Reynel Alexander Chaparro
Roberto L. Abreu *Editors*

LGBTQ+ Affirmative Psychological Interventions

A Latine/x Perspective

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Reynel Alexander Chaparro: to my beloved and supportive father Luis Ruiz Chaparro.

Roberto L. Abreu: to my parents and strongest supporters: Lessette Abreu Villaescusa and Roberto Abreu Seguí. To my Latine/x community: may we heal as we continue to affirm our authentic selves.

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About the Editors

Reynel Alexander Chaparro (él/Him/His) holds a PhD in Psychology from the National University of Colombia. He created the student group Psychological Intervention and Sexual Diversity in which community intervention projects were developed, on topics related to sexual orientations, gender identities and the link between religion – spirituality and sexual diversity. His work has been focused on the understanding of sexual and gender diversities, as well as LGBTIQ+ identities, and their dynamics in different contexts of health intervention, both in Colombia and Brazil (NUH – Research Group in Human Rights and LGBTI citizenship in the Federal University of Minas Gerais). Since 2016, he is the representative of the Colombian College of Psychologists (COLPSIC) in IPsyNet, the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues, of the American Psychological Association (APA). Since 2022, he is working as a mental health therapist in Washington State USA, with a special focus on multicultural, BIPOC and local Latine/x communities.

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Chapter 1
Contemporary Latine/x LGBTIQ+ Affirmative Psychological Interventions. An Introduction

Reynel Alexander Chaparro and Roberto L. Abreu

The history of the cultural production of sexuality, that is, the description and meaning we give to sexual acts, can be located mainly in the work of Foucault, who is recognized as one of the thinkers who would propose a form to understand the social control of homosexuality through biopolitics, in a general framework of disciplinary societies in which a standard of homogenization is applied that allows its classification (Foucault, 1976). The disciplinary society fulfills the function of social orthopedics, which tries to correct deviations from this pattern of homogenization (Foucault, 1996).

Although Foucault did not speak explicitly of heteronormativity, subsequent elaborations from Queer theory would condense Foucault's ideas, emphasizing the social oppression and the explicit nomination of the term heteronormativity, to make relevant the discrepancy, hierarchy, privilege, and polarity between heterosexuality and homosexuality (Warner, 1991; Seidman, 1991). The heteronorm is an oppressive system that forces the standardization of social systems, in which the organization of the social world toward heterosexuality is only recognized or widely favored. The impact of this structure extends to other social subsystems such as education and health, which together help to naturalize the experience of heterosexuality in relationships between individuals, groups, and communities.

An extensive comprehension of heteronorm, but oriented to question gender identity issues and gender essentialism, includes the denomination of cissexism, referring to the normalization of binary cisgender identities of male and female (cisgender is understood as the description of individuals who identify with the gender assigned at birth). Because of society's compulsion with gender

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essentialism, non-cisgender identities, or what we refer to as the transgender umbrella (e.g., genderqueer, nonbinary, questioning, queer, travesty) are in disadvantage due to the stigmatization and exclusion that came from cissexism (Whitman, 2017).

The concept of heteronorm/cissexism as oppressive schemes has been linked to post-Stonewall civil rights struggles, which are understood to be complex systems in which other components of more specific oppressive systems interact and circulate, such as cissexism and sexism in different configurations according to particular contexts. As a way of regulating sexualities and gender diversities, thinking about heteronormative/cisnormative systems go beyond the personal experience of prejudice and discrimination that contemplates a complex social framework that is energized in particular contexts.

The heteronorm/cissexism is linked to two central elements of contemporary debate, the dichotomy in sexual essentialism and the Sexual Orientation and Gender Identity Change Efforts (SOGICE), which, linked to mental health practice, are the application of psychological technologies (or which are masked in the psychological) to heteronorm, return/lead to a heterosexual and cisnormative essentialism as a valid, acceptable, and unique experience in sexuality.

Affirmative Therapies and the Understanding of Diverse Sexualities and Gender Identities

The affirmative approach used in this book is oriented to the incorporation or change of specific attitudes and practices to psychological interventions aimed at the acceptance/understanding of LGBTIQ+ people, as well as the challenges these communities experience within hetero/cisgender contexts aimed at systematically erasing non-normative sexualities and gender diversity (APA, 2012a, b, 2015a, b), as well as their family conformations and communities (Nakamura et al., 2022). The main conceptual axis is minority stress, in which sexual and gender minorities experience unique stressors as a result of encountering social and interpersonal prejudices and stigmas that affect their physical and psychological health (Meyer, 2003, 2015; Testa et al., 2015), and that interact with other experiences of oppression such as race, gender, socioeconomic status, and other social categories (Moradi & Grzanka, 2017; Rosenthal, 2016). With the fall of the psychiatric and psychological categories of homosexuality as a pathology (APA, 1974, 1975) and with the process of incidence of Trans depathologization (Schwend et al., 2018), the wide and growing psychological research on LGBTIQ+ experiences such as inclusive public policies, post-Stonewall constitutional/civil rights social movements around the world, and the growing involvement/supportive positioning of LGBTQ+ issues and communities among psychology organizations (Horne et al., 2019), are some of the main drivers of changes oriented toward the affirmations of diverse sexualities in the provision of mental health services.

Guidelines for Psychological Practice with Sexual Minority Persons (Nakamura et al., 2022) and Transgender, and Gender Non-Conforming People (APA 2015a, b) rank as one of the leading compilations of psychological research and have had wide-ranging implications for LGBTIQ+ affirmative professional positions on a large scale. These implications are welcomed and understood because it comes from a world-renowned professional network, the American Psychological Association; and also, because the recommendations (as guidelines for practice) are based on scientific evidence and on them a call is made to promote professional change. The educational, attitudinal elements, and the recognition of fixed positions with respect to sexualities and gender diversity are the axes for promoting professional change and the guides are oriented to reflect on it.

It is also understood that a change in professional practice is required due to the lack of information that confronts SOGICE, for which culturally competent affirmative guides have been developed (Martínez et al., 2018), particularized in local needs and languages (APPR, 2014; BPS, 2019; PSSA, 2017; APS, 2010; UNODC, 2020), which have in common a perspective of health care focused on Human Rights that links sexual and reproductive rights.

This book comes from the assertion that psychology has the potential to influence the global context, particularly in the topic of sexual and gender diversity/LGBTIQ+ affirmative psychological interventions. This book brings forth the possibilities of re-thinking our role as psychologists/researchers in providing affirmative care for Latine/x LGBTQ+ individuals, communities, and families. Commonly LGBTQ+ research and interventions widely cover the experiences of sexual minorities (with a focus on gay and lesbian experiences) and, thus, a focus on gender identity is a strength of this book.

This book is divided into two main sections: (1) the experiences of trans and nonbinary people, with emphasis on contemporary issues that affect gender identity among Latine/x communities in Latin America and the United States, people who do not conform to hegemonic narratives about gender; and (2) sexual identity among Latine/x LGBTIQ+ people and their families and communities, with focus on sexual orientation issues grouped in LG/LGB identities, the inclusion of other wider denominations as sex/gender dissidence, and the inclusion of intersex and other extensive sexuality denominations.

In Chap. 2, *Psychotherapy and Affirmative Practices With Trans and Gender Non-conforming (TGNC) Patients in Chile*, Claudio Martínez and Alemka Tomicic share about affirmative practices with the implementation of Project T in Chile as an example of a psychological care program on the process of gender affirmation with focuses on fundamental approaches such as diagnostic evaluations, body dimension, and internalized stigma. Project T has the potential to influence initiatives of care based on the experience of adaptations of the minority stress model for trans populations.

In Chap. 3, *Systematization of the Experience of Working with Trans Women: Tensions Between Research and Transformation*, María del Mar Pérez-Arizabaleta and Jorge Eduardo Moncayo describe the processes of trust-building between academics and the trans community to establish links/synergies to understand how to

best contribute to the documentation of ethical, epistemological, methodological, and ontological/political involvements.

In Chap. 4, *The Body as Psychic Materiality. Spaces of Reflection With Gender Non-conforming People*, Ariel Martínez presents forms of intervention that involve the individual and collective reflection of the experiences of the body among trans and gender diverse people in Argentina. Considerations and theoretical links presented in the chapter enrich the forms of psychoanalytic therapy oriented to working with trans people as they find subjective agency in their transitions.

In Chap. 5, *Between Social Rejection and Gender Reaffirmation: An Approach to the Narratives of Trans Women in Colombia*, Carlos Andrés Tobar Tovar and Paula Andrea Hoyos-Hernández reflect about their work with Trans women in different cities in Colombia. The authors address how the identity component (its reflection by the Trans people interviewed) contributes to the elaboration of four large analytical categories: (1) socio-cultural aspects in the construction and expression of gender identities; (2) between sexual and gender identities; (3) awareness and self-determination of identity; and (4) building affirmative pathways and recognition for trans women.

In Chap. 6, *Research on Coping With Stress Due to Prejudice in Transgender People: Some Neglected Aspects and New Ideas*, Jaime Barrientos and colleagues share a theoretical reflection about coping strategies and prejudice when working with trans people, proposing a reexamination of the coping that focuses on a relational understanding.

In Chap. 7, *Resources and Barriers Perceived by Mothers, Fathers, and Gay and Lesbian Youth in the Process of Coming Out in Cali-Colombia*, Linda Teresa Orcasita and colleagues highlight what happens within the family unit when one's child discloses a gay or lesbian sexual identity. The authors grapple with the coming out process for these families in Cali, Colombia, and its contribution to family changes, as well as the reinterpretation of influential cultural contextual factors such as religion.

In Chap. 8, *Intersectional and Affirming Psychological Interventions for LGBTQ+ Latinx at Risk of or Living With HIV/AIDS*, James J. García and team address the intersectional aspects that stand out related to intersectional and affirming psychological interventions related to HIV/AIDS among diverse Latinx communities in the USA.

In Chap. 9, *Design, Implementation, and Evaluation of LGB Affirmative Care Program for Students and Psychology Professionals in Bogotá – Colombia. Testing Research and Training on LGB Attitudinal Change in Psychologist*, Reynel Chaparro documents the previous conditions to an affirmative practice based on affirmative training, as well as the challenges faced in the process of design, implementation, and evaluation of this type of educational programs in professional psychologist and trainees.

In Chap. 10, *Psychopathologization of Sex-gender Dissidence and Psychosocial Action in Mexico: Toward an Affirmative Psychopolitics*, Antar Martínez-Guzmán and Brandon Alexis Reyes contribute to understanding a psychopolitical position that includes contemporary debates (SOGIECE and Trans childhoods). The authors

highlight some of the actions that challenge the usual links that psychology has with the forms of pathologization and institutional inertia.

Finally, Chap. 11, *LGBTQI+ Research and Affirmative Psychological Interventions in Puerto Rico*, Carol Y. Irizarry-Robles and colleagues propose institutional initiatives (from psychology in Puerto Rico), in which positive examples of affirmative changes at the individual, family, and systemic (e.g., organizations, policies) level are documented.

This book focuses on research, interventions, theoretical approaches, and historic backgrounds carried out by psychologists from different countries in Latin America and the United States, with the particularities that they have at the local, regional, and/or national level of each of the researchers, in the topic of sexual and gender diversity/LGBTIQ+ affirmative psychological interventions. Researchers complement clinical and counseling psychology (where affirmative orientations are predominantly located) and include research, interventions, theoretical approaches, and historic backgrounds where psychology has incidence at different levels (individual, group, community, and social spheres).

Different actions and forms of LGBTIQ+ activism have been understood as negative in professional fields, but non-action translates into heteronormative and cisnormative inertia and, ultimately, negligence or actions that harm LGBTIQ+ communities. The claims to discard these active positions as a central element of incidence/change and its effect on dignified conditions and well-being of vulnerable people, groups, and communities is apparently one of the axes of debate in which they circulate (and will circulate) tensions about affirmative/non-pathologizing actions (training and practices).

The compilation of this book is an effort to bring together different interventions from 27 of our colleagues from six different countries and ways to understand and implement LGBTQ+ affirmative practices; the fight against the repathologization of individuals, groups, families, and diverse communities; and make known the local, regional, and national dynamics and efforts in the understanding of LGBTQ+ affirmative actions.

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Part I
Experiences of Trans and Gender Non-conforming People Among Latine/x Communities

Chapter 2
Psychotherapy and Affirmative Practices with Trans and Gender Non-conforming (TGNC) Patients in Chile

Claudio Martínez Guzmán and Alemka Tomicic

The term transgender is an inclusive, umbrella concept that encompasses a diverse group of people who experience an incompatibility between their gender identity and the gender assigned by society according to their birth sex (Bockting, 2014). Transgender[1] or gender non-conforming (TGNC) people, or trans* people, are those whose sex assigned at birth differs from their current gender identity or expression, and range in population in different countries around the world (Reisner et al., 2016).

The figures of the size of the trans* population worldwide depend on the definition used, and therefore precise data is not available. However, a study carried out in the United States by the Census Bureau (2021) using the two-step method (Reisner et al., 2014) with adults over the age of 18 found that 0.6% of respondents were identified as transgender. In Chile and Latin America, this information is even more scarce and inaccurate, either because most population reports exclude them through the absence of the "non-binary" category (neither male nor female) in the studies, or because many trans* people prefer to choose "male" or "female", rather than "other". Nevertheless, in Chile, the data collected through the National Socioeconomic Characterization Survey (Ministry of Social Development and Family, 2015) indicate that 2.3% of the Chilean population over 18 years of age is transmasculine, while 3.1% of the population over 18 years of age is transfeminine. Assuming that these data underestimate the real numbers, it is suggested that in Chile there are at least 900,000 trans* people.

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[1] The authors recognize the wide variety of sexual and gender identities that exist, but in this chapter, in order to refer to transgender or transsexual people, the acronym TGNC refers to "trans and gender non-conforming people", or just trans* with an asterisk, which underlines the openness of what the category may contain.

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Structural Conditions for Trans* People in Chile

Legal and Human Rights Framework

In Chile, considerable progress has been made in the rights of sexual minorities. According to a 2020 Organization for Economic Cooperation and Development (OECD) report, Chile has achieved significant progress in some legal components of LGBTI inclusivity, such as protection of LGBTI people against discrimination and violence, allowing transgender people to change their gender marker in the civil registry and not conditioning legal gender recognition on medical requirements (OECD, 2020).

Regarding the latter, in 2018 the Gender Identity Law (LIG, for its Spanish acronym) was enacted in Chile. This law allows trans people over the age of 14 to change their legal name and registered sex without requiring surgical interventions, such as gender affirmation surgery (Ministry of Justice and Human Rights, 2018). In addition, the LIG indicates that in the case of children or adolescents whose gender identity does not coincide with their registered sex and name, they and their families are offered multidisciplinary professional programs of guidance and support that provide them with the tools for integral development according to their gender identity (Ministry of Justice and Human Rights, 2018). In doing so, the State of Chile guarantees the right to receive voluntary psychological care that aims to protect the development and transition of adolescents whose gender differs from that assigned at birth. However, despite the existence of a regulation on the actions of professional guidance and support (Ministry of Social Development and Family, 2019), the implementation of this policy has been cumbersome and operationally lacking.

A study carried out by Martínez et al. (2019) establishes that in recent years, either due to the ongoing action of civil society or media visibility, trans* people have occupied more space within the health system. What is emblematic in this sense, at least officially, is the mandatory use of the social name in administrative records (National Institute of Human Rights [INDH], 2017) and, although to a lesser extent, the concern of some health services over installing special programs that take care of this population. The study emphasizes that this progress would be reinforced by the prevailing model in Chilean public health, either because it is still considered a "pathological condition" (at least in the use of the expression "gender dysphoria"), or because as a "condition" it implies medical procedures (of endocrinological or surgical nature). Moreover, these actions by some health services are far from being commitments or policies of the Chilean State and are rather the result of a transversal element: the voluntary and/or individual initiative of some health professionals or teams.

Health System and Access Barriers

Pan American Health Organization (OPS, 2016) recommends that governments review and reform their laws in order to guarantee access to health and protection of the life of trans* people, ensuring that the provision of care is comprehensive and not only limited to certain diseases such as HIV and other STIs, but take into account all areas related to individual and community well-being through training and awareness of health personnel and services. However, as has already been pointed out, the State of Chile has not yet established a specific policy in this regard.

In October 2019, the Ministry of Health (MINSAL, for its Spanish acronym) carried out a survey to collect information about the different experiences developed on this matter at the national level, from which parameters and guidelines for health teams could be established (MINSAL, 2019, unpublished document). The survey collected information from 282 people from 24 health services at different levels of care. Of these establishments, 17 (79.9%) did not have specific care services for the trans* population. In the remaining seven, which claimed to provide specific care, it is noteworthy that barely more than half are carried out in Family Health Centers (CESFAM, for their Spanish acronym), the main services being counseling and psychosocial care. Most of the services were performed by professional psychologists, midwives, and physician. In addition, only three of the centers that claimed to have specific care for this population had training in approaching trans* people, and only two of these had specific care protocols at that time. In addition, throughout the country, there are 15 specialized healthcare units for trans* people, which are concentrated in only five of the country's 16 regions (González et al., 2018).

These data reflect structural barriers in access to adequate health services for the TGNC population. These data reflect that the TGNC population still faces structural barriers in accessing adequate health services, which fall short in terms of their main purposes: good health and a fair financial contribution to ensure and maintain the highest possible levels of care administered through programs and services. In the government program of President Gabriel Boric (2022–2025), a series of measures are explicitly included that recognize these shortcomings and propose the development of public policies aimed at resolving them in the medium term.

Provision of Health and Mental Health

Many of the specific health services for TGNC people (e.g., affirmative surgeries) are not covered by insurance in Chile, since they are not recognized by the public health system (FONASA, 2019). This means that the TGNC people themselves must finance their treatments and procedures through their own resources, or else seek alternatives such as self-medication or back-alley body modifications (e.g., industrial silicone injections), which puts TGNC people who do not have access to

medical coverage at risk for serious medical complications (Organizando Trans Diversidades, OTD, 2020).

Some of these medical procedures for TGNC people, when available in the public system, must be associated with a diagnosis. For example, in order to finance hormonal treatments or some affirmative surgeries, the law requires the diagnosis of gender dysphoria, which appears under a category of diagnosis included in disease manuals used in Chile (OTD, 2017). For this reason, it is very difficult to set aside or ignore the presence of the pathology, symptoms, or diagnoses to refer to trans* people within the public health system. It is also worth mentioning that there is always the possibility that patients may choose the private system, paid for by themselves or according to the insurance they have. However, for a large majority of TGNC people in Chile, accessing these benefits privately is almost impossible.

In the case of mental health benefits, in the few institutions that have specialized health units for TGNC people, the lack of financing and the scarcity of trained professionals mean that most of this care is concentrated on diagnostic or counseling interventions associated with the medical transition process. Thus, the offer of psychiatric or psychological care is usually limited to a monthly individual session or group interventions focused on sharing common problems and accompanying each other in the transition.

Therefore, if TGNC people require more systematic psychological care, seeking to explore psychological aspects in greater depth beyond body dysphoria or medical transition, they must resort to other public services, where they risk being attended by poorly trained professionals and/or in less safe contexts for their mental health. The alternative, for those who can finance it, is the private system. However, this offer is scarce, still largely disorganized, and excessively concentrated in three or four regions of the country.

Trans* Mental Health

TGNC people constitute a group that has been marginalized and discriminated against. This discrimination reflects a culture of stigmatization rooted in the systemic oppression of gender minorities and the assumption of cisnormativity. This assumption holds that the norm for gender identity is to reflect the socially expected manner of physical sex assigned at birth, and that both sex and gender correspond to binary categories (Hughto-White et al., 2015; Puckett et al., 2019; Restar & Reisner, 2017).

One of the main results of the discrimination and oppression suffered by TGNC people is severe rates of psychopathology, including depression and suicidal behavior (Baams et al., 2013; Bockting et al., 2013; Chodzen et al., 2019; Connolly et al., 2016; Puckett et al., 2019). Within this population, the literature reports prevalence of suicide attempts and self-destructive behaviors between 23% and 50% higher than those of their cisgender peers (Klein & Golub, 2016; Moody & Grant, 2013; Peterson et al., 2017; Tucker, 2019).

The minority stress model (Meyer, 2003) has been one of the most important and useful theories for understanding social processes – such as discrimination – that underlie negative mental health indicators in sexual and gender minority populations. This model identifies processes that constitute sources of stress for minorities and that can be categorized as distal (i.e., contextual or structural) or proximal (i.e., individual and subjective) (Meyer, 2007).

This model was originally developed specifically with cisgender sexual minorities – that is, lesbian, gay, and bisexual people – but in recent years has been empirically applied to the TGNC population, showing its potential to understand the experiences and challenges faced by this population (Scandurra et al., 2017a, b). These studies broadly demonstrate that the fact of experiencing violence and discrimination at high rates leads TGNC people to direct negative social attitudes toward themselves, at the same time that they resist and counteract the stigma installed in a society that discriminates on the basis of gender identity (Testa et al., 2015). As some authors have suggested, this stigma affects the mental health of TGNC people at the structural, interpersonal, and individual levels. Each of these dimensions has been studied separately, but there has been a progressive increase in studies seeking to assess how they interact and overlap (Hughto-White et al., 2015; Reisner et al., 2016; Scandurra et al., 2018).

The individual dimension – proximal stressors – is one of the aspects that has been most addressed by psychiatry and clinical psychology. Better known as internalized sexual stigma, it has been considered as a psychological explanation for high rates of depression and suicide (Bockting, 2015). This consists of the internalization of the stigma by the individual belonging to a sexual or gender minority, as part of their value system, thus leading the individual to adapt to the normative expectations of gender and to conform their concept of self to social stigmatizations. In the trans* population, the internalization of stigma can manifest "outwards" (also called "horizontal internalized transphobia"), for example, through negative attitudes and language toward other trans* people, which implies alienation from one's own community and group identity. On the other hand, it can be expressed "inwards" (in which case it is also called "vertical internalized transphobia"), producing discomfort in revealing one's identity to others, self-exclusion and shame, discomfort with sexual activity, self-hatred, and self-inflicted violence (Austin & Goodman, 2017; Bockting, 2015; Martínez et al., 2017; Pereira & Rodrigues, 2015; Tomicic et al., 2016).

In the transgender identity development model, Lev (2004) states that TGNC people may suffer shame and self-hatred in the initial stage of emergence of their transgender identity, when they become aware that they are experiencing an incongruity between their experience of gender and the sex they were assigned at birth. The persistence of these feelings after this stage could be read as a sign of internalized transphobia (Scandurra, Amodeo, Valerio, et al., 2017b). Thus, even though many trans* people can access social support and benefit from their bonds with the trans* community, others may experience feelings of alienation from people belonging to their same community due to the accumulation of stress factors associated with the social context in which they live. Proximal stress factors depend on each

individual, because they are linked to subjective feelings, thoughts, and actions; however, they remain embedded and connected to a larger social context that perpetuates negative views toward TGNC groups (Scandurra et al., 2018).

In an interesting investigation carried out in Italy by Scandurra and collaborators (2018), internalized transphobia was evaluated in 149 TGNC people, establishing the horizontal/vertical differentiation in its expression, and including indicators of mental health and discrimination. The results showed that horizontal internalized transphobia – i.e., alienation – was associated with both anxiety and depression, while vertical internalized transphobia – i.e., shame – was associated only with depression. The immediate interpretation is that anxiety relates mainly to the fear of discrimination (i.e., with a more explicit social burden), whereas depression theoretically relates to aspects that are more hidden and are suffered alone, such as the feeling of hopelessness or loss of self-esteem. There is a chance that the feeling of shame toward one's own identity and negative self-evaluation are closely connected with intense feelings of worthlessness and unworthiness.

The previous findings are consistent with those we found in Chile in a study on the suicidal experience of TGNC youth, in which hopelessness, with or without the presence of depressive symptoms, is associated with suicidal ideation and attempt (Martínez et al., 2017). In this Chilean study, the analyzed narratives showed that despair, a general suicidal risk factor, acquires a very specific form in the suicide processes of trans* youth. During the process of identity emergence, the possibility of a welcoming future and personal fulfillment is interrupted by the mere fact of having a diverse gender identity. This attitude toward the future is, in basic terms, caused by a transphobic environment and its incorporation into one's own self, in the form of internalized transphobia (Austin & Goodman, 2017). We observe that normative tasks of personal development, such as constructing a positive personal identity and establishing romantic relationships, are interrupted or hindered by adverse events related to prejudice and discrimination against trans* people. These social aggressions transmit and entail the abolition of the identity of these young people (Nadal, 2008). The narratives of the interviewees suggest that one of the main sources of despair relates to their doubt about their right to exist, which gradually overwhelms them as they begin to understand their identity.

As the results of the study suggest, the family is an area in which doubt about the right to exist as a trans* person can deepen. Expressions of rejection or acceptance by the family, whether fantasized or real, constitute one of the main sources of this uncertainty (Martínez et al., 2017). In this regard, Ryan et al. (2010) showed that trans* young adults who had experienced high levels of family rejection were more likely to experience depression and to attempt suicide during adolescence than those who had not been rejected. On the contrary, when during the transition there is an understanding and loving family, a State and a culture that recognize gender identity (e.g., the use of the social name), and a health policy that facilitates access to hormone therapies and sex-affirming surgery, in theory individuals are expected to be more likely to make a successful transition, experience less psychological distress, and be less prone to suicide. In the study interviews, factors that reflect external support were identified, whereas individual aspects of resilience were more

difficult to detect. Specifically, the environment of the research itself, subjectively interpreted as a place of testimony, seemed to become an aspect that makes the participants feel part of a community (Martínez et al., 2017). In this regard, Meyer (2015) highlights the role of community engagement, not only because it seems to have a transformative effect on individuals, but also because it strengthens the community itself, which is known as community connectedness (Frost & Meyer, 2009, 2012).

The Gender Affirmation Process in TGNC People

Studies emphasizing interactions between individual and social factors have highlighted the need to look at the multiplicity of biological, interpersonal, social, and contextual factors that surround mental health risks for TGNC individuals (Reisner et al., 2016). To mitigate those risks and build resilience, there is a need for a comprehensive approach that includes an affirmation of gender diversity as a key aspect of public health, healthcare based on quality evidence, and effective alliances with local trans* communities to ensure responsiveness and cultural specificity in intervention planning (Snow et al., 2019).

A key social determinant in the health of TGNC populations is gender affirmation (Bockting, 2014). This has been defined as an interpersonal and shared process through which a person's gender identity is socially recognized, and which in turn involves aspects of health and the legal order of the cultural and social context in which this process unfolds (Nuttbrock et al., 2009; Sevelius, 2013).

Some authors have established that gender affirmation involves four interrelated facets: social (e.g., name, pronouns), psychological (e.g., feeling of self), medical (e.g., body modifications), and legal (e.g., legal gender markers, name change) (Nuttbrock et al., 2009). Therefore, the process of gender affirmation involves various factors, such as the social and legal context; accessibility to hormone treatment and culturally competent healthcare providers; and psychological aspects such as the presence of internalized stigma (Bockting, 2008; Lev, 2004). There is no single path to gender affirmation, since it comes to fruition in temporal trajectories that are not necessarily linear or consecutive, and in which, according to Kuper et al. (2018), the following moments or milestones can be identified: (i) awareness of nonconformity or disagreement with the assigned gender; (ii) the exploration of aspects of a gender different from the one assigned; (iii) the creation of a sense of identity different from cisgender heteronormativity; and (iv) the process of integrating experiences of gender discordance and/or concordance into a global sense of self. For Sevelius et al. (Sevelius, 2013; Sevelius et al., 2021) this is a process in which experiences associated with social oppression and psychological stress are interspersed. From this point of view, stigma acquires a fundamental role in the case of trans* people by leading to the development of self-awareness as an object of discrimination and/or aggression. Thus, affirmative interventions are one way to deal with this threat against identity that comes from stigma.

The term "affirmative interventions" refers to those that promote the congruence of the experience of gender identity with legal, social, and corporal dimensions (Coleman et al., 2012; Kuper et al., 2018). The evidence indicates that these interventions are associated with the promotion of general well-being in trans* people (Coleman et al., 2012; Sevelius et al., 2021). For example, a decrease in anxious and depressive symptoms and an increase in social, psychological, and sexual well-being have been reported after affirmative medical interventions such as surgery or hormonal treatment (Agarwal et al., 2018; Davis & Meier, 2014; Owen-Smith et al., 2018).

It is important to recognize the role of interventions and procedures aimed at reducing the anguish and suffering that may be associated with the sexual characteristics at birth of a TGNC person, as well as psychosocial aspects such as internalized stigma. This recognition requires guaranteeing the availability of safe and adequate health services for gender affirmation in all its dimensions as a psychological necessity (Coleman et al., 2012).

Psychotherapy and the Gender Affirmation Process

The development of the gender affirmation process in TGNC people, which in most cases begins very early, is full of obstacles and barriers of different types, including the most difficult to overcome those the individuals impose on themselves. The purpose of psychotherapy is to facilitate the process that they have undertaken toward the construction of their identity and gender affirmation. Most TGNC people who come to therapy are at some juncture in this process, requesting psychotherapy because something from their past, present, or even future is interrupting it. There are obstacles that prevent them from moving forward; conscious or unconscious psychological barriers in the form of beliefs, feelings, pains, and fears, which appear associated with their memories, histories, and relationships. Psychotherapy offers them accompaniment for some time on this path, until they can resume the affirmation process as they see fit and to the extent of their desire. This process is not only a journey from one point to another, but a broader and deeper experience, which for TGNC people is not only psychological, emotional, and relational (as in all psychotherapy), but often also requires a transformation of the body. In turn, the gradual affirmation of identity means reducing not only the discrepancy that they may feel in others' perceptions, but also in their own, including both internalized stigma and body dysphoria. This affirmation and/or identity construction requires a process of mourning over their previous identity. There are aspects of that identity and personality that will be preserved; transitioning through genders or affirming their identity does not mean that they become another person, and psychotherapy will play a fundamental role in helping to discern which aspects they want to keep, and which are to be given up.

Regardless of the characteristics of the patients, psychotherapy uses interventions and tools that we can identify as generic: conversation, empathetic listening,

the construction of a therapeutic alliance, and others. However, for some populations, the therapeutic exercise must consider specificities that contribute to making these actions and interventions sensitive and culturally competent. In this sense, there are three fundamental and specific aspects of psychotherapy with TGNC people: the problem of diagnostic evaluation, the body dimension, and internalized stigma.

The Problem of Diagnostic Evaluation

It is important to make a clear distinction between making a diagnosis and a gender assessment. The word diagnosis, since the time of the Renaissance, is linked to the medical act of discerning symptoms and signs, using medical knowledge in order to categorize them. Therefore, in the act of "diagnosing" we are immediately assuming that gender is something that could "cause illness". And this conception might have been considered true when it was believed that gender was inseparable from a person's biological sex and there were thus biological norms about the relation between these two dimensions. In other words, if people believe that it is "natural" and "normal" for people to retain their gender according to their sex at birth, when this does not happen and the lines cross, then the notions of abnormality and pathology arise, and with them, the need for diagnosis.

In the history of the classification of mental disorders, this pathologizing view lasted until the 1990s. Thanks to the advances of the twentieth century, the political battle fought by various defenders of gender diversity, and a more organized and politically powerful community of people of diverse gender, in the last three decades it has been possible for a large part of the medical community and its organizations to gradually start recognizing that gender variations are not a mental illness (Coolhart et al., 2008). The latest milestones in this regard have been the elimination of the term *Gender Identity Disorder* in the current DSM 5 (American Psychiatric Association [APA], 2013) and its absolute elimination as a mental disorder from the World Health Organization's International Classification of Diseases, since 2018 (ICD-11; World Health Organization [WHO], 2018). Although the notion of *Gender Dysphoria* (APA, 2013) remains, it no longer has the category of an illness, but rather a set of symptoms more akin to adaptation difficulties with a strong social burden. Therefore, the notion of gender diagnosis has been reduced to the effects of the interaction between people of diverse gender and their social and cultural environment (Lev, 2013).

The concept *"gender dysphoria"* is a clinical term to describe the symptoms of excessive suffering, anguish, agitation, restlessness, and discomfort displayed by gender-variant people (APA, 2013). This is an expression of psychological discomfort with the body associated with socially dominant gender expectations. Furthermore, many TGNC patients use the expression "body dysphoria", when this discomfort does not refer so much to gender, but rather to the body or aspects of their own body.

The diagnosis of gender dysphoria in DSM 5 (APA, 2013) includes two separate sets of criteria (one for children, and one for adolescents and adults). In addition, today this diagnosis has been moved to its own section, separate from sexual dysfunctions and paraphilias due to the scientific depathologization agreement. The term gender dysphoria should not be used as a diagnostic label for diverse gender identity, nor as a synonym for transsexual or to describe gender-variant people in general. However, to this day in some quarters the term is still used as a kind of "pass" to provide hormone treatments and gender-affirming surgeries.

The position we hold is that psychotherapists in this context do not diagnose a disease, but should adopt a position more akin to educating, supporting, and defending, away from the role of a "gatekeeper" who decides between normality and abnormality, or whether or not to allow someone according to their characteristics to undergo hormone treatment. It is even possible to question the idea of "evaluator" and rather stimulate a collaborative relationship in which we, as clinicians, inform, accompany decisions, and support the multiple gender expressions of our patients (Lev, 2004).

This relationship implies evaluative acts about the development of a person's gender identity and about, among other things, the presence of symptoms of dysphoria as a result of social oppression throughout their development. In addition, as competent clinicians and psychotherapists, we must consider other possible sources that contribute to the presence of these dysphoric symptoms, including the existence of psychotic symptoms, delusions, or severe personality disorders. Therefore, we must assess that the person is in a state of mental health that, along with having a clear awareness of their gender incongruence, is in the best conditions to face and undergo possible gender-affirmative interventions such as hormone treatments or surgeries (WPATH, 2021). All of the above also requires knowing the history of a person's "transgender emergence" (Lev, 2004), with the goal of establishing the stage of identity development in which they find themselves.

From this approach, a gender-variant person could be becoming aware of or exploring their identity, seeking information for themselves or their family, or looking for the best way to reveal their identity. Thus, an evaluation of this nature forces us to define what role we will occupy in the therapeutic relationship. Sometimes this role will be that of an educator, other times that of an advocate or a psychotherapist. There will also be times when all these aspects will vary and overlap according to the time that we accompany our patients on their journey. In a broad sense, the therapeutic encounter is an opportunity to hold a dialogue in which the patients can listen to themselves, where the therapist serves rather as a mirror of their own existences. In this sense, the goal of the evaluation and possible treatment will be to assist the patient to find the meaning and purpose of the lives they have experienced, and to accompany them in determining the future direction or goals of those lives. Psychotherapy can help to move toward living authentically, and in order to do so, the clinician must create a safe space for their patients, put aside the role of gatekeeper, and commit to an authentic human relationship.

The Body Dimension

Here we will consider corporality beyond its medical or surgical sense, and rather as a process of experiencing and feeling the body (Merleau-Ponty, 1996). This is a process of recognition or reconciliation with parts of that body, with the changes that are desired, and with those that are not desired. In psychotherapy we work with the assumption that body image is not innate, but that it develops through "intermodal and intersubjective interaction between proprioception and the vision of the other's face" (Gallagher, 2005, p. 73), which constitutes a succinct definition of what some authors call mirroring (Winnicott, 1971). While the body image comes from the visual field (an external process), the body schema receives its signals from proprioception and interoception (an internal process) (Langer, 2016). The virtuous integration of these processes will provide the foundations for a fully developed identity construction.

Accurate mirroring is necessary for the development of a coherent self (Kohut, 1971). For most people, this process requires that the gender that is perceived by others coincides with the self-concept and self-image. Langer (2019) states that poor mirroring exacerbates the child's difficulty to connect to their body and disrupts the individual's understanding of their interoceptive and proprioceptive sensations. If the child's body image develops from a gender-incongruent mirror, it contrasts with their body schema and internal sense of self. Children quickly learn that their gender awareness is at odds with how vigilant their social self-awareness should be in terms of gender. From a very young age, they learn to consciously or unconsciously manipulate their behavior, moving away from their body schema and moving toward a body image and expression that matches the expectations of others. Thus, empathy and correct mirroring are necessary to address early developmental deficiencies, providing a corrective emotional experience regarding the relationship with one's own body, among other aspects.

The body dimension is a defining element from the beginning of a person's doubts during puberty, up to their frustrations associated with eroticization and the possibilities of love, all informed by the daily presence of what has been called the "mirror trauma" (Martínez et al., 2017). Few studies have explored the connection between trans* people's subjective bodily experience and their mental health – let alone suicide (DuBois, 2012). In general, the literature includes references to an incongruous biological-anatomical body that may be aligned with or confirmed with individual identity. DuBois et al. (2017) have identified links between biological and psychosocial changes and determined their joint effects on stress. For TGNC people, the development of the body accompanies their identity, not only through its effect on interactions with the world, but also through the internal sensations that make up body awareness (Langer, 2019). In this context, it has been pointed out that trans* people suffer a double trauma: gender trauma, due to discordance and incongruence, and everyday trauma due to rejection, discrimination, and violence (Langer, 2019). Therefore, it is not difficult to understand how the accumulated

weight of this double trauma can affect mental health, in many cases leading to suicidal ideation or attempts.

In this regard, a study with TGNC youth explored the role of congruence between body appearance and gender identity, on one hand, and its relationship with internalized transphobia and diagnostic indicators of depression and anxiety disorder, on the other (Chodzen et al., 2019). The findings suggest that a gender identity that is associated with body appearance and expression, and internalized transphobia, could significantly predict symptoms of depressive disorder and generalized anxiety disorder. For example, youth who perceived their physical appearance to be highly congruent with their gender identity were less likely to meet diagnostic criteria for depression. In contrast, youth with high internalized transphobic beliefs were more likely to meet diagnostic criteria for both depression and generalized anxiety (Chodzen et al., 2019). These findings show how aspects that could seem superficial and that are associated with the social affirmation of gender, such as clothing, hairstyle, or use of pronouns, actually go beyond a political and ideological affirmation, and relate to deep psychological aspects, capable of sustaining one's own identity and regulating internalized stigma. This supports previous research suggesting that an adequate social transition may be associated with a decrease in mental health disparities experienced by both trans* youth and adults (Durwood et al., 2017; Kozee et al., 2012; Olson et al., 2016).

Gender-affirming medical interventions refer to surgical or biomedical procedures (e.g., hormone therapy). Various investigations have reported an increase in well-being and a positive change in mental health indicators in trans* people after undergoing surgery associated with body gender affirmation. For example, Agarwal et al. (2018) and Poudrier et al. (2019) report an increase in social well-being, sexual satisfaction, and physical well-being after a mastectomy in trans* masculine people. Something similar was observed by Owen-Smith et al. (2018) in 697 trans* masculine and trans* feminine people; after undergoing top or bottom body surgeries, indicators of depression and anxiety decreased, and body satisfaction increased. For their part, Davis and Meier (2014) point out that hormonal accompaniment with testosterone in trans* people was associated with a reduction in levels of anxiety, depression, and anger in a sample of 208 people. Also, Klemmer et al. (2018) and Tabaac et al. (2018) indicate that body satisfaction is inversely proportional to victimization rates associated with discrimination and transphobia. This is also supported by Van Den Brink et al. (2020) when observing in 323 TGNC people that the congruence between physical appearance and gender, along with the acceptance of gender identity, were negatively correlated with rumination regarding their own identity and positively with self-esteem.

Medical and social gender affirmation processes are intimately intertwined. However, while it is true that social transition can be aided by medical interventions, a distinctive aspect of these procedures is related to private experience of congruence with one's own body. This can range, for example, from feeling facial hair, which can also be seen by others, to a hysterectomy, whose result gives rise to a bodily experience felt exclusively by the person (Langer, 2014).

