionally expressed during the interviews.

Although spirituality was recognized as a commonality amongst the participants, it also presented various levels of meaning and presented in many forms and existed through various channels amongst these participants. Given the varied context of the Latin American continent, from Catholic roots to African traditions with Umbanda, many deities were regularly celebrated, and for some they were invoked in times of crisis. One problematic aspect still present in these participants' search for a new, or a new expression of the old form of spirituality, was a still unresolved connection to homeland. Both refugee seekers and immigrants are marked by a pendulum of emotions towards the country of origin, from nostalgia, to rejection, similar to a complex grief process. This was seen as an underlying statement common to all immigrants, and not part of the uniqueness of these participants. Similarities were noted across participants in their struggles with unresolved issues related to both land of origin and Canadian immigration status. Uncertainty regarding permanent residency in Toronto, as well as a future-oriented sense of belonging, were observed. Unresolved pain and suffering certainly found a way through their border-gendered bodies (perhaps to “reassert patriarchal standards of masculinity and femininity,” as Valentine (2007) posits, and colonial inscription took the form of many names, from self-doubt to internalized trans-phobic remarks. A trajectory of pain has been delimited, however and the future goal has been set in action and so there is a need for change in mental health access. However, all participants acknowledged the role that nature has played throughout their experiences of turmoil and peace, in “perfect imperfections, like my body” (C-450 p. 8), as Participant C-450 said, also counting nature as a “natural antidote against loneliness, and its transformation into creative solitude” (C-450 p. 9). That can be viewed as a very resilient
perspective of self, supported by all other participants in different manners.

Spirituality also gave permission to engage in meaning-making concepts of their existences, as Participant B-440 stated. Notably, this participant brought to the second interview a copy of *The doctor and the soul: From psychotherapy to logotherapy* (Frankl, 1986) and stated, it is “my Bible, sometimes, my best therapy ever.” When prompted for more, he stated that he could relate to Frankl in his idea that “light is in the search itself.” The researcher searched for the specific quote together with Participant B-440 on the spot: “Even when a torch goes out, its light has had meaning” (Frankl, 1986, p. 67). The idea of light in terms of spirituality has a long tradition in Indigenous roots in Latin America, and enlightenment is coming from within.

The participants in this study also identified spirituality as the main source of protective factors and resiliency through illumination with Nature and creation as a light manifested through solidarity with an alternative relational trans group; thus this alternative way of being was identified as a protective factor for this subculture within the Latin American community. Neither Indigenous circles nor current Spanish-speaking programs seem to accurately address this specific community’s needs. This attested to the impressive resiliency of its participants, as they were new in the country, new in their own community, and relatively new in their bodies. *Developing Trust and Leadership.*

In terms of the scope of this research, trust refers to the acknowledgement that a historically perpetuated cycle of national treason, political betrayal, and community stabbing in Toronto has left an effect that needs to be addressed, not so much in discourse or demagogic initiatives but in bottom-up, grass roots, co-facilitated healing circles that operate in a present-day context as a parallel healing system, not funded by the Ontario Health Insurance Program (OHIP) and/or grant-approving institutions. Although this might also be the case for non-Latino trans-youth, the immigration status (or lack thereof) increases anxiety, long-term uncertainly erodes one's well-being, which compounded with lack of access to pertinent counselling services
covered by OHIP could easily generate a population prone to lack access and needed psychological support. As Participant A-430 emphatically stated, “I still get my needs met, but not regularly, not in open conversation with doctors (that push for meds anyways) or even with my non-trans friends; my activism is my main source of getting better, healing through action” (A-430 p. 12). This explains the underuse of medical treatment and psychological services by this community, which, in turn, makes policymakers and counsellors alike unsure of its mere existence. To analyze community data from a non-oppressive and decolonizing viewpoint means acknowledging the voice of the participants, privileging their own insight over the academic credentials of the researcher, naming the problem, and changing the power referential in research. As Herman (1992) so lucidly stated, “the dynamics of dominance and submission are reenacted in all subsequent relationships, including the therapy” (p. 138), a notion, which is applicable also, to the researcher–participant dyad. However dissatisfied with health providers, as a pre-condition to accessing puberty-blocking hormonal treatment, all participants engaged in counselling and psychiatric resources to that effect. In terms of the practicality of an established previous diagnosis in these participants' psychosexual factors, it has been noted that although the six participants were given a previous medical diagnosis of Gender-Dysphoria (American Psychiatric Association, 2013) in the past three years, none found it to be useful, explicative, or clarifying. In terms of their sexual orientation, all six participants identified as bisexual or gay, confirming the latest research conducted by Cohen-Kettenis and Wallien (2008). This study demonstrated that although “many queer Aboriginal Canadians juggle different aspects of their identity to fit in” (Dolski, 2013), “we need more resources, to build a community, to hold events . . . until those things are really set in place, I think that people will experience that duality between choosing the queer lifestyle and the Aboriginal lifestyle, without realizing that you can actually choose both,” as stated by Metallic, a Mi’kmaq woman originally from Listigouche, Quebec (Dolski, 2013). Those statements are consistent with the worldviews of the participants
Although this study chose not to research sexual orientation, it was occasionally a topic of conversation, but never on a problematic basis. Gender or, better yet, “the conundrum of gender,” as psychoanalyst Oren Gozlan (personal communication, September 3, 2012; May 14, 2014; January 12, 2014) approaches the matter, is about “the tension of trying to define a body that can never be fully captured by language”; therefore, gender itself involves “a ‘problem’ of reading.” Issues of multiple forms of oppression, the social determinants of health, and the immigration process were the centre of these participants’ concerns, as they all view the external conditions as precursors—and in some cases originators—for the mental health problems they are facing today, and further facing them without adequate community and/or clinical resources.

Participant A-430 recognized being ambivalent about health providers because she sometimes needs to visit such providers, for instance, to obtain hormone treatment or later on, surgery. However, the process is a very difficult one. Participant A-430 expressed this difficulty by stating, “Hard not to feel as a victim though” (A-430 p. 11), meaning that the feeling of being disempowered is very pervasive and that it is a struggle to overcome it once it is settled. To demonize, otherize, or invisibilize border-gender youth who are different or have different presentations from most LGBTQ Latinos has historically provided the justification to transform them into absence or deviance. This is the fabric of patriarchy and imperialism, the illness that system operates under, and the illness it perpetuates. It is perpetuated by securing that acutely needy individuals (such as minority youth with very unique and multilayered needs) do not get the necessary support to survive in their best capabilities. Therefore, lack of trust is based on historical elements from the past and the present. Otherness has been and still is—simply put—a “white tool for exploitation,” and whiteness is defined as an invisible culture of terror (McLaren 1995, p. 59), a process that the participants in this study have not escaped. For instance, it is painful to acknowledge the division of the earth into real estate holdings in which it is possible to
calculate and calibrate precisely the worth of every person. The “ethnographic” gaze (including the researcher's) is itself an expression of racism (McLaren, 1995, p. 61). On a larger scale, the final goal of this study was to invite more researchers to collaborate in more research to add elements of information for cultural change.

Trust appears to be at the crux of the inability of existing programs to function at optimal levels. Participants cannot access programs, as they are in the words of one of the participants “ambiguous in their gender presentation” and “counsellors feel uncomfortable with me, always calling me by the wrong pronoun” (A-430 p. 2). The issue of how to call a border-gender person is related to the respect they perceive they are receiving; therefore it is more important to ask than to try to avoid making a mistake: “I understand people might be confused by my appearance, and I don’t mind to state my choice of pronoun, but most people are afraid to even approach me” (E-470 p. 5). This could indicate the need to have a simple and honest communication with a teenager who does not present, gender-wise, in a conventional way. When asked about a proposed solution, this participant simply stated, “Ask” (F-480 p. 2) indicating that lack of communication, perhaps for fear of the other, is at the base of the communication needs. Therefore, it seems that more training is paramount to the ability of counsellors to function in the real Toronto of today. When invited to comment on these results, participant B-440 offered some words of caution about how to make programs more interesting and thus pertinent and relevant to border-gender youth. Furthermore, actualization of community counsellors could be executed by inviting them to take courses, increasing Indigenous knowledge, assuming that some youth are going to be border-gender, and making all programs more inclusive.

Effective action and the willingness to change has been seen as a factor that would certainly increase trust in the programs at large, especially for programs dealing with inner risk in particular. Participant B-440 identified the need for having someone with a psychology background whom the participant could rely on to direct the self-support groups. For instance,
when dealing with someone suicidal the participant felt that the leader could use some external training and support. The supports mentioned do currently exist, but in mainstream agencies, implemented by people they don’t trust.

Trust was defined in cultural terms by these participants as the relationship between the expectations of a therapist and the meaning assigned to their work, which clearly has variations across cultures. For instance, when assessing and treating culturally diverse clients, it is recommended to ask clients for their expectations of therapy (Paniagua, 2005) instead of imposing those from the therapist’s perceptions and goals (Tenenbaum, 2008). Furthermore, Paniagua (2005) recommends “mental health professionals should be familiar with the meaning attached to the term ‘therapist’ across different cultural groups. American Indians often see therapists as medicine men or medicine woman, and many Hispanics view therapists as ‘folk healers’” (p. 22). This is consistent with the views expressed by these participants, as they did not focus so much on credentials as they did on lived experience—credibility—and proven healing abilities recognized by other respected members of the community.

Developing trust was also expressed as the ability to allow the other to (be)come part of the self. It is a risk, the risk of connection, as expressed by Participant E-470: “Trusting another person is hard, as I grew up not knowing or never being sure of who I could trust. Past experiences with teachers and school counsellors did not help either, and I don’t want to talk about group homes” (E-470 p. 16). In terms of seeing oneself as another, and following Kristeva’s (1991) idea of “strangers to ourselves,” the process of immigration increases the alienation, in a never-ending pull of adaptation/rejection, which all participants expressed in one way or another as an incomplete, and a continuous cycle. Kristeva sees immigration as an 'in-between' state, constantly being negotiated by oneself. Thus, for an Indigenous person claiming international ancestry, mental health support is generated by the mere fact of living in another colonized country (as was the one lived in and left in the past, or from which the person was
forced to leave, as in the case of refugee seekers), and with fewer resources in the present time.