A sensitive and competent psychotherapy with TGNC people requires a therapist with knowledge of all the aspects that the corporal dimension encompasses. This translates, on the one hand, into the need for interdisciplinary work with endocrinologists, surgeons, and speech therapists, as well as through interventions that directly incorporate the body experience: dance therapy, art therapy, body maps, etc. In addition, the psychotherapist must be familiar with body modification practices and tools such as breast binding, use of phallic and other prostheses, and their benefits for social and body transition processes.

Internalized Stigma

As mentioned before, in the minority stress model (Meyer, 2003), internalized sexual stigma refers to the internalization of prejudice and discriminatory attitudes of individuals belonging to a sexual and gender minority, as part of their value system, adapting and conforming to social stigmatization. Likewise, research has consistently established that internalized sexual stigma is an explanatory factor for negative mental health outcomes in TGNC people, especially "inward" or vertical internalized stigma. Therefore, this factor that is closely related to the suffering of TGNC patients requires particular attention in the exploration and psychotherapeutic intervention.

The Psychological Mediation Framework, PMF (Hatzenbuehler, 2009), an extension of the minority stress theory, incorporates a more clinical and nuanced view of minority stress, recognizing that stressors do not have the same impact on all individuals. This framework sheds light on how stigma-related chronic stressors might lead to negative health outcomes, assuming that distal stressors (e.g., discrimination) would affect mental health through the mediating action of proximal stressors (e.g., internalized transphobia).

Resilience factors can also play a crucial role in the relationship between minority stress and mental health, by mitigating the detrimental effects of stress and stigma (Freese et al., 2018; Meyer, 2015; Puckett et al., 2020). Among these resilience factors are personal qualities that individuals can use to effectively ameliorate the detrimental effect of stressors on health, such as pride in one's trans* identity (Bockting et al., 2013).

For example, TGNC people who "mentalize stigma" (i.e., who can understand their own reactions to stigmatizing and discriminatory experiences, as well as the violence of others associated with stigma) are better able to mitigate the negative effects that these experiences can have on their mental health. This means that this ability to reflect, which fosters resilience, can function as a protective factor against the effects of minority stress (Scandurra et al., 2020). However, as we pointed out above, it is common for TGNC people to have experienced different degrees of psychological rejection early in life from their caregivers, who may have had difficulty reflecting their children's initial experiences of gender incongruence (Langer, 2016; Lemma, 2013). In these cases, caregivers may have failed to attribute a

mental state to such experiences, and this in turn may have determined a deterioration in the children's ability to mentalize them.

Within the framework of the PMF model (Hatzenbuehler, 2009), Scandurra et al. (2020) propose the use of Mentalization-Based Therapy (MBT) to approach the difficulties in the development of this ability, given its value as a resilience factor. MBT is an evidence-based, psychodynamically oriented therapy that has been widely applied for the treatment of people with different mental health disorders (Bateman & Fonagy, 2016). The authors note that this model could be an effective individual intervention, able to address the detrimental effects of minority stressors on the health of TGNC individuals, through increasing this reflective capacity.

On the other hand, and also following PMF (Hatzenbuehler, 2009), authors such as Matsuno and Israel (2018) suggest using psychological interventions to strengthen other resilience factors of TGNC people, present at the community, group, and individual levels. It is noted that these psychological and psychotherapeutic interventions must be framed in an affirmative practice, approaching clinical work from a non-pathologizing position that accepts and validates gender diversity (APA, 2015; Scandurra et al., 2019).

During the therapeutic process, by exploring the particular manifestations of internalized stigma in TGNC patients (low self-esteem, guilt, shame, etc.), the clinician can share with their patient some hypotheses associated with the minority stress model (Proujansky & Pachankis, 2014). For some people this will make sense in their own histories of discrimination, and they will be able to understand some symptoms or protective strategies of avoidance, concealment, and pseudo-adaptation. For others, however, it will be more difficult to accept that some things that happen to them respond to the conceptualization of this model, instead clinging to beliefs or factors such as genetics, neurological problems, childhood traumas, or personality disorders (Martínez et al., 2018).

Once the internalized stigma has been established as the focus of therapeutic work, the next step is the development of a progressive awareness of the links between the origin of their beliefs and the negative feelings about themselves (Szymanski et al., 2014). Specifically, this work is aimed at specifying the moments and sources – family, peers, couples, etc. – from which those feelings toward their own gender originated. Here it is important to emphasize that many of these experiences were subtly normalized and the connections with stigma or its symptoms are difficult to establish (Puckett & Levitt, 2015). Hence, it is relevant for therapists to help bring these relationships to light, to reflect on them, so that the patients themselves learn to challenge them and are thus able to affirm with greater conviction who they are and what they really want in life.

Another important aspect in the work on internalized stigma with TGNC patients is the way in which psychotherapy can help them see the possibility that their behaviors can influence other contexts, creating a climate of greater safety and resistance against discrimination (Russell & Bohan, 2006). This can empower the patient, transforming their subjective position as a victim into one in which they are able to influence others and participate in their community, which in turn leads them to be less isolated, and therefore enter a virtuous circle of personal growth (Kashubeck-West et al., 2008).

Project T: Example of a Psychological Care Program for TGNC People in Chile

As previously noted, there is a growing recognition of the need for mental health services that take into account the cultural differences of people who identify as trans*. In Chile, the availability of psychotherapeutic care for TGNC patients is scarce and mostly focused on accompanying the transition process. Seeking to meet this need, Project T is a free psychological and psychotherapeutic care program with national coverage for TGNC people and their families, which started in the context of the COVID-19 pandemic (June 2020).

Project T operates within the institutional framework of the Center for the Study of Clinical Psychology and Psychotherapy (CEPPS) in the Faculty of Psychology at Diego Portales University. Additionally, as it is set in an academic environment, the project has been conceived as a center for applied research in the field of psychotherapy and mental health with people belonging to the trans* population, and also as a space for professional training for undergraduate and postgraduate students (see Fig. 2.1).

The theoretical, conceptual, and technical premises on which Project T operates coincide with those indicated throughout this chapter. When providing psychological care to TGNC people, its psychotherapists assume that they are not diagnosing or treating an illness, but rather adopt a position more akin to educating, supporting, and defending the agency that a person has regarding their gender and identity. As mental health professionals, they seek to establish a collaborative relationship by informing, accompanying, and supporting the multiple gender expressions of their patients. In this context, patients can reflect on issues such as the duration of the dysphoria they feel; the gender identity continuum; the intersection with sexual orientation; the realistic possibilities and consequences of medical interventions; the influence of social media; concerns over body image and self-esteem; family dynamics; peer relationships; and academic and professional challenges. Regarding this work of collaboration and accompaniment, in a study involving patients from Project T (Tomicic et al., 2022[2]), one of the interviewees points out:

> …[My therapist] is like my ground wire too, saying "hey, don't forget about…" I don't know, ehh, "these situations have happened, you decided this because this other thing had happened"… like, very attentive. Like someone who keeps track of you so that you don't fall back into crisis situations… that's super necessary…

A recurring problem for the trans* population in Chile relates to access to psychotherapeutic care services. Many are geographically isolated and live in places where they may be stigmatized or even criminalized. The online modality of Project T has allowed the program's professionals to contact people in the least accessible areas, as long as they have had access to a telephone or the internet. Through online

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[2] This Project was approved by the Universidad Alberto Hurtado Ethics Board. All the participants sign informed consent which included the authorization for anonymized interview excerpts publication.
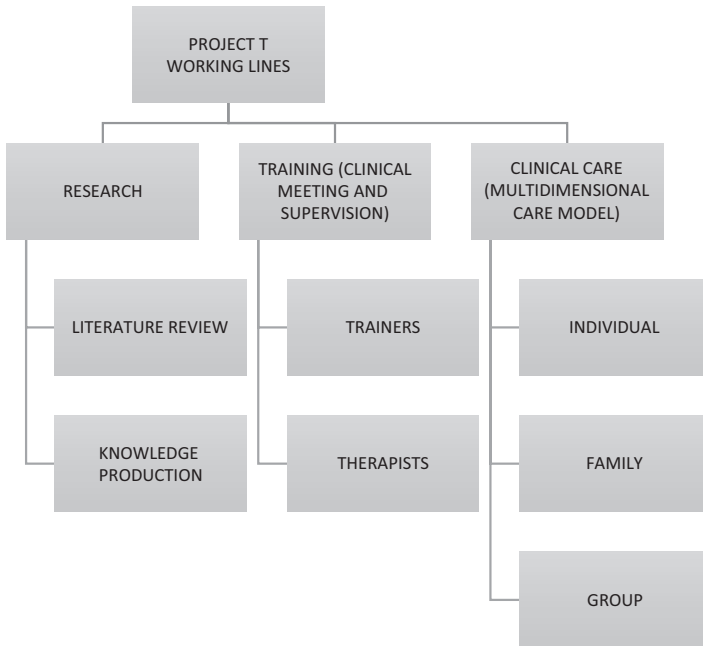
Fig. 2.1 Main characteristics guiding Project T

connections, Project T specialists have provided care to TGNC people and their families in different areas of Chile and have also broadened the coverage of competent care through training or supervision of the therapists who serve those regions.

The process followed by consulting patients begins with an email request, and an online form that they must complete with their general and contact information (see Fig. 2.2). They are then given an appointment for an initial interview. This first interview is online and fulfills a *triage* function, that is, to estimate the severity of the case and decide on intervention. For individual cases the interview is carried out by one of the program's senior therapists, and in the case of families, by one of the family therapists. In this interview, the specialist evaluates the psychological care needs of the patients and/or families, the presence of clinical symptoms, the main conflicts, and possible focuses of psychotherapeutic exploration.

In addition, before the initial interview, patients over 16 years of age sign a general informed consent that explains the university and teaching context in which they will receive care, and are asked to answer a set of mental health questionnaires online: questionnaire on anxiety and depression symptoms (OQ.30.2; Errázuriz et al., 2017); suicide risk scale (Okasha Scale; Salvo et al., 2009); depression scale (PHQ9; Baader et al., 2012); and general health and well-being questionnaire (Goldberg Questionnaire; Lobo et al., 1986).
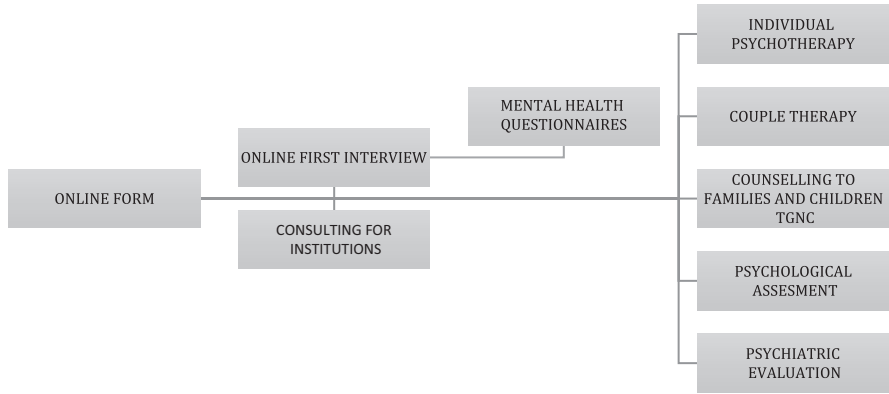
Fig. 2.2 Care program flow Project T

The purpose of this evaluation, in addition to establishing a baseline of the health status of the patients before starting treatment, is to evaluate the evolution of their symptomatic status during and upon leaving the program.

After the initial interview, the patients are referred to the program's therapists according to their needs, characteristics, and treatment plan. Doubts about the cases are discussed by the entire team in a weekly clinical meeting. Some of the patients are in psychiatric support treatment, and others receive care for their families (in parallel with their individual care).

In two years of operation (2020–2022) the demand for care or counseling has been high, probably because the project has two characteristics that are very attractive to our patients: it is free, and it is online. For these reasons, this psychological care program exclusively for TGNC people is unprecedented in Chile. Since the beginning of the program, nearly 200 consultations have been provided, the majority receiving individual psychotherapy. More than half of the patients had previously received psychological care at least once. Some had even been with different mental health professionals since childhood, reflecting that the search for psychological support is very relevant in their lives and does not always have good results. Many of the patients report having had very negative, even traumatic, experiences with psychologists throughout their lives. Therefore, many arrive with strong anxiety and severe mistrust.

When entering the program, 78% of the patients recognize some type of psychological dysfunction. More specifically, 85% of patients show some level of depressive symptomatology. More than half of the patients present some indicator of suicide risk upon admission, since 68% have thought about committing suicide at some point in their lives and 32% have attempted it. This is the expression of a very vulnerable population and in a state of psychological fragility that calls for the timely initiative of the program.

During the time that Project T has been in operation, the number of families that request psychological support (not only for their children under 16 years of age, but

also for the caregivers, fathers, or mothers themselves) has progressively grown. This meant that during 2021, a therapeutic support group was created aimed at fathers, mothers, and caregivers, coordinated by two family therapists. So far Project T has served approximately 20 families.

The effectiveness of the program, and of a competent and sensitive approach to the psychological care of TGNC people beyond mere transition support, is expressed by one of the patients of Project T in the following terms (Tomicic et al., 2022):

> …Therefore, for me it's a learning space, it's not that this learning stops just because the sessions are over, I think that rather it gives you tools and gives you the ability to feel capable… But, like, to feel capable of acquiring tools. Not only to feel a little more prepared, but to seek preparation…
>
> …in terms of self-esteem, it's been very good. I think that was the therapy that I needed, to say 'I can get a technical degree, or I can go to university' because I'm going to have a healthy base.

Furthermore, Project T has sought to establish itself as a benchmark for communities of TGNC people and also as an example of a university center that seeks to contribute to the community, without abandoning its academic work of research and training. This program can be a good example of what some authors have defined as clinical psychology as an inclusive science, particularly focused on providing better therapeutic care to patients from historically disadvantaged groups (Goghari, 2022).

Among the challenges of this program is continuing to provide systematic and free – or low cost – access to those who need psychological care, trying to cover as much as possible of the country's territory and geography. In this sense, online treatment has become an opportunity, expanding the care offered through both modalities (online and face-to-face) for patients residing in the city of Santiago. The project also aspires to maintain and deepen the relationship with the trans* communities in Chile, establishing mutual collaboration agreements, adapting to the diversity and multiple identities that these communities represent. It also faces the challenge of seeking spaces for participation in the design of public policies that focus on improving the lives of TGNC people, especially their civil rights of access to health and education. Finally, as an academic center, it aspires to maintain a professional management that is efficient, ethical, and articulated with the national health system, contributing particularly to the design and development of quality and practice-oriented research.

Conclusions

The purpose of this chapter was to present relevant elements for the practice of psychotherapy with TGNC people as an affirmative and sensitive space for gender affirmation processes. In order to do so, a universal aspect is the recognition of the contextual and cultural aspects that are considered by the applications and adaptations of the minority stress model for the case of trans* populations. With this as a starting   point,   we   have   highlighted   three   fundamental   elements   for

psychotherapeutic work with these populations. In the first place, an approach to diagnostic evaluation as an instance of a non-pathologizing assessment of general psychological well-being/distress. Second, the approach to the body dimension in psychotherapeutic intervention as a central aspect in the process of affirmation and achievement of an experience of gender congruence. And thirdly, the focus of psychotherapy on internalized stigma as a comprehensive core of psychological distress and opportunities for developing resilience.

In this framework, the experience of Project T, immersed in a university and incorporating applied research, can serve as an example of clinical psychology as an inclusive science, particularly focused on providing better therapeutic care to patients belonging to historically disadvantaged groups (Goghari, 2022).

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Chapter 3
Systematization of the Experience of Working with Trans Women: Tensions Between Research and Transformation

María Del Mar Pérez-Arizabaleta and **Jorge Eduardo Moncayo**

Introduction

The research entitled *Senses constructed around the use and nonuse of condoms in relation to HIV in key populations,* − specifically transgender women – *and men who have sex with men (MSM) in the cities of Cali and Medellin*, on sexual health allowed us to reflect on the strategies of the methodological approach in fieldwork with regard to Trans women. This research allowed us to problematize the traditional way of conducting fieldwork in qualitative research, and to build applicable lessons about the importance of approaching and recognizing Trans life stories outside the categorical frameworks that the academy delimits. In this sense, the lessons learned from this research experience are oriented to (1) re-learning the particularities (in their expressions and life experiences) demanded by the population of Trans women, the construction of a social scenario for research that requires patience, sensitivity, and being strategic in all the phases of the research project, and (2) building out the "Do No Harm" approach for the Trans women population to provide elastic solutions to any changes that may arise.

This text presents the systematization of fieldwork experiences during qualitative research and discusses the methodological implications of research-based work within the context of the Trans population in Colombia. The goal of this research is to interpret, understand, and propose research dynamics for Trans women, as well as to present challenges and knowledge to suggest possible ways of orienting the research experience in the future.

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According to Martinic (2002), the systematization of experience is "a process of thought that includes ordering or organizing the progress, processes and results of a project, seeking in such dynamics the dimensions that can explain the course taken by the work carried out" (p. 13). This process implies that thought and critical interpretation on and from the practice by extracting, formulating, and sharing lessons learned about them.

The systematization of experiences is a process of production of Latin American thought which seeks to enunciate a critical reading of contextual realities (Lasso & Rosero, 2020). To raise a reflection of the methodological process of a researcher's experience, by the systematization of experience, means distancing oneself from the positivist scientific paradigm that proposes scientific validation from the ordering and objective classification of data, an issue that problematizes the subjectivity placed in the reading of narratives and social expressions (Jara, 2018). In a systematization of experience, the contributions from popular education are relevant because they make visible the ways of approaching and explaining social problems from society itself, where "popular" is recognized as the discourses and social and cultural practices that are not necessarily inscribed within the academic-scientific discourse. Therefore, it is understood that the noninstitutionalized discourse has much to contribute to the communities.

In this sense, the critical interpretation of the systematization of experience is made using a methodological approach with a group of Trans women in the framework of research on sexual health carried out in Colombia between 2019 and 2021. The approach focused on an intervention process proposed by Pérez de Maza (2016) as a reference, which lies in "identifying and characterizing what arises between the professional responsible for the project and the inhabitant or member of the community" (p. 11).

In this case, the intervention is understood as the research process carried out with a group of Trans women, where the academic knowledge (university research team) and the popular knowledge (Trans Women's Foundation) worked together. A process where the transformation resulting from the intervention was carried out in a double sense: transformation of social processes of Trans women and academic processes from the university research team. This bet is coherent with the policy of social appropriation of knowledge of the Ministry of Science, Technology and Innovation of Colombia (Minciencias, 2020).

It should be noted that this systematization does not aim to generalize, but rather to present the lessons and challenges obtained by the research practice in a given context, temporal and spatial. Nevertheless, it intends to contribute to theoretical reflection in the field of qualitative methodology, as well as to influence policies and plans for the implementation of research methodologies in a collective manner.

First, we review the methodological aspects of research with Trans people and show the main themes on which such studies are usually developed, as well as the main research strategies through which they are developed. Then, we present the systematization of the fieldwork of the research carried out with this we open the discussion on the methodological reflections in the research work with Trans women, in this section we explain the pre-field process and the implications within

the trust-building process with the population. Finally, we present the conclusions about the systematization.

Research with Trans Women

Studies about Trans women have been increasing in recent years (Moncayo & Pérez-Arizabaleta, 2022). The objectives of these studies are diverse. The publications made by Trans people about themselves are scarce (Ramírez, 2015) firstly because the academic space which produces knowledge is not an objective of Trans collectives. Therefore, there is no interest in scientific publication. The lack of these publications causes "misconceptions to be maintained and stereotypes to flourish, which contribute to stigmatize Trans people" (Veldorale-Griffin, 2014:476). And secondly, academic fields have been a space from which gender diversity has historically been excluded, even to the extent that academia has supported discourses in favor of Trans pathologization. Therefore, within the academy, gender identities and nonbinary gender expressions turn out to be a quite striking research topic.

As an ontological reference, we understand Trans women from transfeminist theory. Therefore, we understand their "voices, experiences, practices and knowledge as pillars for the claim of women's rights" (Sentiido, 2021). From the transfeminist perspective, a call is made for nontraditional methodologies of knowledge generation, which allow the production of information in spaces in which trans life experiences are evidenced in a natural way, or body to body, as Fabbri (2011) states, without the need to "artificially" recreate situations for the generation of information. It should be noted that this type of research aims to counterbalance the hegemonic discourses on sexuality that normativize heterosexuality and sanction other ways of being in gender and of living sexual expression and orientation such as highlighted by Solá (2014). According to Preciado (2009), these transfeminist ways of producing knowledge contemplate the possibility of interconnecting in a whole the theory with praxis, the personal and the political. According to Haraway (1991), this is directly discussed with the production of situated knowledge.

In addition, knowledge production from the transfeminist perspective contemplates one's own readings, experiences, influences, links, affinities, and alliances since it is under these aspects that heteronormativity is questioned and the struggle for the vindication of free sexuality (without censorship) is fought. Thus, in the process of deconstructing gender, the way of doing research, and producing knowledge is constructed.

Within the methodologies of Trans studies, there is artistic production of materials as a way of "creation that facilitates an endless list of conceptual, formal and procedural possibilities" (Sentamans, 2014, p. 36). The potential of performance is highlighted because, through it, there is a reappropriation of bodies that are diagnosed at birth and are educated under fear or under the requirement of gender binarism (Orozco & Lafuente, 2014; Preciado, 2009; Ziga, 2014). According to Sentamans and Tejero (2010), art allows us to expand what is livable for many

people who have lived within the exclusion. This expansion implies transcending the limits of what is permitted, forbidden, and excluded, of what is considered correct and possible, issues rooted in social customs and academic disciplines. Similarly, Sentamans (2014) suggests that art empowers subjects and, in addition to the above, the use of blogs or web pages that allow free expression in the form of personal diary-like publications, safeguarding anonymity with the use of pseudonyms.

The creation and/or assistance to collectives, such as meeting spaces for the rights fight, become essential spaces for the generation of knowledge and meaning (Macuace & Moncayo, 2020; Medeak, 2014). Such is the case of the Hetaira Foundation, in which, in their search to vindicate the rights of sex workers, they created periodic meeting spaces where they made visible and gave voices to the protagonists of what they wanted to reflect on, in such a way that these spaces allowed a "permanent reflection on ideological issues; on the weight of the symbolic in the collective imaginary of women, sexuality and prostitution" (Garaizabal, 2014, p.69). As thought takes place, actions are generated to seek transformation, such is the case raised by Garaizabal (2014), where the team of activists gave voice to sex workers in all spaces in which they were invited, such as congresses, parliaments, and fashion shows. Through these actions, reality is known, reflected upon, and theorized about,[1] but also denounced and vindicated. This case of collective spaces where realities and life experiences are discussed are quite common in the production of Trans knowledge (Peinado, 2015; Rojas & Aguirre, 2014). In the same way, Ramírez (2015) developed her research work, where she periodically attended a collective in the city of Bogotá dedicated to activism from artistic production as a community experience and practice of social transformation. It should be noted that this author claims to have lived experiences which allowed her to formulate her reflections, both inside and outside the collective, and emphasizes that the importance lies in the affective bond that transforms the relationship.

In this same sense, Platero (2015) has developed multiple works with, from, and for the Trans population, on the accompaniment to the health and educational sector through Do No Harm for Trans people, as well as on stories of transgender and female masculinity.

An important point to highlight in these actions of thought and collective action is the fact of recognizing that the collective must be a channel that allows us to carry the voice of the people it represents. Another important point that stands out in the literature generated by Trans people is the fact that they confess that their works of thoughts and generation of knowledge (it should be noted that few of these works are stated from the word "research") carry the voice of a collective position but not exhaustive of all Trans realities, since they recognize the multiplicity of nuances of experiences, thoughts, bodies, etc. Therefore, the transvestite voice not only accounts for the voice of a single person, but also accounts for the life experiences

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[1] It should be noted that the main objective of these actions is not theorization. The academic area is a space that has not gained greater relevance in the transfeminist struggle. This relevance begins to be evidenced from depathologizing movements of the trans.

of several "sisters"; that is, the transvestite voice accounts for the voice of a collective. "The separation between the individual and the collective is not so clear" (Pardo, 2014).

About Systematization of the Project's Fieldwork

Immersion in the Fieldwork

The First Approach: Academic Knowledge Versus Ignorance of Trans Realities

The research on condom use in transgender women and men who have sex with men was what facilitated the opening of the path of direct contact with the participating community. As academics, prior to the fieldwork, we conducted the literature review and theoretical conceptualization of the categories of analysis involved in the research process. Conceptual clarity as a pillar for the construction of an instrument was our thinking. Therefore, we were sure we knew the object of the study. We knew the data on condom use in this type of population and therefore the academic justification for carrying out studies such as the one we were developing; we were clear about the denomination of "*key populations*" to the people and its scientific and epidemiological meaning. We did not refute it; in contrast, we agreed with the need to focus attention on this population. As Ramírez (2015) rightly states, we had to "show the truth, understanding that the knowledge we produce will always be partial and interested being careful of pretending to speak for others" (p.14).

All of the above has changed because trusting in academic knowledge, we leave out one thing: the voice of the population, that of their realities, needs, and experiences.

In the search for a "gatekeeper" (Ameigeiras, 2006), who would allow us to contact an organization that promoted work with Trans people, we went through several unsuccessful attempts. The doors were closed under a loud silence, which was deciphered as follows: "the Trans population no longer wants to be instrumentalized by the academy" (field diary).

After trying to establish contact with the population through public instances, we desisted. However, it should be noted that this path left us with great lessons: the field in qualitative research work starts from the moment in which the population begins to participate in public spaces. Attendance at various public events in which the LGBTI community participated allowed us to learn about realities and experiences that served as sensitizers for the moment of the first direct contact with the population.

Looking for other ways to establish contact with Trans women (participants of the research project we were developing), we used the confidence that led us to look at the positions of psychologists of LGBTI people. It was through a *patient* who we

worked with to approach one of the most recognized Trans women's foundations in Colombia: Santamaría Fundación (SF).

At this point, we must recognize what Leung (2015) stated: the fieldwork begins long before it; the presentation of the researcher is an essential part to achieve (or not) proximity with the participants, that is, for the opening and immersion in the field. In our case, the *patient* presented us as trustworthy people, as people who do not seek to harm the population. The vote of confidence was given by years of psychotherapeutic accompaniment with the person who introduced us.

The presentation of the project to the Santamaría Fundación generated discomfort with respect to the hegemonic definitions. The discussion about the *key population* category was not far. In this first meeting, it became clear that, as an academic research team, we knew little about the realities and experiences of Trans life and that it was necessary to know slightly more about it and, with this, we changed the turn of the research, which consisted of changing the center of the study. We stopped placing the Trans population as a *key population* in the center of the study, and we started the dynamics behind the assignment of this denomination by the academic society toward Trans women.

Therefore, the first formal approach with the population involved (1) questioning theoretical-academic aspects, in addition to those proper to the project's call; (2) proposing the methodological perspective of the study; (3) considering for the analysis of the information Transfeminist epistemologies that allowed the critical positioning that we were acquiring as researchers along the attendance to spaces with the SF team; (4) recognizing that the project, which was about sexual health, would not be limited to that because researching with and for Trans women meant researching to dispute the binary system that demands "heteronorms" to live sexuality. In this sense, with only a couple of meetings with the Foundation, we already felt we had learnings, hypotheses, and questions that scientific publications did not allow us to ask.

On the Trust of the Cisgender Researcher Toward the Population

From psychology and social sciences, qualitative research is sometimes developed under quantitative nuances (Denzin & Lincoln, 2012; González Rey, 1997, 2010; Moncayo et al., 2022). This issue, as Martuccelli (2007) rightly states, problematizes the veracity, within the analysis and collection of information, of the subjectivity of both the researcher and the participants. Not knowing that the research and intervention process also involves the subjectivity of the researcher (Creswell, 2005).

This generates a certain fear of actively involving the researcher in the fieldwork, the space and time for gathering and consolidating information, also the results and the analysis of the information. In addition, psychological research has considered that to obtain information in fieldwork, it is necessary for trust to be generated from the participant to the researcher, i.e., in only one way. On the other hand, anthropological studies, like ethnographies, show that the time of construction for the social scenario of the research is a time in which actions are consolidated that allow trust

in two ways: between the participant and the researcher and between the researcher and the participants.

Additionally, LGBTIQ+ research requires the researcher challenges the order of deconstructing hegemonic aspects on sexuality to understand, from sensitivity, the trans realities. According to Ramírez (2015), it is about recognizing that one's own emotions "were key to clarify the lens, allowing me to access another type of memory… distancing myself from the still dominant transgender narratives in our context, which claim the stable belonging to a gender that is achieved" (p. 10).

In this sense, as researchers and people inscribed within the binary hegemonic model, which pathologizes diverse sexual orientations and identities, the research implied deconstructing previous prejudices based on social stereotypes that prevent us from seeing the trans realities from their points of view. It requires getting rid of valuations and analyses established within the normative framework of good and bad, masculine and feminine. It requires opening the possibility of conceiving realities different from those known in everyday life.

Moreover, it requires aside the position of power which the academy conceives to have, imposing formats, ways of writing, and manners of expressing. It also imposes models that, to a great extent, condition diverse expression which is made possible by a horizontal dialogue and a comprehensive listening relationship. This matter gradually led us to participate more closely in spaces carried out by the Foundation, namely, meetings and gatherings that were initially outside the framework of the project theme which called us to the union.

Applying this theoretical framework to Trans research, the construction of trust both two ways is important to understand the codes of language and bodily expressions, recognize issues from all sides, and problematize the angles of the prism implicit in this type of study. In accordance with the above, we can state that the researcher's trust toward the population is woven from (1) the assistance in collective construction processes, both formal and informal; (2) the openness to listen and sensitivity with respect to Trans life experiences; (3) the openness to dialogue from the respect to their knowledge; (4) and the recognition that, as researchers, we are people who establish affections with the bodies that participate in the research, according to Citro (2011), producing and practicing feminist epistemology is a challenge and a bet, as we struggle not to hide the flesh that gives life to the written words.

On the Trust of the Trans Population Toward the Researcher

Trans people are a population that has been continuously instrumentalized by science and academia (Moncayo et al., 2022). In addition, in the Colombian context, discrimination against this population is represented in transphobic actions that permeate various social spaces such as education, health, and labor among others. With respect to research, the Trans population accounts for political positioning within academia and science, inscribing the fabric of trust in the framework of how Trans women relate to the institution; insofar as they make a commitment to the political

struggle that seeks to break the order of domination (Pardo, 2014). Remember that the academy behaves as an organization with the capacity to normalize behavioral parameters and scientific production in society.

Santamaria Fundación is a community-based organization with extensive experience knowing who academic discourses serve. For example, they recognize actions such as the inclusion of transsexuality as a mental disorder in the ICD as a political act which aims to control bodies. Like these, several other examples were discussed throughout this meeting with the Foundation. In this sense, distrust toward the academy was present at first. Due to the openness and sensitivity that the members of the foundation recognized in the research team, they allowed the beginning of the meeting, based on some minimum conditions, to gradually weave the rapprochement. This coincides with what Ramírez (2015) exposed in her work with Trans people, where she discusses that in these investigations, the dynamics require recognizing the subjectivities and bodies involved in the construction of knowledge.

These minimum conditions consisted of the following:

1. **Recognition of Trans knowledge:** The knowledge of Trans people is as valuable as the knowledge built by the academy. These Trans knowledges are exposed through the speeches, experiences, performances, and stories of the people of the Foundation and represent the particular reality in which they live. A reality that, from the Colombian context, perpetuates the social and institutional exclusion of all those who do not inscribe themselves within the framework of gender hegemony from the binary system.
2. **Horizontal dialogue:** The Foundation proposes that to consolidate a dialogue between the community and academics, it is necessary that the academic discourse is not installed from a vertical hierarchical position of power. For this, the University team was asked to get rid of the vertical "academicist" structure that pretends a hegemony of knowledge.
3. **Trans depathologization:** One of the major demands of the Foundation centered around this and the following point. The demand to depathologize that the Trans population remains in the constant struggle of the population to mobilize the social structure that conceives diverse sexualities from abnormality or pathology. The fulfillment of this point demanded respect, in discourse and treatment, for diverse identities and orientations.
4. **Co-constructing and not instrumentalizing:** The instrumentalization of the Trans population from the academy is a recurrent issue. To consolidate information, the academy approaches the population and does not offer minimum retribution for the Trans knowledge that the population has provided. For this reason, the construction of the link with the Santamaría Fundación team shows a gradual process, in which it was demonstrated that the researchers, on behalf of Antonio Nariño University, did not intend to instrumentalize the population, but to build knowledge and possible solutions to their problems together.
5. **Constant and active participation of the community in the different moments of the knowledge construction process:** The last point is the request for constant and active participation in the process of consolidation of instruments,

fieldwork, analysis, and presentation of results. It is at this point where the academic discussion takes the voice of the community's knowledge and is exposed in dialogue with scientific knowledge. It is also here where the community is consolidated as an "actor" in the process of producing new knowledge.

The above points support a relationship between academia and community rooted in democracy, equity, and alliance sustainability.

As the Foundation ensured compliance with the above points, it was open to discussion with the academy (in this case represented by the Antonio Nariño University), which took months. Through time and actions, a bond of trust was built in which the Santamaria Foundation recognized that the intentions of the academy were outside the instrumentalization of the Trans population. The commitment and the fulfillment of the agreements in two ways, academy-foundation and vice versa, allowed for the strengthening of the bond to the point of allowing the search for joint participation in research calls.

The above evidence shows the path of building trust and integration, formulating equity between the university institution and the community-based organization. Through the participation of citizens and actors, dialogues, exchanges of knowledge, know-hows, and joint experiences, researchers got to know the population's voice to generate welfare and transform their realities in a contextualized way.

About Instruments

The construction of the instruments becomes a moment of vital importance in research in general and, specifically, with Trans people. In traditional research, the most common instruments are focus groups, interviews, and questionnaires. From the legacy of empirical-analytical logic, qualitative research instruments derived from previously established categories are sometimes constructed (Denzin & Lincoln, 2012) to demonstrate scientific rigor. As is well known, in social research, it is necessary to make a break with these legacies and allow openness to methodologies more of the order of grounded theory or critical models. In this sense, being strictly governed by categorical logic (category- or subcategory-questions of the instrument) generates rigidity in the instruments to the point of asking questions that are opportune for the research but inopportune or disconnected for the participants.

Thus, in the framework of the fieldwork with Trans people in the project in question, we decided for a collective construction of instruments in the following manner. It is worth mentioning here the position of the researchers, which was active and dialectic, at all times, with the reality under investigation.

The academic team of the research conducted readings on the research topic to obtain an idea of what the literature has said about this type of research. From this reading, "tentative" axes to be investigated were raised, which would allow answering the research question and objectives of the project. These axes were presented to the Foundation's team and discussed in plenary sessions. After several meetings

and discussions, the main axes and the ways of approaching them were consolidated as a whole. It should be noted that this process involved constant moments of tension and negotiation, issues that, from a respectful and horizontal dialogue, always arrived at good terms.

In this sense, although as an academic team we used published literature to consolidate the first axes of the instruments to be discussed with the entire research team (academic and from the Foundation), it should be noted that these axes were provocative to open the dialogue; this issue had unfolding and learning in several ways: (1) as we discussed and defined aspects of the instrument (the aspects to be investigated), as academic researchers we got to know the dynamics of Trans life, as well as the research dynamics they use, especially Santamaria Foundation, (2) recognition of the working times of the population. As academic researchers, we are governed by institutional timelines, which are not intended to be interrupted by social and/or personal vicissitudes. Nevertheless, we found in the population of Trans women that the times of knowledge generation and meeting can be postponed by social and/or personal vicissitudes, for example, fight for health rights or another humanitarian aid, (3) the axes and questions to be addressed in the fieldwork were consolidated in a contextualized manner, which means that the entire research team made sure that at no time any axis of discussion would generate action with damage and/or questioning that would show little sensitivity and knowledge of Trans realities.

Up to this point, we have some axes of conversation to generate dialogue on aspects of relevance to the research; now, added to this is the way to generate a space to promote dialogue on the axes that were co-constructed. This means, from the traditional language of research, how to apply the instruments. As mentioned above, qualitative research uses interviews, focus groups, observations, and questionnaires to gather information for the study. According to Pérez-Arizabaleta and Moncayo (2022), for Trans people, these instruments are "boring", decontextualized, and governed under an instrumentalizing logic. In this sense, as researchers, it was necessary to deconstruct these traditional ways of generating spaces for fieldwork, and we let ourselves be guided by the experience that the Trans leaders of the Foundation in question have in this regard.

In this sense, after meetings, we collectively decided to use dramatization as a tool that would allow the first approach, with the participants of the study, with the experiences of Trans life, as well as the generation of senses and thoughts around it. Thus, under the leadership and moderation of the Foundation, in the collective space of transformance, a space was generated where the participants "staged" different aspects related to health and sexual health. This space was also counted as a space for sharing.

At the logistical level, it is important to note that in recognition of the knowledge and time invested in the fieldwork space, the participants were given money that, although not proportional to the value of their knowledge and time, was approved under the project budget. It is recommended that for the fieldwork, a budget be considered for (1) recognition of the knowledge and time of the people, (2) generating

a sharing around food (lunch and/or snacks), and (3) transportation of the participants.

Once the academic team got to know the Trans dynamics and realities in context and once the participants got to know the academic team, we continued with a phase of deepening the information, where we used the information generated collectively through the dramatizations to move on to a second moment of fieldwork, which consisted of conversation spaces that, due to the COVID-19 pandemic, were carried out virtually. With an average of two hours per meeting, two important aspects stand out in relation to the duration of these conversation spaces: (1) the central theme of the project was sexual health; however, recognizing that this is a topic that corresponds to the intimacy of each participant, under the principle of generating a comfortable space for conversation, prior to investigating sexual health, we talked about topics that bordered on health and their experiences in relation to it. And (2) due to the silence that society has imposed on people with diverse gender identities, it was observed in the interviews and dramatization space, that when a space for listening was provided by the research team, the participants allowed themselves to dialogue and share anecdotes at length.

The last point mentioned is related to the particularity of the sample in the research with Trans women. To date, there is no known study or census that allows us to know the transgender population in this country. Therefore, the calculation of the "adequate" sample for any type of study is done with information from the databases of nongovernmental organizations that support and promote actions for the vindication of rights of Trans people. In addition to the above, as a research team, we noticed that when talking to a Trans woman, she shares with us the voice of her sisters in the middle of the socialization of her anecdotes and life experiences. In this sense, the voice of each of them represents and carries collective stories. We were able to interpret that this question allowed for the broadening of the sample and the broadening of voices told through anecdotes.

Analysis of the Information

The importance of the collective construction of the different moments of the research has been mentioned throughout the paper. The analysis of the information does not escape from this dynamic. For this phase of the project, the importance of the meetings where the progress and results of the project were socialized is recognized. In these spaces, the academic team shared findings, and the Santamaria Foundation team deepened and reflected upon them. This allowed for a more thorough analysis at the time of translating the results into writing.

It should be noted that the writing process is entirely a matter for solely the researcher. Due to the Trans life experiences of the Foundation's team, there was no interest on their part to participate in the writing production of the research. In the phase of information analysis, the role of the Trans women of the Foundation was focused on the invitation to clarify certain aspects and to avoid prejudices in the writing.

In addition to the above, it is important to take into account that the scientific production, written in academic terms, is not a practical or light material for the reading of Trans women, whom are the participants in the study. In this sense, the results and analysis of the project were reflected in a booklet on sexual health that, in a didactic way, is used by different organizations for the promotion of sexual health. This booklet presents the main findings of the study while recognizing the experiences of Trans life (Pérez-Arizabaleta et al., 2021).

Lessons Learned

In coherence with the development of this text, the following is a synthesis of four specific lessons learned from this systematization of an experience that shows a participatory qualitative method carried out with Trans women. In line with the systematization of experience carried out by Macuace and Moncayo (2020) with people who recognize themselves from sexual diversity, the conclusions of this text will be presented as guiding proposals. This way is taken as an example to the extent that it allows collecting and exposing the voices of Trans women, from their popular knowledge, to serve as guiding material for the academy in future research projects. In this way, it is expected to impact the Trans population through non-instrumentalization and Do No Harm in the research methodologies.

Fig. 3.1 Spheres of the lessons learned
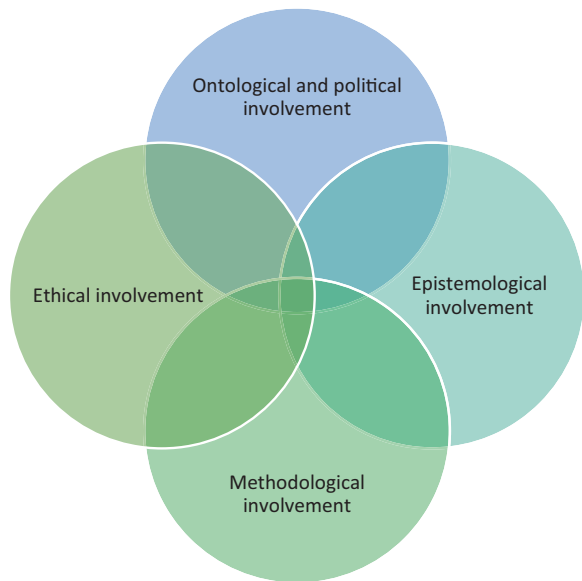
It is worth clarifying that these proposals do not correspond to norms or static and obligatory steps for research with Trans women.[2] They are developed through the ontological, methodological, epistemological, ethical, and political implications of community work (Montero, 2001) (Fig. 3.1). Next to Fig. 3.1 we expose the lessons learned from this systematization in light of each of these spheres.

Learning from Ontological and Political Involvement

In the development of the section entitled *On the Trust of the Trans Population Toward the Researcher*, some minimum agreements that the women of Santamaria Foundation proposed in the framework of the consolidation of trust with the academic team are presented. Through this act, a political positioning on their part is recognized, an issue that delimits a view of the subject (an ontology). From that moment on, the academic team recognizes the interlocution with them and departs from the usual instrumentalization from which research is carried out with populations such as these, mostly in quantitative studies.

In this sense, this political act-positioning of them gave a turn to the research; those who were thought to be passive subjects to be investigated, who were going to limit themselves to participate in research to provide information-data, became coresearchers of the same. This vindicating act allowed an ontological look where the framework of analysis and reflection of the study expanded, since it was no longer focused on the sexual dynamics of Trans women. Instead, the research focused on the social dynamics regarding sexuality that govern normative binary that stigmatize ways of living, feeling, expressing, and being in sexuality outside the heteronormative framework. In this sense, a study that started from the fact of conceiving Trans women as a *key population* went on to question this concept and to argue its prejudiced and decontextualized approach.

To begin research work with preconceived ideas about Trans needs and not to think about them as being with the population is to assume that their realities are known. Academic research starts from theoretical "gaps" which are supported with the best and most available academic information. To do participatory research with Trans women is not to be rigid with those objectives based on theory. Therefore, elaborating and executing social projects that impact the trans population implies involving them within the working team that formulates and executes the project. Otherwise, it is estimated that the project will impact the academic literature, but not the population, therefore instrumentalize the population.

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[2] It is clarified that these guiding principles must be contextualized according to the historical and context in which the research work with Trans people is carried out. Therefore, these principles are not declared as static. In contrast, they can be transformed and adapted according to the historical and spatial context.

Epistemological Learning

The recognition of the Trans narratives from the validity and attentive listening of their knowledge was a characteristic at the forefront of the academic research team's mind. In this sense, the knowledge of the participants' narratives is recognized from a position as a valid biographical-theoretical framework. Therefore, the Trans narratives are recognized as having an epistemological validity that is not inferior to the literature consulted (Ramírez, 2015, p. 5).

For a long time, the academic field has not been a target for the LGBTI population. This is because (1) the Trans struggle is not oriented to the generation of knowledge but to the protection of human rights, because the focus of the population is not on publishing literature but on denouncing violent acts against their peers; and (2) the dynamics of writing – but not of reflection and analysis – of the Trans population are unusual and undesired. So, the writing logic that is the basis of scientific production is alien to the objectives and desires of the majority of Trans women.

Therefore, the production of knowledge of Trans people about their realities has remained in collective spaces in the stories of each of the people who carry a voice and experience of Trans life. With the consolidation of NGOs that safeguard the rights of Trans people, this knowledge of the population is expressed in reports. The information in the reports is increasingly relevant because it is the one that exposes the realities and contextualized figures. However, this literature is not considered "academic" because it does not go through a sequence of peer review and other dynamics involved in the academic ritual of scientific publication.

Thus, the proportion between Trans studies (constructed by and from the population) and academic studies on Trans people is disproportionate. This lack of Trans studies causes the maintenance of misconceptions and allows stereotypes to flourish, which contribute to stigmatizing Trans people and their families (Veldorale-Griffin, 2014).

In this sense, through the present systematization of experience, it is intended to recognize that by working in a participatory manner, it is possible to generate a bipartite voice where the trans voice gives empirical consistency to academic discourses and where science enables the visibility of the trans voice to spaces where it has not been before. At this point, it is also important to highlight that bibliographic production in the form of articles (published in scientific journals) impacts the population to the extent that it makes their realities visible. However, it is recognized that to have a more direct impact on the population, it is necessary to produce material that is less technical in its writing and much more understandable and "simple" to read.

Methodological Learning

Although the emphasis of this document is concentrated on the description, analysis, and reflection of the participatory methodology of research with Trans women, as methodological lessons learned, highlights the importance of flexibility and co-construction of each of the phases of a research project.

Flexibility means being sensitive to the modifications suggested by the population in relation to the approach and execution of the project, as well as to the contextualized analysis of the information in order not to bias them, as much as possible, of prejudices and stigmatizations. Flexibility also consists of understanding the dynamics of reflection and knowledge production of Trans people. These dynamics are always collective, and in this sense, it is a process that takes a longer time than the time of scientific production from the academy.

In one way or another, in scientific production – from the academy – each researcher shares language codes (categories, frameworks of analysis) about the phenomenon to be studied. On the other hand, with the Trans population, it happens that, in each space of collective discussion, information and analyses of the life experience of each person emerge. This issue diversifies rather than limits the frameworks of analysis. That is, the knowledge of Trans people being "embodied" since it is produced from the place from which reality is looked at, interpreted, and transformed (Ramírez, 2015, p, 109) generates a wide production of material for analysis in each meeting and/or collective space of discussion. Therefore, academic times should be flexible and consider these dynamics of knowledge production that Trans people have.

Co-construction is an action that is present during all phases of the project; however, it is in the generation of the instruments and results of the research where a strong emphasis is placed on the collective and participatory character. As has been mentioned, to avoid actions that generate harm to the population, it is necessary to collectively build instruments that provoke dialogue and, in addition, that Trans leaders or people highly sensitive to Trans realities manage spaces for meetings within the population. In the framework of information analysis, the academic team must be attentive to the information and analysis that are socialized in these collective spaces since the academic is responsible for writing such information. In this sense, the academic is the person in charge of writing on paper what is put into words during the collective spaces of information analysis and knowledge generation.

Ethical Implications Learning

The ethical implication is transversal to all of the above. This is to the extent which assuming a posture of listening and of joining both research teams (the academic and the organic) allowed the recognition of both types of knowledge. In this sense, the ethical implication lies in respect for both types of knowledge. Thus, the bet was toward a meeting where respect in the dialogue prevailed over the rupture of it, despite the fragility and difficulty that could arise due to disagreements in the analysis.

In addition to the above, the ethical implication also lies in the care that both teams took in approaching sensitive issues from the point of view of Do No Harm. The academic team was always alert to instrumentalizing and harm-generating actions in order to avoid them. On the other hand, the Foundation's team, from its

"pedagogy of love", was always willing to provide clarifications on Trans life experiences from a respectful and sensitive point of view. Thus, the production of knowledge from "a loving and creative experience that does not propose to 'take out' information but intends to produce it. It accompanies, listens, supports, laughs, puts the shoulder, hugs, keeps silent, speaks, transmits or communicates, and if necessary, says nothing" (Figari, 2010, 10). Thus, breaking the subject-object duality usual in studies with Trans population carried out from the academy (Ramírez, 2015, p. 14).

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Chapter 4
The Body as Psychic Materiality. Spaces of Reflection with Gender Nonconforming People

Ariel Martínez

Introduction

At the beginning of 2012, Argentina passed its Gender Identity Act (N° 26.743, 2012). It allowed, among other things, *travestis*[1] and trans people to be treated according to their self-perceived gender identity. This accomplishment was a result of the political claims of hegemonic gender nonconforming identities. The battles of sex-dissident collectives[2] have shown the social and regulative character of the identities that adjust to the gender binary, as well as the ways in which violence operates toward ways of existence that are unintelligible to the ruling gender norms.

With no disregard to the importance of the social dimension in the processes of sex-gendered subjectivation, this work puts its focus on singular significations that recreate the social and normative senses of gender. Since 2015, I have been carrying out one-on-one meetings with gender nonconforming people in the city of La Plata (Province of Buenos Aires, Argentina). These meetings aim to be a space of dialogue and deep reflection on different topics and concerns. Along some relevant data and expressions, this space gives room to systematic reflection on the body and its complex ties to self-perceived identities. The display of senses favors positive

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[1] We maintain the term *travesti* to account for its multiple implications. *Travesti* covers the category of transgender or transexual woman, particularly, with an intersection of class, ethnicity, and geo-localization components. It has a vast history in Argentina and other areas of Latin America. The *travesti* collective has appropriated this denomination as an identitary claim that positively resignifies its strong derogatory and injurious component.

[2] We use the term "sex-dissidence" to refer to all sex-gender identities that escape heteronormativity through a political process of reflection and action.

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effects because it allows people to gain agency in the processes that involve the elaboration of their subjective gendered positionings. Furthermore, it allows, in some cases, the resituation of the body as part of embodied subjectivity eluding genitality as a source of suffering or obstacle to the unfolding of the self-perceived identity (Saketopoulou, 2014). At the same time, the situated voices are put in dialogue with theoretical approaches that – far from the well-known rhetoric of the wrong body – encourage regarding the body from a novel angle when addressing and reflecting upon one's own embodied identity.

Resituating the Body: From Signification to Materiality

For decades, feminist debates have placed the body in the center of their debates. This owes to the fact that the body is produced and regarded as an object by discursive strategies that place the notion of sex in it. On one hand, the biological essentialism related to sex makes the body a key piece in the justification of the inferiorization of women and other sex-dissident collectives. On the other hand, it defines a naturalized sexual dimorphism that claims the legitimacy of binary gender identities – dichotomical, hierarchical, complementary, and exhaustive. In *Gender Trouble* (1999), Judith Butler dismantles the radical division between *sex* and *gender* and, consequently, the idea of biology as destiny. From their point of view, *sex* is a discursive construct established through gender norms. Butler states that.

> one way the internal stability and binary frame for sex is effectively secured is by casting the duality of sex in a prediscursive domain. This production of sex as the prediscursive ought to be understood as the effect of the apparatus of cultural construction designated by gender. (Butler, 1999, p. 11).

Butler's critique aims to tear apart the naturalized limits of sex. According to the author, resignification and linguistic malleability provide a chance to dismantle the normative sedimentation of identities, of naturalized forms of the sexed body and, consequently, the proliferation of new possible sex-gendered forms. Given that, to Butler, the body does not exist outside the margins of gender discourse, the morphological limits of sex can escape the restrictions of the binary if the heteronormative terms of intelligibility are radically subverted.

Before Butler, Monique Wittig (2005) claimed that the category of *sex* holds no a priori existence outside history and social order. *Sex* as a category is political and founds society as heterosexual. Wittig mentions that the contraposition of *men* and *women* answers to the ideology of *sexual difference*, which repeatedly resorts to nature to conceal its political character. A "*there before*" of the sexes is forcefully installed, as a pre-discursive ontology. The ideology of *sexual difference* operates as a net that covers it all.

Furthermore, based on Foucault, Butler states that sex is produced through "a process of materialization that stabilizes over time to produce the effect of boundary, fixity, and surface we call matter" (Butler, 1993, p. 9). The Foucauldian

approach to materiality states that discourses not only describe the body but also formulate and constitute its material realities (Foucault, 2008). These meanings are neither original nor located or anchored within individual organisms. They spread through discourses and practices that produce *bodies* and identities. This post-structuralist approach conceives discourse as an ensemble of epistemic *a prioris* that constitute regimes of truth about the *body* – very concrete historical practices that construct the *body* and at the same time regulate embodied subjectivity through the internalization of a very efficient regulative device: gender identity, an internalized virtual space effective for subjective control.

For post-structuralist perspectives subsidiary to the linguistic turn such as that of Butler, every statement about the *body*, even if descriptive, portrays the *body* in a specific manner. Every way of seeing or experiencing the *body* is necessarily mediated by speech. Thus, we are forced to cite the existent norms and their hegemonic sex-gender codes. Butler, however, states that there is a chance to evade the norm through subversive practices that allow to move, from within the norm, the restrictive frames of gender. This theoretical-political position presents the possibility of subverting the *man/woman* duality through a gender parody.

Today, several feminist intellectuals show their dissent from the reach of Judith Butler's constructionist ideas. Since the beginning of the twenty-first century, the feminist theory scene has witnessed the sudden appearance of New Feminist Materialisms (Alaimo & Heckman, 2008; Coole & Frost, 2010). This group of intellectuals share their view on how linguistic monism, widely spread within the feminist scene, consolidates a discursive hyperconstructionism in which matter is understood in terms of essence and ontological closure (Barad, 2003; Cheah, 1996; Clough, 2007; Fraser, 2002). Furthermore, these New Feminist Materialisms offer ontological keys that allow the approach of the materiality of the body without leading to essentialist and foundationalist positions (Kirby, 1997; Wilson, 1998).

Perspectives such as Gayle Rubin's (1975, 1984) equate body and biology with essentialism and biological determinism; and a position like Butler's (1993, 1999) equates materiality and ontology with substance. Enriching these concepts with the concerns of New Feminist Materialisms is a priority in order to strengthen both the ethical-political agenda and the theoretical-epistemical repertoire of contemporary feminisms. It is even necessary toward the outlining of action strategies against the anthropocentric character of the patriarchy, which makes matter, the body, and nature an ontological sign of domain.

The onto-epistemological keys provided by New Feminist Materialisms allow to retroactively rearrange contributions from feminists that have been reviled and discredited by the constitution of a canon sorted by linear narratives of progress. Socio-linguistic constructionism is portrayed as more comprehensive than perspectives labeled (often spuriously) as essentialist. These perspectives, that come from English-speaking feminism, have made the body an inescapable path to a biologically determined sexual dimorphism. Karen Barad (2007) and Gil Jagger (2015) state that the body's materiality should not be regarded as essence, but rather as a product of the emerging limits between matter and representation. The body's materiality is not a substantial characteristic of natural life. While language should not be

considered foundation to matter, matter should not be considered foundation to language either. Therefore, (non-essentialist) bodily materiality and its political relevance involve matter and signification and, in its continuous installation, additional materialities able to produce intelligible, non-ontologically-closed configurations. What matters is that these suspended moments of material agency never exclude the continuous process of configuration and reconfiguration of the reality of the body (Barad, 2007).

It is important to point out that there are fragments in Butler's thinking that drift away from their generalized oversight of the body. These contributions acknowledge the importance of avoiding both an idealism that reduces all matter to sign as well as an extreme realism that radically separates matter from sign. The first position ignores the fact that matter cannot be created by discourse. The latter overlooks the fact that matter is only intelligible through discourse. Butler introduces the concept of *chiasmus* to ponder over the complex ties between matter and language that are involved in the analysis of the body. The notion of *chiasmus* becomes a resource that shows that their theory is not disembodied. From there, ties between body and discourse vary in such a way that language and materiality no longer seem irreconcilable, given that.

> language is and refers to that which is material, and what is material never entirely escapes the process by which it is signified. However, although language is not opposed to materiality, it is not possible to summarily reduce materiality to an identity with language either. (Campagnoli, 2013, p. 50)[3].

In the specificity of this relation is where the *chiasmus* lies. In *Excitable Speech*, Butler (1997) states that "the relationship between speech and the body is that of a chiasmus. Speech is bodily, but the body exceeds the speech it occasions; and speech remains irreducible to the bodily means of its enunciation" (Butler, 1997, p. 155–156). More explicitly, Butler states:

> I often regard the relation between body and speech as a *chiasmus*. This rhetorical figure means to comprehend in which way two entities overlap without being coextensive. (...) The body takes form and figure in the context of certain discursive norms (...) that actively *form* it. But the body cannot be reduced to the different forms it takes, given that below its development and transmutation there is something continuous (...). We never encounter a 'raw' or pure body, not even in extreme moments of pleasure or pain (...). Both can break the form, but they do not cease to be tied to it (...) the body and the discursive form through which it is materialized are inseparable, but do not reduce one another. (Butler, in Glocer Fiorini & Gimenez De Vainer, 2009, 83–84).[4]

This postulate, that involves a key twist that is to be recovered, is certainly present in one of the initial fragments of their work, when they state that.

> This is not to say that, on the one hand, the body is simply linguistic stuff or, on the other, that it has no bearing on language. It bears on language all the time. The materiality of language, indeed, of the very sign that attempts to denote "materiality," suggests that it is not the case that everything, including materiality, is always already language. On the con-

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[3] Our translation.

[4] Our translation.

trary, the materiality of the signifier (a "materiality" that comprises both signs and their significatory efficacy) implies that there can be no reference to a pure materiality except via materiality. Hence, it is not that one cannot get outside of language in order to grasp materiality in and of itself; rather, every effort to refer to materiality takes place through a signifying process which, in its phenomenality, is always already material. (Butler, 1993, p. 68).

Joint Reflection in Psychological Spaces

As a sex-dissident psychologist, since 2015 I have taken on the challenge to form spaces of joint reflection that allow hegemonic gender nonconforming people to work through the subjective ailment caused by the exclusion from normative recognition. I do not regard transgender existence as the manifestation of a psychopathological reality, but rather as the display of a subjectivity in full right. Thus, I understand that the ailment experienced by this collective comes from the violence directed toward those who are outside the norm. From this point of view, the challenge is to prevent these spaces from becoming devices of control and normalization of hegemonic knowledge that put the other in a place of object. In this sense, the main goal of these spaces of joint reflection is to favor the exploration of the singular senses that hegemonic gender nonconforming people assign their bodies and identities.

Within these spaces, our practice becomes paradoxically affirmative. Joint reflection encourages the affirmation of political agency by interrupting the normative practices and interventions that take place in conventional devices. In our meetings, there is no specialized subject that holds all knowledge and intervenes, interprets and assigns senses to the experience of others – others that become objects of the psychotherapeutic practice. Subjective and political affirmation becomes possible when the ensemble of practices and theoretical frames of reference that perpetuate pathologizing senses is interrupted. The challenge is to look for the knowledge that comes from experience and avoid the imposition of conceptual categories and their cisheteronormative biases. It is in the interruption of the conventional device where subjective affirmation can weave new non-hegemonic senses.

These spaces of joint reflection find their potentialities in the multiple and indefinite possibilities that emerge in the interruption of normative sex-gender restrictions. However, these spaces have their limits. Not all subjects take advantage of the possibility of elaborating their own subjective position. Psychic change does not follow linear paths. The conditions that are offered may smooth the way, but they cannot guarantee that the subjects will be willing to follow it. Even if the ethical and political conditions are there, the path to deconstruction always bumps against the limits of every particular personal history and way of subjectivation.

These meetings take place in the city of La Plata (Buenos Aires, Argentina). Due to the violence that the public health system has historically exerted upon the trans-*travesti* population, these meetings are arranged and realized from specific demands

that arise within activist groups and the everyday lives of this particular collective, of which I am part. As a result of a wide network of sex-dissident people, there are channels of information on specific ongoing issues that burden the (trans and *travesti*) community.

There are multiple forms of support and assistance in this network. The professionals that are a part of it – sex-dissident lawyers, doctors, and psychologists – are used to the urgency of the inquiries and to the creative design of spaces to hold each other up and build strategies against the vulnerability and precariousness that constrain our ways of existence. Thus, these spaces are intentionally far from the kind of clinic intervention devices of private practices that take in middle-class patients who have been able to access the educational and health systems and have formal jobs that allow them to afford private psychological counseling.

The meetings are held in familiar venues such as the person's home, meeting places, and spaces for socializing. They are spaces co-created according to specific demands. The population that attends these meetings is made up of trans men and women that (within the framework of the Gender Identity Act) resort to the Hospital for hormonal and surgical gender transition treatments and of *travestis* that have several cosmetic surgeries done (including cheekbones, gluteal, hips, and breasts fillers, often outside health institutions). The ages range from 22 to 57 years. None of them have completed secondary education and very few have completed primary school. Most come from impoverished areas far from the capital, having been thrown out of their homes and resorting to La Plata in search for work opportunities. None have formal jobs, they all self-manage their income with activities such as sex work, hairdressing, preparing and selling meals, etc. Between 2015 and today, many of the people that have been a part of these spaces of reflection have passed away in contexts of street violence or health complications that did not receive proper treatment. When participating in the spaces of reflection, everyone was asked for their informed consent contemplating future publications of certain aspects of the information gathered.

Body and Identity: A Complex Bond

From the experience gained in the spaces of joint reflection it is possible to state that hegemonic gender nonconforming people frequently experience subjective pain before the lack of coincidence between sex and gender, that is to say, between the genital morphology of the body and the self-perceived gender experience. It is also noteworthy that, as a way of dealing with the suffering caused by this sex-gender discontinuity, transgender people recur to the rhetoric of being born in the wrong body. From there, they show the pressing need for hormonal and surgical interventions. The reflection on the complex ways in which the body participates in the production of subjectivity evidently invites us to enrich our psychological and psychoanalytical frameworks about the sex-gendered body.

Given the above-mentioned placement of the body in post-structuralist Butlerian thought and bearing in mind the strong circulation of their theory in the local intellectual context, I worry about the possible consequences of the reception and implementation of Butlerian ideas in contexts of psychological intervention. They may lead toward the casting aside of the body when it comes to catering to psychological processes. Among other consequences, this tends to reinforce the hegemonic rhetoric that leans toward detaching the sexed body from the gender experience. Including the socio-cultural constructionist prism particular to the gender category in psychoanalysis demands complex and specific reflections. Otherwise, one may arrive to the conclusion that any way of fostering or intervening in the suffering of transgender people should exclusively focus on a cultural understanding of gender. Therefore, we must anticipate the dangerous occasion that socio-anthropological definitions of gender, intensified by post-structuralist philosophy, should offer psychologists and psychoanalysts an unnuanced perspective when it comes to counteracting the dreaded biological essentialism. The complexity of bodily subjectivity requires approaches that, whether explicitly or in an underlying manner, favor the body, not as a determining foundation of gender, but rather as its inescapable material roots.

Here, I intend to offer some general considerations derived from my experience as part of these spaces of joint reflection. In light of the aforementioned, such spaces can be understood as an attempt to fight the suffering and subjective ailment through the non-essentialist reconciliation between gendered and bodily subjectivity – a spurious distinction effected by heteronormativity. Indeed, a recurring topic in all the cases that have been a part of the space is the conflicting relationship between the self-perceived identity and the body. Moving forward, all the generalized statements are not in the epistemological interest of universalizing experiences or knowledge as inescapable truths. They account for the recurring narratives of the gender nonconforming people with whom I have shared these spaces of reflection. The record consisted in a literal transcription of phrases referring to people's identities or bodies. In all cases, an informed consent was requested.[5] Expressions recorded in such meetings appear in quotations.

In all cases, *travestis* and trans people initially voice senses about identities tied to the body (which is conceived both as possibility and obstacle). Their longing to be or belong to a gender not assigned at birth is obstructed by the biological configuration of a body that is escaped through transition. Despite the attempts to realize one's self-perceived identity through various treatments, the biological body is experienced as an inescapable reality. Paradoxically, along this idea of the biological body as a burden there is a strong viewpoint on how identity does not essentially depend on the biology of the body. Identity is an "inner feeling, an essence". The body, they state, can be modified according to "who you are".

Who you are, to me, is not your body or your name. It is something you feel, it is the being inside, who you are, your essence. The rest comes later and can be changed according to who you are. (Cristal, trans woman, 36 years of age).

One can observe a strong need to establish accordance, mimesis, an authentic relation between the "being inside" and the body. Modifying the body becomes imperative, even if it is explicitly stated that *being* does not take place in it. Thus, the disconnect between body and identity – the clash between these conflicting elements – becomes a source of subjective suffering. On one hand, "being who you are" (identitary level recorded early on in life) and, on the other hand, the body (which, according to the subjects, implicitly participates in the definition of trans as an obstacle to reaching authenticity in identity). Therefore, *trans* identity is not regarded as a legitimate option in its own right alongside hegemonic gender identities. Trans identity is not conceived, by gender nonconforming people, as a legitimately alternative, creative identity construction. It is conceived as something to be corrected and normalized with the aim of becoming more acceptable and thus avoiding social stigma.

I am currently not satisfied with my body. My body has an important place in the way I think of myself. Unfortunately society demands of you certain features to treat you the way you are. (Pamela, trans woman, 36 years of age).

The biological body and its rejected features are explicitly recognized as part of the identity – an inescapable reference of which to detach oneself.

The way in which people refer to their trans identities evidences some collisions of senses that become source of subjective ailment. The trans identity appears as a transitory process, necessary for the achievement of a full identity. This process, however, is always a failed one, because some part of *being* is tied to a body implicitly seen as essentially pertaining to the sex of departure. Even if achieving the self-perceived identity implies transforming one's body, what people perceive as immovable essences non-reducible to genital morphology remains unsettled by hormonal or surgical interventions. It is clear that something of the body counts and matters in the complex construction of the self-perceived gender. This configuration of hegemonic senses regarding the body not only frustrates the full and authentic self-proclaim of the self-perceived identity. It also reveals a true battle between the essential inner feeling of *being* and the body and the reality it carries. Therefore, the body, on the one hand, can be surgically and hormonally intervened. On the other hand, however, it retains the biological being, preventing *being* a certain gender in a body that presents discordant elements that cannot be exorcized through sex reassignment interventions.

For instance, Rafael, a trans man of 22 states: "My issue was that I felt like my body wasn't mine. I felt like a man". His explicit idea refers to his *being* not depending on the biological body. It constitutes an essence brought along from birth. He points out: "What I am doesn't depend on my body. You are born this way. You discover it. One is born to be oneself". Thus, the definition of his gender is located in his *subjective feeling*: "I don't care what people identify me as. I feel like a man. Clearly I am a man, trans or not". So far, the body assumes a secondary place in the

definition of gender given that despite his genitality he self-perceives as a man. He thus appeals to a subjective and inner dimension to anchor his *being a man*. However, on the other hand, a distinction that, implicitly, grants the body a place of truth and foundation of the identity invades. He also states:

> *I feel like a man but my identity is trans because trans alludes to transition. Which means that you go back to being, you are reassigned what you are, let's say. Through a process they adjust your body to what you are. In a balance. At some point I will cease being trans and be just a man. (Rafael, trans man, 22 years of age).*

If, on one side, identity seems to be the base of *being a man*, on the other side, gender affirming surgery opens a gap between arriving to be one in the future and currently being one. Thus, the body essentially captures the *being a woman* present in the biology of his body and, from there, implicitly operates as an obstacle in his self-proclaiming as a *man* – as he points out that, even if he feels like a man, he is a *trans* man. The body appears, then, as an essentialized foundation of gender and, paradoxically, coexists with a perception of the body that allows for it to be adjusted or sculpted. If at some point, as he hints, he will stop *being trans* to *be a man* by modifying his body, and if, as he initially states, he already is a man, then the transition that he suggests should lead him toward what he already *is*. Therefore, what one already *is* in a supposedly non-bodily level is reassigned in a bodily level. However, it is clear that something of the *being* lies in the body, since its intervention appears necessary. The hegemonic rhetoric surrounding the body offers essentialist senses as a way to recover the inescapable presence of the body in gender self-perception. The best known form is the "wrong body" rhetoric that I have referred to.

For Karina, a trans woman of 47, the "trans process" is a path toward "being a complete woman". "To me, being trans is a step forward in the life I lead. To me being trans is the process I need to be a complete woman". At the same time, she states that "after the surgery I will be a transsexual, not a woman". Once again, an obstacle emerges to assuming a full and coherent *being a woman*. She understands her body as essentially male. On one hand, the *trans* process (genital reassignment) appears as an access to *being a complete woman*, which allows one to think that *being a woman* implies the absence of male genitals. On the other hand, there appear other elements of a male body that prevent the complete *being a woman*: "Maybe what signals me as a man is my Adam's apple", or "us men have a particular shape in our legs", "I don't deny my past, or being gay". To this masculine bodily essence, another feminine inner essence is opposed: "my whole life I've felt feminine. I was born this way".

If the present body, still with male genitals, prevents self-perception as a woman, the idea of a future body with a reassigned sex brings along duplicity. On one side, it holds access to being a complete woman. On the other, it deals with a masculine body whose essence seems rooted beyond the presence of genitals and prevents, even after a surgical intervention, from *being a woman* beyond an aesthetic conformity of sex and gender.

Even if the body is the realm where Karina's process toward the desired gender takes place ("for a trans woman, surgeries are very important"), the way in which

she perceives herself leans onto an essentialist view of the body. Such is the case that even surgical interventions appear too insufficient of a strategy to settle the body that is demanded by the desired authenticity. This shows in her lack of conformity with her body after the several interventions done thus far: "I am not satisfied with my body".

After having a sex reassignment surgery, Lara, a trans woman of 23, states: "I am the same in a different package". However, she reckons that there is something in her body that remains despite the surgical changes, "something is not going right" (alluding to her current reassigned genitals). The body is understood as a different package, surgically reassigned to achieve conformity between what has always been felt and the "right" sex. Even if the body-identity disconnect before the surgeries was very strong, after the surgery the body still obstructs being a woman: "I would like to have feminine features, finer, softer, more delicate, not as rough. I avoid the mirror". She also states: "a trans woman is like an anorexic woman, you are never going to look the way you want to look, you will always see a flaw. Even if you get surgeries, something of your being remains, there is always something of your previous being, of your past, your history". Again, something of the "past" body remains as an obstacle to the full realization of femininity (that keeps incessantly demanding a naturally feminine body).

Some Subjective Transformations

As I mentioned above, the rethoric of the wrong body and the resulting search for heteronormative intelligibility – that is, the desire for sex and gender to coherently and authentically blend – have appeared in all the reports of the gender nonconforming people that have been a part of the spaces of reflection, in different levels of intensity, whether explicit or underlying. However, these spaces have also favored transformations in a substantial portion of them regarding the perception of one's own body. For instance, after several months of meetings and reflection there was an evident twist in Ulises, a trans man of 25. In the meetings we worked on singular senses around the body, sharing readings and reflections about political writings and speeches on the body and identities by well-known local trans activists. From there, Ulises began to progressively affirm that his trans identity does not necessarily require surgeries and hormones. His discourse started to locate his trans identity beyond interventions on the body.

> Many people say "no, I am not trans yet, because I haven't had my surgeries and I don't take hormones". Now I have no problem being off hormones for a while. As long as it doesn't harm your organism for stopping too suddenly. I don't believe hormones are something to depend on. To me it's like an option, you are not going to leave behind your masculinity or your identity by not taking hormones or having surgery. (Ulises, trans man, 25 years of age).

In a similar process, Ámbar, a travesti of 36, begins to embrace the idea that being a woman is a cultural construct.

There is no one way of being a woman, and a woman is a cultural construct. I am a cultural construct. I am not a biological woman, I am very aware of that, but I don't realize my femininity from my genitals, I realize it from what I think is feminine, which may be in accordance or not with the femininity of the biological woman. (Ámbar, travesti, 36 years of age).

In the same direction, Cristian, a trans man of 30, states:

I started to think of myself as a trans man four years ago or so. Before, I had things or characteristics that didn't feel mine or felt strange. And I didn't know exactly what it was. I had no clue. When you are younger you don't know these things very well. I suffered a lot, but now I've learned to define myself regardless of my anatomy. (Cristian, trans man, 30 years of age).

He also begins affirming a theatrical conception of gender where there is a possibility to keep on changing.

Life is one big theater. It is awesome to be able to write one's script or… keep on changing, playing with it more like a circus… but not a mocking circus, a circus in a beautiful way, so to speak, not as structured. It's great to keep on changing and not reject anything. (Cristian, trans man, 30 years of age).

Cristian believes it is possible to become something else. He begins to understand his identity as open. Aesthetics seem to play an important role as criteria for transition. He likes the transgressive aesthetic that allows a masculine body stereotype to coexist with the feminine that lies in a genitality that no longer sparks conflict in him.

In the future I may transition towards something else, or create other aesthetics. I will keep on transitioning wherever that transition leads me. I will keep flowing. I don't like to pigeonhole myself. I like breaking. I think my trans identity is interesting because it goes beyond the binary: trans is not one more fixed identity. (Cristian, trans man, 30 years of age).

The alignment of perspectives such as Butler's with new materialisms allows us to approach gender nonconformity in an alternative way, not understanding an existence of naturalized and dimorphically sexed bodies that act as legitimate foundation of dichotomically gendered identities. That theoretical articulation also allows to battle the perspectives that erase the materiality of the body. In this sense, the inclusion of Butler's theory in the fields of psychology and psychoanalysis appears highly relevant as a way to regard people's agency and how identities are configured (Chodorow, 1999). However, the political value of regarding the materiality of bodies should be considered, without it meaning leaving behind the idea of contingent foundations of gender and its material bodily roots.

General Considerations

Those who have attended the space recur to categories such as *trans* and *travesti* to identify themselves. However, when they start to unfold their own senses around these denominations they cannot escape the normative categories that are culturally

available: *man, woman, masculine,* and *feminine*. It is clear how people regard themselves recurring, ultimately, to the gender binary. The employed notions, even those that appear as alternative in the beginning – *travesti, trans, transexual* – are subsidiary to the current organization of genders. Dichotomous categories remain in the core of *gender nonconformity*. Thus, the cultural sense that becomes hegemonic in the meaning of *trans* does not refer to *beyond gender* but rather to a transit, a passage from one of the genders to the other. Even if people self-perceive in reference to the gender norm, singular senses vary in each case. Singular appropriations are therefore produced, accounting for what Nancy Chodorow (1999) defines as personal gender and cultural gender.

As I have noted, the body implicitly functions as a naturalized foundation of gender. Despite employing categories supposedly alternative to the binary (*trans, travesti, transexual*), people ultimately recur to sexual dimorphism, to the notion of *essentially different* bodies, in order to provide their positionings with intelligibility and to signify their own experiences. People self-perceive, initially, under implicit premises of biological foundationalism tied to principles of coherence and authenticity (Butler, 1999). This means that people not only conceive the existence of two dimorphically sexed bodies that found differential identities, they also regard each identity as authentically anchored in a body that naturally functions as foundation.

If, on a theoretical level, the body claims a place that is not exclusively reducible to language, people also continuously appeal to that dimension (genitality, bodily features that are attributed to the masculine or the feminine) as a realm of differentiation. On an explicit level, the dislocation or discontinuity between sex and gender is evidenced. This means that, from these perspectives, the body is not a foundation, but rather an inescapable cultural reference. The realization of one's felt, lived, or self-perceived gender demands and involves the materiality of the bodies (hormonal and surgical interventions). There were no cases in which trans identity takes place exclusively in discursive resignification.

The senses that gender nonconforming people attribute to their bodies hinder the realization of the *felt gender* in coherent terms. A strong underlying desire for authenticity becomes evident. With that aim, there are attempts to modify the body according to the felt gender. However, the body does not manage to be a foundation for the aspired gender, because its essence is not transmuted through surgeries.

In some cases, the meetings favored the politicization of identities and bodies. I noted emergent agencies where people stopped appealing to the body under the demand for conformity, coherence, and authenticity. This led to the abandonment of the need to escape the anatomical body.

Final Reflections

The spaces of joint reflection have allowed to meet with the aim of collectively working through the suffering that the exclusion from the heteronorm generates in gender nonconforming people. The affirmative effects of refusing to interpret the

experience of *travestis* and trans people from prior theoretical categories are evident. We have purposely aimed to avoid the epistemic violence and class, ethnicity, and sex-gendered cisheteronormative biases that theories hold due to their contexts of production. In this sense, we have attributed legitimate knowledge to the voices of the people that are going through a process of transition. From there, we have jointly reflected upon singular senses. This gives subjective agency back to the people and favors the transformation of the positionings regarding the way in which the body is viewed in the understanding of one's own self-perceived identity.

The centrality of the body demands for us to go back to this category to return it to the place it holds in a sex-gendered subjective existence. Not every approach to the body in its materiality necessarily implies essentialisms. For instance, from Judith Butler's production starting in *Precarious life: the powers of mourning and violence* (2004) one can narrow a dimension of the body that attenuates their previous hyperconstructionist thesis. The author outlines a material dimension of bodies not reducible to representation. Likewise, as above mentioned, the notion of *Chiasmus* (Campagnoli, 2013) allows to consider the existence of a material reality of vulnerable and made-vulnerable bodies. To state that discourse cannot completely absorb the materiality of the body is not to state the existence of a body understood as pre-discursive and as foundation of the social and subjective established order. The figure of *chiasmus* is precisely what allows us to see that the materiality of the body cannot be regarded aside from socio-historical discourses.

Returning to the senses that have appeared in the spaces of joint reflection, one must highlight the fact that, for those who conceive their bodies as a surface up for intervention, said interventions alone do not bring any type of subjective reformulation or repositioning regarding the essentialized place given to the body. In some people we observe the belief that genitals and other bodily areas must be modified to adjust to the *felt gender*, signs that gather and require the transformation of *real* aspects of gender. However, in most cases, the body altered through surgeries and hormonal treatment confirmed the unalterable essence of the body, beyond the altered areas.

In most cases, an explicit essentialist perspective overlays the *felt gender*, which is why it operates as a permanent core in the transition. The underlying nature of this essentialism anchored in the speech of gender nonconforming people withholds aspects of the sexed body and misleads the strategies. People attempt to substantially modify a body that can only be superficially incised. The way is not the surgical or hormonal modification of a wrong body, but rather the psychic and political elaboration of the restrictive way in which normative gender frames capture the presence of a forcefully material body.

In the context of the current system that organizes gender, the body becomes a necessary field for the display of trans in two ways. An Affirmative way, first: the body as a place where the interventions that are part of the transition – one of the strong meanings of *trans* – take place. Second, a Restrictive way: the body as an implicitly located core that irradiates the essential sex of departure and therefore prevents gender from coherence and authenticity. The essentialist premises that structure self-perception prevent the sex that is being escaped from becoming

natural, authentic, and coherent. The body is subject to a permanent transition and the perpetual desires of conformity submit people to frustration and subjective ailment. Fortunately, the cases where people have managed to transform those premises reveal that the idea of authenticity dissolves when people politicize their existences and understand the contingency of the foundational place that heternorm gives to sex and genitality.

It is important to emphasize that the body is figured as a territoriality without which identity cannot be articulated. The body questions people's gender self-perceptions. Agential aspects of the body irrupt. Some contributions from psychoanalysis, revisited from the perspective of new materialisms, allow to understand how the materiality of the body participates in the production of subjectivity (without this implying the placement of the body as a determining foundation). Piera Aulagnier (2003), for instance, explains how the psyche is articulated in and through the body, where both intertwine in a complex *chiasmatic* relation. Elizabeth Wilson (2015) strongly questions the ontological separation of biology and psyche by proposing an entanglement where materiality and signification are confused and intra-act (Barad, 2007).