Leadership was defined as the ability to place specific trust on a person. Personification in relation to these participants meant that their reality is not only considered in theoretical terms, but also applied in any clinical paradigm. For instance, Participant B-440 stated that for him “and many of friends from Mexico that I know, healing occurred not so much through empty ‘new age’ rituals, but with specific and unique healers, and they are not usually invited into [group] therapy” (B-440 p. 6). Both Participant D-460 and Participant E-470 did express disturbing concerns over the specific counsellors operating under the assumption that the Indigenous roots present in Latin America are not present in Toronto and over sexually oppressive practices that are common among mainstream clinicians, even guidance counsellors in school. For instance participant D-460 recognized that, “they are always asking me the reason I want to dress like this, and stating that I have a choice to dress differently to reduce the bullying I am regularly subjected to when and if attending high school” (D-460 p. 3). This participant did not feel that in real practice the counsellors assigned responsibility to either society or the system for living in a “rape culture, as everybody knows” (D-460 p. 5). This statement denounces the present state of affairs for border-gender youth in terms of safety in the streets. The production, selection, acceptance and emulation of culturally assigned leaders are a complex process. This is partly because the Latin American community is relatively new in Toronto (since 1960), openly trans youth as a movement is even newer (since 1980), and border identities have become noticed in the past decade at the most. Furthermore, it is partly because of the process of acculturation that some community leaders want trans youth to adopt, for instance to access mainstream society and its perceived privileges. The stability that therapists claimed for this population undermines their own processing of gender exploration, so what appears to be unstable is preparation for choice, which is part of the psychological development of any young person in society.


**Gender Transition and Immigration Process.**

Linking gender transition within an immigration process is necessary but proven challenging. Border identities are by definition produced in sites of “occult instability” (Fanon, 1952), with varying degrees of similarities and differences. Border gender immigrants are processing their voice where knowledge is produced by a trans-representational access to the real—through reflexive, relational understanding amid the connotative matrixes of numerous cultural codes. It is a world where identity and critical subjectivity depend upon the process of translating a profusion of intersecting cultural meanings. The result of this study provided the researcher a vivid reminder that we live in a repressive regime in which identities are “teleologically” inscribed toward a standard end: the informed, employable citizen (McLaren 1995, p. 65). Most border-gender youth and many of their allies do not want to inscribe in this type of mediocre existence, as all the participants in this study expressed in their difficulty of what is expected. As they have the possibility of living multidimensional lives, they might choose to do so. Thus, border-gender Indigenous Latino youth can be seen as a fluid concept to learn from.

The dominant ideology always tries to stabilize certain meanings of the term (McLaren 1995, p. 56). Differences are not cultural obviousness; differences are historical and cultural constructions. Therefore these constructions can (and must) be contested to see if they are serving our present purposes; if they are not, new formulations need to be brought forward. Similarly, the presentation of this research data offers a glimpse of communities that, although they exist and are something that can be learnt from; their experiences, up till now have been omitted from the provision of adequate mental health services because these groups do not fit the authorities’ comfort zone while distributing resources, a need that this research will hopefully start producing some changes over time.

Could it now be estimated how many border-gender people are out there? It is very
important to locate this question in future research, as well as clinical programs. Generally speaking, the queer community struggles with role models. Uniquely so, the transgender and transsexual communities do as well. However, for such a small community as the border-gender Latino youth living in Toronto, the chances of encountering an all-encompassing leader are rare. As participants in this study disclosed, different youth have stepped up for different occasions; for instance, there is a group in formation that is considering applying for a small grant to participate in a Trans March as a unique and distinct minority within youth groups.

When prompted for a solution to any aspect previously disclosed, the participants said that the ways they want to see change happening is through the formation of self-help groups, with, as Participant E-470 noted, “some clinical direction at request”. According to the Participant D-460, there are about 45 self-identified individuals in this specific category. Participant A-430 stated, “Leaders should come bottom up, and as part of our grassroots movements” (A-430 p. 11).

The idea of leaders as being both innate and formed is one that resonates with Latin American political struggles all over the continent. Many youth can relate to this from their ancestral fights for land and social freedom through family stories and community circles, and Indigenous notions of leadership too, although not unique of Latin America. So for them, taking the torch, so to speak, is part of a cultural desideratum, specially when forming aspects of the self such as body image, gender presentation and representation, second language acquisition, and re-defining a way of being in a new land. The words of Participant F-480 form an apt summary to this aspect:

“For me, seeing any link between me as a person, my mental health needs, and community connections through any existing leader in the [. . .] community centre is as foreign as going to a Dyke March. Trans Pride is the best community connection I have felt in years, but there is nothing yet for Indigenous Latino youth (that meant, in psychological terms, and in
Spanish language as a clinical intervention), not a support or self-help group. The existing gay Latino group [...] is all about drugs, cross-dressing for fun, and excess not to feel their pain while keeping them marginalized from other opportunities. I don’t want to be part of that. I have other dreams to dream” (F-480 pp.7-8). Participant F-480’s remarks are indeed giving a direction for a potential road to take. Furthermore, this uncertainty and disconnect from community further attributes to the concept of the “diasporic self.” Diasporic selves are foreign selves through land, voice, and body. In this study, all participants acknowledged living in diaspora, which has fractured a previous existence, and as a result, originated a fragmented or second self in their present. Living in diaspora is one of the peculiarities of this community. While acknowledging the choice they (or their parents or other family) have made, they still harbor mixed emotions and ambiguity toward having “roots” in a foreign land, which is compounded by the treatment this community receives on a daily basis.

Following on the tradition of narrative therapy, contextual analysis should prevail, as one’s story is embedded in the evidence of an intergenerational story of three notable elements (coming from a history of geographic dislocation) that I was searching for: fragmentation in terms of belonging to a new land (if at all plausible); assuming the creation of a new authentic voice, yet in another language (another apparent oxymoron); and historical (dis)comfort somaticized in the oppression toward their bodies, marked in their story as testimonials. The act of telling a story has an unusually important effect for original peoples. As a text focused on the shame and healing surrounding Indigenous family secrets, it states, “Words are powerfully suggested and persuasive, and speech alone can have a hypnotic effect” (Bradshaw, 2005, p. 86). Memory is kept through stories, but so is trauma. Therefore, extreme caution was taken when constructing meaning about the unfinished business related to the above-mentioned three common elements that this incipient community represents: a change in land, voice, and body, embedded in their particular story.
One unexpected conclusion from the revision of the transcripts and the field journal after the final story maps were compiled was the evidence that gender presentation resolution took precedence over international ancestry, as all participants named the transitional aspect as more crucial than the geographical one. This was recognized as a metatheme and is described in greater detail. Why was this unexpected? Because it did not support the previous literature, as all participants were already displaying unusual insight for both their chronological age and gender embodiments; however they all were intensely problematized by the repudiation from the mental health system, which they experienced upon arrival. All participants in this study stated that Toronto has provided more opportunities for expression of self than their countries of origin because, even though the cultural gap was augmented, the gender expression gap was decreased. Most of the participants identified that they stopped using counselling resources because of the lack of knowledge of the counsellor, yet most of them are in contact with other individuals of Indigenous ancestry, who mitigate their sense of cultural alienation. It seems that, because they are extremely resilient, they have been able to generate a sense of community among similar youth where they can incorporate a sense of safety and joy in their daily interactions.

In summary, solidarity (stated as the care for one another and the provision of safety), the safe expression of an alternative identity within a trans-group, however minuscule, and the occasional healing ceremony were elements that compounded the reality that gender transition as less problematic than the immigration process. However not internally problematic for these participants (as they always knew who and what gender they were), their free gender expression was felt as more urgent than their geographic dislocation issues, as expressed by all of them. The participants acknowledged these as matters to consider before even engaging in the production, and potential reproduction, of the colonially oppressive community counselling and clinical practices that are in place under the current mental health system.
The metathemes were identified through multiple lines of data and connected to the currently existing literature and expanded upon this literature. The qualitative research conducted with six border-gender youth in Toronto revealed at a microlevel what the Human Rights Risk Index 2014 (Maplecroft, 2013) stated in terms of both urgent and emergent issues: safety, access, and lack of proper knowledge remains an urgent rather than an emergent social problem. The atlas demonstrates a 70% rise in “extreme risk” since 2008 (from 20% to 34%); shamefully, many of the countries of origin of refugee seekers in Canada fall under that category. No place is
totally safe, but Canada still falls under the low-risk category. A recent feminist Iranian blog noted a grim global shift in sexual conservatism across several geographic regions in all continents, both east and west (Blast 2013; Maria Bernadette Javier (Beejay), personal communication, January 15, 2014).

Although the need to regenerate healthy connections in their new land was expressed across participants, some cultural differences were noted in the details of the individual participants' narratives about familial consequences of lack of pertinent access to mental health resources that they expected to find once landed in Toronto. These cultural differences are specifically in terms of their concept of “reality,” as either internal development or as external development (whether or not through community connections), or a mixture of both for a perceived existential balance.

The three metathemes are epitomized by Latin American concepts embedded in Latin America’s unique Indigenous roots: the syncretic religion created from the ethics of medieval Spanish peninsular thought (greatly influenced by Arabic and Jewish scholars before their expulsion in the fatidic year of 1492) and Meso-American (mainly Aztec, Toltec, and African diaspora) spirituality.

An actual queer Toltec presence is active in Toronto. However, one participant stated that a border-gender friend (age 17) with Toltec ancestry does not feel “safe enough to disclose an intersex condition in queer circles”; thus, that person “goes to see a healer outside the city, when a problem is urging intervention, I mean, a healing ritual to work with Spirit” (C-450). That is an example of the combination of lack of trust and lack of resources specifically addressed to a person with a different cosmovision. To further explain this concept, another participant disclosed prior to the second interview:

“I tried to see a Spanish-speaking social worker before. She, professionally and very Canadian-like, asked me what was the issue I wanted to work on. I said that I wanted to work
specifically on the issue of authenticity, and also how to claim my own power as a Toltec Latino living in Toronto. I could see that she had no idea, but did not say much. After a while of going around the bush, I offered a text to work together, it was one by Don Miguel Ruiz, almost a Bible on Toltec modern applications. This ‘professional’ did not even bother to see the book, never mind helping me. She said that she could talk to her supervisor to see of a potential referral, that never went through” (B-440 p. 13).

The book is very well known to many clinicians, even non-Latino ones, with a genuine curiosity for other cultures. And yet, the resistance encountered by this participant is, sadly, not uncommon, as it exemplifies the fear of the other at work in the helping professions. The metathemes relate to each other in their naming barriers. What are the specific barriers all these participants recognized in their own experience?

In terms of specific barriers to mental health access, four primary areas were identified by the participants through their interviews as both in the past and partially in the present, being inappropriately and fragmentarily accessed by the Spanish-speaking community at large and the Indigenous groups within this community in particular. The specifically identified barriers were presented as elements related to their cultural identity: bicultural, biracial, border-gender, and bilingual (although the 4 of them are 'border-something’ categories), and these categories were embedded in a sense of not being welcomed in existing counselling programs throughout the city of Toronto. When participants were prompted to expand on their own definition of the barriers, they provided ample examples:

“Access is not about putting your name down for a wait list. Access is about getting an actual group that is going to make me feel better, not worse” (D-460 p. 20)

From a similar context, Participant A-430 stated:

“I don’t need to have access to a token after a slice of pepperoni pizza and a talk about sexual health, as if my gender orientation puts me at risk, risk of what! I am border-gender or
gender-independent, not a freak of nature! When I tried to speak to a counsellor about spirituality, she sent me to a Catholic church! The doctor who made the referral thought that because we are both from Chile, we share a similar cultural background. What a farce!” (A-430 p. 18).