The psychic nature of the body and, simultaneously, the bodily nature of the psyche, shatter the idea of a preexisting organic substrate that functions as support or infrastructure of the psyche. The body is psychically active, but this does not mean that the psyche reflects a preexisting, ontologically closed, carnal reality. Undoubtedly, gendered social frames of subjectivation cannot be eluded, but the understanding of psychic activity should not be devised upon the derealization of the body or the silencing of its capacity of action.

To Aulagnier, the body is a subjective-carnal interwoven complex that is realized both symbolic and materially. She endows bodily matter with representation activity – non-linguistic, of course. The author names those psychic/bodily material productions *pictographic representations*. It is a materiality that is open to transformations along a course not reducible to any normative social order. Assuming the productivity and the participation of the body in the weave of our subjectivity opens a promising horizon to the understanding of the way in which our subjectivity unfolds and is materially realized.

Psychic (pictographic) activity related to the material agency of the body always conflictingly collides with the morphological outlines normatively tied to, and imposed by, hegemonic gender identities. The exaltation of self-perception along with the dismissal and derealization of the materiality of the body in the understanding of subjectivity traps us in the desire for a body able to function as morphologically coherent support for hegemonic identities. The material realization of embodied subjectivity is not reduced to self-perception. The body exceeds self-perceptions. The body and its material processes actively participate in the production of our sex-gendered subjectivity. The self-proclaimed empire of representation, along with the concomitant fantasy of a world materialized in the discursive creases, insists on silencing the creative, open, non-essentialist, and non-determinist potential of bodily materiality. In the agency of matter, in the historical and singular

development of materiality and the intensities of our body, lies the anti-normative stamp able to re-stage the identitary gender categories that are available.

Medical advancements have created the illusion that the body can feasibly align with the psychological gender experience. However, as I have noted, even after the most sophisticated and successful hormonal and surgical interventions, people do not meet their desired gender coherence. Those who pursue the hormonal and surgical intervention of the body as a means to adapt their sex's morphology to their gender identity self-perception face, despite modifications, a body that continues to disturb the gender experience. It is in these cases that the spaces of joint reflection have gained meaning, since they favored the psychic elaboration of the bodily limit that – not only for gender nonconforming people, but for everyone – obstructs the full subjective experience.

The voices of the gender nonconforming people with whom I have shared the spaces of joint reflection have allowed me to regard differently the insisting persistence of a body that, despite the hormonal and surgical interventions, makes its way as an obstacle for complete self-perception. This irruption of the materiality of the body that resists full absorption within the identitary frames through which we perceive ourselves is not exclusive of gender nonconforming people. In no case is the *body* a passive surface. On the contrary, the body must be regarded as *psychic materiality*, vibrant and active.

To ponder the body is not equal to affirming that it holds the final say regarding a gender that is understood as a monolithic, stable identity reduced to the social. This would imply regarding the body as a causal, previous, essential factor. If stating that biological materiality determines the gender experience is unacceptable, that is no reason to deny the pertinence of the body. Our bodily materiality cannot be eliminated from our theoretical analyses and our subjective experience. In this respect, the spaces of joint reflection have tended to favor the politicization of the complex entanglement of identity and body as a way to psychically elaborate the fantasy that the morphology of the body can be erased to achieve and consolidate a normatively hegemonic gender. Some cases have allowed us to appreciate that, when the body's factic, morphological characteristics are psychically elaborated, new ways of devising a subversive, singular gender open up, tossing heteronormative restrictions beyond the sex-gender requirements of coherence.

The spaces of joint reflection are anti-normative because they give room to the materiality of the body and acknowledge the way in which the body participates in the writing of one's own gender. Returning to Aulagnier, one could state that bodily matter pictographically produces the psychic staging of gender. The materiality of the body becomes an active place where hegemonic gender scripts can be reinscribed in a complex way. The pictographic writing of bodily materiality proposes (non-linguistic) representations that are a key component of the (chiasmatic) representational/material entanglement that composes the weave of what we understand as gender (whose psychic component is not reducible to the biological, the social, or the cultural). The pictographic bodily/psychic writing participates in the production of gender from the active representation activity. We must understand that gender encompasses non-conscious aspects, entangled with the materiality of our body,

that intra-act and, at the same time, do not reduce one another. They collide with the culturally imbued aspects of gender that our selves perceive in terms of our own identity. Aulagnier allows us to see that what the self suffers as inadequacies are a profound opportunity to elaborate and make way for non-normative transformations.

In conclusion, to state that the body is *wrong* indicates a strategy of the self to deal with the suffering that the exclusion from the scope of normative recognition entails. We are body, in a deep psychic and material (non-essentialist and non-foundationalist) sense. In this way, the spaces of joint reflection have allowed to broaden the frames of understanding of the body. Far from dismissing it for fear of essentialism, we must retrieve it from new perspectives that are not centered on the naturalization of sexual dimorphism. When hegemonic senses around the body are transformed, *gender nonconformity* will cease to mean a passage from one pole to the other in the binary of the gender system that is available. Then will the hegemonic senses that surround bodies no longer function as epistemological obstacles regarding the irruption of a material and bodily emergent diversity. After all, the body is the matter where our subjectivity is realized. Thus, the body is never wrong.

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Chapter 5
Between Social Rejection and Gender Reaffirmation: An Approach to the Narratives of Trans Women in Colombia

Carlos Andrés Tobar Tovar and Paula Andrea Hoyos-Hernández

Introduction

The traditional approach to gender identity presupposes a binary, homogenous, and inflexible classification by which the expression of sexuality is signified. This assumption underlies understandings of desire and rejection, interdependent notions that express the relationship between the body and social life (Fournier, 2018).

Consequently, it is useful to explore how the categories "sexual identity" and "gender identity"have been included in the contemporary debate on political recognition of gender diversities and their social impact, and the tensions between sex and gender constitute one of the anthropological roots of social conflicts linked to homophobia and transphobia.

This chapter explains how the tensions between the classifications derived from sex and the multidimensional character of gender have an impact on the conceptions of "sexual identity" and "gender identity"and its impact on social experiences related to the rejection and reaffirmation of identity in the case of women with trans life experiences. It also describes experiences of gender identity awareness and self-determination from the perspective of the trans women participating in the study.

The approach proposed by the Project is based on feminist and trans-feminist perspectives (Fournier, 2018; Monteiro & Brigeiro, 2019; Rodrigues et al., 2021), positions that critically reflect on the transformations of subaltern groups within the domination structures inherent to the imbalance of power between genders.

From traditional academic perspectives, "sexual identity" and "gender identity"tend to be attributed and associated to religious, linguistic, or ethnic identity; they are experiencing practices, rituals, and routines that make up languages for dealing with coexistence. Hence, these identities tend to be delimited, based on their

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more objective correlates, easily verifiable classifications in bodies (Granados-Cosme et al., 2017).

The categories of "sexual identity" and "gender identity"are of particular interest to psychiatry, psychology, and therapeutic practice. Ethical-existential overtones are attributed to them, with a political capacity to guide social critique. In Sadock et al. (2015) Compendium of Psychiatry, identity is an expressive experience, a means to assume what one is in coherence with a medical/objective canon: to feel male or female is to be recognized by a scientific guild based on established criteria, which implies expressing concordance with what is socially and culturally expected of being a man or a woman.

This chapter presents the thesis that suggests that experiences of social rejection have an impact on the reaffirmation of gender identities. To explain this idea, firstly, we explain the tension between sex and gender, with emphasis on the Latin American case. Secondly, the methodology of the study is presented, emphasizing the description of the participants, their relationship with the research project, and the way in which the content of their narratives was classified. Thirdly, the results are based on the four classifications: (1) Socio-cultural aspects in the construction and expression of gender identities, (2) Between sexual and gender identities, (3) Identity awareness and self-determination, and (4) Affirmative action and recognition. Finally, discussion and conclusions are presented, summarizing the most salient findings.

Approaches to Sex and Gender

There is a widespread understanding that "sex" is a biological datum that allows chromosomal cross-linking of the genes of a species and is expressed anatomically and physiologically through the internal gonads and the internal and external genitalia. It also encompasses desires, anatomies, acts, and pleasures, among others. For this reason, it is possible that in colloquial language this could be understood as carnal pleasure (Granados-Cosme et al., 2017).

From psychiatry, sex is related to the set of biological components that differentiate the male from the female, a useful matter for the intertwining of genetic information, and with it, of the variation of the species (Laqueur, 1990). This would be "objective" evidence. From the natural sciences and especially twentieth-century biology, "sex" was simply sexual difference. There was no talk of chromosomal assignment, of reproductive apparatus: it was simply what differentiated men and women. From this point of view, sex is a self-evident datum, which does not require study or approximation: it is something that is taken for granted, it is universal (Laqueur, 2015).

Recently, queer and intersex communities have postulated that sex is considered as non-biological, but incorporates a social construction of classification inherent at birth (Comisión Interamericana de Derechos Humanos [CIDH], 2015). Thus, appears the concept of "sex assigned at birth", which corresponds to the perception

that the person receiving the birth has the visible genitalia of the newborn. For many sexually diverse communities, this is the origin of cisgender binarism.

The sex assigned at birth constitutes an intransigent and patriarchal cultural ideology, a legally validated hegemonic ritual with psychosocial effects evident in name, citizenship, access to work, and social life in general. From this perspective, the disciplinary bodies subordinate and inscribe them in profound anti-democratic practices.

On the other hand, the concept of "gender" is born out of the social transformations of the feminist struggles of the 1960s, especially in North America. Gender is a set of "ideas of what men and women should be, of what is supposed to be 'proper' to each sex" (Lamas, 1996, p. 217); it is a way of referring to the social organization of relations between the sexes. Gender accounts for the characteristics that are legitimized and promoted by society for men and women, shapes identities, organizes social life, and influences the allocation and distribution of resources (Markwick, 2016; Organization of American States [OAS], 2018).

In these definitions, the expectation of congruence between biological sex, sexual identity, and gender identity is evident: gender would qualify as sex. The determining criterion, the basis of sexual and relational practices, would be the sexual datum, while gender is the social appropriateness of these practices.

Traditional understandings of gender fail to recognize the complex and fluid nature of sexual diversities (Monteiro & Brigeiro, 2019). In this regard, it is worth outlining three studies conducted in Latin America. The first refers to studies on the labor, educational, and family limitations of transgender populations in Colombia, which show the limits of public policies to regulate practices aimed at social justice (Hoyos-Hernández & Valderrama Obergozo, 2020). The second corresponds to studies with trans populations in Central American prisons, in which case the absence of an expanded understanding of gender has an impact on the violation of human rights (Fournier, 2018). The last case refers to the efforts to expand the coverage of health services for transgender women in prostitution in favelas in Brazil and the attempts to establish a "right to prostitution", from which health conditions for these populations can be improved (Monteiro & Brigeiro, 2019).

Currently, "gender" can be approached as a category of special interest, it can be seen as an ideological-political position, a set of theories, and as a factual cultural reality (Guerra López, 2016). It clearly intertwines structures of oppressions between prestige and privilege, injustices and inequities related to a capitalist, classist, patriarchal, and androcentric world, which has led to the concentration of power in one gender (and sex) (Cerezo, 2020; United Nations Development Programme [UNDP], 2019). In this sense, one of the biggest obstacles to human development is gender inequality (UNDP, 2019).

The division between sex and gender would continue to prolong the opposition between the natural and the cultural. Sex, gender, sexual orientation, gender identity, and sexual identity remain linked to this day in the classifications of the social and clinical sciences, even though attempts have been made to separate them and persist in differentiating them and explaining their differences (Castelar, 2015).

From this perspective, recognizing a gender identity implies corroborating the existence of a biological order. It involves correlating sex with the social and reproductive expectations of patriarchal society and its perception of the female body. However, what happens when a person escapes the social determinations inherent to gender?

There is currently work from the social sciences that question the interdependence between gender and sex (Granados-Cosme et al., 2017; Gutiérrez-Gamboa et al., 2018). Gender has become as relevant as race and social class because the conjunction between the three allows us to describe social practices in vulnerable contexts.

Theoretical Positions

According to González-Rey and Mitjáns Martínez (2016), the understanding of gender and its diverse nature made it possible to construct a point of view on the subject outside of social determinations. From this perspective, the social sciences of the second half of the twentieth century studied the interstices between private and public experiences, recognizing socio-cultural and historical processes that take place in the relationship between subjects and society.

Understanding gender expressions are relevant in the study of social movements in which expectations of cultural recognition, economic redistribution, and political representation are proposed (Guerra López, 2016). In the Latin American case, the study of language transformations in the political sphere is correlated with intelligible psychosocial demands before the State bodies responsible for the development of inclusive public policies (Castelar, 2015).

Within the sexual and gender diversity spectrum, specifically, trans people are considered to experience the highest level of discrimination and health disparities, experience multiple violence, and lack social, political, educational, and occupational participation (Agana et al., 2019; Aisner et al., 2020; Allen et al., 2019; Baldwin et al., 2017; Baptiste-Roberts et al., 2017; Bristol et al., 2018; Hoyos-Hernández et al., 2021; Hoyos-Hernández & Valderrama Obergozo, 2020; Jennings et al., 2019; Maingi et al., 2018; Markwick, 2016; Miura-Zucchi et al., 2019; Muñoz-Najar, 2017; Romanelli & Lindsey, 2020). This situation is accentuated, for example, in the work environment of trans people whose gender expression is non-binary (Cedeño Barreto & Alvarado Vilches, 2019; Galvis Ramos et al., 2019; Gutiérrez-Gamboa et al., 2018; Losada Posada et al., 2018; Miura-Zucchi et al., 2019; UNDP, 2019).

Laqueur's (2015) research on the history of the differentiation of the sexes in the tradition of medical academia (anatomy, biology, and psychoanalysis, among others) reveals that this classification was born in the West at the same time as the concealment of sexuality at the end of the sixteenth century. In the seventeenth century, there was talk of sexual unimorphism, meaning that one body was normally conceived as a single body, in which certain sexual organs were developed or

atrophied depending on whether one was born male or female. Thus, the Aristotelian tradition showed that there was a single sex, the male, with an accidental (and in many respects defective) variant, which would be the female; this because the few medical studies of the time believed in the existence of a single sexual organ shared by the species, which was drawn in the form of a pouch (male if it was outwards and female if it was "invaginated" if it was directed inwards).

According to Laqueur (2015), the female body was conceived as the inverse of the male body (i.e., the male body with a few changes). Women's genitals were the same as men's, only with the alterations inherent to maternity (hollow, as they had to house a new being). It was not until the seventeenth century that the two bodies were radically differentiated and sexual dimorphism in human beings became the scientific and epistemological paradigm for which the genital organs constituted the key element of sexual difference. This view would remain until the end of the nineteenth century when various studies associated with the social sciences first established the linguistic and conceptual distinction between men and women: the distinction of gender. In this sense, other equally radical differences were established, such as, for example, the sharp separation between homosexuality and heterosexuality, between sexual perversion and normality. The "sexual subjects" appear as a modern invention that will begin to be questioned only around the middle of the twentieth century. The need to submit to social approval (whether medical evidence or group acceptance) will simply evidence an underlying political ordering since the distribution of power is mediated by the possibility of classifying, categorizing, and organizing oneself and others.

On the other hand, anthropology has much to contribute about the correspondence between sex and gender. The work of Ortner (1979) and Moore (1994) stands out since their research has nourished the debates in the social sciences with respect to the sex-gender continuum (Mas-Grau, 2015). This is due to the separation of biology and medicine, for example, between the realm of nature and that of culture, was a dichotomy that traditionally described the "wild" life of those who observed the norms of behavior and traditions of culture (Langarita-Adiego & Mas-Grau, 2017). The differentiation between untamed nature and rational, controlled, dialogical culture is very imprecise (Ortner, 2016).

Sherry Ortner's article is fundamental in this debate: it was published in 1979 under the title "Is woman to man what nature is to culture?". It addresses the problem of the subordinate status of women in contemporary Western societies, and how the false idea that women are untamed, closer to nature, while men are closer to culture, has become a truth to be proven by anthropological evidence. The internalization of the feminine role in societies exists and is even strongly promoted, but the social sciences had not asked themselves why, overwhelmed by the hegemonic positivist discourse that corroborates an idea without questioning its origin. Ortner (1979) says: "it is not to say that biological facts are irrelevant or that men and women are not different, but that these facts and differences only take on a higher/lower significance within the defined framework of the value system" (p. 6).

Therefore, his question about the relationship between man and woman as culture and nature is based on the idea that culture controls, modifies, and domesticates

nature. Classical approaches to the concept of culture pose it as a "distancing" from nature and its entropic character.

This assumption that women are seen as an untamed force, close to nature, would be corroborated by nineteenth-century scientific explanations of a differently structured psyche, a physiology "designed" for procreation, an allocation of social roles related to interrelation rather than competition, and so on. This does not mean, as might be interpreted, that the separation between sex and gender and the subordination of the latter to the former is being accepted, but that sex is taken by many disciplines as a significant datum to establish and sustain gender difference. On this point, Moore's (2004) position is illuminating. For her, the concept of gender has been useful, given that

> This separation between nature and culture is also directly linked to the issue of the universal incest taboo, that is, between the permitted and the forbidden. There is an approach to feminist authors such as Gayle Rubin (and from them, thinkers such as Monique Wittig), in warning that the taboo of homosexuality is prior to that of incest, as a constitutive prohibition of the subject (Castelar, 2015, p. 150).

The critique of the heterosexist mechanism underlying the discourse of science has been presented not only by feminist anthropologists but also by contemporary thinkers such as Simone de Beauvoir, Michel Foucault, Julia Kristeva, Luce Irigaray, and Monique Wittig, among others. Each of them addressed the problem of the separation between sex and gender and concluded that it arose more from hierarchical prejudice than from meaningful evidence. These challenges to traditionalist conceptions and naturalized correspondences coincide with the idea of critiquing conceptual reifications of terms that have become ideological prisons. In the case of women, the idea that their identity corresponded to that of motherhood has been challenged from multiple spheres (Eribon, 2016).

Contemporary sociology could also shed some light on the problem of the correspondence between biology and identity. This is the case of the French sociologist Eribon (2016), who offers an approach to what he conceives as a "sociology of homosexualities". The author finds in confessional practices, which had already been addressed by Foucault in his lessons on acting badly, and telling the truth, a practical scenario for the emergence of one's own "identity", as a way of constructing a body ready to be discriminated against, made invisible, marginalized, and socially excluded. This approach makes it possible to establish how "non-heteronormative" subjects are oriented toward the composition of negatively differentiated sectors.

Discrimination based on sexual desire is expressed through social demands that disregard gender identity; the subject is expected to behave according to a patriarchal expectation that people cannot assume to be a man within the standards of a specific society. Consequently, they are forced to "come out" of the wardrobe or remain silent.

For the purposes of this study, it is useful to understand the way in which the subject must participate in a double denial: on one hand, denying his sexual desire and, on the other hand, being deprived of a space of psychosocial support in which

he can address questions about self-determinations. These denials configure an experience of rejection that is found in the accounts provided by the trans women in this research.

Methods

Design

A narrative thematic life history study as part of an Action Participative Research (Creswell & Poth, 2017; Flick, 2004; Hernández-Sampieri et al., 2014). The narrative design allows for the construction and analysis of life history accounts, from which the choral narrative, which evidence gender transitions, is emphasized (Creswell & Poth, 2017; Hernández-Sampieri et al., 2014; Moriña, 2017). In this way, the objective of this study was to explain how the tensions between the classifications derived from sex and the multidimensional character of gender have an impact on the understanding of "sexual identity" and "gender identity"and its impact on social experiences related to the rejection and reaffirmation of identity in the case of women with trans life narrative. It also describes experiences of gender identity awareness and self-determination from the perspective of the trans women participating in the study.

Participants

139 trans women in seven cities in Colombia: Cali, Armenia, Calarcá, Jamundí, Bogotá, Bucaramanga, and Cartagena (Table 5.1). The inclusion criteria were (a) people who defined themselves at the time as trans women for at least the last two years; (b) being over 18 years of age; (c) residing for six months in one of the following cities: Cali, Jamundí, Bogotá, Calarcá, Armenia, Cartagena, and Bucaramanga; (d) persons who freely expressed their willingness to participate in the study by giving verbal informed consent and signing the corresponding form. Exclusion criteria are not considered.

The women participate in the Project TranSER: a program for the strengthening of a full, satisfying, and healthy sexuality in transgender women in Colombia. The development of this participatory action research is based on new understandings for the study of gender diversity in marginalized contexts. The participating women highlight the place of rejection in the narratives of family, education, labor, and political and social exclusion suffered by this population.

Data Collection

In-depth interviews and discussion groups were conducted between June 2019 and March 2020. The interviews allowed to delve into their experiences about their socio-demographic characteristics, aspects of sexuality, family and couple, social, biomedical, dietary, psychological, and occupational aspects (Hoyos-Hernández et al., 2021). This chapter proposes an analysis focused on socio-demographic characteristics, sexuality, and social aspects related to gender identity and expression.

Table 5.1 Distribution of trans women by city

Distribution by city	N	Percentage	Ages (Range)	Occupation
Calarcá	6	4%	19–32	Sex work, social management, activism, styling
Cartagena	32	23%	19–39	Law, psychology, sex work, activism, queen preparation
Bucaramanga	25	18%	18–53	Styling, law, activism, social management
Cali	23	17%	39–58	Sex work, styling, activism
Armenia	22	16%	19–37	Social management, sex work, activism, styling
Bogotá	21	15%	24–58	Styling, social management, sex work, acting, art, and culture
Jamundí	10	7%	20–53	Sex work, styling
Total	139	100%		

Note: Own elaboration (2022)

The discussion groups welcomed the group perspectives, consensus, and dissent of the trans collective regarding their trans life experiences. This one contained between seven to twelve people and lasted an average of 120 minutes and covered the following topics: (1) Sexuality: meanings and experiences, corporeality, gender identity, gender expression, sex-affective relationships, and sexual satisfaction. (2) Healthy practices about sexuality: self-care, management of emotional states, sexual assertiveness, HIV/AIDS. (3) Risky sexual practices: consumption of psychoactive substances and alcohol, sexual relations without the use of condoms, sex work, sexual violence/abuse, and emotionality. (4) Addressing the gaps in Colombia related to the health of transgender women (Hoyos-Hernández et al., 2021). For this chapter, the topics corresponding to the first theme were taken, and the analysis considered the convergence and divergence with respect to the controversies that the participants expressed in the discussion groups.

Data Analysis

The information for the analysis was taken from the first thematic group on sexuality, and triangulated from the perspectives of the researchers and existing literature (Flick, 2004). The categories of analysis, emerging from the thematic analysis and the objectives of this study are described in the results section (Escalante-Gómez & Páramo, 2011; Mieles- Barrera et al., 2012). It should be noted that the interviews and discussion groups used audio recordings and were transcribed verbatim, then organized using thematic analysis in the Atlas ti cloud program. Consensual Qualitative Research (CQR) was carried out to achieve a reliable transfer of the women's experiences according to the context in which they took place (Santiago et al., 2011). The participants' testimonies have been translated into English to preserve the place of enunciation.

Methodological Procedure

The TranSER Project was written by professionals from the Centro de Estudios de Infectología Pediátrica, professors from the Pontificia Universidad Javeriana Cali, and the woman leader of the Fundación Transmujer (Association of transvestites and transsexuals of Cali, Colombia).

Once approved by the Ethics Committee of the Faculty of Humanities and Social Sciences of Pontificia Universidad Javeriana Cali and the independent Biomedical Scientific Ethics Committee of Corporación Científica Pediátrica (Cali, Colombia), alliances were established with women leaders in each of the cities selected for the study. The project was socialized, and the participants had an informed opinion of the issues that would be addressed in the methodological procedure.

The instruments were applied between 2019 and 2020. From the transcripts of the recordings, the thematic analysis of the data was carried out, generating content for the existing and emerging categories, and Atlas ti cloud program and the CQR (Santiago et al., 2011) were used to organize the information. Based on the analysis, the following activities were carried out.

First, the results were socialized to complement the initial information (2020). Second, workshops were held between July and August 2021 to strengthen knowledge and practices on sexuality and gender transitions. Emphasis was placed on self-care practices. Third, a strategy of public dissemination of knowledge was carried out to make the life stories visible. Part of the result of this process was called Valientas and can be consulted at the following link: https://valientastransmedia.javerianacali.edu.co/el-proyecto/.

Throughout the research process, reflexivity became a relational process of ongoing and horizontal dialogues community-based for transformation (Hosking & Pluut, 2010; McNamee & Hosking, 2012). It also alluded to positionality, which favors the understanding of commitments concerning the activity being carried out (De la Cuesta-Benjumea, 2011). These notions favor transdisciplinarity, which is derived from comparing and contrasting academic epistemologies with those coming from common sense and the learning of conviviality.

Ethical Considerations

This research incorporated reflexivity and positionality as ethics recourse (Etherington, 2007; Shaw et al., 2020). The ethical guidelines for conducting research with people according to Colombian and international standards were complied with throughout this study (resolution No. 008430 de 1993 del Ministerio de Salud; Manual Deontológico y Bioético de Psicología y la Ley 1090 del 2006).

Results

A total of 139 women took part in the study. They identified themselves as trans women, who live in seven cities in Colombia: Armenia, Calarcá, Bucaramanga, Cali, Jamundí, Bogotá, and Cartagena. They were between 18 and 62 years old

(with an average of 32) and 69% belonged to the lower socioeconomic stratums 1 and 2 (according to the classification in Colombia, which are low-income levels), 50% are high school graduates, or have had some form of higher education; and 58% work as hairdressers, or sex workers.

Considering the objective of this research, the following is a description of the categories of analysis which are accompanied by the participants' narrative and according to the information collected in the discussion groups and the in-depth interviews: Socio-cultural aspects in the construction and expression of gender identities, Tension between sexual and gender, Awareness and self-determination of identity, and Building affirmative pathways and recognition of trans women.

Socio-cultural Dimension of the Gender Identities Construction

Report feeling pressured to express a gender identity that is in line with the stereotypical behaviors associated with being cisgender women in Colombia and the cities in which they live. In this respect, being a woman coincides with aspects such as delicacy in moving and expressing oneself orally; beauty, associated with physical attributes and care of the body; physical appearance, when dressing, for example, using accessories, "women's" clothes and wearing long, well-groomed hair, applying make-up, shaving hair. They also refer to demands related to a voluptuous physical appearance or one that overemphasizes the attributes that make a woman a woman. In this last aspect, most women's experiences of trans life coincide with the use of hormone therapy and/or gender-reaffirming surgery.

> *Here (Cartagena) I have realized that because society is so sexist, it forces us to be more feminine, it seems to me that it is something that although it sounds ugly because we are being discriminated against, it makes us demand more of ourselves to look prettier (Cartagena, individual interview).*
>
> *I think that the society in which we live has classified us, imposed on us certain beauty canons or certain patterns, and if we don't fit into those patterns, well, it's not good, so obviously each one of us feels good the way we feel good, that is, beauty is very relative, each one of us, we are all beautiful and we are all as beautiful as we feel, so why can't a chubby girl be beautiful, obviously yes, or a thin person the same, but unfortunately society has sold us these patterns in which female beauty has to meet certain standards, which are 1, 75, 90-60-90 and whoever doesn't fit within those standards is out and doesn't comply, so it is frowned upon, so it shouldn't be like that, because we are all equal and we all have a beauty that we can show and express in different ways, so I say that these are limits that society itself imposes on us, but that each one of us also has to say no, if I feel good like this, full stop, and if I am fat, and if I am skinny, and if I am tall, if I am short, if I am.... (Bucaramanga, discussion groups).*
>
> *Vulgarities in a woman look ugly because you know that men are always the ones with the ugy vocabulary (yes, laughter) ... machismo (Bucaramanga, discussion groups).*
>
> *Trans girls who want to look like a feminine woman, who want to have their physical attributes, who want to have their nose done, their surgeries, their things, they all achieve it in their own way, but they manage to transform themselves and they do it. They are demonstrating their sexuality, I think that is the most important thing in a human being (Bucaramanga, discussion groups).*
>
> *If I behave as a woman, I don't make a fuss, I dress well, then nobody has to make a fuss about me, I go unnoticed. She walks as a woman, she is going to play her role as a woman, so nobody is going to look at you badly (Calarcá, individual interview).*

But something that we trans women must get into our minds is that to be a woman we don't need to have tits or a huge ass, no, a trans woman is a woman because of her condition and her way of thinking; I have felt like a woman since I was a child because of the way I think. I, for example, never liked being voluptuous, or having an exotic body, no, it was never my... and I could have had it because I had many men, who were millionaires, who wanted to build me, but I never allowed it, because I always wanted and I always longed to live many years, I am going to be 55 years old and I want to live many more, yes? In other words, my construction is more than aesthetics, it is, first of all, to feel like a woman, to feel like a woman I will express being a woman, my femininity, ok? To tell you, in Cali I am so daring, mami, that I was one of the first transsexuals who prostituted herself in the center of Cali, and too many men told me "You are too much of a woman". So that's what it means to me to be feminine, to dress up, to feel like a woman, to put on heels, to put on a baby doll, to put on a thong, to see myself in a mirror... That's what being a woman means to me, and it has a lot to do with sexuality (Cali, discussion groups).

Tensions Between Sex and Gender

The trans life experiences of the women participants express the tensions they face within themselves and in their family and socio-cultural contexts with respect to their gender identities and expressions. In this regard, aspects stand out that account for their identity based on referents such as feminine, women, transsexuals, transgender, transgender, and transvestites, among others. In this study, women defined themselves as trans, transgender, or transsexual women, and very few as women, alluding to aspects that counterbalance sexual identity and gender identity.

In particular, the category woman was strongly associated with being cisgender, and therefore some preferred to be recognized as trans or transgender women. Those who also self-identified as transgender expressed greater pleasure in defining themselves as women. Thus, from the women's accounts, attributes related to being female or transgender can be considered as those in which their gender identity prefers or seeks a congruence between their external sexual organs and their feminine expressions, and a path to this may be gender reaffirmation surgeries. For their part, trans, transgender, or transsexual women indicate greater attachment to their sexual identity and body composition, with acceptance and enjoyment. However, in all the participants, the sexual identity referred to their biological dimensions and corresponding to the sex or sex assigned at birth comes out in contrast to gender identity as the intersubjective construction that each person carries out throughout their lives and which implies subverting and deconstructing the learning and hegemonies associated with gender, in a hetero-cis patriarchal Colombian society.

I do feel very feminine, and I try to be very feminine, but why should I say feminine if I don't have a vagina (Armenia, individual interview).

We are very visible, we break all barriers (Cali, discussion groups).

I am going to tell you one thing, never define yourself as a woman, feminine is different, but never in life are we going to be women, we were born with a penis. I don't know, I am trans and it makes me different from everyone else. The truth, for me, is how we feel, if you think you are a woman, if you think you are feminine, you are feminine, me, I am feminine (Armenia, discussion groups).

... I feel happy now, because I am in what I have always been, different. A man who was born in a body he didn't want and who has been building it day by day. And for me, gender and sexuality will never change, because I will be the most beautiful woman. It is very nice to feel feminine. But I have always said, I can look very feminine or bad feminine, but I am not a woman, nor will I ever be one. We simply present a woman, and we are trans, trans girls. And we have to be clear about that, because in the end, we are real men with the wrong body, and we always have to be aware that even if we look very feminine, we are trans women. We are representatives of a woman, but we are not women (Armenia, discussion groups).

I have always said to a man, that the exception that makes me feel that I was born a man and I have a man's penis, does not make me feel bad that I want to feel like a woman, because my thinking, my way of acting, of dressing is that of a woman, there is no need to have a vagina to tell a man that he will satisfy you, if I can do it anyway (it is that the simple case that), if the man likes you and the man likes you, then the man feels satisfied to be with a person like you (Bucaramanga, discussion groups).

... whether or not you have a vagina does not make you more of a woman or less of a woman (Bucaramanga, discussion groups).

I have a phrase "a penis does not define a man and a vagina does not define a woman", I have a penis, but I feel like the most womanly of all women, so that is mental, that is, for me, the penis does not mean that I am a man, no, I have never been a man, nor have I ever felt like a man, never in my life (Bucaramanga, discussion groups).

It happens to me with my partner, he is bisexual, he is an active guy, I don't like him touching me there, because I don't know, with him I feel completely female, and sometimes I tell him: don't touch me there; it's not that I can't feel it or that I can't show him, because I am with him normally, but with him, as he tells me: but (as I say it, he laughs) let's say it normally, abruptly: oh, because you can't get it up! because with him I don't have an erection completely, it's flaccid and I tell him: I don't know, this is the first time this has happened to me with a person because I've been with other guys and if I have an erection it's fine, but not with him (ok), with him I want to be completely woman with you, I don't want that, sometimes I don't even come with him because I feel pleased and satisfied with everything he does, and there's no need for me to come, and he tells me that: but you have to come, and I don't, but if I don't want to (Bucaramanga, discussion groups).

Identity is constructed by everyone in their own way, it is simply identity according to what you want to be, that is, I transform myself according to my identity because I want to be a woman and as such, I construct my body as a woman, there are girls who want to construct their bodies as boys who already call themselves trans men, right, so they have already constructed their bodies according to their identity. So, I think that identity is what builds you, what makes you and what identifies you as a person, not in a group, not in communion, not in anything, but independently. That is the identity of each human being, the identity that he or she wants to give to his or her body (Bogotá, discussion groups).

Awareness and Self-Determination of Identity

The participants' accounts refer to the awareness of their gender identity in childhood, and the beginning of their gender transitions in adolescence, which is fundamental to reaffirm their identity and strengthen their well-being. In this respect, they refer to facing those socio-cultural constructions of gender and sex in their families and cities, as mentioned in relation to the previous categories of analysis, their processes of self-identification and self-determination in a sexist, macho, and patriarchal society. In this context, women construct their processes of identity and gender expression dynamically throughout their life course and often separated from their

families of origin, especially those who do not have the support and recognition within their homes.

> *Well, since I was a little girl, I have always known that I am a woman, that I have always been a woman, but then when I came here, to start, to put on make-up and all that, it was when I was 13 (Calarcá, individual interview).*
>
> *My mentality was always that I was a woman, that I am a woman, I feel like a woman (Cali, individual interview).*
>
> *The most complicated thing since I started the transition is acceptance, for people to understand that I don't do this on a whim or for business or because people accept me, it's because I feel this way, I feel this way (Cartagena, individual interview).*
>
> *I have been conscious since I was about three years old, I remember very small things, and as my two sisters are older than me, so the fact that I didn't want to play with their things, very minimal, I have these very vague memories, in which I always tried to put feminine things on myself. So, I think that's where I started from. I was always a person who was considered very delicate in my voice, my hands, my body, it was always very subtle, so that was always frowned upon in the family, obviously. But I think it all starts from there, at the moment when I feel like I have something that doesn't look like my mother, when I take a bath, then I start asking a lot of questions, I feel like my mother but I see that my mother has long hair, I see that my mother doesn't have what stands out to me, I see that my clothes are a bit different, and that's when the rupture between my body and my mind starts (Cartagena, individual interview).*
>
> *So, it is something very complex; also, because gender is how I identify myself, I identify myself as a woman, yes, and I like to identify myself with the feminine, and I may have relationships that are heterosexual or different like that, but... identity is not for me simply how I want to be seen as a woman, no, it is another type of values or constructions that one has as a human being and that go hand in hand and complement it (Cartagena, individual interview).*
>
> *I was born and built myself because I never accepted myself as a man, I never accepted my genital organ, I never accepted wearing male clothes... I never had a childhood, because I never had one, my childhood was locked up inside myself, I built a world for myself so as not to be exposed, I had a very humble and very macho family, so, if I say that answer, I was born and built myself (Armenia, discussion groups).*
>
> *In my case it is very different because transsexuality transcends because in my case my mind does not agree with my genitals, I do not feel comfortable playing the active role, I feel that it goes beyond you, you feel trans and I respect that, but I do feel that I do not agree with what I was born with, so I feel that sooner or later I have to undergo reassignment (Cartagena, discussion groups).*
>
> *Being trans is like expressing your inner self, it's like matching your mind with your body. At least something that I have always had is that there are people who say to me - oh, but you wanted to be a woman - no, I didn't want to be a woman because I don't have a woman's mentality, I am a trans mentality, so when they say to me - oh, when are you going to cut it off? no, I'm not going to cut it off because I fully enjoy my body in my sexuality, every part of it has been used, so why am I going to do without it? No, I can't, so it's like finding that balance between what you think and what you are and what you want to express bodily, personally I am balanced because what I am on the outside is what I am on the inside, so I have no traumas as a woman, I don't suffer because I can't adopt, I don't suffer because I can't get married, I don't like children, I have no mother's spirit and as my mother has told me - the only thing you have as a woman is your appearance. Obviously, one has the delicacy, the treatment, but it's not like I have it in my head that I am a woman, I am a trans woman. More than anything, I don't fight because people consider me a woman or because I am treated with feminine adjectives, I don't fight because of that, but because they tell me that I have to accept that I am a woman, because I am not a woman! (Jamundí, individual interview).*

Affirmative Action and Expectations of Recognition

Given the multiple experiences that the participants face as part of their identity processes, transitions, and gender expression, they refer to some aspects that are central to strengthening their well-being and contributing positively to their health and illness processes, social participation, and the construction of life projects. In this regard, they consider that they contribute positively to their recognition in society and promote affirmative ways such as social support among peers, family members, and other members of communities who know about the issue, about rights and mechanisms of enforceability, the strengthening of themselves as women with trans life experience and human and social beings, and the construction of a society that recognizes, welcomes and protects sexual and gender diversity, the deconstruction of gender in the face of the binary patriarchal rigidity with respect to it.

> We have to start to become a society because due to our culture and the way we are, society does not accept us and we can't get to implant society, you know, we are like that, we are drug addicts, we are thieves of everything, no, we have to, there are changes, there are changes that have to be made, women (Cali, discussion groups).
>
> The best advice I could give to a person who is just starting out is to educate herself, to study the subject, to seek assistance, to seek advice, not to be ashamed to ask a trans woman how to do that, how she bought these clothes, or come on, fat lady, explain to me how to adjust my thong because it is very noticeable to me. So that they lose their fear and stop stigmatising themselves, because many of them are "oh, it's just that this is so...". No, ask, if someone has already gone through a process and I ask them... (Armenia, discussion groups).
>
> Today I know happiness, today I know it because today I learned many phrases that one hears but does not practice, I said that man for many years that I loved him, but I never told myself that I love myself, and today I learned to look at myself in the mirror and say I love who I am, today I love the woman I see in the mirror when I look at myself (Cali, discussion groups).
>
> We have to support each other, for example, we have a group that is like a support group in which many, many trans people, especially young people, eeh! we kind of get together to give each other support, advice, talk about different topics such as medication, doctors, endocrinologists, eeh! what process to follow if they deny you the service or things like that, it is a support group for trans people (Bucaramanga, discussion groups).
>
> To know myself more and to love myself more, because when you take this step, it is like accepting yourself completely and saying: I can go out, I love myself as I am and I accept myself as I am, and even if other people don't love me, but I do love myself and well, thank God in my case I have had the full support of my family, no one has discriminated against me for taking the step or because I made the transition, or they say to me at home: "no, you can't come to a meeting because you are like that": "no, you can't come to a meeting because you are like that", but rather when they go to a meeting they call like: "look where you are, come to the house we are going to have a gossip (bochinche), tata, and I arrive with my family and I enjoy myself with my family, and they accept me as I am, which is very important (Bucaramanga, discussion groups).
>
> When I look for someone to whom I can tell how I am feeling and that person expresses their support, that is important, to have someone, because being very lonely and not having someone to turn to, is to look for someone who can give us support in a difficult moment (Bucaramanga, discussion groups).
>
> When I myself decided to be trans, I empowered myself with regard to laws, activism and all that because I knew that society was going to reject me, my family, so little by little I began to sensitise them, because I am a former queen, from here in Cartagena, of diversity,

so as a result of this triumph my family realized that what I was doing was to contribute and suddenly change the chip of society (Cartagena, individual interview).

For example, the girls who need a Sisben (authors' note: Colombian national system that identifies potential beneficiaries of social programs and which classifies Colombian citizens according to their living conditions and income) tell me, I tell them which route to follow, what they need. What I don't know, I consult them because I have a very good agenda, very well structured here, with leaders and organisations, so they ask me, what I don't know, I look for someone who knows it and I direct them along that path (Bucaramanga, individual interview).

Discussion

In the life experiences of the participants, sexual and gender identities are constitutive of human and social processes aimed at possible coexistence. These processes respond to forms of classification consistent with the hetero-cis patriarchal system. As far as this study is concerned, the socio-cultural dimension of the construction of gender identities, most evident in the accounts, is the one that alludes to "the disciplinary bodies" based on social practices related to beauty, health, and the binary references of femininity and masculinity (Hoyos-Hernández et al., 2021).

For this reason, tensions between sex and gender are present in medicine and especially in traditional psychiatry. Traditional psychiatry disseminates the belief that sexual identity must be consistent with traditional gender roles according to the culture of belonging. For this reason, it is expected that in the therapeutic environment, the patient will reach an awareness that allows him/her to "assume him/herself" through the clarification of his/her sexual and gender identity. Gender-affirming psychological therapies integrate processes related to the biopsychosocial model and the management of sources of stress that historically can affect the quality of life of transgender patients. These perspectives assume that gender expression is problematic when it takes place outside of standardized social patterns, leaving aside the strengthening of the group and individual relational networks that favor care (Austin et al., 2017; Austin et al., 2018; Budge et al., 2021; Craig et al., 2013; Edwards-Leepper et al., 2016; Israel et al., 2021; Knutson et al., 2021; Matsuno, 2019; Oransky et al., 2019; Strauss et al., 2019; Walton & Baker, 2019).

In the field of the relationship between therapist and patient, the need for an informed opinion on medicalization emerges, seen as a social process traversed by social, economic, and political practices that are not "normal-typical" and have effects on the body and its expression (Rodrigues et al., 2021). This trend is part of the clinical practices of medicine, nutrition, and psychology, and while it can serve to reproduce cisnormative values that reissue the tensions between sex and gender, it can also be an area oriented toward openness and recognition of gender diversities. This new understanding, related to awareness and self-determination of identity, conceives of the body as a multi-situated physical, biological, social, and psychological space, which is the result of social history. For Eribon (2001), the discussion of gender identities and sexual experience leads to a semantic field in

which active refusal constitutes a starting point for the reaffirmation of identity. Traditional psychology assumes that in the achievement of social recognition, stages are developed that strengthen self-awareness so that the "normal" development of identity involves gaining social acceptance, but what happens when rejection and non-recognition is the milestone that generates a search for gender reaffirmation?

The accounts of the transgender women interviewed reveal systematic forms of rejection that have triggered violence. Hence, affirmative actions are related to struggles for recognition that favor life despite the stereotypes that limit it. The case studied allows an understanding of places of enunciation where women constitute moral grammars to demand rights related to their identities and social expectations.

It is a struggle for the possible in vulnerable contexts in which the biological logic of sex is used to justify violence against these women. This study invites researchers to think about the place of rejection in how communities attempt to realize a life project despite adversity.

It is suggested that researchers interested in the study of trans women's communities consider narrative methodologies that favor equal participation. It is worth considering transdisciplinary approaches that seek possible dialogues between popular and academic epistemologies to broaden knowledge about social practices. In this sense, it is worth bearing in mind that reflexivity and positionality are ethical principles that assist in making participants aware of how gender stereotypes can limit common work.

It is also recommended to include strategies of dissemination in the methodological procedure to make the stories visible in a creative and dignified way. In this way, the articulation between qualitative analysis, the reflexive process, and the consolidation of expressive means constitutes procedures for further exploration.

Finally, it is important to point out that an additional phase that could be carried out is the articulation with the entities in charge of designing public policies on gender diversity. The methodological design does not go as far as this stage because the emphasis is on analytical understanding and its expressive potential, in future research, it is necessary to optimize the findings in the development of initiatives that contribute to the improvement of life in common.

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Chapter 6
Research on Coping with Stress Due to Prejudice in Transgender People: Some Neglected Aspects and New Ideas

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Introduction

In Chile, as in other countries around the world, transgender people suffer high levels of prejudice both daily and from an early age (Barrientos, 2015). The notion of transgender (hereafter trans) refers to individuals who have a gender identity that is not fully aligned with their sex assigned at birth (APA, 2015; Barrientos et al., 2019a; Davidson, 2007; Valentine, 2007). In this chapter, prejudice is understood as negative attitudes against trans people based on their gender identity. This concept includes other more specific notions of social rejection used in the literature, such as transphobia, transnegativity, stigma, discrimination, and hate crimes (Fraïssé & Barrientos, 2016).

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Prejudice toward trans people operates at three levels (Barrientos et al., 2019a; Link & Phelan, 2006). First, at a *structural level*, there is mainly a medicalized approach to trans people, which reinforces the social perception as "deviated" and "sick" (Link & Phelan, 2006). Second, at an *interpersonal level*, there is high exposure to verbal, physical, and sexual violence due to gender identity (Link & Phelan, 2006). For instance, 40% of trans people in Chile report violence against them at school, while 95% feel questioned at health centers for their gender identity (Organizando Trans Diversidades, 2017). Finally, at an *individual level*, trans people may experience negative feelings toward themselves since they perceive that their gender identity does not meet cultural expectations, according to their sex assigned. At this level, prejudice affects their self-assessment of future interpersonal situations (Reisner et al., 2015) and, in many cases, forces them to hide their identity because they fear they may be the object of prejudice (Link & Phelan, 2006). The most extreme expression of prejudice is hate crimes against trans people. Hate crime, in this case, refers to a prejudice-motivated action or omission, punishable by law, which occurs when the perpetrator targets a person because of their perceived membership to the trans community. This type of crimes is fully reported in some Latin American countries (Asociación Internacional de Lesbianas, Gays, Bisexuales, Trans e Intersex [ILGA], 2017; Barrientos et al., 2016).

Trans people's exposure to this prejudice, regardless of the operational level, is associated with important physical and mental health deterioration greater than general population or sexual minorities like LGB populations (usually cisgender individuals), including depression, anxiety, suicide, substance abuse, and HIV, among others (XE "Health" Pan American Health XE "Health" Organization [PAHO], 2016). In this regard, one of the factors that would moderate stress effects on health would be the coping strategies (CS) used to face such stress. The moderating role of CS would be crucial for the good health of trans people and other minorities socially rejected.

The main objective of this chapter is to describe some aspects that have not been sufficiently addressed by CS research on trans people, along with putting forward some ideas for future studies. These aspects and ideas come from a literature systematic review that the chapter's authors are currently carrying out on the CS used by trans persons when facing prejudice. The chapter is organized into four major sections. First, a theoretical approach to give coherence to the contents is described. Second, trans people's coping with prejudice is addressed. Third, research aspects requiring greater attention are described and ideas for future studies are proposed. Finally, the need for a reexamination of the coping notion, particularly concerning trans people, is commented.

Minority Stress Model

To understand the effects of prejudice on health, some theoretical proposals have been presented; for instances, the psychological mediation framework (Hatzenbuehler, 2009), the rejection sensitivity model (Feinstein, 2020), and the minority stress model (MSM; Meyer, 2003). The latter is described below.

MSM is one of the best-known and most used theoretical approach, possibly being the one with most empirical research so far. MSM posits that non-heterosexual minorities (which could also be applied to non-cisgender minorities, that is, trans people), and other socially stigmatized groups (e.g., racial or ethnic minorities), show lower health indexes due to unique stressful processes associated with their socially rejected group membership. According to this model, these processes are defined as minority stress and refer to different stress sources resulting from a social environment that discriminates people because of their sexual orientation and/or gender identity (Meyer, 2003).

In sum, MSM states that social disadvantages due to the stigmatized status of sexual and gender groups expose their members to minority stress which, in turn, leads to health disparities. Hence, apart from the general stress experienced by all human beings, sexual and gender minorities face additional stressors, given their belonging to particular socially rejected groups.

These stressors may be situated in a continuum of lower-to-greater proximity with respect to people suffering from them (Meyer, 2003). Distal stressors resulting from external objective events include discrimination, victimization, and microaggression experiences. On the other hand, proximal stressors correspond to phenomena rather internal and subjective. For instance, expecting rejection is a proximal stressor that implies an anticipated stigmatization and involves a permanent stressful state of hypervigilance to avoid possible social rejection. Another proximal stressor, related to expecting rejection, is the effort to conceal gender identity in potentially discriminatory situations. Finally, MSM considers efficient coping strategies and social support, both individual and collective, as protecting factors that help to respond to these stressors, thus decreasing their negative effect on people's health (Goldbach & Gibbs, 2015; Sattler et al., 2016; Toomey et al., 2018). Although the MSM was originally proposed for sexual and gender minorities other than trans people, it has more recently been expanded to include trans people. In this perspective, for example, Testa and colleagues (Hendricks & Testa, 2012; Testa et al., 2015) have proposed a model that specifically addresses stress associated with the gender status of trans people. According to this proposal, some distal stressors, such as the violence and rejection that the original MEM describes for lesbian, gay, and bisexual (LGB) people, are likely experienced in similar ways by trans persons (Hendricks & Testa, 2012). Despite the common experience of these external stressors, trans people often face unique forms of prejudice, such as being prevented from safely accessing restrooms in public places. Moreover, trans people may experience additional distal stressors, such as gender non-affirmation, which occurs when the person's internal sense of gender identity is not affirmed by others. Finally, according

to this framework internalized stigma is a particularly relevant proximal stressor in trans people. This stressor refers to the internalization that trans people make of the negative beliefs that society has about this gender minority. Thus, internalized transphobia may be expressed as attitudes undervaluing the own self, in line with the traditional gender norms adopted by trans persons (Scandurra et al., 2018).

Trans People's Coping with Prejudice

According to MSM, the way trans people face prejudice-related stress moderates the relationship between prejudice and deteriorated health. While efficient coping may weaken the relationship, inefficient coping may keep or increase it. Studies have shown that trans people are not merely passive receivers of prejudice, but they use particular CS to resist prejudice and fight their consequences (e.g., Barrientos et al., 2019b; Link & Phelan, 2006).

Lazarus and Folkman (1984) consider stress as an activation state emerging when environmental or psychological demands perceived by an individual exceed resources to respond to them. Thus, in this chapter, CS would be the particular ways in which trans people respond to stress resulting from prejudice. A CS basic taxonomy distinguishes between strategies focusing on emotions, in which the emotional response to a stressor is altered (e.g., blaming oneself or crying) and those focusing on the problem, in which the stressor is altered due to a direct action (e.g., learning new skills or adopting new behavioral criteria) (Lazarus & Folkman, 1984). The adoption of CS focusing on emotions or the problem depends on whether the stressor is correctly perceived as controllable or non-controllable by the individual. In turn, this perception determines the CS functionality to solve stress or not; for instance, if a controllable stressor is perceived as non-controllable, a CS focusing on emotions will be dysfunctional for solving stress. The classification by Lazarus and Folkman (1984), however, does not seem to exhaust CS used by most people since other classifications have also been developed: for example, CS associated with optimism and pessimism (Scheier et al., 1986), strategies reflecting more specific aspects of problem-focused coping (e.g., seeking social support) and emotion-focused coping (e.g., acceptance, denial) (Carver et al., 1989), or discrimination coping mechanisms (e.g., concealment, resistance, substances use) (Ngamake et al., 2014).

There is consensus in the literature about the different CS used by trans people, exceeding traditional taxonomies (Lazarus & Folkman, 1984). Five studies illustrate this point. Mizock and Mueser (2014) report three general coping categories: individual (normative gender, self-affirmative, emotional regulation, and cognitive reframe); interpersonal (social-relational, preventative/preparative, withdrawal/detachment); and systemic (resource access, spiritual and religious, and political empowerment), posing that some are exclusive of trans population. In addition, Mizock et al. (2017) identified CS such as gender presentation, emotional detachment, maintaining interpersonal relationships, and power-acquisition strategies.

Examining only facilitating (stress reducer) approaches, Budge et al. (2017) found CS such as active commitment to gender self-affirmative process, internal processes favoring self-acceptance, and the use of agency (controlling one's own life and decisions). Going beyond an individual analysis, Sánchez and Vilain (2009) report collective self-esteem as a trans people's CS. In a more specific context, Lewis et al. (2019) found that trans people postpone seeking medical help and hide their gender identity to face health professionals' prejudice.

As suggested in the preceding paragraph, research on CS used by trans people has been quite active, particularly in the past 15 years. Despite great progress, some aspects have not been thoroughly addressed. These aspects and ideas that could be included in future studies are described below.

Coping Strategies Research: Some Neglected Aspects and New Ideas

Using Appropriate Samples

It is not infrequent to find studies reporting prejudice-related coping strategies in samples including trans people and members of other sexual and gender minorities (Arístegui et al., 2018). The evidence reported by these studies can only be informative if the strategies are examined in each minority separately; otherwise, it is impossible to differentiate which strategies are exclusive to trans people, which are exclusive to other minorities, and which are common to all minorities (Cárdenas et al., 2021). Since trans people seem to be exposed to greater social rejection and, therefore, to greater stress due to prejudice, than members of sexual minorities (e.g., LGB populations) (Su et al., 2016), it is highly relevant to elucidate whether the trans people adopt coping strategies that are exclusive to that minority. So far, this is an aspect that has been rarely examined worldwide. Few studies have addressed the specificity of coping strategies in this population (Smith et al., 2022). In particular, in Chile, research on transgender people has so far been descriptive, mainly aimed at characterizing that population and identifying the forms of prejudice their members face (Barrientos Delgado et al., 2021; Guzmán-González et al., 2020). Currently, the research project on which this chapter is based is the only national study focused on identifying these coping strategies.

Coping and Situation

As a whole, coping is traditionally conceived as someone's reaction to manage stress coming from a certain source. This reaction is usually attributed to idiosyncratic aspects of individuals exposed to a stress source (Carver & Connor-Smith, 2010). Particularly, when this source is external to the individual, this type of conceptualization tends to ignore the role that the stressful situation can play in the

adoption and deployment of a CS. In the case of trans people, for example, the CS used when facing prejudice in a public situation (e.g., in a restaurant, with strangers) may be different from those used in a private situation (e.g., in a family context, with their parents) (Lampe et al., 2020).

Thus, at least concerning trans people, it may be useful to define CE in a broader and more dynamic way as transactions between, on the one hand, the particularities of the stressful situation (prejudice manifestations) and, on the other, the psychological resources and the behavioral repertoire available to the person. Although Lazarus and Folkman (1984) early conceptualized coping as a transactional process between an individual and their environment, today the emphasis seems to have been shifted to the coping actions themselves, disregarding the context in which they occur. The importance of the situation in coping is illustrated in the following example. Avoiding people or situations perceived as potential sources of stress is usually reported in the literature (e.g., Grant et al., 2013) as an ineffective strategy since, while being self-defensive, it does not modify the stress source and results in only temporary remission. However, since trans people are usually exposed to traumatic experiences owing to their gender identity (Shipherd et al., 2011; Shipherd et al., 2019), the avoidance strategy displayed in potentially harmful contexts is clearly adaptive (Gorman et al., 2022).

Coping and Stressors

As a whole, research on trans people disregards the nature of the stressor linked to CS. However, there are exceptions. Mizock and Mueser (2014) suggest that trans people use different CS depending on whether the stressor is external (distal) or internalized (proximal). For instance, these authors report the use of the strategy of separating or disconnecting from external sources of stress (distal stressors) in order to avoid their harmful consequences. Likewise, these authors also report two CS, both with preventive purposes as they involve preparation to prevent or reduce stress, which seem to neutralize proximal stressors. Specifically, these authors indicate that the strategy of socially revealing gender identity under personal safety conditions would counteract the stressor that leads to hiding identity, while the strategy to tactically anticipate possible prejudice situations would counteract the stressor of expecting catastrophic rejection. These results suggest that CS variation according to stressors is a relevant research issue when examining trans people.

Coping and Gender Affirmation Process

Another aspect, not sufficiently addressed by research, is that CS vary variation according to the gender affirmation process, that is, the transition from the biological sex assigned at birth to a different gender expression (King & Gamarel, 2020). This transition may include, for example, name and sex legal changes, behaviors, personal appearance, or body modifications via hormones or surgery. Trans people

seem to face different prejudice-related stressors throughout their gender affirmation process and, therefore, it is quite relevant to examine CS as a function of this process (Verbeek et al., 2020). There is evidence of CS use at different affirmation stages. Alanko et al. (2019) indicate that, among the CS used by trans people, some are particularly associated with the process to transit to the desired gender. Freese et al. (2017) found that different CS combinations were differentially associated with negative mental health before and after starting the affirmation process. Budge et al. (2013a) report that the lower the transitional status, the greater the use of avoidant CS. They also identified CS in three successive stages of the affirmation process (before, during, and after), finding that avoidant CS dominated the initial stage, while facilitating CS prevailed in the two following stages. The use of facilitating CS in the last stages of gender affirmation has been also reported by Budge et al. (2010).

Relevant Coping Assessment

Some studies, adopting a deductive, top-down approach, measure CS in trans people by using scales created and validated on general population (Budge et al., 2014) and, then, examine the empirical relations between that CS and sociodemographic and psychological variables (Budge et al., 2013b; Freese et al., 2017; Puckett et al., 2019). This approach is not very sensitive to trans people's particularities. First, these scales were developed in populations that have obviously not been exposed to transphobia and, thus, they may be missing some CS relevant to trans people. Second, these measures include general strategies not explicitly associated with prejudice as a stress source. Third, conceptualizations on which these general assessments are based may not necessarily be pertinent to trans population, unless evidence supports their applicability. For instance, the Coping Orientation to Problems Experienced (COPE; Carver et al., 1989), a theoretically-driven measure, includes both a dispositional coping notion (as style) and a situational one (as strategy), which can be measured separately. This instrument or its abbreviated version (Brief COPE; Carver, 1997) has been administered to trans people (Lindley & Bauerband, 2022) usually without indicating the coping notion assessed, neither justifying its use in this population. Finally, CS are frequently assessed as a display of personal control at an individual level (Folkman & Moskowitz, 2004), disregarding more collective strategies that seem to be also important for trans people (Breslow et al., 2015).

To overcome the limitations of this deductive method, a deductive approach via qualitative, bottom-up studies should be used to identify prejudice-related CS actually used by trans people and, from these findings, develop specific standardized scales for this population. Although there are instruments to assess CS in sexual and gender minorities, they were generally developed from heterogeneous samples that do not distinguish trans participants from the members of sexual groups, usually LGB people (e.g., Kaysen et al., 2014). However, there are at least two recent studies that contribute to fill the existing gap by providing specific coping measures for

trans populations: the Transgender Coping Questionnaire (TRACQ; Verbeek et al., 2021) and the Trans and Nonbinary Coping Measure (TNCM; Lindley & Budge, 2022).

Health Indicators and Coping

Trans people's mental health is often examined via psychopathological symptoms (e.g., depression; Logie et al., 2020) or specific maladaptive behaviors (e.g., self-harm; Tordoff et al., 2022). However, some studies suggest that some of these symptoms or behaviors could be better conceived as CS rather than simple mental health indicators. Thus, traditional health indicators such as substance consumption (Reisner et al., 2015), eating disorders (Gordon et al., 2016), suicide attempts (Hunt et al., 2020), and self-harm (Noack-Lundberg et al., 2020) reported by trans populations could better correspond to ineffective strategies to manage stress caused by prejudice. Hence, research should clarify the role these symptoms or behaviors play in the relations involving prejudice-related stress, coping, and mental health.

Cultural Dependence of Coping

Lazarus and Folkman (1984) stated that culture (values, beliefs, and norms shared by a social group) affects the perception and assessment of stressors and that, consequently, these cultural elements will delimit both the availability of CS options and their selection when facing stress (Aldwin, 2007). Although stress and coping experiences are universal (ethic or culturally generalizable), different cultural groups may use different CS to respond to the same stressors (Chun et al., 2006; Lam & Zane, 2004), thus constituting emic (culturally specific) coping strategies. In a review of the literature, Kuo (2011) confirmed a great cultural variation in coping. For instance, national, ethnic, and racial differences have been found in the use of CS focusing on emotions (O'Connor & Shimizu, 2002; Sinha & Watson, 2007), social support (Frydenberg et al., 2001, 2003), family or religion (Chiang et al., 2004; Constantine et al., 2005; Yeh & Inose, 2002), and passivity (Yoshihama, 2002). In addition, certain cultural dimensions seem to explain the differential use of CS. In individualistic cultures (emphasizing independence and self-confidence), CS tend to be problem-focused, involving individual decisions and actions. Meanwhile, in collectivistic cultures (privileging interdependence, harmony, and cohesion within the group), CS usually include family and social support, patience, avoidance, religiosity, and traditional medicine (Chun et al., 2006; Yeh et al., 2006; Yeh & Inose, 2002).

The study of trans people's prejudice coping has been carried out predominantly in countries culturally characterized as individualistic (e.g., the USA and some European countries). Although there are some studies in other countries (Banerjee & Rao, 2021; Castro Siqueira et al., 2021; Tsang, 2020), no transcultural comparisons are known so far to elucidate if CS used by trans communities are emic or ethic

in nature. The possibility of finding emic CS in cross-country studies involves a two-fold foundation: countries may also constitute cultures (Hofstede, 2001) and trans people, as a self- and hetero-differentiated collective, share a (sub)culture of their own.

Coping, Gender Identity, and Primary Socialization Processes

Unlike LGB collectives, trans people have been primarily socialized according to binary gender role that frequently reduces their freedom to put certain CS in practice. Thus, trans persons have learned to respond based on the assigned gender role. Nevertheless, those transiting from one gender identity to another (binary trans people) have to modify their gender role response in line with the affirmation process direction. Socializing with one gender identity and later transiting to another requests a huge adaptation effort which increases the risk of using maladjusted CS that could seriously affect mental health. The difficulties of this gender resocialization process seem to be greater for trans people with a non-binary identity because their health is poorer than those with binary identities (Guzmán-González et al., 2020).

Final Comments: A Need to Re-examine the Notion of Coping

For illustrative purposes, in this section, we associate some of these final comments with our early findings in Chile. The reader should be aware of the general and preliminary nature of our results. As already mentioned, research on coping in trans persons is just beginning in our country.

Studying trans people's CS requires some considerations for reexamining the concept of coping, either for recovering certain insights of the original authors or overcoming the limitations associated with this concept in the context of trans population. Furthermore, this re-examination must be contextualized including political and psychosocial aspects of the general situation in which coping occurs. In the particular case of Chile, it is worth mentioning the approval in 2019 of the Gender Identity Law that sought to protect the rights of transgender people. From then until now, progress has been made on the development of specific regulations that allow the practical application of this law. Also, the current government, sensitive to the demands of trans persons, has been developing various initiatives in favor of the transgender population, particularly to facilitate effective access to health. Although these measures constitute important progress, attitudes toward trans people in Chile continue to be more negative than towar sexual minorities, such as lesbians and gays (IPSOS, 2018); in addition, hate speech in the public sphere and social networks has been increasing toward trans people in recent times (Barrientos et al., 2022). This sustained social rejection of trans people over time underscores the relevance of studying the ways in which they respond to prejudice.

An additional consideration is the need to disregard the concept of coping styles and refer to strategies in a more general sense. The notion of strategies focuses again on the need of making a transaction with the environment, by analyzing the field of interaction. Unfavored groups tend to analyze this field – understood as a dynamic space crossed by forces that push forward or oppose to a certain behavior – essential for directing behavior in a given space and time. These are stressful spaces, where context analysis is mandatory for directing behavior. There is a repertoire of possible behaviors in each situation, which could or could not occur, according to the situational analysis. For the members of groups or categories socially favored, the response repertoire may operate as habitual cognitive schemes. However, for minority members, this is not a possibility. Actions as concrete as entering a public restroom become problematic for trans people, who are exposed to negating access or being somehow attacked if they do it. So, an estimation process is activated and possible responses to a certain situation must be anticipated to choose an appropriate one (e.g., claiming rights or discrimination complaint may be appropriate or inappropriate, effective or ineffective strategies, mainly depending on the interaction context and the forces present in the field). This leads to emic studies considering these and other matters such as stressor character, either proximal or distal (or their potential interaction), and the role potentially adaptative of certain strategies traditionally regarded as dysfunctional. The relative functionality or dysfunctionality of CS depending on the context is an important preliminary finding of our ongoing research in Chile on transgender persons.

Another important point is that the actors involved in the interaction and the extent of emotional closeness to them may play a quite relevant role, either conditioning, activating, or disactivating certain strategies. Answering to the janitor of a store is not the same as answering to one's parents. Research shows that the impact of one or the other may be more or less lasting or deep. A study on trans people (Barrientos et al., 2016) reveals that the actions that most deeply and persistently affected them had occurred during childhood and adolescence, being perpetrated by people who should take care of them (teachers, friends, and family) and occurring persistently in everyday ambits (school and home). These situations were judged much more seriously than others which could seem more harmful (beating, particular sexual violence episodes, etc.). This explains the importance of relational experiences with close affective links to understand the health problems of this population.

Additionally, it is relevant to think of coping strategies as a permanent updating process. They are responses constructed in time, many times based on trial and error, or, acquired during the gender resocialization process. Hence, the question about the existence of collective coping strategies should be answered. A dynamic coping strategy construction character involves adjusting them to the different phases of the transition process since what is adaptative or efficient in one phase may not be so in another one. It also involves thinking of CS as repertoires often constructed after the situation occurs and where deliberate rumination may play an important role in the elaboration of discriminating situations. Some studies reveal the deliberate rumination process role in the cognitive reassessment of the situation and the possibilities of experiencing posttraumatic growth (Cann et al., 2011;

Cárdenas Castro et al., 2019). In addition, the role of social support in the behavioral repertoire construction process may be important to consider.

An individual's category is the main factor that makes him/her the target of prejudice and discrimination, although these categories socially undervalued overlap in some individuals, creating multiple levels or layers of social injustice (Krenshaw, 2017). In the Latin American context, a trans individual may overlap with multiple identity categories, making his/her experience unique in several ways. Being trans and poor in contexts of high-income inequality; being trans and belonging to an indigenous ethnic group in contexts of high ethnic prejudice; and being trans with a non-heterosexual orientation in contexts of high sexism are examples of how diverse inequity layers could overlap. Also, being socialized as part of one gender category and transit to another in patriarchal or machista cultural contexts may be extremely hard, particularly for those being born as women and wanting to transit to a male identity, given the demand this transition makes salient. Other studies (Cárdenas et al., 2017) show in Chile that when lesbians' presence in the field is perceived by the dominant group as a demand for equality, they are more poorly assessed than gay men. In the first case, it is an ascending demand and involves claiming rights that are not proper for women. In the second case, the demand would be descending because gay men are supposed to waive the birthrights of machista societies.

Finally, the need of reexamining CS definitions must be emphasized because they must be considered as a man-environment transaction. In this way, the strategies used by trans individuals and collectives result from the analysis of the circumstances around them. Where mismatch can be observed, many decisions considering a whole field of actors, forces, and obstacles are hidden. They are actions, whose aim is to protect the self from the individual, even at the expense of making concessions which could seem misadjusted in the eyes of the public.

The need to adopt a relational view is a must, along with situating interaction under concrete social-historical coordinates. Therefore, they would not be phenomena giving origin to others, but particular existential relationships between different actors in specific fields.

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Part II
Sexual Identity Among Latine/x LGBTIQ+ People and Their Families and Communities

Chapter 7
Resources and Barriers Perceived by Mothers, Fathers, and Gay and Lesbian Youth in the Process of Coming Out in Cali-Colombia

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Introduction

In Colombia, several strategies address sexual and reproductive health and sexuality education for young people. However, there are still many gaps, especially regarding affirmative actions that legitimize and protect the LGBTIQ+ population. Particularly in the city of Cali, LGBTIQ+ people are victims of homicides and threats in acts of "social cleansing" due to prejudices and stereotypes that generate rejection of their sexual identity. Likewise, in Cali, the LGBTIQ+ population is a victim of arbitrary detentions and cruel, inhuman, and degrading treatment by members of the police (Comisión Interamericana de Derechos Humanos, 2015).

Thus, most gay and lesbian youth require support from their family network. At the same time, they form their identities, as parents are often the most critical people to offer resources, assistance, and support when dealing with difficult circumstances. These scenarios include accepting and disclosing sexual orientation, particularly when an individual recognizes their sexual orientation as different from the heterosexual hegemonic one due to the various social representations that being gay or lesbian entails in a heteronormative society (Solís, 2014).

It is important to note that different dynamics also emerged not only within families as a result of the coming out process, but that gay and lesbian youth also experience a variety of reactions in the environments in which they function, including school and work, among others. The stigmatization of gay and lesbian youth exists despite living in a multicultural and international society. According to Goffman (1963), society "establishes the methods to categorize persons and the complement

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of common and natural features of each of these categories" (p. 11). By creating and establishing the "normal" social categories, the social environment denigrates those who cannot fit into them.

The study by Mendoza et al. (2015) in Mexico found that the most significant discrimination against gay and lesbian youth occurs at school, in public places, and in families. Furthermore, Mendoza et al. (2015) highlight the most common health problems in this community for gay and lesbian youth: the use of tobacco, alcohol, and other psychoactive substances, as well as suicidal ideation and attempts. All have been closely related to the prejudice, discrimination, and violence gay and lesbian youth face daily. Similarly, in a Colombian study conducted by Cantillo (2013), some of the conditions gay and lesbian youth faced included doubting their sexual orientation and feelings of guilt that impacted their self-esteem. As a result, the participants tend not to reveal their sexual identity for fear of being expelled from their families.

According to Orcasita et al. (2020), a fundamental part of the social network, or the people closely related to gay and lesbian youth, provides support and help that is decisive for their development and well-being. The family constitutes the first-order network that provides emotional, informational, and material support. Early abandonment of gay and lesbian youth exposes them to vulnerable situations, causing them to live their sexuality in private, with reserve, and in concealment, without the necessary information for integral development. According to Antezana and Marlene (2007), affectivity is performed with incredible difficulty and without positive models by most gay and lesbian youth.

Triana-Triana (2015) investigated the functioning of three lesbian's families in Cali. His findings show that family boundaries are permeable and diffuse, particularly between mothers and daughters. Mothers used religion to maintain control over their daughters, affecting their independence and autonomy. Furthermore, permeable and diffuse boundaries, communication difficulties, and little time spent together were discovered. Finally, daughters found it easier to communicate and express their feelings with their mothers than with their fathers.

Given the scientific literature, it is clear that gay and lesbian youth in Colombia face significant challenges and discrimination due to their sexual orientation. This includes violence, discrimination, and stigma in various settings, such as school and work, as well as within their own families. This can severely impact their mental and physical health, including an increased risk of substance abuse and suicidal thoughts. Therefore, supporting their social network, particularly their family, is crucial for the well-being and development of gay and lesbian youth. However, even within families, boundaries may be permeable, and communication may be difficult, which can further complicate forming their identities and seeking support. In this sense, it is essential for society to recognize and address the unique challenges and discrimination faced by gay and lesbian youth, and to work toward creating affirmative and more inclusive and accepting environments for all individuals, regardless of their sexual orientation. Furthermore, because of their culturally constructed structure, nuclear families temporarily or permanently reject gay and lesbian sexual orientations (Orcasita & Uribe, 2010; Orcasita et al., 2020). Consequently,

this study aimed to identify the resources and barriers in the coming out process of gay and lesbian youth with their families in Cali, Colombia.

Method

Design

This research had qualitative perspective and a narrative-type design as thoughts, interactions, and emotions are involved through facts and events intended to be understood in the study, consolidating specific knowledge (Sorokina & Lutz, 2011). The reality was experienced by the participants in a specific context and reconstructed holistically in this type of research. This allows one to assess the natural progression of phenomena or situations and thus comprehend the meaning of human behavior. Furthermore, because this type of research is based on an interpretative approach, the reality is presented through the eyes of parents and children who define their experiences after the coming out process (Hernández et al., 2014).

Participants

The participants were 15 families living in the city of Cali, Colombia, which had to have children who self-identify as gay or lesbian. Purposive sampling was carried out using the snowball technique that allows finding the research participant from critical informants who provide the researcher with the name of people who meet particular characteristics of the subject who, in turn, provides the name of a third party, and so on until the sample is complete (Atkinson & Flint, 2001). The inclusion criteria were: (1) gay and lesbian children between the ages of 18 and 25; (2) the son/daughter must have been recognized as gay or lesbian for at least 3 years; (3) the son/daughter must have revealed his/her sexual orientation to his/her relatives at least 1 year ago; and (4) the family member selected to participate has to be someone that lived with the gay or lesbian son/daughter for at least 5 years.

Instruments

A semi-structured interview was developed to collect meanings that each person experiences while constructing their reality (Jimenez, 2012). It is essential to clarify that this interview was reviewed and validated by expert judges from the main project in terms of clarity, relevance, and sufficiency. In addition, two pilot tests were carried out, one with a family with a gay son and one with a lesbian daughter.

Additionally, the interview was accompanied by "*My trip: timeline*," an interactive technique that consists of capturing a visual narration through drawings and phrases that allows exploring the meanings and experiences from what is written and narrated and deepening, to a great extent, the processes that are being explored (Ketelle, 2010).

The participants made recommendations on the timeline's organization and the characters that appeared in it based on the pilot tests so that these characters would be adjusted to the processes of coming out in the families. Thus, the pilot tests resulted in changes to the questions and organization of the semi-structured interview guide, releasing the final versions of both the timeline and the semi-structured interview.

The interview's timeline is an interactive technique that captures a visual narrative through drawings and phrases. The timeline allows us to delve deeper into the narration's meanings, experiences, and processes examined (Ketelle, 2010). The goal of this timeline was to get participants to capture the dynamics of sexual orientation coming out through additional elements to the verbal narrative.

Process

Phase 1: the participants who meet the inclusion criteria were contacted using the snowball technique. Phase 2: Each family was invited to a meeting. The interviews were conducted by researchers based on the pilot test. Each participant agreed on a pseudonym to help protect their identity. The interviews were conducted in locations previously agreed upon with each family member, with the understanding that this space provided the necessary physical conditions for the process. Each interview lasted about 2 h and was audio recorded. A photographic record of the timelines was also made. Phase 3: a transcription process was carried out for each interview. Subsequently, each transcript underwent data processing using the Atlas Ti Version 8.0 qualitative software to categorize each interview's information according to the initial analysis categories. Additionally, emerging categories were included throughout the process.

Thematic Analysis

People immersed in the everyday world can provide various meanings to specific situations, which ends up being the object of study, because subjective experience derives a topic of interest from an investigation, according to the social phenomenological context that governs it. In this case, the experiences, perceptions, meanings, and valuations of parents and children regarding the coming out process were

considered. Based on their context, perception, values, and beliefs, this analysis aided the comprehension and interpretation of the construction revealed by subjects who encountered the same situation (Mieles Barrera et al., 2012). The data was processed using the Atlas Ti version 8.0 program. The initial categories of analysis were: (1) Resources: refers to aspects that include emotional, material, and informational support regarding sexual diversity that allow understanding and assuming the sexual orientation of the son or daughter. (2) Barriers: these are the negative perceptions adopted from the culture, beliefs, and traditional values that hinder the acceptance of the sexual orientation of the son or daughter.

Ethical Considerations

The research project entitled: "Family dynamics in the process of revealing and accepting the sexual orientation of gay sons and lesbian daughters in the city of Cali-Colombia" (Code 020100594) was carried out between February 1 and December 14, 2018, Funded by the Office of Research, Development, and Innovation of the Pontificia Universidad Javeriana Cali-Department of Social Sciences. The Law 1090 of 2006, which establishes the rules for scientific research and administrative aspects of psychology in Colombia, was considered in this study (Congress of the Republic, 2006). Furthermore, Ministry of Health Resolution No. 008430, which establishes the ethical aspects of human research in Colombia, was used to create an informed consent form for the participants (Ministry of Health, 1993).

Results

The following text presents the findings of a study on the experiences of gay and lesbian youth and their families in Cali, Colombia. The study involved 15 families: one father, one grandmother, thirteen mothers, six lesbian daughters, and nine gay sons. The ages of the sons and daughters ranged from 19 to 26 years, while the ages of the family members ranged from 40 to 63 years. The findings are organized around several themes, including religion and spirituality, fear of disclosure, rejection in healthcare systems, stereotypes and discrimination, accessing resources, and supporting actions. These themes were identified through the analysis of the experiences and perspectives of the participants in the study. The text explores how these themes affect the coming out process and the well-being of gay and lesbian youth and how families can offer support and resources to their children.

Religion and Spirituality

According to their religious education, 12 of the 15 families see the religious belief system as an impediment. Some children, despite not being directly judged, express fear of being punished by God because their behavior is against him.

> I have always had that fear. How will it be? I mean, sometimes I get up very confident and say, yes, yes, I'm fine, I'm not hurting anyone, I'm not hurting myself, but could it be that God doesn't like it? Could it be that God likes it? (Michael, 24 years old).

Parents reported comments based on their religious beliefs; some express fears not only of social rejection but also of the religious community, for which they make forceful criticisms of religious dogma.

> There were many internal battles, and one of the battles I had was the fact (…) how the church judge's gays and everything (…) because I think that religion negatively affects because, and above all, the Catholic religion that is so dogmatic (…). (Olga, Sara's mother).

Some mothers did not consider religion a barrier but a generator of support during the coming process. Clearly, some expressed a critical position against religious statements or the church.

> I feel that there is a manipulation on the part of the church to manage many aspects and that I already know that, if God catalogs this, if I am a great believer in God, if I am faithful to prayers and everything with him, but if God catalogs it as a sinful act, I consider that now there are other things considered by the church as sinful acts such as killing, stealing, looking at your neighbor's wife, gossiping, lying (Consuelo, Adrián's mother).

One of the daughters stated that her mother's spiritual beliefs helped her understand the process deeply.

> She gets involved, it's like she believes a lot in angels and no, well, it's wonderful because right now with all that, as she talks about love and all those things, right now the relationship is more enjoyable (Erika, 21 years old).

Many gay and lesbian youth feared the reactions of their nuclear and extended family because of religion. Before disclosing their sexual orientation, some predicted negative behavior from their parents and other relatives because of their religious immersion. It is important to note that one of the sons excluded his brothers from his coming out process, given how invested they were in Christian doctrine. He expresses that the openness of his nuclear family may have been exceptionally minimal because they believe in the Bible, and everything stipulated in it.

> He is a very Christian person, so being so religious, I feel that there may be some kind of rejection in a certain sense (…) Two years ago, he commented that homosexuals, God is going to punish them when they die; they will spend 100 years in purgatory (Jacobo, 24 years old).

Fear of Disclosure

Another barrier that arises during the coming out process is concern about the social environment's expectations, particularly at work. For example, it was found that two gay sons and lesbian daughters expressed concern about their gender expression or sexual orientation due to potential job rejections.

> Because of my gender expression, it may be an obstacle for a certain time. I don't know when I'm going to look for a job or something like that (Erika, 21 years old).

Fears arise concerning institutions such as religion, work, and family based on stereotypes or traditional and cultural ties. In this way, some expectations grow due to educational institutions' need for more information, training, and inclusion, which, according to some participants, has hindered their disclosure's internal and external process.

> For example, the first institution that is not prepared is the family, the second institution is the school, the university a little more because the university is a larger field, it has more careers, but it is precisely that (Andrew, 19 years old).