That means that to this participant being sent to a church or other place felt like a bad referral, knowing that there is no place to refer such youth. The apparent implied uniformity of all peoples from a same place (in this case, Chile) seems to be an imposition of one life over another, heteronormativity, patriarchy, a similar immigration process, and so forth. This becomes problematic, as it often takes precedence, instead of acknowledgment of the lack of resources, which the participant might have felt as more honest and real. This hypocritical response brought anger. “I know that there is not place for people like me, but I would have preferred to deal with the truth rather than a polite lie” (A-430 pp. 18-19). Angry voices are hard to listen to; however, these were the results of the researcher's questioning of these participants. They were very aware of their needs on the one hand, and the lack of ethno-specific resources with relevance to their developmental needs on the other.

Naming otherness through being bicultural, biracial, bilingual, and border-gendered is also a pervasive aspect of these participants' cultural identity. Across participant analysis of their three metathemes of spirituality, trust and the relationship between gender and immigration, was interwoven into their richer perception of reality, although in need of navigating that duality with comfort. Counselling was sought as a compass to help their many transitions. To the participants in this study, those elements are expected in a counsellor, a precursor of any clinical encounter. However, existing program directors and facilitators perceive this as the white elephant in the room, or the proverbial naked king whom everybody sees but nobody dares to proclaim. The contradiction is that these characteristics are the markers of oppression, because they define them as the ultimate “other” in the sense that they live in another reality.
According to the participants, both the health and mental health systems are controlled by the big pharmaceutical corporations that manage lucrative enterprises with the creation and perpetuation of illness, and quite voraciously so. Participants named the desire to engage therapeutically with a sense of “hope,” “faith,” “trust,” and to believe in the counsellor in general as a realization of the need to self-protect from their precarious cultural situation in Toronto and sense of agency. Participants voiced “hope” because hope appears to be directly proportional to action in their view. Therefore, the less hope they have in their leaders, therapists, and so forth, the less they act to change the system that is indeed not allowing them to flourish at a more humane level. It is proportional because there is a direct correlation between the level of trust in their perceived figures of authority (a historically unresolved matter) and the passive and self-defeating attitude participants stated that they would adopt or have taken in the past. It is similar to the process of self-fulfilling prophecy, and easy to trigger. In other words, these participants have endured oppressive practices in the past, compounded with marginalization and exclusion that has continued into the present.

The underlying element of syncretic needs was indeed present in various wordings in all of the participant interviews. The identified metathemes (Figure 10) related to the need for an overt clinical acknowledgment and, therefore, inclusion of an Indigenous Latin American ethos that signifies the struggle to become oneself: one in a particular embodiment, one in multivocality, one within many ancestral masters who occupy mental space and speak with different voices. Pride in cultural difference was made evident in conversations addressing commonalities as a starting point about the nature of and access to culturally relevant mental health programs.

Cultural differences for the participants were expressed specifically in terms of their concept of “reality,” as either internal development or as external development (whether or not through community connections), or a mixture of both for a perceived existential balance. For the
participants in this study, diaspora has provided more than one reality, as geography might change, but border-genderism remains constant. Cultural identity development and reconnection within the immigration process has proven to those participants to be long-term, and with counselling supports needed. All participants shared a marked need for access to mental health services in general, and counselling support in particular. However, differences in their view and use of the Spanish language was noted, as for some it was a reminder of the mark of the oppression, while for others it represented the only language they knew in their country of origin. This facilitated a smoother transition between countries and, thus, a view of their future in Canada or in Latin America. In terms of commonalities among all participants, the general aspects of land, voice, and body were linked to their personal emotional experience of being bicultural, biracial, border-gender, and bilingual and to their experience of their diasporic selves living in Toronto.

In terms of the overarching scope of this research project, it can be identified that although Indigenous Latinos have a shared history of oppression that encompasses colonization patterns in history (up to very recently fascist military dictatorships and short-lived attempts at left-wing revolutions), language, and marginalization; they also have marked examined privileges arising from their social location and possibilities of community support according to the community immigration history, which includes “erroneous social perceptions of Latinos” (Gaztambide-Fernandez et al., 119). Both differences and commonalities summarize the main findings from each participant in their access and support (or lack thereof) to services that are specifically addressing their cultural needs.

In terms of preexisting literature on the topic of counselling services for border-gender youth, the discussion and re-evaluation of the findings are organized in four parts: Discussion and re-evaluation of the current literature; Convergence with and divergence from the current literature; The exception to the rule: two incoming Canadian books on trans issues; and, Healing
and culture: an Indigenous Latino view on alcohol, peyote, mushrooms, and marijuana.

Discussion and Re-evaluation of the Current Literature

Literature relevant to psychological treatment with gender-variance for Latino youth who also claim Indigenous ancestry while living in Toronto is yet to be created. Thus, most of the literature review refers to aspects of this problem, which perpetuates the issue of fragmentation most youth disclosed during their interviews. One of the aims of this study was to generate accurate and up-to-date information for further analysis and to help promote the development of pertinent mental health programs. In that sense, the previous literature was relevant in demonstrating the lack of support, lack of proper information, and total lack of a holistic approach to mental health for this specific population. Furthermore, the review did match the clinical expectations, while revealing the differences between Latinos in the USA (where most literature on trans youth is produced) and Latinos in Toronto. In order to go beyond what has been implemented to date as psychologically pertinent interventions for Latino border-gender youth in Toronto, there is a both urgent and emergent need for accurate, Canadian data, extensive dissemination of new Canadian incoming texts (such as the one by Dr. Gozlan (2014) and the one edited by Dr. Irving (2014), and further training of existing services and programs.

The current research has demonstrated the relationship among culture, oppression, and the mental health system in Toronto in terms of access to pertinent therapy for a specific trans-youth community in need of support. Importantly, both the clients’ and their families’ betrayal trauma were related to the participants’ disengagement with present counselling alternatives, as they felt the counselling did not fit their needs and did not value their identity and self-identification, even within existing programs tailored to Indigenous youth.

The interpretation of the results of the present study suggests that, in order to have a full understanding of the experience of having an inter-relationally protective stance while
identifying as border-gender, there is a need for realization that Latino youth feel that they need to sacrifice their Indigenous roots if they want to access the current programs. A culturally sensitive researcher thus needs to consider all three fluid domains of sexual, cultural/linguistic, and political identities in their full co-existence. Present frustrations with program directors and counsellors/facilitators appear to arise from discrepancies among these domains and their rigid categorization, that usually focus on the border-gender as the most problematic aspect from a heteronormative view of teens’ expression of sex and gender. Some responsibility needs to be assigned to individuals who are today in positions of power and to decision makers for contemporary trauma that compounds historical injustices, an area that is often silenced and thus perpetuated. Oppressive practices toward trans youth are part of a global problem, but it is also one that has been voiced by these participants within counselling settings in Toronto.

Convergence with and Divergence from Current Literature

The following section discusses the extent to which the study results converge with or diverge from the research results presented previously in the literature review in Chapter Two. The existing literature is scarce and mainly emanates from the United States. The history of the Latin American community in the USA is different from and, in essence, perhaps different to that in Toronto concerning sexual expression. Clinical services in Toronto focus on one fragmented counselling aspect or another of the community’s lack of commitment to the present queer communities, and specifically the trans youth community, yet they alienate the main community they say they aim to attract, their border-gender immigrant youth.

An exception to this lack of inclusion of trans youth in the USA is the tireless efforts of trans activist Aidan Key, founder and director of the annual Gender Odyssey conferences. Gender Odyssey is now in charge of organizing a North American Campaign to fundraise for a year-long documentary about the lives of trans children and their families, which is to be called
Inside Out (www.insideout-thedocumentary.com).

Some independent trans youth groups in Toronto that urgently need mental health services have been identified by the research participants. One of them, B-440 mentioned that there is a group of eight Mexican youth claiming Indigenous ancestry and meeting regularly for the production of a video about “trans stories of immigration,” to be produced during 2015. The idea is to give voice to what has been historically silenced.

These individuals are insightful pioneers, being the makers of a newly emerging sub-community that is part of a large sexual diversity community; they are also aware of the fact that they are engaging in the common needs of first-generation immigrants: securing permanent landing status, acquiring an acceptable level of proficiency in the English language, and obtaining safe housing (getting out of the shelter system and no longer being under-housed and constantly moving places, as declared by participant E-470). These are their priorities, not their gender expression, as they individually have not noted such as an issue. In sum, these participants are new to the city and the system, not to their bodies.

In conclusion, the majority of psychological studies in the current treatment literature concentrate on the gay and lesbian communities (GLBT), adding the “T” for transsexuals more as a matter of political inclusion or correctness than of real connectedness with both trans needs and trans solutions. As mentioned in Chapter Two, literature specific to the trans community in Canada is scarce, and literature on Latino trans youth in their cross-sectionality, with an emphasis on the role-played (if any) by their international ancestry in psychological treatment, is practically non-existent.

The Exception to the rule: Two Upcoming Canadian Books on Trans Issues

There are two very honorable exceptions to the lack of current research and clinical information from, for, and about Canadian trans issues. The first is the publication of the first
Canadian Trans anthology, named Trans-Activism in Canada, which has been launched in Toronto in May 2014. This book was edited by the coordinator of the Sexuality Studies at Carleton University in Ottawa, Dr. Dan Irving, alongside community counsellor and advocate Rupert Raj; both are gender specialists in their respective fields of expertise and age-bracket access. As the author is one of its contributors with a Canadian case study that can be analyzed extensively in its clinical aspects and ramifications, she can attest the five years that the current project has been in the making, partially due to the complexities of such a pioneering publication.

The second noted exception is the book by Dr. Oren Gozlan, to be launched in December 2014 (in press), titled Transsexuality and the Art of Transitioning: A Lacanian Approach. It takes into consideration art, images, and metaphors of this process from a psychoanalytical viewpoint in the complex process of healing from a unique process of embodiment and embracing oneself.

**Healing and Culture: An Indigenous Latino View on Alcohol, Peyote, Mushrooms, and Marijuana**

An important element of the participants’ self-healing attempts given the lack of adequate resources in mental health (both access to and existence of specific programs) has been identified within the traditional or medicinal use of four substances: alcohol, peyote, mushrooms, and marijuana. This provided evidential support regarding the cultural clash within the existing mental health system. Mushrooms have been used throughout history to achieve a psychedelic state. In North American culture, excluding the First Nation population, mushrooms are a drug of choice for teenagers wanting a mild, organic “trip.” Although the word *trip* has a negative connotation, this participant is empowering its use based on cultural practices. Participant B-440 recognized that in other parts of the world mushrooms are called “the little gods” (B-440 p. 8). They are sacred and used as part of healing rituals, having sprung from the drops of blood and sweat of Jesus Christ. What in North America is an illegal and potentially dangerous adventure in
Mushrooms are given to children to aid their bodily pains. A child in North America given mushrooms would fall ward to the courts and be treated for abuse, her or his parents likely incarcerated (Rebecca Walker, personal communication for most of this full section on cultural elements of addictions, January 31st to March 12th 2014).

Another drug that non–First Nation North Americans condemn is peyote. Native people treat other addictions with peyote. It is ironic to consider that First Nations people use peyote to treat alcohol addiction—the alcohol which is toxic to them has been supplied by the white people who condemn the use of another, culturally less dangerous drug, to help resolve the alcohol problem. The danger of the drug is in the eye, and the physiology, of the user. In the second interview this same participant spoke of an abused woman who participated in a peyote ceremony to rebalance her spirit and energy. The ceremony, in addition to exposing her to the healing powers of peyote, also provided her with social and emotional support often missing in the lives of abused women. In other parts of North America that healing ceremony would likely be viewed as escapism—worse, she could be labeled as a drug-abuser who consorts with other drug users who are more likely to be abusive, thereby placing the blame on the woman.

Marijuana is another culturally conflicting drug. Seen by some as the drug of choice of the slacker teen, it is being used increasingly in the field of medicine to help people undergoing chemotherapy, for example. The appetite-enhancing effect of marijuana, ridiculed by some as “the munchies,” is helping cancer patients combat the nausea and decreased appetite that results from chemotherapy. What sets some Indigenous Latino border-gender teens on the path of high school truancy and dropout is giving others a chance to manage pain and help them recover. Drugs, whether alcohol, peyote, mushrooms, or marijuana, can be used for both harm and good. Drugs are neither all bad nor all good. Depending on the way they are used and the way they are viewed by the societies in which they appear, drugs will be labeled either the scourge or the
salvation of its people. It is also worth noting that there is a balance between the extremes of scourge and salvation. That is, any substance that alters the mind or body can be used to excess and ultimately cause harm, but used in moderation can have effects that help or heal mind and body. Not to mention spirit, and aspect of healing included in indigenous medicine but not often considered in Western medicine. Indeed, many Indigenous healers would consider “drug” or medicines as spirit in themselves and working with spirit entails a level of respect that includes the protocol of “taking what you need only” and “leaving the rest”. This applies to picking/harvesting but also ingestion. One is not to take medicine lightly.

In regards to the psychological reasons provided for the use of these substances (other than the culturally acceptable one) was that, given their prolonged silencing by several institutions and its many faces, provoking an alternate state allowed a different expression through silence, which has been a recurrent piece of information during the data collection. Part of the politics of cultural resistance has been expressed through the creation of “border” research, methods, results, and applications.

McLaren advocates for the creation of new “border narratives” (McLaren, 1995 p. 62) in order to re-author the discourses of oppression in politically subversive ways, as well as to create sites of possibility and enablement. As an example, the present research engaged in acknowledging the silence of border-gender Indigenous Latino youth as an effective communication tool. Given the fact that they have been historically silenced (as to the best of my knowledge there are no accounts of trans youth in books, and they were rarely seen in films or the theatre up until a few years ago), art therapy (drawings and ceramics) might provide a different angle for their expressive needs. What is not expressed is still there: their silence expresses a cornucopia of words. The dual goal of proper access to mental health and pertinent services will help this community manage to participate, feel the engagement, and thus achieve a more solid emotional repertoire, one with more tools.
Summary of Chapter Five

Chapter five presented the invaluable voices of participants across many borders. With respect to the issue of mental health needs in their nature and access, three metathemes were purposely singularized: the crucial role of spirituality, developing trust and leadership, and the gender transition vis-à-vis the immigration process. The main idea of this chapter is to focus on differentiation and matching ideas with existing literature, as reviewed in Chapter Two. Two examples of current, Canada-specific literature are provided in this chapter. The chapter also points out that the current literature and research still do not match the current needs or even acknowledge the existence of border-gender youth communities in Toronto (whether or not Indigenous or of immigrant origin), a view shared by Dr. Freire after her experience as a Chilean psychiatrist in the Gender Clinic at CAMH (Dr. Marlinda Freire, personal communication, January 30th 2014). The question of how to go beyond the existing literature for a contextual analysis of a culturally based healing paradigm is addressed in the section on the medicinal use of drugs, as the final objective is arriving at a feasible mental health program relevant to this population, and with access as a valid option for this community.

The following chapter will explore future implications based on the conclusion of the study. It will also explore political trajectories that could diminish the colonial legacy of fear to the alterity, such as being different than the status quo, develop oneself according to the modeling epistemologies of Original Peoples all over the world that are now inhabiting Toronto for different reasons. As such, a sub-community within a major community can also be seen as non-conventional immigrant that could generate mistrust of the other in all its alterity. Mistrust might be felt on the part of other immigrants toward the status quo in all its manifestations of power and control (as to who is the client and the counselor in their dyad), as summarized in this quote from an alternative online queer newspaper from Uruguay (researcher’s translation):

“A selective gaze of fear and rejection when confronted with ‘the faces of immigration’
far from the dominant aesthetic apparatus, thus, non-Europeans, the non-White phenotype. The fear toward the immigrant and the fear felt by the immigrant are mutually constructed, as co-contributors in the formation of situations of such as the origin of ghettos and social exclusion” (España, 2014).

This statement states a sense of agency under these circumstances, and the choice of living one’s life with authenticity. As we can infer from the apparent negative self-regulation, it decreases pro-adaptation behavior as Latino youth feel marginalized both by the actual mental health system and by the need to live at the margins in order to retain their current sense of self, but increases a sense of belonging, so it could be considered a very unique protective factor given the harsh considerations of these youth. As one participant clearly stated:

“I know that I am living at the margins of society, but at least I am not at the margins of my most authentic identity: a border-gender teen that feels closer to Indian roots instead of the White middle class, whether Canadian or Latino, and I get support and strength from the two people I know similar to me in my circumstances. Lonely? No, I rather have a community of three, than an alienation of millions out there. It would be nice if I can get counselling too, like anybody else, with emotional needs to resolve” (F-480 p. 16).

As an incipient border-gender Indigenous Latino community has been established given the confirmation of data, its well-being and plausibility in terms of their right to access culturally pertinent mental health services is paramount. Chapter Six contains these discussion points of the most salient and perhaps perplexing -as unexpected- parts of the results.
CHAPTER SIX: DISCUSSION

Chapter Six provides the concluding comments. Included are a summary of the thesis, boundaries of the dissertation, clinical implications of the results of this study, dissemination of results suggestions for future research, and in-depth researcher reflections. The summary of the three identified results about the initial research on potentially forbidden access to counselling services will be discussed: the issue of ambiguity for border-gender youth; apathy as a political choice given the present climate; and, finally, their right to their own existential vicissitudes, termed as *cosmic drama*.

Discussion

How do Indigenous Latino border gender youth navigate the intersections of traditional healing and conceptions of mental health in contemporary practice in Toronto? How do they understand the nature and access to such programs and services? Do they access them? If not, why not? Most importantly, what can we change to increase both access and positive outcomes of present interventions from a culturally relevant and anti-oppressive practice for this population? In this dissertation, this problem was addressed through the research questions by acknowledging Indigenous Latino border-gender perspectives on several counselling practices.

The specific research question for this thesis project, tailored for this not previously researched incoming community, was “What are the intersections of cultural identity and counselling experiences for Indigenous Latino border-gender youth as they relate to mental health access?” The dual aspect of the research question was expected to give both texture and richness to the vast array of issues pertaining to lack of access to currently offered services, both in the Spanish language at the Centre for Spanish Speaking Peoples and in the English language at the Native Canadian Centre of Toronto. Toward that end, a design was implicated that facilitated a culturally specific study using a qualitative methodology approach based on two
conceptual principles: narrative therapy and social constructivism. Two sets of interviews were conducted with six participants from different countries of origin in Latin America who had been living in Toronto from three to ten years and who ranged in age from 16 to 25 years of age. Their gender self-identification ranged from female-to-male (FTM), male-to-female (FTM), and gender-queer. The goal of the interviews was to obtain first-hand stories about their previous counselling experience, in both individual therapy and group support, and to find out whether this has been embedded (or not) in their cultural identity. Core concepts of spirituality, trust and leadership, and gender transition and immigration were presented as the final result to construct an illustration for access to counselling by the researched community. That counselling identification epitomizes the goal of this project, as it is an authentic, genuine articulation that can be utilized to influence education, counselling, and other mental health services, and, importantly, provincial and federal government policy regarding immigration protocols. Furthermore, it is also a specific direction and awareness for both present programs (adding relevant training for current counsellors) and future programs, in both community and educational settings. The study results suggest both the necessity and possibility of a healthy integration of the lucidity and voices of this specific community that seeks integration of Indigenous Latin American wisdom into their Canadian counterparts, for future interventions aim at reducing the gap between existing services a more pertinent ones. Just as identifying with an alternative subculture of the LGBTQ communities could promote a sense of belonging, political action, and healthy sexual and gender-based identity, being part of a supportive relational Indigenous Latin American and/or Indigenous community emerged as a protective factor in the research results, although participants did so in an unsystematic and crisis-based and issue-emergent way, given the urgency and precariousness of their overall situation. Only a concrete clinical use of the results of this study with Indigenous Latino border-gender youth will give relevance and political strength to the research results. As the old Latin adage says, the best
theory is practice, while the best practice should become new theory.

Strengths and Limitations

All studies present some degree of boundaries. As such, qualitative research has a subjective angle that is both its strength and limitation. As it is based on intersubjectivity, researchers have the potential to take that into consideration while designing and conducting interviews, or extrapolating information, and more so when analyzing the raw data in order to extract meaning out of it. From the strength of examining border-gender youths’ lived experiences comes the risk of over-assuming a cultural and linguistic comprehension of the complexity of their self-reliant factors. The researcher tried to be a mere instrument to research, a facilitator of the meaning-making process in the participants’ own voices and testimonial aspects, emphasizing the researcher self-awareness as an essential part of establishing plausibility and validity. From another strength of the diversity in race, gender-identification, ethnic group of origin, and family compositions comes the limitation of applicability of its results; therefore generalizations were avoided as much as possible. And yet, another strength was the common characteristic of marginalization as an ongoing lived experience coupled with the never-ending immigration process that gave rise to an honest and authentic dialogue under a conceptual underpinning of an integrated context, as participants trusted the researcher as one sharing many aspects of their own valid and legitimate communities, which was a clear advantage in a sense.