Rejection in Healthcare Systems

Rejection is found in health and education professionals. Two participants disagreed with their teachers' attitudes after disclosing their sexual orientation because their behavior intimidated them.

> He started to make me feel bad all the time, all the time he wanted to take me out on the board to do things, he knew that I was embarrassed to go out on the board, and he asked me more questions, and more, that is, he found ways to make me feel embarrassed. It was pretty ugly with that teacher (Miguel, 24 years old).

One of the participants was excluded from contributing to blood donations. This situation caused him to reconsider the negative consequences of disclosing his sexual identity in front of his parents and other institutions.

> I wanted to donate blood, and they wouldn't let me because I was homosexual, because I marked on the card that I was homosexual, so I said like wow (Felipe, 23 years old).

Stereotypes and Discrimination

Another barrier identified during the process was family stereotypes and discrimination. The causes, according to the participants, were the culture, traditions, and sports practices that distinguish men from women. Finally, regarding roles in society, one of the mothers claims that the heteronormative context has been a source of conflict since the "natural order" conceives a couple of men and women with children.

Aspects that are not out of context since it is considered an abnormal link and generates deep sadness (Teresa, Esteban's mother).

Another barrier mentioned by the participants was family discrimination. According to one mother, given her brothers' expressions regarding her lesbian daughter, this situation prompted her to distance herself from her family. The mother represented her brother in her timeline as a shark, clearly as a barrier (Fig. 7.1).

One of the participants' stereotypes or prejudices was that the family believes that gay and lesbian people frequently and repeatedly contract sexually transmitted diseases, thereby making decisions that prevent the proper management of the coming out process.

Some participants stated that family members believe women play gender-determining roles, such as crying in various situations, which men should not do because are not masculine. This notion was also discovered in one family with a strong sports background, causing difficulties in the coming out process because, according to the father's criteria, men should be raised in hegemonic masculinity.

Soccer players are sexist, he is from a football family, and they are, well, footballers, it is for women and for women and for women, and the more women he has, the more macho he is (Martina, mother of Jacobo).

Furthermore, homophobic remarks made at family gatherings make young people uncomfortable and hesitant to reveal their sexual orientation because some see the family, including the parents, as a symbol of discrimination.

My family, suddenly I can draw like this, let's say a cloud, but at any time it can, it can what, it can draw, it can rain, or it can draw lightning, that is, let's say that I am going to represent the rain with sadness on behalf of my family and let's say lightning as discrimination (Sonia, Felipe's mother).

Thus, various barriers were presented, including religious beliefs, dogmas, stereotypes, and social constructions that are part of heteronormativity and cultural practices.
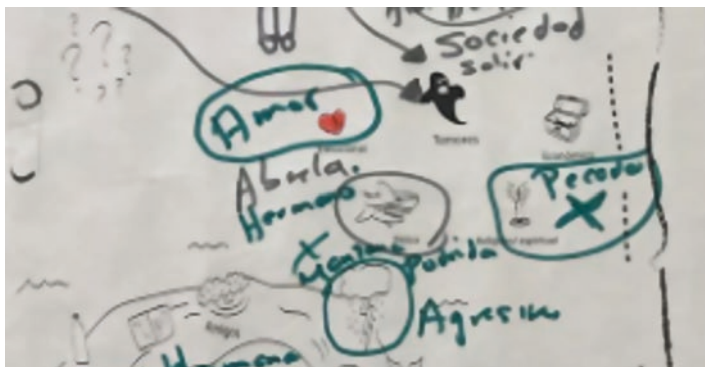

Fig. 7.1 In this image Isabel highlights the words "sin" and "aggressive" associated with images of a shark and a storm that she related to the attitudes of her mother and her brother toward her lesbian daughter (Isabel, Erika's mother)

Accessing Resources

Since children and parents have used references such as music, books, documentaries, programs, and conferences and have even identified artists based on having support, the majority of the families interviewed have accessed informational material as a resource. Furthermore, they would also receive professional guidance throughout the process.

> If I saw feature films, I saw feature films about seeing what it was like… what it was like, like their environment of what the boys went through when the families found out, more than anything it was like seeing experiences (…) (Olga, Sarah's mom).

Many mothers emphasized the importance of reading books that allow them to relate the stages of their lives to those of protagonists or characters who are going through the same process of coming out and, as a result, understand the situation.

> That book is very cool because that book, when you start reading it, is as if you were reading your life story because it tells you the feeling that you are experiencing, so you almost realize that it is that you are living a process, and that is part of the process (Consuelo, mother of Adrián).

One father looked for programs where he could learn about sexual orientation and be instructed not to make mistakes, so his attitude toward the situation would revert to one of understanding and support.

> But if I liked to see a lot of that program [on TV] because suddenly, I don't want to continue making mistakes like that, so I like to see myself because when I had more time, I would turn on the television to look for little things (Carlos, Andrew's father).

A gay son stated that the culture facilitated his coming out process because films and music by gay artists allowed him to identify as a gay person.

> In movies, I saw with my mom because they touched on homosexuality, I think I began to identify myself with those kinds of stories. Music, since I was very young because I listened to QUEENS because of my mom, then Fredy Mercury. So, well, I remember that MIKA was fashionable then, so MIKA also has a way of being on stage that made me think of other options. More and what I was discovering in terms of cultural consumption (Felipe, 23 years old).

Supportive Actions

The timeline included symbols representing resources, such as music and visual media. For example, according to one of the participants, a band named TATU represents situations that lesbian women face. Similarly, her mother is represented in the flashlight as support. Finally, her grandmother, society, and religion are represented in the whirlpool as barriers (Fig. 7.2).
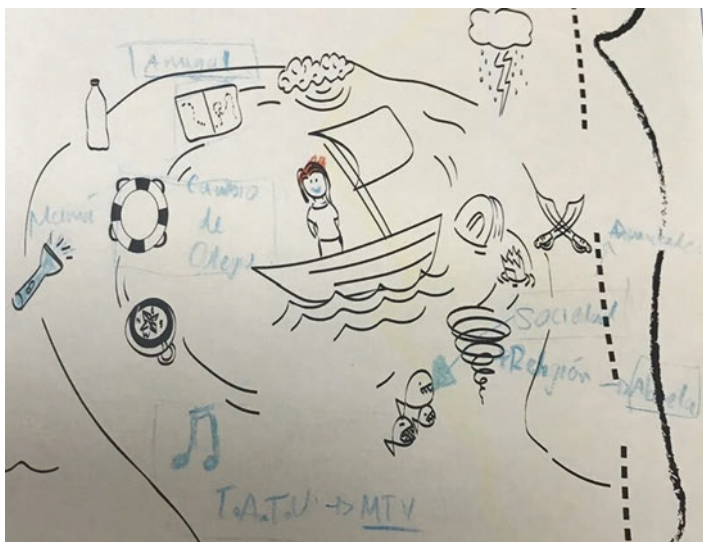
Fig. 7.2 In this image, Erika represents resources and barriers associated with the different figures. The lantern -mom-, the map -friend-, the float -change of school- and the musical note -musical band TATU- were resources for her. On the contrary, the piranhas -society- and the tornado -religion and grandmother- were barriers (Erika, 21 years old)

Another vital resource was similar family experiences because they served as an example, allowing families to understand and accept the process more assertively. Two families drew on people's life experiences in their social circle for guidance.

> I accept you as you are, and my aunt, because his sister is also gay and went through many things at home, and she told me I don't want you to hide and that you went through the things that my sister went through, so I give you all my support (Monti, 21 years old).

Some families believed that the assistance of mental health professionals could be beneficial in assuming the process of coming out because these professionals play an active role in the lives of young people and parents as a source of information.

> Well, that psychological support seems to have been key in everything, in everything. It seems to me that if these boys could have a psychiatrist, could have a psychologist next to them, or an emergency line or whatever, I think we would avoid drugs, we would avoid suicides of these children, we would avoid bullying (Martina, mother of Jacobo).

Eleven families referred to family support and communication as essential during the process. Likewise, they referred to self-love and the information that allowed them to learn about sexual orientations (Fig. 7.3).

According to the children, self-esteem was important during the process since it generated a protective barrier against various consequences of the coming out process, both within their family and society.

> My self-esteem, like my self-esteem, has always been super strong in me, regardless of the things that have happened to me, so it's like (…) me, although I've never been delighted
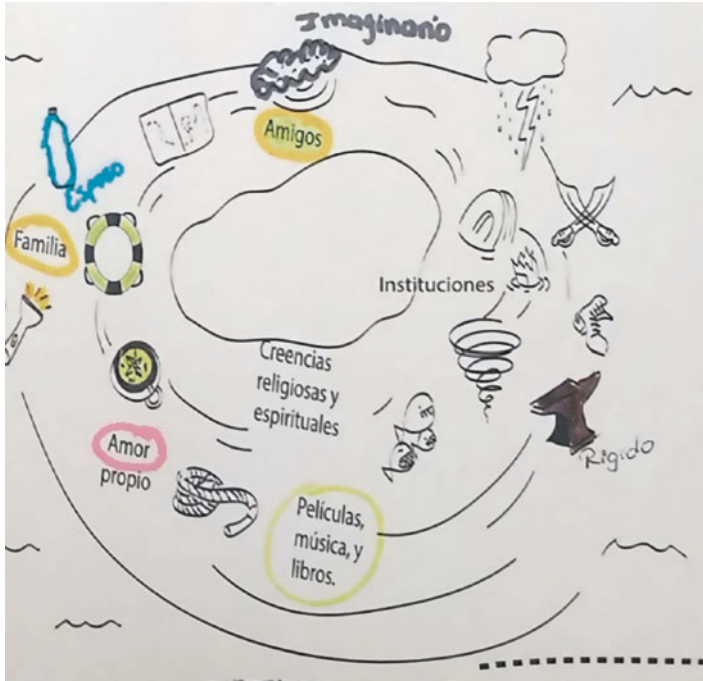
Fig. 7.3 In this image, Catalina represents the resources by coloring the figures with light colors: husband (blue water bottle), family (yellow flashlight and float), self-love (pink circle), friends (yellow circle), and movies, music, and books (yellow circle). On the contrary, Catalina represents the barriers with dark colors: imaginaries (gray cloud) and rigid beliefs (gray junk) (Catalina, Graciela's mother)

> with my sentimental relationships like I always wanted more, more, more, more, more (…) like I always aspired to more things, I don't know why, I was never satisfied, even so, like me, I don't know, I don't know if it's called self-love, or self-esteem, or whatever, but it was always solid (Sara, 24 years old).

According to one mother, acceptance and love are found in spirituality, resulting in arguments based on her beliefs that have helped her through the process and allowed her to keep an open mind.

> Initially because angels are… they don't have sex, so I think that this has come from behind, that it didn't come out of nowhere nor is it a disease, that it's a more beautiful way of believing in something, let's say, love. In other words, I am not very fond of religion because I think it is someone's convenience, it leaves many out and does not support things that do not make sense, so I prefer more spirituality (Laura, Monti's mother).

Finally, another tool represented was assistance to mental health professionals, such as psychologists. Figure 7.4 shows some of the resources mentioned in the timeline by the study participants.

The findings of this study on the experiences of gay and lesbian youth and their families in Cali, Colombia, reveal the challenges and discrimination that these

Fig. 7.4 In this image,
Adrian makes a list of his
resources: family, best
friend, university, open
mind, and telling the truth
(associated with the image
of a message in a bottle)
(Adrian, 23 years old)
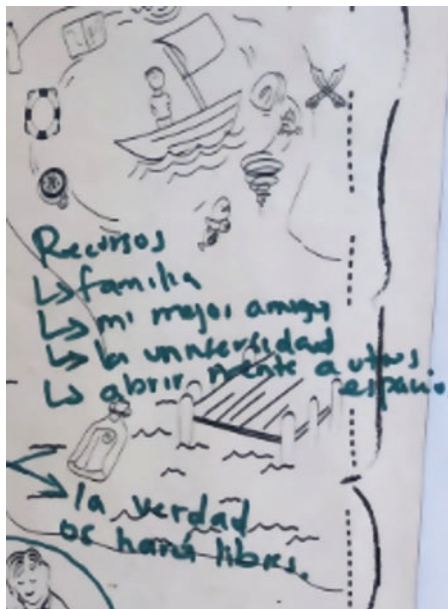
individuals face due to their sexual orientation. The themes of religion and spirituality, fear of disclosure, rejection in healthcare systems, stereotypes and discrimination, and difficulties in accessing resources were identified as significant barriers during the coming out process. These experiences can severely impact the mental and physical health of gay and lesbian youth, including an increased risk of substance abuse and suicidal thoughts. The support of their social network, particularly their family, is a crucial resource for their well-being and development. However, even within families, there may be difficulties in communication and establishing boundaries, which can further complicate the process of seeking support.

Conclusion

Religion and social and cultural factors significantly impacted family members' perceptions of gay and lesbian sexual orientations. Religion can be viewed as both a resource and a barrier, and how the family uses it will determine whether gay and lesbian youth are more or less readily accepted (Guardarama & Alfonso, 2012; Solís, 2014; Vargas et al., 2011). Similarly, stereotypes and discrimination, family traditions based on traditional gender frameworks, and family constructions as a result of their social and cultural context created a significant barrier for many sons and daughters. Although this study focuses on gay and lesbian youth sexual orientation, the concept of gender identity was crucial because it demonstrates how social constructions about the roles that men and women should play as masculine and

feminine, respectively, strongly influence the processes of coming out as gay or lesbian (Butler, 1999; Erpel et al., 2012).

The family served as both a barrier and a resource, as it contributed to the stigmas and negative constructions surrounding gay and lesbian sexual orientations in some cases. Nevertheless, when confronted with the revelation of their children's sexual orientation and seeing the need to intervene assertively, they sought to provide support networks such as psychological help and informational material such as books, films, programs, and conferences (Barron & Chacon, 1992; Fernandez, 2005; Henriquez & Tamarit, 2012).

This study represents an approach to recognizing sexual diversity in the family setting that could serve as a model for future research in Latin-American contexts. We especially highlight the implementation of participatory techniques like "My trip: timeline" that promote deeper narratives from the direct experience of the families – also allowing the families to resignify their perceptions about the coming out process from a retrospective framework. Thus, *My trip* helped the parents and children understand how the challenges experienced during the coming out process led them to strengthen their family relationships and their coping strategies.

However, some limitations centered on access to the parent population because, in most families, mothers agreed to provide the interview, not the fathers. This demonstrates the tension that arises from the recognition of parenthood in the biographical trajectory of sexual orientation coming out, which is consistent with studies that show a greater involvement of the mother in the parenting processes of gay and lesbian youth (Orcasita et al., 2020; Triana-Triana, 2015). Likewise, it highlights the importance of working on the masculinity of the fathers of gay and lesbian youth, which usually constitutes a barrier for the fathers to get actively involved in the process of coming out of their sons and daughters (Montenegro et al., 2018).

The mothers and fathers interviewed for this study suggested that educational institutions monitor the coming out process to help the parents. In addition, they proposed learning from specific affirmative and positive cases so families would have more knowledge about gay and lesbian sexual orientations and could approach the experience of coming out from a perspective that hindered acceptance. This accompanying process could involve acceptance behaviors through a resignification of beliefs and gender stereotypes and the gain of knowledge about sexuality and sexual and gender diversity from an intersectional and sexual and reproductive rights perspective.

According to international recommendations from the study conducted by Zúñiga-Salazar et al. (2021), states should favor access to comprehensive health services for LGTBIQA+ people, mainly due to the various barriers to access to these services, which affect their quality of life. Therefore, it is necessary to promote affirmative actions that make visible spaces of accompaniment that promote the quality of life of gay and lesbian youth through gender-sensitive and sex-sensitive services. Currently, families require educational spaces that allow them to deconstruct prejudices and stereotypes that affect the mental health of gay and lesbian youth. Also, families need training from competent professionals in addressing sexual and gender diversity with LGTBIQA+ youth.

We recommend that future research focus on developing affirmative actions for the population of gay and lesbian youth and their families, like psychoeducational and psychosocial interventions and programs for understanding sexual and gender diversity. It is also essential to increase access to comprehensive healthcare services for LGBTIQ+ individuals and to provide training for professionals on addressing sexual and gender diversity within families. In addition, efforts should be made to deconstruct prejudices and stereotypes that affect the mental health of gay and lesbian youth and to create more inclusive and accepting environments for all individuals, regardless of their sexual orientation.

During the coming out process, gay and lesbian youth and their families often seek resources and support to help them navigate this challenging experience. However, finding reliable and accurate information and support can be difficult, as many sources may provide incomplete or false information. To address this issue, it would be beneficial to develop structured, science-based programs that provide structured resources and plans from a non-pathologizing, intersectional, and affirmative perspective. These programs could serve as a valuable resource for gay and lesbian youth and their families as they work toward accepting and understanding their sexual orientation.

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Chapter 8
Intersectional and Affirming Psychological Interventions for LGBTQ+ Latinx at Risk of or Living With HIV/AIDS

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Over the past 40 years, human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) have devastated LGBTQ+ communities worldwide. First declared a public health emergency in the 1980s, HIV is an infection that targets and destroys the body's white blood (CD4 T-lymphocyte) cells, significantly weakening the body's defenses to other infections and diseases (Doitsh & Greene, 2016). HIV is transmitted through contact with the bodily fluids of someone living with HIV, typically through unprotected sex or sharing intravenous drug equipment (United States Department of Health and Human Services, 2022). If left untreated or if the body is unresponsive to treatment, HIV can progress to become AIDS. The advancement to AIDS represents the late-stage progression of HIV that occurs when the body's CD4 cell count falls below 200 cells per cubic millimeter of blood (United States Department of Health and Human Services, 2022). Whereas HIV and AIDS have negatively affected individuals from all backgrounds, ethnic and sexual minority populations have been disproportionately devastated by these diseases, namely Latinx LGBTQ+. Throughout this chapter, we use Latinx instead of the gendered term Latina/o to refer to people of Latin American origin. Latinx is a gender-neutral term for Latino/a to describe people of Latin American origin or descent (del Río-González, 2021). Moreover, we will qualify the sexual orientation/gender identity (SOGI) samples from studies cited to be specific regarding sexual orientation/gender identity, being cautious not to conflate sexual orientation with

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gender identity and highlighting which groups the findings are most applicable; this is done rather than using the SOGI gloss term LGBTQ+ (García, 2021).

HIV/AIDS Prevalence and Mortality Rates

Latinx communities are the fastest-growing ethnic groups in the United States, increasing by 19% to 62.1 million in 2020, compared to 50.5 million in 2010 (Krogstad et al., 2021). HIV has affected the Latinx population at an alarming rate, with folx from these communities accounting for 27% of all new HIV infections in 2020 (Centers for Disease Control and Prevention [CDC], 2021a). Similarly, Latinx communities have a higher rate (per 100,000) of diagnoses, deaths, and the overall prevalence of AIDS compared to Asian and White individuals and rank second to African Americans (CDC, 2021b). Thus, there is a need for adequate and targeted primary (i.e., preventing disease before it develops) and secondary (i.e., detecting disease and intervening early) prevention for HIV in Latinx communities.

Within the Latinx populations, LGBTQ+ individuals are at the highest risk of contracting HIV or AIDS. More specifically, Latinx Gay and Bisexual men (GBM) and Latinx Transgender women make up most HIV diagnoses among the Latinx population (CDC, 2021a). Latinx men account for 89% of all HIV diagnoses among Latinx individuals (CDC, 2021b). Whereas Latinx men have a 1 in 51 likelihood of being diagnosed with HIV during their lifetime, men who have sex with men (MSM) of any race/ethnicity have a 1 in 5 chance of contracting HIV (Hess et al., 2017). Current epidemiological data for Latinx Transgender women show high HIV/AIDS prevalence rates, ranging from 18% to 38% (Rapues et al., 2013; Silva-Santisteban et al., 2016). A study analyzing data from the National HIV Surveillance System found that among Transgender women, Latinx Transgender women were almost three times as likely (29.3%) than non-Hispanic White Transgender women (10.7%) to be recently diagnosed with HIV (Clark et al., 2017). Some data on HIV prevalence exist among Latinx Lesbian and Bisexual women, with findings indicating low HIV prevalence (Dworkin, 2005) yet high sexual risk behaviors (Lee & Hahm, 2012). Thus, the disproportionate burden of HIV incidence and mortality among Gay and Bisexual Latinx men, MSM, and the limited research on Latinx Lesbian, Bisexual, and Latinx Transgender women warrant further investigation better to understand the scope of HIV prevalence in these communities.

To further complicate the picture, information on HIV/AIDS among specific Latinx populations is scarce, as research typically combines individuals from different nationalities (e.g., Colombian, Puerto Rican, Chilean) into one homogenous group. The grouping of Latinx into one monolithic ethnic group, known as ethnic gloss, results in the overgeneralization of specific phenomena to all groups within the umbrella term, leading to unique cultural and ethnic differences among group members being ignored (Trimble & Dickson, 2005). Currently available estimates that disaggregate HIV in specific Latinx LGBTQ+ groups show varying HIV prevalence rates across LGBTQ+ men from Latin American countries. One study

examining sexually transmitted infections and HIV in the Dominican Republic found a 5% prevalence rate for HIV among Gay and Bisexual men and MSM or Transgender women (Brito et al., 2015). Another study found HIV prevalence rates for Nicaraguan (~8%), Panamanian (~9%), Guatemalan (~12%), Honduran (~12%), and Salvadorian (~15%) MSM (Soto et al., 2007). Moreover, Akin et al. (2008) showed significant differences in HIV risk factors among MSM from Venezuela, Colombia, Argentina, Puerto Rico, and Cuba. This study found that MSM from Argentina had a higher average of sexual partners, Puerto Rican MSM more often engaged in unprotected sexual activity, and Cuban MSM was more likely than men from other groups to have never been tested for HIV (Akin et al., 2008). These risk factors underscore the need for research on specific LGBTQ+ Latinx groups to improve primary and secondary preventative efforts given differential HIV risk profiles.

HIV/AIDS Perceived Risk

Data on HIV/AIDS among the Latinx LGBTQ+ communities are heavily focused on the experiences and perceptions of risk for contracting HIV among Latinx LGBTQ+. For example, Murray and colleagues (2018) qualitatively explored the perceptions of HIV risk in Latinx MSM men living in New York City. This study identified stigma as a central factor influencing perceived HIV risk for Latinx MSM. Additionally, participants stated that although they were aware of risk factors associated with developing HIV, such as condomless sex and sharing needles, the stigma associated with being MSM within their ethnic communities led to continued engagement in these risky sexual behaviors. These findings suggest that the stigma associated with being a Latinx MSM influences engagement in risky behaviors and a disregard for the risk of contracting HIV.

Similarly, other studies have found that Latinx sexual minorities (i.e., GBM) and MSM believed the perceived benefits (e.g., companionship, gaining access to alcohol and drugs, power) of engaging in risky sexual behaviors outweighed the risk of contracting HIV (Sullivan et al., 2017; Tan et al., 2014). Recently, Bennett and associates (2020) found that Latinx MSM were more likely to perceive no possibility of HIV infection despite engaging in HIV risk-taking behaviors than Black and White young MSM. Moreover, Surace et al. (2017) found that Latinx MSM who endorsed high levels of family honor and *machismo*—or the traditional gender role expectations typically ascribed to men by society, including negative aspects of masculinity (Arciniega et al., 2008)—were associated with higher sexual risk behaviors, including unprotected anal intercourse and greater appeal of sex without condoms. In a study of Latinx Transgender women, results showed that participants self-perceived low or no risk of contracting HIV despite meeting the study's criterion for pre-exposure prophylaxis (PrEP), which involves high levels of sexual behaviors that may increase exposure to and subsequent risk for HIV infection (Malone et al., 2021). These findings demonstrate the need for further research on

the perceived risk of contracting HIV among specific Latinx ethnic groups, integrating Latinx cultural values to improve community outreach efforts to mitigate the risk of HIV/AIDS.

LGBTQ+ Latinx Experiences Living with HIV/AIDS

The available literature on LGBTQ+ Latinx individuals living with HIV or AIDS experiences centers around one common theme: fear regarding potential stigma from family or friends. Among many Latinx communities, close familial ties and reliance on the family, also known as the enculturation cultural value of *familismo*, plays a significant role in family dynamics. This cultural value is passed down within families. *Familismo* emphasizes the part of family and interconnectedness, prioritizing family needs over the needs of an individual (Przeworski & Piedra, 2020), and as such, disclosing HIV status to family members can be a significant stressor to Latinx LGBTQ+ men, as it could disrupt the status quo of their families. For example, in a recent study, Maiorana et al. (2022) explored the experiences of Mexican and Puerto Rican GBM as they contemplated disclosing their HIV status to friends and family members. They found that intersectional stigma between HIV status and sexual orientation played a crucial role in whether participants revealed their HIV status. Men who decided not to tell their HIV status to their families were motivated to avoid potential shame or disappointment or because their families were unaware of their sexual orientations or behaviors (Maiorana et al., 2022). Additionally, this study found that men who did disclose received some support from their families (Maiorana et al., 2022). In this regard, the immediate family supported these GBM, suggesting *familismo* remains an important cultural/contextual factor for Latinx GBM living with HIV. However, other qualitative studies have found that families with religious rhetoric that marginalizes LGBTQ+ and traditional gender norms do not allow for *familismo* as a cultural-specific source of support for GBM living with HIV (García et al., 2022). Thus, social support and interconnectedness from families, via the cultural value of *familismo*, can act as a double-edged sword; either creating risk/rejection from families of origin or acting as a resilience factor for Latinx LGBTQ+ persons (Przeworski & Piedra, 2020).

In another qualitative study, different forms of stigma intersecting to shape the lives of Latinx GBM and Latinx Transgender women living with HIV were explored. Santiago-Rodríguez et al. (2021) described the compounding stigmas from HIV status, economic inequality, oppression, and gender identity among a Transgender Latinx woman and their relationship to worsen HIV care. Similarly, Latinx GBM and Transgender women described community stigma related to their sexual identity, leading some to feel they were at fault for—and deserving of—contracting HIV (Santiago-Rodríguez et al., 2021). Additionally, extant research exists on the effect of stigma on the mental health of LGBTQ+ Latinx men living with HIV. Internalized stigma among LGBTQ+ Latinx men is associated with poorer mental health and increased sexual transmission risk (Rendina et al., 2017). Additionally, perceived

HIV/AIDS stigma in the LGBTQ+ community is associated with depressive symptoms, avoidant coping strategies, and suicidal ideation (Courtenay-Quirk et al., 2006). Thus, intersectional stigma from family and friends can negatively impact the lives of Latinx LGBTQ+ living with HIV.

Psychological Interventions for People at Risk of or Living with HIV/AIDS

The American Psychological Association has recognized the importance of empirically supported treatments for several psychological disorders (APA Presidential Task Force, 2006); however, they may not be equally applicable across diverse populations, including Latinx LGBTQ+ people living with HIV or AIDS (PLWHA). HIV and mental health share a bi-directional and complex relationship; that is, mental health symptoms are associated with an increased risk for HIV/AIDS, and the experience of living with HIV/AIDS is inherently stressful and may increase the risk for mental health symptoms. Whereas HIV is associated with neurological and cognitive dysfunction due to the virus's progression (Wallace, 2021), PLWHA also experiences stigma and stress from the prognosis and increased risk for mental health problems (Rueda et al., 2016). Indeed, research demonstrates associations between HIV stigma and more severe depression, lower social support, and poorer HIV treatment adherence among PLWH (Rueda et al., 2016). Therefore, psychological interventions must be tailored for PLWHA and at risk of HIV/AIDS, such that factors salient to HIV/AIDS, like specific psychosocial stressors (i.e., stigma), sexually risky behaviors, and adherence to preventative medication (i.e., PrEP, post-exposure prophylaxis [PEP]) or medications to stay HIV undetectable (i.e., highly active antiretroviral therapy [HAART]) become targets that are amendable to psychological intervention. These potential targets of psychological intervention are discussed in the following sections below.

Research on psychological interventions for PLWHA has been published globally across dozens of countries (Collins et al., 2021). For example, in their global narrative review, Collins et al. (2021) identified 50 studies across 26 countries on HIV prevention and mental health conditions that show a significant association between greater mental health symptoms and poorer HIV prevention outcomes. Most studies were among MSM, youth, and adolescents. Only 13 studies included youth and adolescent behavioral HIV interventions and primary prevention efforts. Many of these behavioral interventions used emotion regulation (Donenberg et al., 2015; Houck et al., 2016), dialectical behavior therapy (Brown et al., 2013; Brown et al., 2017), cognitive behavioral skills training, including harm reduction strategies (Esposito-Smythers et al., 2017), cognitive processing therapy (Pearson et al., 2019), problem-solving strategies for stress (Zellner et al., 2016), anxiety, depression, and aggression (Jani et al., 2016) across countries and populations. The treatments, to some degree, made adaptations for PLWHA. For instance, in their HIV

primary prevention intervention, Pearson et al. (2019) culturally adapted a cognitive processing intervention for Native American women at risk of HIV. They integrated culturally relevant examples (e.g., removing combat examples and integrating indigenous cultural beliefs) into the manualized protocol and included modules on relationships and safe sex practices.

A systematic review of mental health interventions for PLWH in low- and middle-income countries identified 30 studies on psychotherapy, pharmacotherapy, or combined treatments primarily for depression but also for co-occurring disorders, substance use, post-traumatic stress disorder, and neuro-cognitive impairment (Nakimuli-Mpungu et al., 2021). The interventions used cognitive-behavioral therapy (CBT), problem-solving strategies, rational emotive behavioral therapy, mindfulness-based intervention, and psychosocial support groups (Nakimuli-Mpungu et al., 2021). Approximately 60% of the interventions reported statistically significant effects in lowering mental health symptoms (Nakimuli-Mpungu et al., 2021). In addition, a review of mental health interventions among adolescents and young adults living with HIV from 2014 to 2020 identified 13 studies from sub-Saharan Africa that targeted depression; however, few used evidence-based approaches and they generally used a variety of delivery methods such as individual, group, and family-based modalities (Bhana et al., 2021).

Technology-delivered mental health interventions for PLWH are an additional avenue for HIV prevention efforts (Kempf et al., 2015). For example, Kempf et al. (2015) identified six telephone and computer-delivered interventions for medication adherence, anxiety, and depressive disorders among PLWH published between 2011 to 2015. Treatment modalities included CBT, motivational interviewing, and stress management training that integrated discussing existential concerns and emotions about HIV (Kempf et al., 2015). Thus, psychotherapeutic interventions adapted for PLWH have received decades of empirical investigation. Mental health interventions have demonstrated success in various outcomes as primary and secondary efforts for HIV.

Toward Intersectional Interventions for LGBTQ Latinx in the Context of HIV/AIDS

As shown throughout this chapter, the unique psychosocial experiences of Latinx LGBTQ+ who are at risk of or are living with HIV require intersectional approaches to psychological interventions for these communities. It is essential to understand that studies on the impact of LGBTQ+-affirming interventions are not new; Pachankis et al. (2004) have been trailblazers in this arena, with sophisticated randomized controlled trials conducted on the efficacy, effectiveness, and low-cost feasibility of making interventions LGBTQ+ affirming across a variety of formal clinical settings and LGBTQ+ community centers (Pachankis et al., 2021; Pachankis et al., 2022). Principles used to affirm LGBTQ+ persons in clinical settings include

de-pathologizing reactions to minority stress, centering supportive relationships, taking a sex-positive stance on expressions of sexuality, validating LGBTQ+ strengths, empowering open and assertive communication, and facilitating a re-interpretation of negative cognitions resulting from ongoing minority stress (Pachankis, 2014). For therapists, specific techniques translate into focusing on the following within their sessions: facilitating a reconstruction of thoughts related to minority stress, decreasing avoidance of thoughts, emotions, and interpersonal interactions while increasing emotional awareness and acceptance, growing self-affirmations and consciousness-raising, and centering assertiveness (Pachankis, 2014). Many of these specific techniques can be incorporated within Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy frameworks (Pachankis & Soulliard, 2022; Stitt, 2022). However, what is slowly emerging in the literature is the importance of creating intersectional interventions, i.e., those that integrate experiences of intersectional minority stressors as central points of psychological interventions, to reduce the risk of mental and physical health issues for Latinx LGBTQ+. As a reader, you may be asking, why is it important to center intersectional minority stress as a clinical intervention point? Intersectional forms of discrimination, both blatant and subtle types, are emotionally and physically taxing that are experienced more than once and across the lifespan of an individual's existence; the relentless nature of intersectional discrimination may be the underlying and unique psychosocial stressor that creates the health disparities we see for Latinx LGBTQ+ (Garcia, 2021). To mitigate health disparities salient for Latinx LGBTQ+, it is vital to reduce stress resulting from these experiences while also providing coping abilities in the face of this stigma (Chaudoir, Wang, & Pachankis, 2017). A focus on increasing individual-level coping abilities is half of what is required to reduce health disparities; equally important is targeting intersectional structural stigma, as the onus of coping with discrimination should not be the individual responsibility of LGBTQ+ People of Color (García, 2021). To increase individual-level coping resources, we propose that psychological interventions must directly tackle intersectional minority stress. To this end, the psychosocial stress arising from societal marginalization and minoritization of racial/ethnic LGBTQ+ identities and experiences (García, 2021) must be centered as a clinical outcome, as explained below.

Intersectional Minority Stress

Studies center on intersectional minority stress that results from the marginalization and minoritization of Latinx LGBTQ+ (Layland et al., 2020). For example, in their *SOMOS* community-based intervention, Vega et al. (2011) implemented an intervention with Latino Gay men focusing on community leadership, and HIV prevention, with specific attention paid to addressing internalized homophobia in their ethnic communities and promoting connectedness to Gay communities. Their

results showed lower HIV risk at three- and six-month follow-ups, demonstrating the long-lasting impact of this community-driven approach.

Emerging literature also shows the benefits of directly targeting (as a clinical outcome) intersectional minority stress among Latinx LGBTQ+. In their cultural adaptation of CBT, Bogart et al. (2020) tailored their psychological interventions with Latinx immigrant (majority Mexican) MSM living with HIV by applying specific aspects of community-based participatory research in their design and implementation, including active participation of community members in voicing their unique needs and concerns to inform psychological interventions. Their results showed more emotion-coping and less negative affect despite discrimination, using mindfulness, psychoeducation, and other components for interventions. The fascinating aspect of this culturally tailored intervention, aptly named *Siempre Seguiré*, was its use of intersectional discrimination as a clinical outcome. Moreover, a pilot study focused on tackling intersectional stigma and the mental health and HIV risk of Latino GBM, Jackson et al. (2022) adapted the Effective Skills to Empower Effective Men (ESTEEM) CBT protocol and developed a theory of intersectional stigma-related stress for GBM of Color, including Latino GBM. Their results showed significant pre-post changes in mental and sexual health variables, including HIV risk. Notably, their culturally tailored intervention reduced race-related and intersectional stressors like experiences of racism in close relationships. In a sample of majority Latina Transgender women living with HIV, an intervention focused on gender affirmation (i.e., having needs related to their Transgender identity met through social and medical pathways) and healthcare empowerment (i.e., increasing strategies related to commitment, collaboration, and engagement in healthcare), mitigated the negative impacts typically associated with Trans-related discrimination, thereby improving viral suppression (Sevelius et al., 2021). Thus, the powerful effect of psychological interventions focused on mitigating the impact of intersectional discrimination as a clinical outcome becomes essential to reduce stress from these and improve the health status of Latinx LGBTQ+ at risk of or living with HIV.

As seen above, several interventions provide affirmative care to Latinx LGBTQ+. For example, focusing on empowering individuals to lead as pillars in their communities allows for meaningful leadership experiences to advocate for Latinx LGBTQ+, which aligns with the LGBTQ+-affirming principles and techniques previously mentioned. However, these interventions center on the unique experiences of Latinx sexual and gender-diverse persons (with and without HIV/AIDS) navigating heterosexism and cisnormativity in society. Furthermore, these interventions target intersectional discrimination as a clinical outcome amenable to psychological intervention; this means that current psychological interventions can be modified/adapted with the input of community stakeholders to tackle intersectional minority stressors. As seen in the studies above, developers of such interventions must engage in an iterative, interactive, and dynamic process with Latinx LGBTQ+ stakeholders (with and without HIV/AIDS), given that they are the direct recipients of these psychological interventions. Approaching the tailoring of interventions in this manner allows for the dignity and autonomy of those Latinx LGBTQ+ persons to promote empowerment and equip these communities with psychological tools to resist and

fight back against the negative impacts of intersectional discrimination in the context of HIV/AIDS.

Conclusions

This chapter highlighted the disproportionate burden that Latinx LGBTQ+ people—namely GBM, Transgender women, and Men who have sex with men—face regarding the risk of or who are currently living with HIV/AIDS. Moreover, we underscored the role of traditional Latinx cultural values associated with HIV risk for Latinx LGBTQ+. Importantly, everyone under the LGBTQ+ Latinx umbrella is at risk of and can be living with HIV/AIDS; yet it is essential to note that there are differential HIV risk profiles within Latinx LGBTQ+ groups. To this end, it is incumbent that researchers be specific regarding the Latinx group and SOGI demographics of their study samples, and we recommend being cautious and not conflating sexual orientation with gender identity; this can be done by accurately characterizing the demographics of their samples and avoiding the gloss term Latinx or LGBTQ+. As an example, if a study is predominantly GBM Mexican Latinx, using the monolithic and gloss terms Latinx and LGBTQ+ to characterize such a sample is grossly inaccurate and perpetuates further marginalization of the communities not being represented in the manuscript (e.g., Guatemalan, Salvadorean, Puerto Rican Lesbian, Transgender men/women, Queer Latinx persons). Throughout the chapter, we argue that psychological interventions must be culturally tailored to include and clinically target intersectional minority stress. Beyond solely LGBTQ+ affirming strategies, we highlighted some studies that focus on intersectional psychological interventions—namely those that clinically center experiences of intersectional minority stress as outcomes—to show the reader the feasibility and effectiveness of providing intersectionally-attuned and responsive healthcare to Latinx LGBTQ+ at risk of or living with HIV/AIDS.

In the battle against HIV/AIDS, advances in medical technology like PrEP are valuable tools to prevent the acquisition and transmission of HIV/AIDS. For some members of the LGBTQ+ communities, these medical technologies are seen as tools for the promiscuous (Spieldenner, 2016); this judgmental view penalizes sexuality, judges the pleasure of Latinx LGBTQ+, and reflects stigma toward PrEP by calling users of these valuable tools "Truvada whores" (Calabrese & Underhill, 2015). However, PrEP is a crucial sex-positive resource used by Latinx LGBTQ+ to empower and protect themselves against the high rates of HIV/AIDS faced by their communities (Brooks, Nieto, Landrain, & Donohoe, 2019). Additionally, we would miss the mark if we did not consider the powerful impact of intersectional structural stigma—or harmful health policy that reflects discrimination (Bowleg, 2022)—on Latinx LGBTQ+ at risk of HIV. Despite PrEP's usefulness in the fight against HIV/AIDS, U.S. District Judge Reed O'Connor from Texas ruled that insurance coverage for PrEP violates the Religious Freedom Restoration Act (Braidwood Management Inc. v. Xavier Becerra, 2022), setting the stage for public and private

insurance carriers to deny coverage for PrEP for those who have known high risk for contracting and transmitting HIV. Ruling such as these undermine the monumental biomedical and behavioral HIV prevention efforts of PrEP in the fight against HIV/AIDS, which were backed by healthcare advocates, community-based organizations, and healthcare professionals; these efforts have been the primary method of mitigating the risk for and transmission of HIV/AIDS risk among Latinx LGBTQ+ persons. Thus, health policy is as essential as tailoring psychological interventions to promote health equity for Latinx LGBTQ+ at risk for or living with HIV/AIDS.