In terms of the benefits and limits of using story mapping as a method, it is strongly recommend to other researchers to apply this methodology because it empowers youth by co-creating and co-authoring their own narratives, and also because the process resulted in a safe container for these marginalized youth’s uncertainties, as commented by some participants at the end. Furthermore, it challenges traditional notions of knowledge and invites flexibility and choice, as well as teaches how to participate from process to product, increasing self-identity as an Indigenous youth in a no so friendly city for this population trying to access supports. One of
the lessons learned is to give the lead to the border-gender Indigenous Latino youth, as they embody a unique synthesis of Latin American traditions with Canadian realities. Such invitation resulted in an honest, transparent dialogue about a large range of emotions and cognitions, giving richness and texture to the research.

The approach in this study brought attention to the importance of taking into account multiple sources of the self, such as language, culture of origin, border-gender status, and post-colonial histories of oppression both in their countries of origin and in Canada, as well as immigration status and process in Canada, in order to acquire a depth of understanding of what would help the access and stay in mental health programs and services presently offered in Toronto.

This researcher observed certain limitations in this study as a limit of what could or could not be inferred from its results. First and foremost, the researcher’s own desire and interest to conduct this study presents a passionate gaze that might transfer as biasing effects of the inquirer. Aware of this, the researcher made sure that assumptions were part of the frame of questioning: the results of the mental health needs of participants could be part of the social action that academics and grant-approving individuals could be informed of. Thus, awareness was transformed from potential source of bias into positive action. Second, because the researcher assumed that there is indeed a different treatment and otherness of Indigenous Latinos and border-gender youth—of any culture—in present services, it was speculated that together they will face a compounded discriminatory treatment in counselling practices. Therefore, previous work as a psychotherapist was used as a lens in the development of this research in order to estimate that the results could be conducive of knowledge transfer, and of a truly transformative clinical practice. To counterpart this, the researcher committed to a rigorous protocol to access the participants’ past experiences in counselling in Toronto, separately from those of the clinician.
Another clear limitation of this study is its size. While the number of participants included was determined by the criteria of the community, which is very small in size in itself, but for that same reason allowing a deeper analysis, we cannot deny the fact that more participants might have brought additional themes and aspects. A similar argument pertains to the age of participants; because this research study was limited to 16 to 29 years of age, many ages were not represented. The lower end of this age span is a critical time in forming identities and relationships and is therefore, an appropriate age to focus on as these issues are particularly salient and social, as the main goal of this study was to reduce to the gap in services, acknowledging the social while applied interactionism in all ts variables as relevant to this study.

Although community-based research methodologies can be both ethical in terms of community protocols and rigorous in terms of academic standards (Stewart, 2007), the array of problems mentioned above combined with a lack of proper training on the specific needs of this community makes the problem appear larger than it is. Once schools start incorporating Indigenous studies within sexual diversity studies, women’s and gender studies, and Latin American studies, incoming counsellors and clinicians would have a better understanding of the issues. And they might perhaps choose to generate significant and meaningful new programs and services that truly address the Latin American community in its present accuracy: with trans youth who do not accept working from a medical-model approach, border-gender individuals who do not live their gender fluidity from a pathology framework, and Spanish-speaking newcomers proud to claim their Indigenous ancestry.

Clinical Implications on Forbidden Access and Marginalization

First Result: Ambiguity is not Pathological

Ambiguity was defined as a fluid embodiment of the individual gender development for the participants. The term embodiment encapsulates elements of performance, self-esteem
through the lens and gaze of the other, the right and ability to modify externals according to inner feelings, and any other sort of experimentation with oneself that has until very recently been termed gender dysphoria.

The first striking aspect is the observation that the participants’ gender “ambiguity” as seen from the perspective heteronormativity, is not, in fact, ambiguity. The participants in this project are a group of typical youth with issues related to money, housing, love partners, and family situations. Because of their status as recent immigrants, some of them are facing isolation, loneliness, and attachment problems. However, none of them have seen their “trans situation” as problematic, and all of them recognized that the social discomfort, school bullying, and the mental health profession’s frank rejection of their otherwise “normal” needs is what has problematized their existence.

These participants stated that they are living their life, creating, making sense of their Indigenous roots, trying to fit into different communities, and engaging occasionally with other Spanish-speaking people (from therapists to lovers, from neighbors to co-workers) as a trial-and-error strategy. As a result, one can say that the access to mental health services is partially forbidden in practical terms, at least, by the organization, aim, goal and entry point to present counselling services offered to the LGBT communities; however, some supportive services are of some use to these youth.

Second Result: Politics and Apathy/Empathy

The second striking conclusion that can be drawn from the participants’ statements is that with more hope there is more action. In other words, hope (or the fantasy to obtain any emotional gain from a therapeutic engagement) appears to operate for these youth as an intrinsic element of behavioral change. Conversely, lack of hope invites apathy, which is the present situational issue that arose from this study, their choice of political medium for cultural resistance, given their present panorama. As I wanted to prevent any potential for researcher bias while acknowledging
my active role in the co-construction of the implied meaning of the stories reported in this thesis, I included two qualitative research protocols, which included validity checking with participants and a triangulation of research methods, with researcher journal and participant feedback. Participants expressed political reservations, as some of them were still in conflict with immigration authorities in Canada, or had been political prisoners in their country of origin, so many details they were not prepared to disclose, which was respected at all times.

Third Result: Cosmic Drama

This statement is qualified: participants clearly voiced that they have a right to do the naming of their issues with respect, in a counselling setting. The third, and perhaps expected, result of these interviews was that the participants’ sexual personae did not come up as a problematic process, dark self-discovery, and so forth—as most clinicians, in their fascination (which is close to a morbid gaze), would have expected—but as a playful, experimental one, as part of the newness of their life in Toronto. As an example, it can be attested that two of the participants attended the second interview with a gender presentation that sharply differed from that presentation in the first interview. When the participant was asked by the researcher, “What pronoun should I use today?” the participant would respond with a different one from the last interview, adding “that is all right with me” and “I feel like this today. I like it” (E-470 p. 17).

Moreover, upon being prompted for specific information regarding “that” as a problem, participant E-470 gave an acute response: “I have bigger fish to fry” (E-470 p. 18). No issue was observed in that oscillation, but a genuine affirmation and use of gender fluidity within their existential myriad of vicissitudes that these individuals disclosed confronting on a daily basis. Similar to “the daemonic wombs of the Gothic novel [that] are too confirmed for Blake’s cosmic drama (as cited by Paglia 1991, p. 270), these youth are too engaged with healing the wounds of history and generating a connection to Nature, spirit, and self to transform the existing mental health system into gender-affirming counselling practices within a truly diverse framework. It is
up to all of us mental health providers to do something about it. Psychologically perplexing as it might appear to the untrained eye, I hope this inquiry will be an irritating pebble for the many tentacles of postcolonial discourses, which is part of the typical Latin American imagery expressed.

Dissemination of Results

The aim of this study was to produce new knowledge about access to mental health for a specific population. Perhaps future research could address topics usually touched on and played out in the consulting room with border-gender youth, such as our cultural notions of love, loss, melancholy, object constancy, transference, resistance, intrasubjectivity, and fragmentation, to name a few—from “private anguish to the glory of their own humanity” (Buscaglia 1982, p. xiv). Dissemination and transfer of research results were therefore the paramount goals of this project. Dissemination was directed at three main audience groups: (1) the participants, (2) an academic audience, and (3) policy makers.

The participants were informed right away of the results of this research, as they showed a direct interest in access to new programs and counselling support services. They were informed through posters, newsletters, and community workshops and information sessions, which did also reach parents, advocates, and social workers. The final frontier is to expand our idea of “multiple forms of self-referentiality,” as a cultural strategy researched in today’s poly-cultural Barcelona (García Canclini, 2004, p. 138). It also wants to affirm to the world community in the advocacy of the multiplicity of locations of Original peoples with transgender identification across the globe, as the Transrespect versus Transphobia (TvT) Worldwide (2012) study can attest.

TvT is a comparative, ongoing, and very up-to-date study (created in 2012) and qualitative–quantitative research project conducted by Transgender Europe. The project provides an overview of the human rights situation of trans persons in different parts of the world and
develops useful data and advocacy tools for international institutions, human rights organizations, the trans movement, and the general public. Chapters relating to South and North American regional problems do exist, thus dissemination of this research will add to the current literature on and advocacy for Indigenous trans youth in Canada.

Academic colleagues and graduate students are being increasingly informed of the results of the study by means of the researcher’s motivation to promote participation in peer-reviewed papers for publication in several academic journals and applications for scholarly presentations at several international conferences. University and college educators, mental health professionals, and specific policy makers are being informed of the study results through professional publications, in-service workshops, hands-on resources, curriculum packages, implementation manuals, policy briefs, and executive summaries. There is a hope that, with the help of community partners, the presented research results can be implemented in the development of new, plausible, and effective tools and strategies that will be culturally and linguistically adapted for Indigenous Latino border-gender youth. Issues of publishing data from a non-quantitative research method with trans youth, a non-Western approach to therapy with border-gender Latinos, and an empowering healing voice for Spanish-speaking youth claiming intergenerational Indigenous ancestry are still pending.

Future Research

The results of this study suggest that many potential directions can be marked for further development of this type of research. The fact that the six participants spontaneously spoke about their rejection of Eurocentric, heteronormative, and post-colonial silencing strategies through specific counselling practices (academic training, selection of practitioners, college regulation for internationally trained psychologists) gives ammunition to the need to Indigenize social and even community psychology as a discipline. The interpretation of the results of the present study
supports the claim that psychology as a discipline seems to still work in both research and clinical practice under the eyes of colonization. As a result, the natural conclusion is that the practice of psychology in Toronto at the beginning of the 21st century could be described as political and directional under this framework.

Future research might endorse these elements from a larger study of trans youth across different cultures and lived experiences—transnationality and international Indigenous ancestry, counselling services within diasporic studies, a comparative view of psychology of exile between first and second generations, for instance, to name a few—in order to replicate the study findings. The focus could also be one of the problematic aspects of an alternative subculture for Latino youth that exceeded the present study, such as cycles of under-housing for trans youth (they are not homeless, but neither are they properly housed) or consistent, supportive counselling for marginalized trans youth in order to access tertiary academic programs to empower them and to change the system from within. As one participant lucidly pointed out: “Even though I am an urban trans in downtown Toronto, speaking English with no perceived accent, and passing as a girl while working as a barista in Starbucks, that does not mean that I am less Indian” (A-430 p. 12). By this statement, Participant A-430 referred to all the layers of identity that do not present visibly; nevertheless, they are present in their inner sense of self.

Some researchers and most counsellors still lack the regular use of methods for reliably assessing the access to mental health by Indigenous Latino border-gender youth, a gap in culturally-based needs assessment that this project aimed at reducing. When given a voice, this small and yet increasingly bigger and more visible Spanish-speaking community spoke of the need for an educated counsellor, a culturally sensitive clinician (perhaps one with lived experience in Latin America), and a non-medical-model-based community centre/clinic. This study has been a pilot project in that direction. The trajectory is still unknown, yet nevertheless hopeful.
This study was narrative-based and qualitative in its overarching principles. This type of research could be amplified into a quantitative approach to access a database from two community centers, as they work with doctors who provide hormonal treatment to a larger sample size. A statistical analysis might give more numerical information, complementing the existing qualitative data of this study with quantitative information that could deepen the results. Another direction could be the application of the same research questions but employing different instruments, such as focus groups, inventories, surveys, checklists, or questionnaires, in the different hospitals and community settings that are presently assessing, intervening with, and treating this community, and comparing the results across settings.

**Researcher Reflections**

The following section presents a reflection on the trajectories within the set parameters of this project from the beginning to its accomplishment. Three main aspects guided my reflections: Trans Psychology in General and Torontonian Trans Youth in Particular; Border-Gender Youth and their Counselling Needs for Radical Acceptance; and, On Radical Therapy and Oppositional Agency.

This research project started with the assertion that both qualitative and quantitative research on Canadian trans youth was scarce. Furthermore, statistics about Indigenous Latino trans youth were non-existent. That, of course, was only a speculative hypothesis. However, soon after I started looking for individuals to interview, fragments of circumstantial evidence to support that claim appeared. That incoming information generated the hope of providing current data whose analysis was going to originate an expanded awareness of the myriad issues at stake. One such problem is the Manichean approach of counselling services for Latin American peoples. They either vilify, as with current Uruguayan socialist president and former political prisoner José “Pepe” Mujica (Watts 2013), or romanticize, as with legendary Argentinean Che
Guevara—a view that appeals to a mainstream sexual charisma (Morgan 1988) but that, nevertheless, deoids him of any posterior political action in Cuba. For research into providing a site of authenticity, actualization, voicing, and thus healing, neither view is conducive. In order to fit contemporary identities in Toronto, a specific qualitative framework with a methodology based on social constructivism and narrative approaches were the overarching principles. The Latin American population was border-gender youth, as an adaptation of McLaren’s (1995) political analysis of the process of marginalization. This project ended up advocating for a more relevant and inclusive mental health program that acknowledges and incorporates present performative communities in all their embodiments and gender expressions in freedom and creativity.

Trans Psychology in General and Torontonian Trans Youth in Particular

Trans psychology has historically pathologized individuals, with little relation to their environments. In the city of Toronto at the beginning of the 21st century, trans youth live in many universes at once, and power differentials manifest themselves in every aspect of their lives. McLaren talks about “living simulated identities that adjust our dreams and desires according to the terms of our imprisonment as schizo-subjects in an artificially-generated world” (McLaren 1995, p. 45). Trans communities are composed of gender-variant children, their non-traditional parents, their teachers who risk modifying school programs to challenge the modus operandi of school boards that do not represent their reality, activists, and counsellors, among other allies. Thus, these are multifaceted and multilayered groups of individuals, even within the “Latin American” community or Spanish-speaking LGBTQ youth. The search for participants was very specific, as they often associate with their Indigenous roots, but do not feel attachment with Canadian First Nations youth, as stated. Among these groups, there is an emerging trend of children and youth who do not feel comfortable self-identifying on any part of the gender spectrum. They surpass the gender binary discussion of the 1990s as either male or female.
Moreover, they do not (yet) self-identify as trans gender-variant, or gender non-conforming in the sense that their teacher and/or parents may well have Googled in this decade. As a result, the concept of gender fluidity does not really apply to them. For the purpose of this research study, I termed these youth individuals with “border-gender” lived experiences. I took the liberty to adapt this concept from McLaren’s compatible concept of border narratives (McLaren 1995, p. 62), after expanding it into border cultures and even border identities, to point out and advocate for a more accepting attitude toward ambiguity as a legitimate state of being, whether transient or permanent.

*Border-Gender Youth and Their Counselling Needs for Radical Acceptance*

This research documented that the participants, though different in their intricacies, had common problems to navigate. As we all dream, we also have nightmares, as one participant incidentally stated—partly because we become painfully aware of the fragility of those living more along the margins of mainstream society, and partly because our lucidity is clearly a two-edged sword. Border-gender youth are what we are, but they are lots of things and different people at once. Thus, acceptance of variability is paramount for a sane society. The researcher is part of that community, not an outsider but an experienced observer, always interacting, learning, teaching, and changing by the intensity of those interactions. For instance, one participant that grew up in Canada spoke English language with an accent; also, in the second interview compared to the first one, most of them opened up and shared elements that were significant to the research context, such as the difficulty trusting an honest dialogue as many of their family member are still in conflict with immigration authorities, fighting over their residency status. At the end it looked that further exploration about their immigration status would need to be combined with their “mental” stability. Traditional therapists and/or mainstream counsellors tend to be “emotionally and clinically perplexed” (Cohen-Kettenis & Friedemann, 2003, p. 104) when dealing with young patients who have a non-conforming gender presentation. Referrals are a
short-term deviation of the real issues, namely, clinical discomfort; lack of knowledge; or, simply put, queer phobia. This has been proven through this study, as has the need to generate a different type of program for such individuals who are also in the first years of their immigration process. From this ever-proliferating welter of information, certain key points emerged that now constitute a foundation for further research, as transferable knowledge is one of the main tenets of a research study.

On Radical Therapy and Opppositional Agency

As radical therapists act counter-hegemonically, our clinical work is defined as oppositional agency because we empower clients to break existing rules and generate different rules. A privileged minority terrorizes a lucid yet powerless or restricted majority, with both intellectual and material impoverishment. Mainstream counselling services do not presently address the radical acceptance of border-gender individuals as they push for assessment, definitions, and categories in order to treat, predict outcomes, and thus to operate social control without giving these individuals the benefit of a free exploration and fluidity in one’s skin. Radical acceptance is the term and concept most providers in a “trans+” organization aim to operate under when intervening with this multilayered population. As McLaren puts it: “We become ‘cybernomads’ whose temporary homes become whatever electronic circuitry is available to us. In our hyper-fragmented and postmodern culture, democracy is secured through the power to control consciousness” (McLaren 1995, p. 45). This is the environment in which border-gender youth and their allies live. Add to this the complexity of immigration standards and the long-term process of cultural adaptation, and their situation is grim unless more supports are allocated to research and intervention.

These participants were border-gendered institutionally, narratively, psychologically, and biographically. Also linked to the experience of marginalization, oppression, and rejection are the negative consequences of not having a proper channel to be referred when they so requested. A
democratic society implies the acceptance of all individuals within that environment. However, the reality today for Indigenous Latino border-gender communities at large living in Toronto is that they do not feel they belong; furthermore, they challenge and resist the notion that the idea of democratic citizenship is now synonymous with the private, consuming citizen and the increasing sub-alternization of the other (McLaren 1995, p. 46). McLaren goes even further with the concept, calling today’s media “the proliferation and phantasmagoria of the image” (McLaren 1995, p. 46). As Indigenous Elder and mentor Cat Criger (2014) states: “Until the lion tells the story, we will only know the hunter’s viewpoint.” Similarly, enough ethically questionably research has been imposed on the colonized without such acknowledgement. It is about time we academically engaged in Indigenous methodologies that do not privilege Western cognitive frames of reference. Border-gender youth by definition are in a process of both inner and outer exploration, so while they do not necessarily want to ascribe to a specific group, they could benefit from psychological support for their well-being. Belonging is a constructed concept, however limited. As such, it admits a critical review and, then, an amplification of its limits, to include border-gender youth who speak the Spanish language and also claim indigenous ancestry, without the burden of having to choose one identity over another for a culturally sensitive intervention. Hence, border-gender Indigenous Latino youth are bringing another layer on the debate over cultural diversity.

Four out of the six participants in my research were newcomers to Canada (according to Statistics Canada’s definition, less than ten years from landing), one was born in Canada while the other arrived at a very early age. They ranged from being refugee claimants, recently landed immigrants, people awaiting results on their application for permanent residency on humanitarian and compassionate grounds, to non-status individuals. That base implied a daily articulation to their understanding of a concept of living in Toronto in a way that is compatible with a critical multiculturalism. They are the other at many levels, but they are also being othered by the
political system, educational system, and medical model. It is imperative for border-gender youth and their long-term wellbeing that “difference is constructed and engaged” (McLaren 1995, p. 47). Engagement also brings about political will. In other words, border-gender Indigenous Latino youth have manifested that they do not feel that there is equity in terms of their mental health services. Moreover, the results of this study show that equity requires a purposefully planned agenda, as it implies changing the clinical gaze upon Indigenous youths’ collective and individual stories, which are invisibilized and silenced and which unmistakably resonate with colonial and postcolonial institutional purposes. The mental health system as it stands today is a site of production and reproduction of such concepts as “acceptable,” “normalcy,” “sanity,” and “management” while assigning a diagnosis, intervention, and assessment of a community’s needs. A revision is imperative if we are going to serve this specific studied community in terms of access and relevance of programs and services offered at this juncture.

In conclusion, creating a safe space for participants to express in their own terms their needs and their sources of both turmoil and joy has been very important to all participants, as each of their story maps attests. However, when I took time to relive both interviews with each one of them, I realized how important it was for them to have that voice, to publicly acknowledge how silenced they have been, both in Latin America and in Canada—although for different reasons. I was made painfully aware that therapy for border-gender Indigenous Latinos is not the place to be bland or apolitical, or to play it safe by hiding behind the illusion of “objectivity.” For such historically oppressed—and presently re-traumatized—communities, having the opportunity for honest dialogue with a perceived privileged person was priceless. That place of sanctuary, even for one hour, generated lasting hope for the second interview, as indicated from their openness. From the flat tone of voice in the first telephone contact, to the grim facial gestures of the first in-person contact, to the marvelous smile or hug offered by the end of the second meeting, an essential, healthy rapport was established, perhaps as a step further in the recovery
from European colonization.

Within the ever-changing Spanish-speaking communities in Toronto there is now an incipient border-gender youth sub-group that presents their own emotional cage and embodiments. Identity, otherness, and attachment struggles are part of some immigrant youth of transgender experience. This community study provided a case of innovative community development with an observation, analysis, and critique of existing counselling services, as they do not provide the type of healing that is greatly needed. The feedback from the second interview revealed on the one hand, great difficulty in trusting perceived figures of authority, but also a resilient ability to positively engage and thus being both able and willing to disclose deeper aspects of unresolved matters. About the personal significance of this study, in 2010, while I was providing clinical work for border-gender youth in a progressive health centre in Toronto, my initial proposal for this research was to set up an interactive and fertile conversation from a holistic viewpoint among some counsellors, researchers, and community activists of transgender experience and myself as a trans-health ally. Then in 2013, having the opportunity to work in a small Ontario hospital with trans youth and outside of my comfort zone of like-minded professionals made me consider my community viewpoint in regard to my research, adding more dimensions to the dilemma of gender formation and interventions. Hence, this research study was born out of conflict and posterior silence and emerged after clinical interrogation of attachment patterns for this specifically community that deals with on-going complex trauma, historical oppression, and social repudiation. As a result of continuity of care with trans adults and their family of choice/loved ones, both trans and trans-positive practitioners are uniquely poised to form enduring clinical relationships with their patients. The degree of collaboration and satisfaction is paramount in dealing with Indigenous ancestry, as oral traditions, storytelling, and meaning-making of one’s life situations are part of the Latin American *gestalt*.