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Chapter 9
Design, Implementation, and Evaluation of LGB Affirmative Care Program for Students and Psychology Professionals in Bogotá – Colombia. Testing Research and Training on LGB Attitudinal Change in Psychologist

Reynel Alexander Chaparro

An affirmative approach is oriented toward attitude change toward LGBTQ people in psychology students and professionals with interventions focused on acceptance and understanding of LGBTQ+[1] issues, knowing the challenges LGBTQ+ people face in heterosexual and cisgender spaces, and the recognition of LGBTQ+ particularities in their families, groups, and communities (APA, 2012a, b, 2015a, b). Minority stress is the main conceptual structure from which LGBTQ+ experience unique stressors as a result of social/interpersonal prejudices, and stigmas that end up disproportionally affecting their health compared to heterosexual and cisgender people (Meyer, 2003, 2015). Reactions to minority stress interact with experiences of oppression related to race, gender, socioeconomic status, and other social categories (Moradi & Grzanka, 2017; Rosenthal, 2016).

A change in professional practice is required due to the lack of information that confronts Sexual Orientation and Gender Identity Change Efforts (SOGICE), as well as LGBTQ+ mental health demands in Colombia without the use of SOGICE (Choi et al., 2020). Culturally competent affirmative guidelines were developed in a different context (Martínez et al., 2018; APPR, 2014; BPS, 2019; PSSA, 2017; APS, 2010; UNODC, 2020), with a common health care focus on Human Rights perspective with the inclusion of sexual and reproductive rights. An emphasis on

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[1] Anachronic used to group lesbian, gay, bisexual, trans (and other denominations such as transvestite, transsexual and transgender), queer or sex and gender diverse identities that can include non-binary people, + indicates that emerging identities are included, as well as orientations and identities that may not be under the anachronic LGBTQ (IPsyNet, 2018).

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psychoeducational interventions as the main tools to positively influence social change to affirmative positioning of LGBTQ+ issues is recommended.

LGB will be the focus on this research as a result of the pervasiveness supposition of heterosexuality in mental health care systems; the differential violence LGB experienced with coming out in mental health care settings (activated from practitioner supposition or explicit coming out from LGB clients); differential emphasis in training and education when sexual orientation and gender identity issues are explored (Mejía & Benavides, 2008; Moradi, 2016; Choi et al., 2020); differential legislation with the recognition of rights (e.g., same sex marriage/access to affirmative hormone therapy); and attitudinal responses when LGB are compared with Trans/non-binary people (Worthen, 2013).

Suggestions for an LGB Affirmative Training Curricula for Psychologists

Some training suggestions for LGB affirmative care came from interventions used from Multicultural Education (ME), based on the recognition of experiences with oppression, such as racism and heterosexism, in a minority group. ME is oriented to generation of competencies in knowledge, attitudes, and skills; the three are needed to work effectively with diverse populations (Israel & Selvidge, 2003).

Knowledge component is focused on providing information on LGB issues to orient students and create awareness about their own assumptions, values, and prejudices about LGB people. Suggested components are the sociopolitical history of the LGB movement; bias in evaluation and mental health services; diversity within the LGB group (intersectionality); development of LGB identity/coming out; LGB parenting and family structures (including choice and origin family issues); questioning heterosexism and heterosexual privilege (Israel & Selvidge, 2003); knowledge of community support resources (Garnets et al., 1991; Graham et al., 1984; Slater, 1988); and the inclusion of models that question the fixed concept of sexual orientation (e.g., sexual trichotomy model with the inclusion of psychological, biological, ethnic, spiritual, and sociocultural factors) (QAHC, 2008).

Attitudinal component explores LGB stereotypes based on unnatural/sin explanations (Ritter & Terndrup, 2002), with the consideration of countertransference effect with LGB clients (Buhrke & Douce, 1991). In attitudinal component suggestions are still very broad, since the resolution of internal conflicts of the students is proposed (without a guide for it) with the intention that these conflicts do not interfere with the health needs of LGB people (Bartoli & Gillem, 2008). However, promoting self-awareness, self-exploration and acceptance of a conflict that connect feelings and attitudes, pre-existing notions of LGB groups, family and social messages, as well as heterosexist privilege and its role in shaping of homophobic attitudes (Borgman, 2009) is a first step to change negative attitudes toward LGB people and is also an essential component in intervention skills (Gelberg & Chojnacki, 1995; Worthington et al., 2000, cited by Borgman, 2009).

Skills component challenges the impact of heterosexism and internalized homophobia without considering being LGB as a problem to be solved. It is recommended to inform clients about internalized homophobia, generating self-esteem and acceptance by linking models of LGB identity development. Also, advocacy is an important skill related to disseminate information from affirmative/non-pathological LGB research, attend events of the LGB community, and contact legislators who make relevant political decisions oriented to the well-being of LGB people, their families and communities (Israel & Selvidge, 2003).

Other recommendations include students' self-reflection oriented to explore their levels of comfort, values, prejudices about sex/gender and sexual orientation and how they can affect the interaction with LGB clients, as well as having the experience of meeting an LGB person, to explain first-hand struggles and particularities of being LGB (Godfrey et al., 2006).

Even with the possibilities of these suggestions to conform a guide for LGB affirmative care training to psychologist, LGB issues are not systematically addressed in ME courses. When LGB issues are included in ME, the validity in the preparation of students is questioned since the LGB topic is little explored (Israel & Selvidge, 2003). Even though it is suggested that the LGB topic be treated systematically throughout the psychology training curriculum (Buhrke & Douce, 1991), it's a challenge evaluating LGB-specific training topics, especially when includes many isolated components that hide LGB issues in a wide ME on several target groups. Also, multidimensional measures (in knowledge, attitudes, and skills) that assess students' competencies in LGB issues are scared in Spanish speakers' population, as well as the effect of self-reflection and the experience of knowing an LGB person.

Several studies oriented to psychologists training in LGBT issues (Hernández & Rankin, 2008; Santos et al., 2011; Finkel et al., 2003; Stanley, 2003) showed a common emphasis to raising awareness in LGBTQ+ issues, as well to increase research in this area.

With the need to change negative attitudes of students and professional psychologist to LGB clients, and the few research on psychologist training in LGB issues (specially in Latin America and Colombia), this research was oriented to design, implement, and evaluate an awareness program for students and professionals in psychology to provide affirmative services to LGB clients.

Method

Design

Quasi-experimental single group pre–post-intervention design.

Participants

Complete data for this research ($N = 30$, ages between 19 and 35, $M = 23$, $SD = 3.51$; 6 professionals and 24 psychology students, 26 women and 4 men) was obtained from a cumulative sample of participants who met the inclusion criteria: (1) being students in accredited psychology programs or professional psychologist in Colombia, (2) signed the consent form research, and (3) completed the evaluation format. From the total participants in the workshops ($N = 75$), the first session was a pilot test (3 professionals and 5 psychology students) with participants who met the inclusion criteria.

Sexual orientation was mainly heterosexual ($n = 23$), followed by lesbian ($n = 2$), bisexual ($n = 2$), curious/exploring in sexuality ($n = 2$), and gay ($n = 1$). Nineteen participants reported no previous training experiences about LGB issues. Most of the sample corresponds to socioeconomic stratification[2] 2 and 3 ($n = 25$) and some in 4 ($n = 4$), one person did not report this data.

This study was implemented in the Community and Human Development emphasis projects from the Welfare Directorate of the National University of Colombia (approved project AAI-UGP 1200), with the inclusion of the normativity related to human ethics research in psychology (Law 1090 of 2006) and mental health in Colombia (Law 1616 of 2013).

Measure

Sentence Completion Test for Training in LGB Psychological Intervention (LGB/SCP)

The evaluation of LGB training courses oriented to psychologist had methodological challenges on socially desirable responses in traditional self-report instruments (Bidell, 2005), the lack of sensitivity of the scales traditionally used (Finkel et al., 2003), and the attitudinal evaluation of LGB sexual orientations in a single test.

Trying to overcome these challenges a Sentence Completion Test (SCP) strategy was implemented to evaluate the training program. In SCP free association is a way of accessing information about the person that would not be expressed through direct communication. Methodological guideline proposed by Grados and Sánchez (1988) for the construction SCP was used.

Three psychology professionals with experience in education and LGB issues constructed 161 phrases grouped into nine dimensions named as: relationships,

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[2] In Colombia, socioeconomic stratification is a way of determining the economic capacity and the social characteristics of a population group according to the place of residence. The range goes from 1 to 6, grouping the highest economic capacity in the upper range.

lesbians, gays, bisexuals, women, men, heterosexuals, homosexuals, and sexual orientation. The guide for the construction of the phrases were two main concepts, (1) homophobia (understood with other terms such as homoprejudice, homonegativity, or prejudice based on sexual orientation, in which bisexuality is included) with the inclusion of topics related to aversion, condemnation, rejection and prohibition of LGB behavior, as well as fear of homosexuality, and (2) heterosexism (defined as the mechanism of oppression that limits people who openly declare themselves as homosexual or who contravene the imposed norm of heterosexuality) with the inclusion of topics related to ignoring LGB relationships, not talk about LGB issues, imposing heterosexuality as the norm of conduct and the topic of conversation, as well as thinking of the context as exclusively heterosexual.

Subsequently, these dimensions were regrouped in the contents of the workshop to maintain internal coherence between the evaluation and the exposed contents in training. In the regrouping by contents of the workshop, 25 more incomplete sentences were elaborated. The new 186 sentences structures were submitted to other four judges (three professionals in psychology and an educational counselor) with extensive experience in sexual diversity issues, who did the conceptual validation test, reviewing internal coherence with methodological definitions (homophobia and heterosexism) and a glossary of terms about LGB, and sexual orientation issues.

A pilot test was conducted in a group of 22 students of an undergraduate course in psychology with the 186 phrases randomly assigned. The instruction for all participants was to complete each of the stems with the first thought that comes to mind. After that, another round of evaluation with four judges considered the following criteria to the final SCP test: select phrases that elicited variability in responses, especially those that encouraged negative or rejection responses (a negative attitude); include neutral responses (combination of positive and negative responses); and omit items that elicited defensive responses, according to the Defensive Manifestations Guide (Picano et al., 2002), that include denial, omission, comments about the test, impertinent or frivolous responses, redundancy, and associations. Also, there were discarded sentences that presented similar answers in more than a half of the cases, and those in which a typical response oriented toward normalization (responses of this type were "normal" or "common").

The scoring of the LGB/SCP required the training of two judges during 5 hours of didactic discrimination with a scoring format (see example in Table 9.1), using several sample sentences and punctuations. Concordance between judges was established through the Kendall concordance coefficient for all the answers (pre and post). In training high correlations are noticed in 93.83% of the sentences during the pre-phase and 100% of the sentences in the post-phase (13.58% exact correlations).

Spearman correlation item-total score was applied to select the items that contribute the most to the construct. Being a new test developed for this research, the

Table 9.1 Scoring example in LGB/SCP

One reason for settling into a bisexual relationship is _____	
Example	Punctuation
Love	+3
Desire	+2
Curiosity	+1
People who are attracted to men and women decide to have a relationship	0
Because they both don't know what they want	−1
They have no fear of God	−2
Because they are perverts	−3

following inclusion criteria were applied, a significance $p \leq 0.1$ and a correlation greater than 0.2. 31 items were selected (see Table 9.2).

Analysis Groups

Several analysis groups were established with the selected items, by the dimensions of the workshop: diversity within the LGB group (items 15, 27, and 39), LGB parenting and family structures (items 10, 17, 23, 29, 35, 50, 57, 60 and 62), heterosexism and heterosexual privilege (items 30, 36, 51, 58, 61, 63, 64, 66, 67, 68, 70, 72 and 76), patterns and influences on the health of LGB people (items 25, 31 and 37), knowledge of community support resources (item 13), and experience of knowing an LGB person (items 14 and 49). By type of attitude, cognitive (items 10, 27, 35, 39, 49, 57, 58, 60, 61, 62, 63, 64, 70, and 76), behavioral (items 13, 14, 15, 17, 23, 25, 29, 30, 31, 36, 37, 50, 51, 66, 68, and 72), and emotional (item 67). Finally, by type of sexual orientation, with the concept of sexual orientation in general (items 10, 13, 15, 27, 39, and 63) and specific to gay orientations (items 14, 23, 30, 31, 49, 51, 60, 61, 70, and 72), lesbian (items 17, 25, 35, 50, 57, 58, 66, and 68), and bisexual (items 29, 36, 37, 62, 64, 67, and 76). Cronbach internal consistency of the 31-item version was 0.879.

Procedure

Program "Awareness for Intervention with Gay, Lesbian, and Bisexual Clients"

This awareness program was developed with the literature review carried out and the thematic suggestions for training in psychology on LGB issues by Israel and Selvidge (2003), Garnets et al. (1991), Graham et al. (1984), Slater (1988), Borgman (2009), Godfrey et al. (2006), and Finkel et al. (2003).

Table 9.2 Selected items applying discrimination criteria $r_S \geq 0.2$ and $p \leq 0.1$

Item	Phrases	r_S	p
10	A family is made up of…	0.32	0.03
13	When a person reveals that they are lesbian, gay, or bisexual in consultation, it usually happens…	0.32	0.05
14	When listening to a gay man about his experiences, it often happens that…	0.30	0.05
15	Women looking for partners…	0.31	0.05
17	Lesbian couples at a family gathering…	0.55	0.00
23	Gay couples at a family gathering…	0.37	0.02
25	Interaction with lesbians generates…	0.29	0.07
27	Sexual orientation is…	0.33	0.03
29	Bisexual couples at a family gathering…	0.43	0.01
30	When hearing that a man flirts with another man, it usually happens that…	0.30	0.05
31	Interaction with gays generates…	0.35	0.03
35	Families in Colombia with lesbians…	0.36	0.02
36	When hearing that a woman flirts with a woman and a man, it usually happens that…	0.33	0.04
37	Interaction with bisexuals generates…	0.38	0.02
39	Homosexual expressions are…	0.39	0.01
49	When gays send a friend request through social networks, it is thought that…	0.39	0.01
50	If a woman wants to have a girlfriend, the family…	0.31	0.05
51	Seeing two men holding hands often happens that…	0.33	0.03
57	Lesbians who have children are…	0.27	0.09
58	Being a lesbian in Colombia is synonymous with…	0.39	0.01
60	Gays who have children are…	0.35	0.02
61	Being gay in Colombia is synonymous with…	0.47	0.00
62	Bisexual people who have children are…	0.34	0.03
63	The treatment of homosexuals is…	0.40	0.01
64	Being bisexual in Colombia is synonymous with…	0.43	0.01
66	If a girl kisses another in the street, it usually happens that…	0.44	0.00
67	Straight people feel _____ for bisexuals	0.51	0.00
68	Publicly lesbian behavior is…	0.47	0.00
70	The treatment gays receive is…	0.38	0.01
72	If a man kisses another in the street, it usually happens that…	0.48	0.00
76	The treatment bisexuals receive is…	0.38	0.02

A multi-component structure awareness program (Herschell et al., 2010) with the principles of effective programs (García-Ramírez et al., 2007) was grouped in a training manual with the following thematic distribution: diversity within the LGB group; LGB parenting and family structures; heterosexism and heterosexual privilege; patterns and influences on the health of LGB; knowledge of community

support resources; and experience of knowing an LGB person. The implementation of the program was in one session of a four-hour duration.

The pyramid training, or training of trainers (Herschell et al., 2010), was applied to two people (a gay man and a lesbian woman) who made up the team of workshop leaders, who were selected for their experience in training/intervention in LGBTIQ+ communities and vulnerable populations.

The team of workshop leaders was trained in following the training manual, with a special emphasis on the challenges of implementing a workshop on LGB issues. Miller and Mahamati. (2000) training guide was used with a focus on strategies to manage challenging, defensive, aggressive participants, covert homophobia (this consideration was made due to the experience of aggression documented by Santos et al. (2011), and the construction of a trust scenario (QAHC, 2008). The team of workshop leaders did not know the objectives of the research and the form of evaluation; also, the competent implementation of the training manual was supervised by the author.

Results

Statistically significant differences were found in the content of the workshop heterosexism and heterosexual privilege ($t = 2.920$, $p = 0.007$) and the bisexual orientation component ($t = 3.395$, $p = 0.002$), with a decrease in the post scores. Non-significant differences were found in other explored components, including the effect of age and previous experience in LGB courses. Due to the predominance of heterosexual women in the sample, gender and sexual orientation variables were not evaluated in inferential statistical analysis.

Analysis from the Phrases and Their Type of Variation

An analysis based on statistical mode on three groups was established: the first group included a change between the extremes of favorability or rejection, in which an unfavorable attitude was presented in pre that changed to favorable in post, and vice versa, a favorable attitude in pre that changed to unfavorable in post. In the second group, although there was an attitudinal change, the response trend between a range of favorability or rejection was maintained. In the third group, the answers remain in the same range of favorability, rejection or neutral, that is, a group in which there was no change.

This grouping was made on the themes of the workshop, the types of attitude and the type of sexual orientation. This segmentation makes it possible to see which

strategies developed during the workshop could have had an impact on the maintenance or change in the most frequent scores of the participants (see Table 9.3).

Favorable attitudes are prevalent in the topics related to patterns and influences on the health of LGB people, knowledge of community support resources, and diversity within the LGB group; neutral attitudes are maintained on the topic LGB parenting and family structures. On the other hand, the predominance of the attitudes that are maintained and that change to unfavorable were in the topics, experience of meeting an LGB person and heterosexism and heterosexual privilege.

An analysis from the phrases shows that most of the attitudes that remain negative are in what is thought of LGB orientations and homosexuality in broader contexts, when their expressions are public. However, the specificity of rejection toward

Table 9.3 Grouping of phrases by types of variations in the post phase

Variation type		Item	Thematic distribution	Type of attitude	Sexual orientation
Change between the extremes of favorability/rejection	A favorable attitude in pre that changes to rejection in post	67	Heterosexism and heterosexual privilege	Emotion	Bisexual
		49	Experience of knowing an LGB person	Cognition	Gay
		51	Heterosexism and heterosexual privilege	Behavior	Gay
	An attitude of rejection in pre and changes to favorable in post[a]	30	Heterosexism and heterosexual privilege	Behavior	Gay
		35	LGB parenting and family structures	Cognition	Lesbian
		36	Heterosexism and heterosexual privilege	Behavior	Bisexual
		39	Diversity within the LGB group	Cognition	General orientation
Response trend was maintained between a range of favorability or rejection[b]	Remains high (change in favorable range)	15	Diversity within the LGB group	Behavior	General orientation
		29	LGB parenting and family structures	Behavior	Bisexual
	Remains low (change in rejection range)	14	Experience of knowing an LGB person	Behavior	Gay
		17	LGB parenting and family structures	Behavior	Lesbian
		50	LGB parenting and family structures	Behavior	Lesbian
		61	Heterosexism and heterosexual privilege	Cognition	Gay
		70	Heterosexism and heterosexual privilege	Cognition	Gay

Table 9.3 (continued)

Variation type		Item	Thematic distribution	Type of attitude	Sexual orientation
No change	Maintains a rejection attitude	23	LGB parenting and family structures	Behavior	Gay
		58	Heterosexism and heterosexual privilege	Cognition	Lesbian
		63[c]	Heterosexism and heterosexual privilege	Cognition	General orientation
		64	Heterosexism and heterosexual privilege	Cognition	Bisexual
		68	Heterosexism and heterosexual privilege	Behavior	Lesbian
		76	Heterosexism and heterosexual privilege	Cognition	Bisexual
		72[c]	Heterosexism and heterosexual privilege	Behavior	Gay
	Maintain a neutral attitude	10	LGB parenting and family structures	Cognition	General orientation
		57	LGB parenting and family structures	Cognition	Lesbian
		60	LGB parenting and family structures	Cognition	Gay
		62	LGB parenting and family structures	Cognition	Bisexual
	Maintain a favorable attitude	13	Knowledge of community support resources	Behavior	General orientation
		25	Patterns and influences on the health of LGB	Behavior	Lesbian
		27	Diversity within the LGB group	Cognition	General orientation
		31	Patterns and influences on the health of LGB	Behavior	Gay
		37	Patterns and influences on the health of LGB	Behavior	Bisexual

[a]The score of items 36 and 39 change to a neutral range
[b]The score of items 15, 29, and 61 decrease in the range. The score of items 14, 17, 50, and 70 increase in the range
[c]Items that remained in the score – 2, that is, an unfavorable/negative attitude

expressions of gay affection and rejection of heterosexuals toward bisexual orientation is maintained. Likewise, rejection of lesbian behavior is present in the interaction with the family (in social recognition), either through social gatherings or in the formal presentation of a dating relationship (an open expression of the identity).

On the other hand, flirting is accepted in a non-explicit sign of affection and intention of closeness in the gay and bisexual orientations. There is also acceptance when the expressions of LGB are addressed in general and globally to what is thought of families with lesbians. Favorable attitudes are maintained on the general issue of women and their decision to seek a partner and the acceptance of bisexual couples in the family context, as well as on the general concept of sexual orientation; close interaction at a general and specific level to a professional consultation situation.

Regarding interaction with the family, bisexual is more accepted than gay and lesbian orientation.

Discussion

Design an Awareness Program for Intervention with LGB Clients

A relevant product was the training manual for psychology on LGB issues. It is highlighted that this training guide had the support of professionals in the field who have implemented various strategies at the international and local levels, recognizing the difficulties in the implementation of this type of workshop. Also, the training of workshop leaders helps to control gender bias. The difficulties found in the reported studies are overcome, in which the thematic suggestions are not followed in the training, and the effect of the researcher as a teacher of the same workshops was not controlled.

Construction and Psychometric Analysis of an Attitude Evaluation Instrument (LGB/SCP)

LGB/SCP emphasis was on behavioral and cognitive attitudinal components, trying to overcome the difficulties found in self-report instruments that have focused on the emotional component of attitudes. The three target sexual orientations are evaluated, as well as general aspects such as sexual orientation and homosexuality; thus, it is also consistent between the contents of the program.

The development of LGB/SCP to evaluate attitudinal change is a contribution to solve the difficulties in the evaluation reported in other studies (Finkel et al., 2003), such as eliciting socially desirable responses (Bidell, 2005) and the non-recognition of lesbian and bisexual orientations.

LGB/SCP has the characteristic of eliciting responses oriented toward negative attitudes since they are considered mediators of the prejudice that affects the well-being of LGB people. In its elaboration, the guidelines for the construction of tests

of incomplete sentences were followed and psychometric refinement criteria were established, which included a conceptual validation process and the application of the Kendall concordance coefficient, the analysis of significance, the application of the correlation Spearman to select the items that contribute the most in the analysis constructs, the application of discrimination criteria $r_S \geq 0.2$ and $p \leq 0.1$, the cleansing of the items (phrases), and the application of Cronbach's alpha. These procedures sought to maintain consistency between the attitudinal evaluation and the analysis dimensions proposed for this research.

These considerations go beyond what has been noted with the SCP test, which has fallen solely on trying to guarantee the validity of content by limiting the assessment by external judges (Grados & Sánchez, 1988), without using complementary psychometric strategies.

Evaluation of the Effect of the Awareness Program on the Attitudinal Change of the Participants

The main characteristics of the participating sample denote the interest of heterosexual, young women with a high educational level (students in their last stage of undergraduate training and professionals in psychology) in training on LGB issues. This interest is consistent with more tolerant attitudes toward homosexuality from women compared with men, favorable attitudes in young population, as well as having a high educational level (Altemeyer, 2001; Herek, 1988, 2002; Hinrichs & Rosenberg, 2002; Lim, 2002; Schellenberg et al., 1999).

Previous knowledge on LGB issues was not relevant in this research. Although the contents to which they were previously exposed and the knowledge acquired on LGB issues are unknown, there is still no information regarding the cumulative effect of previous learning and its permanence over time, so it is a question that remains relevant for this type of research/intervention.

Considering LGB/SCP was developed to elicit responses that denote a negative attitude, the results in the quantitative analysis draw attention to the permanence of the scores in a neutral attitude. However, there is evidence of a negative change in the content of the workshop on heterosexism and heterosexual privilege and in the bisexual orientation component.

A more detailed qualitative analysis of the sentences of LGB/SCP and their type of variation showed that the maintenance of a heterosexist attitude, in which interaction with another LGB person is favorable until they make public or explicit expressions of their affectivity; that is, the interaction is permitted but the public expression of affection is not accepted. This result is consistent with local reports about the general public perception about LGB affection in public spaces, but contrary to perceptions about LGB parenting and the formation of families (Secretaría de Planeación, 2011).

Another relevant aspect is that gay is rejected more than lesbian orientation, although in intensity in the emotional attitudinal component a rejection toward

bisexuality is also shown. However, it is noteworthy that when dealing with the issue in the family context, bisexual is more accepted than gay and lesbian orientation.

As most of the sample were women, these types of findings can be found in studies that understand attitudes as a long-term memory structure (Tourangeau & Rasinski, 1988) in which relevant aspects are associated with an identity in which characteristics or experiences could be shared. For example, in the study by Herek (2000), heterosexual women seem to organize their attitudes in minority group paradigms (compared to men and their privilege in the oppressive sexist-heterosexist system), that is, they would identify themselves in a position of disadvantage in an oppressive system, therefore lesbians as the category of women identified within the LGB group are less rejected than gay and bisexual orientations. However, this hypothesis should be confirmed through a study that highlights these differences in a comparison group between men and women.

According to what was analyzed in this study, a single session may not be enough to address and, above all, for the participants to report a positive attitudinal change, through a pre- and post-intervention evaluation strategy.

There are still unanswered questions, one of them is to know what happens in this type of training when the duration is longer and therefore the activities, and the time for reflection is larger. Moreover, it was emphasized that the purpose of the workshop was to raise awareness rather than generate expertise on LGB issues.

In this sense, it is suggested to carry out workshops on several sessions, with more time for reflection on the different contents that helps to manage initial anxiety. Also, more emphasis can be placed on participatory activities, such as role-playing. A program in several sessions would also make it easier to test a dismantling strategy, in which different content and pedagogical strategies could be evaluated to recognize the one that has the most effect on a positive attitudinal change and discard those that do not.

As a voluntary participation in the workshop, the reduction of prejudice toward LGB people is successful among people who are motivated by personal and not social reasons (Lemm, 2006). The low participation makes the conclusions focus on voluntary participants (or LGB allies), which also affects the research designs by not being able to have comparison groups.

Conformation of the groups raises another important question and it is the establishment of differences when compulsory training is done (as part of an institutional requirement) and when it is voluntary; in the first group, the intervention would include people with favorable, unfavorable, or mixed attitudes, while in the second group motivations associated with favorable attitudes can be found, since they are people interested in addressing LGB issues. In this sense, the importance of the group of allied people is fundamental, since they are willing to participate in the breaking of an oppressive scheme through an intervention of social change.

Another important group to intervene are people who would not consider themselves LGB allies, but quite the opposite, who have and maintain explicit negative attitudes toward LGBT people. This is still an unexplored field in research and

theoretical conceptualization, especially addressing gender identity and trans/non binary issues.

The methodological challenge in developing and implementing valid and reliable assessments remains important. Although the conclusions of this study are limited to a single evaluative measure through the LGB/SCP, the evaluation strategy using SCP is a first step in the development of alternative forms of evaluation of students and professional psychologists in LGB issues.

Despite the difficulties, this work is the first approach to examine the effect that this type of program has in our context, so the results of this study provide evidence and suggestions for training in psychology on LGB issues.

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Chapter 10
Psychopathologization of Sex-gender Dissidence and Psychosocial Action in Mexico: Towards an Affirmative Psychopolitics

Antar Martínez-Guzmán and Brandon Alexis Reyes-Rodríguez

Introduction

In this text we discuss some tensions that exist between processes of pathologization, discrimination and precariousness of sex-gender dissidence, and the affirmative collective responses generated by sex-gender dissident movements in Mexico. In this relation, psychological knowledge and practices have an important influence on the way sex-gender differences are understood and experienced in a given society. Psychological knowledge and practices produce discourses through which individuals understand and experience their identities and desires; procedures and parameters that establish what is considered as normal and what needs to be monitored or 'corrected', facilitating or hindering access to rights for certain populations and individuals.

The term sex-gender *dissidence* can be used to emphasize the subversive and non-conforming nature of some subjects with respect to the dominant gender order based on the masculine/feminine binary, cisgender correspondence and heteronormativity (Bornstein & Bergman, 2019; Rubino, 2019; Saxe, 2018). It is an inclusive term that seeks to encompass different experiences that question current gender norms through identity, the body, desire, sexual practices or expressions and their various configurations. In contrast to the notion of *sexual diversity*, the idea of dissidence refers not only to the differences but also to the power hierarchies that exist between them and to the active ways in which particular subjects disobey and defy gender norms, including those derived from psychological knowledge.

First, we suggest that psycho-pathologization of sexual dissidence works as a particular gender psychopolitics that, together with medical and legal knowledge, plays an important role in the way gender and sexual life are defined and regulated

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in contemporary Western societies. Second, we argue that, in the Mexican context, this psycho-pathologizing matrix is articulated with scenarios of marginalization, exclusion and extreme violence towards the LGBTIQ+ community. We emphasize the way in which this gender psychopolitics has differentiated effects based on geo-political factors and it is intimately related to the precariousness of sexual diversity in peripheral contexts.

In the third section, we present and discuss two illustrative cases of psychosocial action carried out by social organizations and activist groups in order to transform the dominant gender psychopolitics in two particular domains: (a) the attempt to ban the so-called sexual orientation and gender identity and expression change efforts (SOGIECE); and (b) the struggle for the recognition of trans children rights. To analyse these cases, we use a variety of public sources that account for the approaches and actions that these social agents have generated to advance these agendas. We focus on how these collective actions challenge and seek to transform dominant psychological conceptions of sexuality and gender.

Finally, we conclude that the shared experiences of stigmatization and precariousness derived from dominant psychological dispositives allow sex-gender dissidence and their allies to constitute themselves as political subjects; as active participants in the reconfiguration of psychological knowledge and gender psychopolitics in Mexico.

Psycho-pathologization and Governmentality of Sex-gender Dissidence

Historically what we know as 'sexual diversity' in modern occidental societies has been intimately linked with psychological knowledge and practices, including those associated with psychiatry and medical languages. From the notion of perversion in the Middle Ages to the eighteenth-century secular *scientia sexualis* described by Foucault (1976/2019), western knowledge about sexuality has displayed a patriarchal, hetero-normative and gender binary frame. The old and vague notion of perversion transformed into a complex taxonomy of sexual anomalies, extended across discourses in psychology, psychiatry, sexology and legal sciences. Perverted weren't considered heretics anymore, but were rather sick subjects in need of rehabilitation and cure. This set of disciplines operates as a knowledge-power instrument that increases surveillance and control over sexualities that are considered deviant through their production as clinical objects.

Thus, psychological knowledge about gender and sexuality is not configured as an isolated and well-demarcated field, but it is part of cluster of discourses associated with medical, biological and legal sciences, as well as religious and moral languages. This epistemic frame established dichotomous categories that structure western gender order, such as masculine/feminine, homo/hetero and pathological/

healthy. The very conception of the psychological self in modern psychology is settled on this heterosexual matrix (Tosh, 2014).

In this sense, psychological practices can be understood as a social and gender dispositive. As described by Rose (1998), this *psy-complex* would play a major role in the government of individuals and populations in the twentieth-century capitalist societies, contributing to the productive integration of subjects to disciplinary institutions (the military, education, health and industry systems). In this dispositive, sexuality and gender have been strategic keys as they allow access to the individual and the social body simultaneously; offer ways to regulate intimate lives (e.g. desires and fantasies) as well as broader population patterns (e.g. birth policies and sexual division of labour).

Through a complex evolution of diagnostic categories and clinical vocabulary, psychological discourses established mechanisms to classify, maintain surveillance and intervene upon sex-gendered practices and expressions considered as deviant. The multiplicity of experiences, as well as the discomfort produced by their marginalization, was reduced to a catalogue of signs and symptoms, organized through a statistical logic claiming universality and neutrality. This genealogy has led to the Diagnostic Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) as ruling documents in mental health diagnostics and treatments. In their different versions and throughout several decades both have integrated as 'disorders' of non-heterosexual orientations and non-normative gender identities. (As it is well known, homosexuality and transsexuality have been part of this repertoire of diagnostic classifications; categories such as 'sexual identity disorder' and 'gender dysphoria' have played a role in sexualities' pathologization until quite recently.)

In response to global LGBTIQ+ activists' demands, these classifications and definitions have been adjusted and reconceptualized, in order to diminish their pathologizing connotation through emphasising a clinically significant discomfort associated with a gender condition. However, as these activists have pointed out, the mere presence of these categories in the diagnostic classifications manuals – that function as epistemological and normative authorities on mental health institutions – contributes to maintaining gender dissidents in the spectrum of deviations and disorders (Missé & Coll-Planas, 2010; Berenstein, 2018).

Psycho-pathologization is an important instrument for socio-political power, as it allows sex-gender differences to be observed and categorized; and dissidents to be stigmatized; sometimes isolated and forced into hospitals or institutions; controlled pharmacologically or psycho-therapeutically, often against their will. It has also been observed that, in the framework of psychological and medical protocols and procedures, LGBTIQ+ people agency over their own body, identity and expression is strongly undermined (Hausman, 1995; Castillo Belmont, 2019). In several cases, this is a price to be paid in order to access medical services (like surgeries or hormonal treatments), but also to obtain mental health support or social and family acceptance.

In this sense, psycho-pathologization mechanisms can be comprehended as a particular sex-gender psychopolitics. Although the notion of psychopolitics can be

understood in different ways (Sedgwick, 1982; Thomas, 2016; Han, 2017), here we understand it, in the frame of governmentality studies (Rose et al., 2006), as the deployment of heterogeneous mechanisms, both discursive and material, of intervention on individuals' psychological life, contributing to the production of particular subjectivities and to the conduction of behaviour in the framework of liberal and neoliberal societies.

Psychological knowledge condenses and mobilizes formal and informal norms that regulate a wide spectrum of life experience and social conditions; from gender identity recognition, to the possibility of legitimately occupying public spaces; from the access to, health, education and justice; to the systematic exposure to precariousness and violence. Psychological knowledge also provides concepts and vocabularies that work as means through which individuals define and understand themselves. In this sense, we can think of psy discourses as part of what Foucault (1988) describes as 'technologies of self'. Particularly, establishing rules of conduct and representational practices through which subjects articulate and express their desires and identities, as well as the psychological meanings through which they live sexuality and gender.

But LGBTIQ+ communities aren't passive subjects within the sex-gender psychopolitical matrix. Their construction as deviant subjects by the dominant psychological knowledge and institutions also places them as political subjects able to question and oppose this same regime. Their shared social stigma and the common subordination mechanisms they face lay the foundation for them to socially recognize and organize politically. Sex-gender dissidents have made strategic use of diagnostic categories and psychological discourses in order to obtain representation in public spheres. They have also appropriated and subverted medical and psychological categories, re-signifying them as tools to fight for rights and social recognition. Sometimes they have negotiated the terms of treatments and protocols with health professionals to improve their conditions.

Through collective and political action, LGBTIQ+ people have established complex and multidirectional relations with psychological practices, and have been involved in the re-definition of psychological and clinical categories seeking for better social conditions (Di Segni, 2013). Actions of LGBTIQ+ organizations around the globe in the past few decades have produced important changes in the medical and psychological attention paradigm worldwide (Suess, 2010).

A paradigmatic example of this is ACT-UP, a direct action group created in the late 1980s in New York, in response to the early AIDS pandemic and the way in which government management of the diseases affected queer people lives. Through diverse political and social strategies, this group position a heavily censored issue in the public debate and pressed for health legislation to address the problem. But the group was also involved in scientific research debates in order to develop appropriate medical treatments (Di Segni, 2013).

A more recent example can be found in the Stop Trans Pathologization campaign (STP2012), an activist network from different countries claiming the elimination of the 'Gender Identity Disorder' category from APA's fifth DSM version that would be published in 2012. This campaign also aimed to raise awareness within the

medical community about the importance of trans people having an active role in medical procedures and psychological protocols (Coll-Planas & Missé, 2021), enabling trans people autonomy for decision-making within the health systems. These movements show how subjects that were placed as abject or deviant turn back with a critical perspective on dominant psychological and medical knowledge, but also engage in transformative action within the sex-gender psychopolitics.

Psycho-politics in the Periphery: The Mexican Context

Modern hegemonic psychology was fundamentally produced on the 'global north', from where it extended as legitimate knowledge to academic institutions and cultural industries of the most diverse contexts around the globe. One of the aspired effects of this expansion was to generate standardized models and homogenous categories, while different traditions and ways of understanding sexuality and gender were suppressed, frequently labelled as uncivilized or non-scientific.

As Halberstam (2018) argues, the enterprise of classification and categorization of ways of living has always been a colonial operation and an objectifying tool from the empires and their expert knowledge. Presenting itself as rational and scientific, dominant knowledge assimilates peculiarities and differences in a frame of inequality. The profusion of specialized taxonomies and classificatory mechanisms are thus based on a euro-anglo-centric and a hetero-patriarchal point of view.

Psychology found its origins within this perspective and most of the terminology that is used nowadays to describe and explain bodies, desires, and gender identities in health sciences comes from this genealogy. As it has been shown by critical research in Latin American contexts (Lugones, 2007), the instauration of the patriarchal and cis-hetero-normative gender system cannot be separated from the establishment of a racist and colonial system.

Therefore, psychological conceptions about sexual diversity and gender differences cannot be subtracted from a situated and complex intersectionality where economic, religious and moral determinants, as well as legal conditions, race, class or ethnicity factors converge to create specific realities and pose particular challenges to LGBTIQ+ communities and their struggles. For this reason, it is important to elaborate localized analytical perspectives that are sensitive to the contextual conditions of sexual dissidents, particularly in peripheral contexts.

In Mexico, sex-gender psychopolitics is marked by conditions of profound precariousness and extreme violence towards the LGBTI+ community. Historical and cultural determinants play a main role in the way in which violence against LGBT+ community manifests. Mexican national imaginary is characterized by being symbolically founded on the *macho* character, built as opposing, rejecting and subordinating all traits associated with femininity. Thus, homophobia and transphobia are constitutive traits of the national imaginary and, to a good extent, of the dominant Mexican culture (Domínguez Ruvalcaba, 2013). Harassment and violence towards feminized subjects and sexual dissidence are structural traits of the hegemonic

masculine culture in México, so much so that in recent decades violent manifestations towards subaltern subjects have intensified to the point of being defined as necropolitics. This notion, as elaborated by authors such as Valencia (2012, 2016) and Estévez (2017) in the Mexican context has been used to emphasize the way in which death, physical violence and precariousness become systemic mechanisms for the government and regulation of particular territories and populations.

Precariousness plays a determinant role in this context. Precarious social conditions profoundly rooted in Mexican society reflect on large populations affected by poverty, marginalization and poor to null access to basic rights such as education and health. But precariousness can also be understood as an induced condition in which a group of people, due to social markers or attributions, is deprived of their condition as recognized or legitimate subjects, thus being exposed to harm, violence, exclusion or death (Butler, 2020; Celorio, 2017).

A way in which marginalization is reproduced, as reported by trans women, is the systematic exclusion from the labour market and education system, cutting back their opportunities to access academic and professional careers, driving them to exercise sex-work as a mean to survive, thus exposing them to street violence and police harassment. Such exclusion is perpetuated by the very same governmental institutions that are supposed to protect against these forms of violence, particularly when it comes to racialized queer people (Martínez-Guzmán & Pérez-Contreras, 2018).

Therefore, intersections between precariousness and gender norms are key to understand psychopolitics towards sexual diversity. Those who display any dissident or unintelligible sexuality or gender expression become highly prone to face exclusion and violence. Gender norms mobilized in specific contexts define who can occupy public space, who is criminalized due to their practices or appearance, who is protected by the law, and who has access to specific rights, amongst which are those related to psychosocial well-being such as free expression of identity, access to mental health services, or marriage. Thus, psycho-pathologization and the gender norms that inform psy-knowledge can contribute to deprive of citizenship and human rights to dissident sexualities, increasing their vulnerability.