There are many more ways in which the present research study has impacted me as a
researcher, a psychotherapist, and a person. I will keep engaging in innovative clinical practices and applying decolonizing principles in my research work and the varied dissemination practices I regularly engage in, as I am proudly part of a queer community that claims its many performative embodiments.

Conclusion

All experience is the experience of meaning. Experiences do not just happen; we assign meaning to them, and then they have emotional value for us. Language then provides a structure of intelligibility or a mediating device through which the experience can be understood. Western language and thought are constructed as a system of differences, organized de facto and de jure as binary oppositions—white/black, good/bad, normal/deviant, and so forth—with the primary term being privileged and designated as the definition term or the norm of cultural meaning, creating a dependent hierarchy (McLaren 1995, p. 55).

Border-gender youth within an immigration process need to articulate their experience, both inner and outer, and to compare and contrast it with that of other trans individuals, their families of choice, society, and so forth. They are already living their life in two languages; usually one is used at home (and inside their own heads, as participants reported) and the other outside the home. Language is thus used as part of the politics of significance, as border-gender youth in diaspora were remapping their meaning-making abilities. Each language entails a full description and ascription of family values and sexual politics. Indigenous Latino youth do have gender, sex, and sensuality. My research contests the view of this incipient population as a tabula rasa where most issues—even sensuality—are of secondary importance until the gender “issue” gets “resolved.” Life occurs in their daily needs. Remapping urgency in border-gender youth empowers them and society as a whole. Therefore, programs and services need to incorporate other aspects of both urgent and emergent needs. This is especially important when dealing with
these young individuals who are in the process of formation of their fluid identity, because many are not sure what gender—if any—they will adopt in the future. Flexibility and openness is a must. However abstract semiotics might seem, it is imperative to equip them with such tools to help them understand, articulate, and voice their concerns in their own terms.

In conclusion, this study attests that Indigenous Latino border-gender youth are disengaging from existing programs and services for lack of trust in counsellors (viewed as innocuous and incompetent at best and colonially re-oppressive at worst) and apathy toward Indigenous-oriented services, as these are not specifically tailored for this unique community’s needs. Participants clearly saw this engagement as “a waste of time, and a risk to the immigration process” (F-480 p. 21). The settlement process in Canada added another layer of complexity to the lack of empathy toward their needs. Thus, future research examining both community factors (such as lack of proper training for existing staff) and counselling practices, termed as decolonizing the discipline, promises to provide important insights for improving intervention and prevention programs and thus decrease Indigenous Latino border-gender youth’s suffering and lack of access to adequate and acceptable mental health services, services that use the spiritual heritage as a resource, rather than just a reference.

One of the rarely reached stages of healing is reconnection, a stage especially challenging for refugees and immigrants: “Although victims in their original homes, they are like strangers in a foreign country, once ‘safely’ outside” (Herman 1992, p. 196). Furthermore, former victims and now newcomers, individuals tend to “feel simultaneously the wonder and uncertainty of freedom” (Herman 1992, p. 196). This research deals with a small group of biologically discomforted youth who nevertheless are generating a new community in Toronto. No longer victims on the outside, they are now left to deal with the aftermath of years of inner turmoil, internalization of stigmatic responses, and systemic barriers to their “normal” development in their country of origin and in diaspora as well. Ambiguity of emotions, consistency, trust, and a
loving/all-encompassing attitude as *terra incognita* yet to conquer are part of the emotional repertoire these gender-border youth need to deal with. And yet, against all odds, they persist in their desire. They have been asked for as long as they can remember: “Are you a boy or a girl?” This can better be understood through the following quotation, “Nothing it as it seems. [...] Our strongest choice, the one they didn’t allow for, is to choose not to choose [...] the thought that I was powerful in that angular way. [...] Vulnerability has its own power” (Nestle 1992, 429).

When the participants were invited to review their stories and to re-write their own life stories, they readily accepted to interpret their past in a new light, and to actively engage in the generation of a present, a here-and-now full of hope and new endeavors. All of them did, and the results are presented in this study. Story-telling has proved to be an appropriate *medium*, first for participation, creativity, and reflection, and then for setting the stage for a journey of personal healing and partial community reconciliation, as they share parts of their past with their family of origin, a not-so-welcoming new country, and a not-so-loving mother country.

New ideas were invited in conversation, and identity came as an organic, natural process to be explored. Historically, transgender individuals have been trapped in ongoing cycles of violence, trauma, and even repudiation. Nowadays, we cannot honestly place gender-border youth in that category after the results of this research. It is still extremely difficult to grow up in Toronto self-identifying as “gender-free,” as a “hir” instead of him/her, and/or to ask to be referred to with absolutely no name, no pronoun, no gender identifier. We cannot speak of repudiation, but we can use the word intriguing with respect to most people. The media also bombards us with articles, ideas, information, etc. about transgender individuals, for instance with Chaz Bono’s stellar appearance in 2011 in the American television show “Dancing with the stars” [http://Youtu.be/uyYJF1/1C_s] for the season 13, week 10 show, which aired on November 22.

Culturally diverse youth are more informed than they were in previous generations; the image of “the crazy woman in the attic” still haunts us, but we don’t buy it anymore in
counselling settings with a diversity focus. Balance indeed is dynamic, as the hourglass metaphor cleverly shows: border-gender youth nowadays enjoy more creative spaces and some counselling opportunities, but not in a holistic matter, facing the necessity to choose working on one aspect of their identities at the time. They faced some constraints in clinical settings, but later on, they realized they might have new incoming opportunities to voice their needs for support, integration, and full acceptance in their political stance, as the welcoming acceptance of and collaboration with this project has clearly shown.

Living in border cultures is an anti-centering experience, and linear time is displaced and reprocessed after the refugee experience and while living in diaspora. Furthermore, the psychological and social wellbeing of border-gender youth is a goal that needs to be situated historically, contextually, and contingently as the product of material struggles over modes of intelligibility, as well as over institutional, social, and medical practices, if they are going to change from being “targets of researchers” (Criger, 2014) to inspiring agents of change. However, it is getting media attention, as the article by Gulli (2014) proclaims, something that would have been unthinkable a mere decade ago. A border identity is not simply an identity that is anti-capitalist and counterhegemonic; it is also critically utopian. It is an identity that transforms the burden of knowledge into a scandal of hope (McLaren, 1995, p. 66). The end of a research project marks the potential beginning of more information gathering to question the views on a subject matter, a contribution, in this case, for the generation and full embodiment of border identities. These identities constitute a bold infringement on patriarchal concepts of normalcy (McLaren, 1995, p. 67) still applicable in mental health programs and counselling services as they are offered today in Toronto. The community of Indigenous Latino border-gender youth has existed in its embryonic form since late 2006 at least, with specific psychological needs that are not being addressed in present counselling programs as perceived in their psychological authenticity of this community that claims their part of the social fabric of
Toronto in the 21st century, as perhaps the most important insight accomplished through this study. In addition to answering some questions and suggesting culturally respectful solutions, this research project aimed at posing many more questions than answers, but under a much needed diverse, inclusive, anti-hegemonic, and decolonizing Canadian lens in relation to counselling practices for this specific, recently established, and vibrant community.
References


University of Nottingham, UK.


http://www12.statcan.ca/english/census06/analysis/labour/pdf/97-559-XIE2006001.pdf;

http://cansim2.statcan.ca/cgiwin/cnsmcgi.pgm?Lang=E&SP_Action=Sub&SP_ID=10000


Appendix A: Participant Recruitment Letter

Participant Recruitment Letter

Dear possible participant:

- Do you identify with Indigenous ancestry from Latin America?
- Are you between 16 and 29 years old and have lived in Toronto for more than 3 years?
- Do you think of yourself as “trans” (either male-to-female or female-to-male) or border-gender (in transition and identify as neither male or female)?
- Are you interested in participating in research about access to mental health in Toronto?

I am a doctoral student in Counselling Psychology at the Ontario Institute for Studies in Education at the University of Toronto, supervised by Aboriginal psychologist Dr. Suzanne Stewart. I am interested in the stories of Indigenous Latino border-gender youth and how they make sense of mental health in Toronto in a cultural context.

To participate in my project you must:

- Be a self-identified Indigenous Latino young adult between the ages of 16 and 29.
- Have been living in Toronto for at least 3 years.
- Identify with the trans community, either FTM or MTF, or simply border-gender.
- Have attempted to obtain access to mental health services in Toronto.
- Can fluently read and speak the English language.
- If you think you may be interested in this project and you fit the criteria, contact me by phone or e-mail.

Participation in this study would involve meeting alone with the researcher on two separate occasions. You will be offered a $20 gift certificate as an honorarium.

Thanks!

Silvia Tenenbaum
Telephone: 647-889-2230
E-mail: silvia.tenenbaum@utoronto.ca
Appendix B: Participant Consent Form

You are being invited to participate in a study named “Forbidden Access? Exploring the nature of and access to culturally pertinent psychotherapy for Indigenous Latino border-gender youth living in Toronto,” which is being conducted by Silvia Tenenbaum.

Silvia Tenenbaum is a graduate student in the department of Applied Psychology and Human Development at the University of Toronto, and you may contact her if you have questions, via telephone at (647) 889-2230 or email at silvia.tenenbaum@utoronto.ca. I am required to conduct research as part of the requirements for a doctoral degree. The research is being conducted under the supervision of Dr. Suzanne Stewart who is also a registered psychologist with the Ontario College of Psychologists. You may contact my supervisor at any time via telephone (416) 978-0723 or email at suzanne.stewart@utoronto.ca. This research is partly funded by a graduate research assistantship (GA) and a student bursary in the Counselling Psychology Program of the Ontario Institute for studies in Education at the University of Toronto.

Purpose of the Research

The purpose of this research project is to gain a deeper understanding of how access to mental health services for a specific group of youth who are transitioning from one gender to another might change over time. The main goal of this project is to gather information about how a person’s culture might be important to how they seek counselling and mental health services in the community. This information will be helpful in developing new policies and guidelines for working with specific groups of people, such as new comers to Canada and with youth who are part of the LGBTQ (Lesbian, Gay, Bisexual, Transsexual, and Queer) community. New and up-to-date information are important sources of community and program development. Interviewing transsexual Latin American youth who are in between their transition and learning about the individual experiences of this unique group especially about some of the issues they faced in accessing mental health services can be useful for developing teaching materials for community counsellors, support and social service workers, social psychologists, school counsellors, and other community members and health professionals who are in a supportive and/or clinical role.

Research of this kind is necessary because there is a lack of information in counselling psychology related to an Indigenous/Aboriginal population with international ancestry in terms of their mental health needs. This also means that there is a lack of information and thus lack of appropriate services in the Spanish language and within a framework that is similar to Latin American culture and ways of knowing. This has resulted in an underuse of present mental health services in the Spanish language by Latin American youth who do not fit the dominant approach (which includes models based on white middle-class, heterosexual people) and do not see a reflection of their Aboriginality in existing programs, for instance programs for LGBTQ communities. This research could use new knowledge production to inform policy surrounding what programs need to be created and what programs need to be changed in order for programs to be more frequently and better utilized by border-gender youth.

You are being invited to participate in this study because you are an Indigenous Latino border-gender youth between the ages of 16 and 29 and you have been living in Toronto between 3 and 10 years. You could be one of the individuals using newly created services in the future to obtain easier access and more support in your healing journey. If you agree to voluntarily participate in
this study, your participation will include two 1- to 2-hour audio-taped interviews that will take place in your community. Total time commitment is between 2 to 4 hours. Participation in this project should not cause you any inconvenience, other than the interview time.

Risks and Benefits to Participation

You will be discussing general, everyday life-related topics in relation to your access to mental health and overall support experience, however, some of the topics discussed in this interview may bring up experiences for you that were challenging and uncomfortable. If you become distressed at anytime throughout the interview, you may withdraw at any time. The researcher is also a trained counsellor and will be able to help you should you become upset during the interview. A list of further mental health resource centers as well as their contact information is listed below should you continue to feel distressed following the interview.

Potential referrals for border-gender youth:
- Sherbourne Health Centre (416) 324-4180
- Barbra Schlifer Commemorative Clinic (for women 16+) (416) 323-9149
- Centre for Spanish-Speaking Peoples (CSSP) -HIV/AIDS Prevention Program (416) 925-2800 Ext. 223

The potential benefits of your participation in this project include clarification of your own views of cultural mental health in your personal life. Potential benefits to society include informing both education and policy about the very existence of the community that you represent, as well as what constitutes real access to mental health for Indigenous Latino border-gender youth. Furthermore, your participation in this project will help improve academic literature on the topic and provide up-to-date data about a Latino paradigm in access to mental health for border-gender youth—a minority within a minority that is, nevertheless, present in Toronto.

Confidentiality

The interviews will not breech confidentiality regarding particular topics or specific counsellors or agencies with whom you have been attending in the past or services you are using at present. However, there are exceptions to the confidentiality policy that are required by law. The researcher must report to the authorities when there is a suspicion of child or elder abuse, when participants indicate that they may pose a significant danger to themselves or others, when the participant reports sexual abuse by a health care professional, or when court issues a subpoena for records or testimony.

Your participation in this research study must be completely voluntarily. Since some of the topics in this interview may be distressful for you, if you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study at any time, your audio-taped interview and all accompanying notes will be destroyed, and you will still receive a $20 gift certificate as compensation. Also, if you decline to participate or withdraw, your decision will not affect your status as client in any Spanish-speaking community centre.

Security of Data

To make sure that you continue to consent to participate in this research, I will revisit consent
orally at the beginning of each meeting, including telephone contact.

In terms of protecting your anonymity, your name will not appear on any of the data, as a code will be assigned to replace your name on the interview audio-tapes, on the transcripts, and in all notes. However, the researcher will be able to identify the interviews should the research need to report any of the listed limits to confidentiality to the authorities. Consent forms that contain your name and ID-codes will be stored and locked in a separate cabinet from the data so that no one could match participant ID-codes to participant identity. All identifiable electronic information (such as digital recordings) will be encrypted, which is consistent with the University of Toronto’s security and encryption standards. For more information regarding the University of Toronto’s research security standards please visit the following websites:
http://www.utoronto.ca/security/UTORprotect/encryption_guidelines.htm

Data from this study will be disposed of through audio-tapes being erased and transcripts and notes shredded five years from the date of data collection.

Individuals who may be contacted regarding this study include the researcher, Silvia Tenenbaum, and her supervisor, Dr. Suzanne Stewart, as per the contact information listed at the beginning of this consent form.

Dissemination

It is anticipated that the results of this study will be shared with others in the following ways: directly with participants by hand, in a Spanish community youth magazine, through published articles in scholarly journals, in policy reports to ethno-specific community and health organizations, at scholarly conferences and academic meetings, and in my dissertation defense presentation.

Compensation

In acknowledgement of your contribution you will be given a $20 gift certificate to a bookstore. It is important for you to know that it is unethical to provide undue compensation or inducements to research participants, and if you agree to be a participant in this study, this form of compensation to you must not be coercive. If you would not choose to participate if the gift certificate were not offered, then you should decline.

Contact Information

In addition to being able to contact the researcher and her supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you may have, with the Office of Research Ethics at the University of Toronto, at 416-946-3608.

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

------------------------  ------------------------  ------------------------
Name of Participant     Signature            Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.
Appendix C: Certificate of Ethics Approval

PROTOCOL REFERENCE # 29608

January 29, 2014

Dr. Suzanne Stewart
DEPT OF APPL. PSYCHOLOGY & HUMAN
DEVEL.
OISE/UT

Ms. Silvia Tenenbaum
DEPT OF APPL. PSYCHOLOGY & HUMAN
DEVEL.
OISE/UT

Dear Dr. Stewart and Ms. Silvia Tenenbaum,

Re: Your research protocol entitled, "Forbidden access? Exploring the nature of and access to culturally pertinent psychotherapy for Indigenous Latino border-gender youth living today in Toronto"

<table>
<thead>
<tr>
<th>ETHICS APPROVAL</th>
<th>Original Approval Date: January 29, 2014</th>
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<tbody>
<tr>
<td></td>
<td>Expiry Date: January 28, 2015</td>
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<td></td>
<td>Continuing Review Level: 1</td>
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We are writing to advise you that the Social Sciences, Humanities, and Education Research Ethics Board (REB) has granted approval to the above-named research protocol under the REB’s delegated review process. Your protocol has been approved for a period of one year and ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Sarah Wakefield, Ph.D.
REB Chair

Dean Sharpe
REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen’s Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 Fax: +1 416 946-5763 ethics.review@utoronto.ca http://www.research.utoronto.ca/or-researchers-administrators/ethics/
Appendix D: Interview Formats

First Interview

Each participant will be asked to do a first audio-taped interview using this format, which will be unstructured in nature. I will invite the participant to share his or her story using the following set of questions as a guide:

1. Tell me about yourself as an indigenous Latino border-gender youth living today in Toronto.  
   *[If participant does not know what “border gender” means, say, “Latino youth currently transitioning between genders.”]*

2. What are the cultural supports that you have experienced in the past in relation to mental health access and services? What are the challenges that you have experienced in relation to mental health access and services?

3. How do counsellors help you within the mental health system? How are counsellors not helpful?

4. What services do you think should exist in the future for your specific mental health and identity needs?

These questions to participants will be posed in an open-ended and unstructured manner. Prompts such as “Tell me more about that” and “How so?” will be used to encourage open-ended answers that will facilitate participants’ narratives.
Second Interview

Each participant will be asked to do a second audio-taped interview using this format, which will be semi-structured in nature. I will use the following questions as a guide:

From your stories in your first interview, I have constructed a story map.
How does this map illustrate your views?
Should anything in the map be changed or removed?
What is missing from your story map?
What would you like to add?

Do you have anything else to say about your own story map?

These questions to participants will be posed in an open-ended form. Prompts such as “Tell me more about that” or “How so?” will be used to encourage open-ended answers that will facilitate participants’ narratives.
Aboriginal LGBTQ youth tell their stories about access to mental health

Silvia Tenenbaum is a doctoral candidate at the University of Toronto. As part of her dissertation in the department of Applied Psychology & Human Development at the Ontario Institute for Studies in Education, Silvia organized a project where she is researching a minority within a minority in the Latin American community: border-gender youth with Indigenous ancestry. Silvia is being supervised by Aboriginal Psychologist, Dr. Suzanne E. Stewart. This project reflects Silvia’s long-standing dedication to community healing in specifically tailored programs and services, as well as two decades of work at the University of Toronto. Six self-identified youth are going to be interviewed: two gender-queer, two male-to-female (MTF), and two female-to-male (FTM), from 16 to 29 years of age.

This qualitative study based on a methodology of social constructivism and narrative inquiry, aims to generate new knowledge that could be exchanged into existing and newly created services for this community.

There are two main reasons for this study: 1) There is a lack of empirical data in counselling psychology related to Indigenous Latino LGBTQ in Toronto. 2) Currently there is an increasing number of refugee seekers that do not disclose their gender conflicts for fear of the immigration policies and lack of proper support for their emotional turmoil. Thus, there is an under-use of existing services for lack of visibility of such community, and the emergent need to generate a specific program that will increase the comfort zone of counsellors and attract this youth.

Research questions:

Interview # 1:
Each participant will be asked to do a first audio-taped interview using this format, which will be unstructured in nature. I will invite the participant to share his or her story using the following set of questions as a guide:

1. Tell me about yourself as a Latino border-gender (if does not know what “border gender” means say “Latino youth currently transitioning between genders”) youth living today in Toronto?

2. What are the cultural supports that you have experienced in the past in relation to mental health access and services? What are the challenges that you have experienced in relation to mental health access and services?

3. How do counsellors help you within the mental health system? How are counsellors not helpful?

4. What services do you think should exist in the future for your specific mental health and identity needs?

Interview # 2:
Each participant will be asked to do a second audio-taped interview using this format, which will be semi-structured in nature. I will use the following questions as a guide:

From your stories in your first interview, I have constructed a story map. How does this map illustrate your views? Should anything in the map be changed or removed? What is missing from your story map? What would you like to add? Do you have anything else to say about your own story map?

These questions to participants will be posed in an open-ended form. Prompts such as “Tell me more about that” or “How so?” will be used to encourage open-ended answers that will facilitate participants’ narratives.

Through this research project I am attempting to use raw data by generating story maps in order to present in my dissertation a community healing model to increase access to mental health programs for Indigenous Latino border-gender youth.

Benefits of this project:
Community healing, a renewed sense of connection, stop the invisibilization of this small, yet steadily increasing community, reduction of a sense of shame for its participants, pertinent training to mental health providers in their psychological encounters with LGBTQ youth in general, and trans-youth in particular, a voice for Indigenous youth.

Dissemination:
Community newsletter, Report for community agencies that attend this population, Academic Journals and conferences, University and College curricula.

E-mail contact: silvia.tenenbaum@utoronto.ca
Phone: (647) 889-2230
University of Toronto