While some progress in sexual diversity rights has taken place in Mexico in recent years, this advancement contrasts with the overwhelming persistence of exclusionary and violent practices. According to a recent report of Transgender Europe, during 2021 there were at least 78 LGBTI+ people murdered in the country due to sexual orientation, identity or gender expression reasons (Letra, 2021). Likewise, Mexico ranks second in the world rate of transfeminicides, only behind Brazil. In addition, impunity and lack of access to justice are pervasive conditions in this scenario, where according to reports (Migueles Ramírez, 2020) most registered hate crimes remain unpunished, if they get to be classified as such. Furthermore, advances in terms of LGBTI+ legislation and rights usually have extremely unequal reaches in the population; this is where the axes of race, class and geopolitical localization are highly relevant. While central urban areas and higher social classes have better access to rights, services and even to progressive and sophisticated sexual

diversity cultures, in provincial and rural contexts this panorama seems very distant and, on the contrary, a conservative culture prevails.

In this context of contrasts and inequalities, certain transformations are observed in psychological practices and discourses aimed at expanding recognition of the LGBTI+ community. But more generally, Mexican psychological practices are still characterised by a hetero-normative conception of sexuality, fixed on essentialist and binary understandings of gender identities. Therefore, is not unusual to find psychological practices that do not understand or do not respond to the LGBTIQ+ population's needs and demands, or that even reproduce stigma and 'normalization' mechanisms by reinforcing internalized homophobia, making them feel shameful and guilty of their identity and desires (Castillo Belmont, 2019; Francisco Martínez, 2021).

The struggle for the recognition and life of sexual diversity in the Mexican context intersects with the production and transformation of psychological discourses. Psycho-pathologization, stigma and precarious conditions intertwine. Faced with this scenario, collective movements and activists' groups, acting from marginalized and dissident locations, engage and take an active place in the field of psycho-politics, improving the social conditions in which they live, but in the process inherently questioning and transforming dominant psychological knowledge and practices around sex-gender differences and variations.

We can observe these interventions in at least two major issues currently in force in the Mexican public debate: (a) the struggle against 'gender normalization' mechanisms and their underlying conceptions of deviation and 'disordered sexuality', expressed mainly in the so-called 'sexual orientation and gender identity and expression change efforts (SOGIECE)'; and (b) recognition of gender identity and expression through the life span, particularly in childhood, a fundamental age in gender socialization and in the construction of identity; where gender norms are inscribed with greater force, and when people have less social and legal agency.

Affirmative Psychosocial Action: Two Collective Struggles

Throughout this section, we will show a summarized inquiry of the scientific and socio-political endeavours aiming to promote legal protection against SOGIECE and social recognition of trans childhoods in Mexico. We trace how different strategies and practices coming from a variety of social actors and positions – some of them are groups and actions in which authors have been involved – create critical tools and perspectives about dominant clinical discourses. To do this, we summarize some of the arguments and positions that these organizations and networks have put on the table of socio-political discussion, emphasizing the way in which these question dominant psychological knowledge and conceptions that prevail in this Mexican culture.

'Nothing to Cure': The Struggle Against Pathologization and Normalization

SOGIECE, also known as 'corrective or conversion therapies', are social practices that go against human rights such as body autonomy, access to physical and mental health, and free development of personality of LGBTIQ+ people (CONAPRED, 2017). These practices constitute attempts of cis-hetero 'normalization' aiming to censor and eradicate sex-gender dissidence. Discourses that support and justify these practices are anchored on a mixture or religious, moral and binary conceptions of 'human nature' that frequently include terms derived from the psy-knowledge.

In Mexico, SOGIECE have been described by its survivors as torture (Castillo Belmont, 2019; Francisco Martínez, 2021); as practices that include moral, psycho-emotional and physical violence, deprivation of freedom, forced medicalization, 'aversion therapy' and 'corrective rape'. Survivors also report that the institutions and people who perform these interventions depict them as psychiatric, psychological and/or spiritual treatments under the promise of 'correcting' non-normative sexual orientations or gender identities. Frequently, they draw upon mental health and psychotherapeutic rhetoric (Vázquez Correa & Sánchez Ramírez, 2018; Torres, 2019), using out-dated and biased publications, and mixing them with moralist and religious discourses (Castillo Belmont, 2019; Francisco Martínez, 2021). In some cases, it is the state institutions that allow or even encourage these practices and therefore these can be conceived as a form of biopower (Celorio, 2017), understood from a Foucauldian perspective as power mechanisms focused on populations and individuals' life, through the control and regulation of bodies, identities and desires.

One important condition that makes possible SOGIECE is the ideological basis that understands sexual dissidences as deviant, monstrous, shameful and inferior individuals. This pathologic perspective justifies hate-speech and SOGIECE practices, creating the need of converting sex-gender dissidents back to 'normal, morally healthy people'. Psychology and psychiatry knowledge, perhaps inadvertently, have institutionalized methods and concepts that contribute cis-hetero 'normalization' mechanisms aimed to censor and eradicate sex-gender dissidence.

In Mexico, the process of demanding the de-pathologization of sexual and gender diversity and the banning of SOGIECE has been promoted mainly by civil society associations and by activist groups and communities (Olmedo Neri, 2019; Mendez Mandujano, 2020). Recent progress has been made towards legal prohibition and establishing sanctions to any professional exercising 'conversion therapies', but very few states such as Colima, Yucatán, Baja California and Mexico City have this type of legislation. There is also a protocol for government health institutions that considers care guidelines for sexual diversity (Secretaría de Salud, 2020). But different activist groups such as Lovelia in Colima, and QuereTrans in Querétaro have pointed out that the health professionals are not aware of this document, and that its existence does not guarantee its application.

This is a frequent scenario regarding LGBTIQ+ legislations, although these legal tools for sexual diversity's protection exist, personal and collective experiences

inform insufficiency and inefficiency when it comes to accessing such tools. Moreover, activists warn that, in order to fight against these SOGIECE with meaningful results, a broader reform to the general health law and, most importantly, a deep change in psychology knowledge production and mental health professionals training is needed.

One of the strategies of these activist movements is to make people aware of the changes and amendments that psycho-clinical journals and manuals have had in the past decade, in order to oppose the conception of LGBTQ+ identities as mental illnesses or disorders. This work is possible when activists work hand on hand with mental health specialists, SOGIECE survivors, and public policy specialists (Castillo Belmont, 2019; Francisco Martínez, 2021; Vázquez Correa & Sánchez Ramírez, 2018). Activists have also pointed out that legislation on same-sex marriage and recognition of trans identities are meaningless if SOGIECE continue to be exercised, and if the Mexican justice doesn't recognize and persecute hate crimes. Legal acknowledgement won't suffice as long as socio-political conditions for safety and justice aren't guaranteed.

Calls to stop the violence are then a permanent activity and can be found in on-site activism actions such as walkouts, performances and protests (Freitez Diez, 2020). Recently, this activity has had a great development in digital media, where cyber-activism of sex-gender dissidents has grown significantly in the past 3 years (Olmedo Neri, 2019; Mendez Mandujano, 2020). Social media has become an important space to discuss and question psychological and psychiatric discourses and the way they promote violence against LGBTIQ+ people. The main political and discursive approach to these demands and agenda has been to increase autonomy to decide over one's own body and to fight the stigma of deviation and disorder.

Trans Childhoods: Self-determination and the Rupture from Cis-socialization

Trans childhoods are children and teenagers with non-normative gender identities, who do not identify with the gender identity that was socially and legally assigned to them at birth based on binary interpretation of their bodies. To promote the agenda in favour of trans childhoods' recognition in Mexico, a network of trans activists, families and allies have employed different strategies such as lobbying and alliances with political parties, protest marches and demonstrations before government institutions and video documentary production, among others. Although the biggest and most visible organization in Mexico is the Transgender Childhood Association, which is based in Mexico City, there is a network of social organizations and groups across the Mexican province.

For these groups, recognition and legislation of trans childhood is articulated as a human rights demand and defined as an action that must be guaranteed by the state in order to reduce violence towards LGBTIQ+ people (Cervantes Medina, 2019;

Torres, 2019). As confirmed by previous analysis of trans rights in Mexico and other latitudes (Guerrero Mc Manus & Muñoz, 2018; Halberstam, 2018), legal mechanisms around trans experiences have a tendency to understand them in the frame of dominant identities and normalize their bodies within the cis-hetero-normative and binary matrix. In addition, these mechanisms are generally restricted to children and adolescents. Legislation for trans childhood is considered a step towards new affirmative and de-pathologizing politics of identity, but also to the reinforcement of the self-determination of children over their bodies and identities, their recognition as subjects of knowledge (Guerrero Mc Manus & Muñoz, 2018).

Legal progress exists in a few states of the country such as Jalisco, Oaxaca, Morelos and Sinaloa. Most of these advances refer to modifying procedures in civil law so that minors' names and gender mentions can be modified in official documents, in order to match their identity without the need of a court hearing or legal claim. These achievements are eventually formalized mainly through governmental authorities' decrees and agreements (i.e. Congreso de la Ciudad de México, 2021; Gobierno del Estado de Jalisco, 2020).

But these achievements are constantly disputed by conservative sectors. Social actors with political and institutional power have firmly opposed this project. Right-wing political groups as well as some medical and psychology professionals have stated that trans children have psychological disorders and produce discourses in which they claim that the trans childhood agenda aims to 'hypersexualize children', 'mutilate children's genitals' and 'indoctrinate them under the gender ideology'.

A fundamental statement in the trans children recognition struggle is the rejection of imposed gender assignments, supporting instead the right to self-determination. This value cracks at its core the cis-hetero-patriarchal system of gender labelling and socialization. Recognizing trans childhood implies deconstructing hetero-normative gender roles, stereotypes, upbringing models and children-rearing traditions (Alcántara, 2016; Parra, 2021).

The message being sent from this position is that the only way to know a person's gender is to ask them, whatever age they may be. So there are two fundamental elements in this understanding of gender recognition. First, the centrality of children's voices and capacity of self-definition and determination; second, the demand for a listening position from the social environment. These two issues question a fundamental element of hegemonic psychological knowledge, which funds its legitimacy upon an epistemological authority with the power to define, assess, or even diagnose a person's identity through standardized and allegedly objective instruments.

Trans children place a spotlight over the limitations of existing socialization systems, incapable of responding and integrating gender-variant children with dignity and respect. Moreover, dominant psychological theories and intervention models on childhood frequently reinforce narratives that take for granted cis-gender and gender binary conceptions of psychological and social development (Meske & Antoniucci, 2021). By living gender in 'vastly different ways' (Halberstam, 2018 p. 68), trans children's experience is key to challenge and revaluate the knowledge and languages produced regarding gender identity and psychological development.

Activists and family members supporting trans children report that one of the first obstacles that these children face is finding ways to adequately communicate or convey their gender identity (Arvili, 2022; Bonavota, 2022), since they are immersed in a totalizing cis-gendered symbolic order. In this scenario, there are little to no representations or identification references that allow children to comprehend, integrate, or even name their identity, beyond binary and cis-gender expectations. Being led to explain themselves at an age in which the adult world does not consider them knowing subjects in their own right represents an enormous challenge.

As activist testimonies have warned, the non-recognition of trans children translates into social rejection and vulnerability, violating human rights and creating precarious living conditions. The first manifestation of social rejection often occurs in their own families, where they may experience attempts of gender identity and expression 'normalization'. At an early age, trans children may find themselves in vulnerability conditions in their homes. Subsequently, bullying in school and public spaces may drive them to exclusion from education and employment opportunities, contributing to the chain reaction of the precarious conditions described previously.

Trans children also pose an important challenge to the functioning of schools, particularly through what Halberstam (2018) has called 'the bathroom problem'. Gender binary and cissexism take here a symbolic and material form through school regulations and infrastructure design. In the essay collection Comprehensive Sexual Education (Álvarez Falfaro et al., 2022), authors discuss experiences and make proposals to address this 'problem' from a new perspective. While there are relatively easy measures to respect the access of trans children to any facilities (Buccoliero, 2022), doing so raises a radical symbolic and political challenge to the material operation on the dominant sex-gender order. For instance, gender-neutral spaces are not viable without a society that accepts changes in its language that allow understanding of new gender realities (Arvili, 2022). Voices and experiences of trans children evidence the rooted biases of the educational system (Arribas, 2022; Avigliano, 2022) and question its adult centrism and gender binarism, calling to reimagine educational and social spaces (Halberstam, 2018; Álvarez Falfaro, 2022; Bonavota, 2022).

In sum, the hegemonic perspective on gender and sexuality that permeate both popular stereotypes and clinical knowledge contains the roots of several forms of injustice and violence (Bachiller et al., 2005; Álvarez Falfaro, 2022). Being aware of this highlights the importance of formulating new affirmative psychosocial praxis to exceed the ream of legislations and impact on everyday politics of life. Trans children's experiences allow families, social environments, institutional policies and psychological knowledge and practices, to become more aware and critical of the imposition of gender roles and stereotypes; to understand the differences between gender identity, gender expression, and sexual orientation (Cánepa, 2018; Pellizzer, 2022); to increase acceptance of the diverse ways of living gender and sexuality; and to transform the social spaces we inhabit.

Final Comments: Towards a Collective Psychosocial Affirmative Practice

Through the discussion of two realms of psychosocial action and collective struggles around sex-gender politics in the current Mexican context, we aimed to show how sex-gender dissidents become involved and play an active role in disputes over psycho-political knowledge and practices that affect their lives. Their implication is shown in a variety of action strategies with the shared goal of transforming the dominant sex-gender order and broadening understandings of gender identities, embodiments and desires. In these strategies, it is the voice of dissident and subaltern subjects a central element for the transformation of public policies and psychological knowledge.

It is also noted that shared experiences of stigmatization encourage isolated and psychologized subjects to establish social and political bonds that allow them to question common conditions of exclusion and marginalization. These shared experiences offer a fertile ground for the emergence of networks, associations and alliances where psycho-political agency is built. Collective action generated from these positions contributes to transform material and symbolic conditions that directly affect LGBTIQ+ lives, but also define the conditions in which society as a whole organizes gender relations.

Aware that psychological languages and practices largely regulate the material conditions of life, sex-gender dissidents reclaim and build new forms of expertise; developing a heterogeneous body of knowledge and practices, based on their plural subjective and embodied experiences. Diverse action strategies are displayed by groups and organizations; going from social and documentary research to creating educational spaces, communication campaigns, and direct action such as walkouts, performances and political lobbying. These actions also include forms of collective care, such as mutual social and emotional support. In combination, these actions contribute to the creation of more inclusive cultural frameworks and social spaces, where cis-hetero-normativity is challenged and practices of affirmation and recognition can emerge. In this way, we can understand the discussed experiences of struggle for trans children rights and against SOGIECE, as forms of affirmative psychopolitics.

Taking these two cases as illustrative examples, we can suggest that an affirmative psychopolitics would implicate the democratization in knowledge production and the incorporation of dissident subjects' experiences as a central element in the development of protocols and public policies. It would also imply the recognition that psychological knowledge has a situated character and materializes the points of view and the social conditions in which it is produced. Addressing to the local realities of LGBT people is essential to develop conceptual tools and methodological strategies useful for influencing the structural and cultural conditions, crossed by precariousness, which they face in these contexts.

Similarly, the experiences discussed show that an affirmative psychopolitics is aware that legal, medical, psychological, and cultural aspects around sex-gender

diversity implicate each other and overlap. Therefore, transformative agendas require approaches and action schemes that do not artificially divide these spheres, as if they were separate and clearly differentiated aspects of sex-gender politics, but that rather integrate them, transcending conventional boundaries of disciplines. If different axes of power intersect to produce precariousness in the lives of sexual dissidents, then collective responses must be equally intersectional and transdisciplinary. This highlights the need to expand traditional psychological perspectives on sexuality and gender, recognizing its function as a governmental dispositive, with practical effects in the regulation of behaviour and subjective experiences of people, which is crossed by power relations in specific historical and cultural contexts.

In this framework, it is important to note the transformation in the position of sex-gender dissidents; from being placed as abject lives and pathologized subjects, to a role of subjects of knowledge and agentive actors in the psychopolitical structures that affects them. This position is able to intervene directly in psychological, medical and legal protocols and guidelines, but also to generate forms of action that combine educational, legal, medical and therapeutic arenas. Both cases analysed have been particularly important in Mexico as they have created action strategies and conceptual constructions to promote mental health and psychological well-being, without having to resort to pathologizing conceptions. These approaches do not seek to deny psychic discomfort or suffering that can effectively affect LGBTIQ+ people in different situations, but rather seek to show that these discomforts have their main origin in the conditions of marginalization and precariousness in which these lives are placed, as well as in the way in which these conditions are systematically made invisible.

The forms of collective agency and situated knowledge present in the struggles for trans childhood rights and against SOGIECE show a great potential for generating affirmative psychological practices. Nonetheless, they are not exempt from risks of co-optation that can reduce their political power. One of the current risks refers to the possibility of assimilation of critical discourses and dissident practices by neoliberal imaginaries associated to individualist commodification and capitalization of 'sexual diversity'. Psychological knowledge can also play a role in this turn, moving away from medical and pathologizing discourses, but promoting conceptions of an entrepreneurial individuality that must seek continuous fulfilment through the maximization and consumption of sex-gender experiences (Martínez-Guzmán, 2015).

This has also allowed companies and neo-liberal parties to take a bigger role in the more public spaces around LGBTIQ+ rights recognition (Olmedo Neri, 2019; Parra, 2021), resulting in the replication of cis-hetero-sexist models of living, while peripheral identities and expressions remain marginalized. This places sex-gendered dissidence in the centre of new power strategies and control mechanisms.

The current struggles for a more just and less violent psychopolitics of sexuality and gender, which leads to dignified living conditions, now face a double challenge: on the one hand, to combat the still vigorous psychopathologizing discourses and practices; on the other hand, to face mechanisms of neoliberal culture that tend to individualize and subsume sex-gender differences in a grammar of

commodification and individual success; all of this within a growing precarious context where what is at stake is, ultimately, the possibility of creating liveable spaces.

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Chapter 11
LGBTQI+ Research and Affirmative Psychological Interventions in Puerto Rico

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Puerto Rico is an archipelago of islands which conform the smallest of the Greater Antilles in the Caribbean. It has a unique culture, which shares many values of other Latinx countries, but has the influence of the United States because of its status as an unincorporated territory. As most Latinx countries, the majority of the population identify as Christian due to the colonization by Spaniards in the XV Century and has a tendency to conservative values (Picó, 2003, Varas-Díaz et al., 2010, 2011). As such, we live in a patriarchal society where cisgenderism, sexism, and heterosexism predominate. While advances have been made, such as same-sex marriage legalization, adoption rights for same-sex couples, and coverage of hormonal treatment for trans persons with the governments' medical insurance, in the last few years, a political party that emerged from a religious movement was able to gain enough votes in the 2020 election to get two seats in PR's Legislature (Ortiz Rivera, 2020) and, as evidenced by the projects they have submitted, they represent a threat to the wellbeing of LGBTQI+ persons. Such projects have aimed to designate as a crime the consent provided by parents to gender-affirming treatment and surgery for trans persons under 21 years old. They also submitted proposals to limit access to trans women in women's sports and prohibit the practice of surrogate mothers.

The global acceptance index, which measures the social acceptance of LGBTI people in 175 countries and locations, was 7.52 for PR (Flores, 2021) which places

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it in the 21st position of acceptance. Yet, in the last few years, several murders of trans persons have been reported. The year 2020 broke the record of trans murders in the United States and its territories; most murders took place in PR, therefore, it was named the epicenter of violence against trans persons (Ramirez, 2021). Because of sexism and cisgenderism, trans women are among the most vulnerable populations in PR given the intersectionality of their identities. The case of the murder of Alexa is probably one of the most known murders in PR and is an example of how the intersection of several oppressed identities can make a person more vulnerable: a trans person, woman, person of color, poor, and homeless, among other characteristics. The concept of intersectionality, which was first proposed by Kimberlé Crenshaw (1991), points to the complexities of having multiple identities that are oppressed within the systems.

Alexa's murder was first announced by some reporters as the murder of a man dressed as a woman who had used the restroom of women at a fast-food restaurant (Kaur & Rivera, 2020). She was murdered after several posts alleged there was a man disguised as a woman using the women's restroom to prey on women (Lima, 2020). These facts demonstrate a lack of knowledge and sensibility regarding this subject among the police officers that responded to the alleged situation and the reporters. A study with transgender women in PR found that many of them had experienced discrimination or had been victims of violence, and most knew a transgender person who had been killed because of their gender identity (Rodríguez-Madera et al., 2017).

As psychologists, it is important to be trained regarding LGBTQI+ issues to avoid making mistakes such as stating that a man dressed as a woman is using a restroom, as in the case of the police and press reports, when in fact she was a trans woman. We must also avoid assumptions such as thinking that a trans woman is actually a man disguised as a woman to prey on women, as people at the scene thought. Psychologists also need to be aware of our privilege and marginalization identities status which may include being a man, a woman, or an intersexual person; white or a person of color; heterosexual or LGB+; cisgender or transgender; wealthy, middle class or poor; English-speaking or other-language speaking; Christian, atheist, agnostic or from a non-Christian religion; having two heterosexual parents or other family composition; among many other identities. Being aware of such status is important as these identities can influence not only the way we perceive the persons we see in the clinical setting and the situations they bring to therapy, but also the way we are perceived by them and the therapeutic alliance that we build. Ahead we will briefly present some statutes in PR which are relevant to LGBTQI+ communities to have a better understanding of our current legal situation.

Statutes in Puerto Rico

Same-Sex Sexual Relationships

As a conservative society and government, PR used to have a ban on sodomy, and in 2002, the Supreme Court of Puerto Rico ruled that this ban was constitutional (*Sánchez v. Secretario de Justicia*, 2002). However, all state and territory laws criminalizing same-sex sexual relationships were declared unconstitutional by the United States Supreme Court in *Lawrence v. Texas* (2003) when limited to non-commercial acts between consenting adults in private, and the ban was eliminated in 2004.

Same-Sex Marriage and Adoption by Same-Sex Couples

In 1999, Governor Pedro Rosselló signed Order HB 1013 No. 94 (1999) to define marriage as a civil contract whereby a man and a woman mutually agree to become husband and wife which sought to recognize the relationships of opposite-sex couples only. A decade later, there were unsuccessful attempts to pass legislation which aimed to amend the Constitution of Puerto Rico to define marriage as a union between a man and a woman, and to ban same-sex marriages, civil unions and the benefits of unmarried couples. In 2014, several couples who had married abroad filed a lawsuit in the Federal District Court of Puerto Rico to seek recognition of their marriage, but the case was dismissed by a judge.

Due to the decision of the United States Supreme Court in *Obergefell v. Hodges* (2015) that made same-sex marriage bans unconstitutional, same-sex marriage was made legal in PR in July 2015 (OE-2015-021, 2015). Same-sex couples would also be able to adopt children by an order from the Secretary of the Department of Family in 2015. In 2018, Governor Ricardo Rosselló Nevares signed the new PR's Adoption Law (Ley de adopción de Puerto Rico, 2018) which allowed non-married couples, including same-sex couples, to adopt children.

Domestic Partnership Benefits

Since 2013, same-sex domestic partners of workers in the executive government can have health insurance coverage.

Domestic Violence

In 2012, legislation was passed and signed by Governor García Padilla (Ley Núm. 23 del año 2013, 2013) to provide domestic violence protections to all relationships regardless of the gender identity or the sex of the persons involved in the relationship.

Discrimination Protections

Anti-discrimination bills have been proposed but have received strong opposition from conservative and religious groups. One bill that was approved would only apply to employment discrimination and was signed by Governor García Padilla (Ley para Prohibir el Discrimen por Orientación Sexual e Identidad de Género en el Empleo, 2013). Religious freedom bills have also been proposed but fortunately were not signed by Governor Ricardo Rosselló Nevares despite approval from the Legislature.

Hate Crime Law

In 2002, committing a crime against someone based on their sexual orientation or gender identity was classified as a hate crime. Yet, it was not until 2020 that such hate crime was charged when two persons were accused for the murder of two transgender women.

Conversion "Therapy"

In 2019, with Resolution Number 2019–533 (Junta Examinadora de Psicólogos de Puerto Rico XE "Puerto Rico" , 2019), the PR's Psychologists' Examiners Board prohibited all psychologists the practice of conversion "therapies" or sexual orientation and gender identity and expression change efforts (SOGIECE) for minors. Such practice would be considered unprofessional and could be subject to disciplinary sanctions provided by regulation which may include, but are not limited to, a fine, suspension, or license revocation. Yet, the Government of Puerto Rico does not prohibit the practice of SOGIECE.

Gender Identity

In 2017, the legal firm Lambda Legal filed a lawsuit representing four transgender Puerto Ricans and in 2018, a federal judge ruled unconstitutional the Puerto Rican law that prohibited changes to the gender marker in the birth certificate. In addition, since 2020, Medicaid covers in PR transition-related health services such as hormones.

Education Among Health Professionals

In 2022, an order from the Department of Health in PR started requiring health professionals to take two hours of continuing education related to sensibility and competence in working with LGBTQ+ persons, but this order was derogated in July 2022 after four self-identified Christian health professionals sued the government for requiring them to take the course as they claimed it was offensive to their religious beliefs (Serrano, 2022). The order was reinstated again in August 2022 after a meeting with several health professionals and LGBTQ+ activists who were concerned with the decision and its implications (Correa Henry, 2022). The changes due to the pressure from conservative and religious groups denote the fragility of the advances that may have been achieved.

Practicing affirmative LGBTQI+ psychology implies not only affirming the sexual orientation and/or gender identity of the persons we serve in the clinical context, but also advocating for their rights, exerting public policy influence, and ensuring that those who make decisions have the knowledge necessary to make informed decisions based on what scientific evidence has demonstrated, which makes LGBTQI+ research not only relevant, but necessary.

LGBTQI+ Research in Puerto Rico

Doctor José "Joe" Toro-Alfonso (1952–2015), a clinical psychologist, professor at the University of Puerto Rico, past President of the Puerto Rican Psychological Association (APPR by its Spanish acronym), and coordinator for many years of the LGBT Community Issues Committee of the APPR (now known as the Sex, Gender and Sexual Orientation Committee or DSGOS Committee by its Spanish acronym), was the pioneer of LGBTQI+ research in PR. He published numerous articles and received many awards and recognitions, including the Award for Distinguished Senior Career Contributions to Psychology in the Public Interest from the American Psychological Association. His work started with the HIV/AIDS crisis as he directed a community organization focused on the needs that arose from this crisis, but his work quickly evolved to include issues related to homosexuality, bisexuality, men

who have sex with men, gender, masculinities, and homophobia, among other topics (Esteban et al., 2022).

Doctor Sheilla Rodríguez Madera was, along with doctor Toro-Alfonso, one of the first persons to open the field of trans studies in PR. She is past President of the APPR and currently works as professor at the Florida International University. Her career has revolved around the social conditions that affect the health of vulnerable populations. With the mentoring of Dr. Toro-Alfonso, she studied the health disparities faced by trans women and their initial studies were aimed at including transgender women in HIV prevention efforts (Esteban et al., 2022).

Research in LGBTQI+ topics is relatively recent and has been focused mostly on prejudice and stigma, gender identity, mental health, violence, and substance use (Esteban et al., 2022). According to Martínez-Taboas et al. (2016), the first peer-reviewed publication in a psychological Puerto Rican journal was in 2002. Research in LGBTQ+ topics has been growing slowly in the last years (Martínez-Taboas et al., 2018). A literature review by Esteban et al. (2022) found that, among the articles published in Puerto Rican scientific journals that included a Puerto Rican sample, about 60% are empirical and 40% are literature reviews. The majority of the empirical articles used a quantitative method. The second most common method is a mixed-methods approach, and qualitative method articles were the least predominant. Most of the articles were about discrimination (e.g., students, psychologists, physicians) mainly toward gay, lesbian, trans women, and trans men. Other common topics were: intimate partner violence, perceived violence, having a partner as a protective factor, and discrimination and sexual identity disclosure in the workplace. In addition, studies about interventions, needs, biomarkers, health, and HIV were also found. Regarding literature reviews and theoretical papers, they mostly covered gay, lesbian, bisexual trans, and intersexual populations, and asexuality as a topic. Other literature reviews and theoretical articles have covered topics such as SOGIECE, LGBTQ+ and Religion/Spirituality, and a proposal for a gender-sexual perspective.

Topics on thesis and dissertations focused on the coming out process, family, discrimination, and prejudice. As in other countries, research in PR focused mainly on gay men, although it has expanded to study other populations. Some of the communities that require more attention in terms of research include nonbinary, pansexual, Queer, asexual, and intersexual persons.

Other Researchers and LGBTQI+ Allies in Affirmative Psychology

It is worth to note the work of other psychologists in PR who have also been working with LGBTQI+ issues whether from a research, education, social, or clinical perspective. It was under the Presidency of doctor Alfonso Martínez-Taboas at the APPR that the DSGOS Committee was established. For years, doctor Martínez-Taboas has written scientific and opinion articles related to LGBT issues and has been an ally at the forefront of LGBT rights and wellbeing.

Doctor Miguel Vázquez-Rivera works as a clinical psychologist and for several years coordinated the DSGOS Committee at the APPR. Along with Dr. Martínez-Taboas, Dr. Margarita Francia Martínez, and Dr. Toro-Alfonso, he is the main editor of one of the first books in PR that aimed to educate people about LGBTQI+ issues titled *LGBT 101: Una introducción al colectivo* [LGBT 101: An introduction to the collective]. He is also the author of *Salud LGBT* [LGBT Health]. These books represent an important step for the visibility and understanding of these communities from an affirmative perspective. Doctor Vázquez-Rivera is also cofounder and president of True Self Foundation, a community organization that provides a range of services to LGBTQI+ persons and even offers partial gender-affirmation grants and education grants for trans, nonbinary, and Queer persons.

Doctor Margarita Francia is a clinical psychologist who works as professor at the Albizu University. She has published articles and presented numerous times at the APPR Annual Convention on LGBTQI+ issues and currently is co-coordinator of the DSGOS Committee at the APPR.

Several psychology professionals focused on LGBTQI+ issues work at the Ponce Health Sciences University. Doctor Caleb Esteban works as assistant professor at the Ponce Health Sciences University and has several publications, book chapters, and grants related to LGBTQI+ health and has also presented numerous times at the APPR annual convention. He also coordinated the DSGOS Committee for several years. Doctor Alixida Ramos-Pibernus is an assistant professor at the Ponce Health Sciences University and her research work has focused on the needs of trans persons, specially trans men and gender nonconforming persons. She has been a member of the DSGOS Committee. Doctor Luisa Ortiz is an assistant professor at Ponce Health Sciences University, and psychologist and supervisor of Waves Ahead, providing affirmative therapy services. Doctor Ortiz, along with Dr. Ramos-Pibernus and Dr. Esteban, created and teach the first sexual and gender diversity track for clinical and academic psychology students at the Ponce Health Sciences University.

Doctor Carol Y. Irizarry-Robles is a clinical psychologist who also works as assistant researcher and director of a federally funded mental health project at the University of Puerto Rico. She was Director at the APPR from 2021 to 2022, is editor-in-chief of the Diversity Bulletin of the DSGOS Committee, and represents the DSGOS Committee at the International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (IPSYNET) of the American Psychological Association. Doctor Irizarry-Robles conducted the first study in PR related to adult sons and daughters raised by same-sex couples, has several publications, and has participated in numerous international and national forums sharing her research and work related to LGBTQ+ populations. Because of the disparities that many LGBTQI+ persons experience and the intersectionality of identities, it is necessary to have clinical services available to LGBTQI+ communities that are not only sensible and competent, but also accessible in terms of cost. For this reason, doctor Irizarry-Robles's clinical work has for years focused on providing services to LGBTQI+ persons at a significantly reduced cost to facilitate affordable access to affirmative, competent, and sensible psychological services to these communities.

Doctor Wilfred Labiosa, a psychologist, is the founder and director of Waves Ahead, an organization that focused on providing free services to LGBT+ older adults and recently has expanded its services to LGBTQ+ persons of all ages. Currently, Waves Ahead has three centers in PR that offer a variety of services for these communities.

Affirmative Psychological Interventions for LGBTQI+ Populations in the Context of Puerto Rico

Individual Level

The DSGOS Committee of the APPR was created in 2007. The committee published its first standards to work and intervene with LGBT persons in PR in 2008 (APPR, 2008). These standards included a glossary of terms and several topics as follows: (1) definitions; (2) social context; (3) internalized homophobia; (4) institutional homophobia and inappropriate generalizations; (5) empowerment and psychological practice; (6) heterosexism and psychology practice; (7) LGBT adolescents; (8) parents of LGBT adolescents; (9) LGBT families; (10) lesbians; (11) LGBT in the workplace; (12) bisexuality; (13) LGBT older adults; (14) psychological treatment; and (15) research. Six years later, the standards were updated by the committee (APPR, 2014). In this new version, the standards were expanded, the glossary of terms was updated, and included a preface, an introduction, and the application of the standards. Topics covered in this version included: (1) gender, identity, and sexual orientations; (2) marginalization, prejudice, and discrimination; (3) LGBT adolescents; (4) sexual orientation and coming out; (5) parents and caregivers of LGBT adolescents; (6) homoparental families; (7) lesbians; (8) gays; (9) bisexuals; (10) trans identities; (11) LGBT older adults; (12) LGBT in the work context; (13) health services context; (14) religion and spirituality; (15) treatment; and (16) research. The standards are being updated by the committee and are expected to be published in 2023.

Trauma-focused psychotherapy is recommended for our populations as many LGBTQI+ persons experience traumatic experiences related to prejudice and discrimination based on their gender, sexual orientation, or sex – as in the case of intersexual persons. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), a trauma-informed approach involves "an understanding of trauma and an awareness of the impact it can have across settings, services, and populations" (p. xix). It implicates "viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events" (SAMHSA, 2014, p. xix). Trauma-informed care is based on the strengths of the person and "grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety" (Hopper et al., 2010, p. 82). It provides a

different perspective, where the opening question for persons seeking services is "What has happened to you?" instead of "What is wrong with you?" (SAMHSA, 2014) and aims to empower the person, therefore, it is an approach congruent with LGBTQI+ affirmative therapy.

Because of the prevalent religiosity in the Puerto Rican culture, many LGBTQI+ persons experience rejection and traumatic experiences from churches while growing up or as adults. Some LGBTQI+ persons may have been taken by their parents to pastoral counselors and psychologists -who announce themselves as "Christians" – to have conversion "therapies" performed on the minors, a practice that exists in PR and other Latin American countries (Aquino, 2022; Cordero Mercado, 2021a, b; Rico, 2021). These so-called "therapies" or SOGIECE render traumatic experiences that are very painful and difficult to deal with as one of the main targets is the erasure of their sexual and/or gender identities. Some of these experiences have been shared by survivors during public hearings (Cordero Mercado, 2021a, b; Rico, 2021).

Because of these traumatic experiences and discrimination received by LGBTQI+ persons from churches, it is advisable to avoid the use of religious objects in the office and to not assume that every person believes in a god or religion (Irizarry-Robles, 2022a). As a general rule, no assumptions should be made about the persons that we provide services to in order to provide a safe space. This means that no assumptions should be made in terms of sex, sexual orientation, gender identity, relationship status, commitment style, and pronouns, among others, and that we should obtain this information by asking the person through documents and/or interviews (APPR, 2014; Irizarry-Robles, 2022a). The physical appearance or gender expression should not be used for assumptions regarding the pronouns or gender identity of the person (Irizarry-Robles, 2022a). Therefore, the use of neutral language is necessary until the person has informed their gender identity and pronouns (Irizarry-Robles, 2022a), at which point these should be respected (APPR, 2014; Irizarry-Robles, 2022a).

Interventions related to the coming out process are frequent in PR. Some factors to be considered in the coming out process include whether or not the person lives with the family and/or depends economically on their parents or other family members, the likelihood of rejection from the family, and the support system available to the person in case of rejection. If the person depends economically on the family and it is not an option to find a job and/or housemates to share a safer home, it might be advisable to wait until the person has access to a support system and appropriate conditions are present to come out of the closet, if coming out is part of the goal of the person (Irizarry-Robles & Esteban, 2020c).

The religiosity of the parent(s) is another important aspect to consider in the coming out process as studies in PR have found that persons that frequently attend religious services or that have strong religious beliefs are more likely to show social distance, prejudice, and negative responses toward LGBTQI+ persons (Díaz et al., 2020; Francia-Martínez et al., 2017; Vázquez-Rivera et al., 2018; Williams-Colón et al., 2021). A study by Fankhanel (2010) with gay Puerto Ricans found that fear and respect toward the parents are the main reasons for not disclosing the sexual orientation to their parents which is consistent with the Latinx culture of *familismo*,

where the family plays a central role (Mogro-Wilson et al., 2016; Toro-Alfonso et al., 2006). Familismo has been defined as the "social and cultural expectations of the importance of family and the subjugation of children and women to family ties" (Toro-Alfonso et al., 2006, p. 60). In Fankhanel's study, social expectations and religious beliefs also influenced Puerto Rican youth. Fankhanel states that "Puerto Rican gay youth, […] are confronted with Christian religious beliefs and heterosexist (machismo) Latino cultural norms that could affect their mental and emotional state during their gay identity development and coming out process" (2006, p. 280). Thus, such beliefs and social norms could have a negative impact as gay youth may not feel safe identifying as gay and coming out of the closet. Related to this, when working with Puerto Rican LGBTQI+ persons who believe in a god or religion and are experiencing a conflict due to messages of hatred and rejection toward LGBTQI+ persons from their religion or church, they need to be informed about churches that welcome LGBTQI+ communities as part of an affirmative intervention that believes that the environment and not the sexual orientation or gender identity of the person is the issue to be dealt with.

Another topic of relevance during interventions is the type of commitment in relationships such as monogamy, casual, or polyamory. While these practices are observed both in heterosexual and LGBTQI+ relationships, LGBTQI+ persons might be more open to explore different commitment types in relationships such as polyamorous relationships due to the questioning of traditional societal norms (Irizarry-Robles, 2023); in addition, polyamory has been seen as an alternative to fully express bisexuality (Aviram & Leachman, 2015; Robinson, 2013).

LGBTQI+ persons may face challenges in getting access to competent and sensible services from psychologists. Studies conducted in PR have found prejudice and social distance toward LGBTQI+ persons from psychology professionals and students (Díaz et al., 2020; Francia-Martínez et al., 2017; Vázquez et al., 2018), therefore, access to competent and sensible psychological services is limited. While the pandemic has brought many challenges to the wellbeing of LGBTQI+ persons, in the case of PR, it may have facilitated access to mental health services among persons who live in rural areas or far away from competent and sensible psychologists due to the wider implementation of telepsychology (Irizarry-Robles, 2022b).

At the individual level, the integration of services is particularly important and helpful for trans persons who may need not only access to medical professionals for those who decide to transition and have access to medical support in their corporal modifications, but also primary care, preventive care, and psychological services to assist with the adaptation process and other issues that may arise from the transition, as trans persons are more likely than cisgender persons to experience rejection in medical settings because of their gender expression. In addition, trans persons may feel fear of being a victim of violence due to their gender expression as experiences of violence toward trans persons have dramatically increased in PR and a setting with integrated services may provide a safer space for these populations.

When in-person services are provided, it is important to ensure that the physical space is welcoming to the diversity of LGBTQI+ populations by having visible nondiscrimination policies for sexual orientation and gender identity, having visible

a rainbow flag or other LGBTQI+ symbol; providing restrooms that are gender-free; and having administrative personnel trained in treating with respect and dignity all persons regardless of their gender identity or sexual orientation. For both in-person and telepsychology services, using documents that provide space for all the diversity of LGBTQI+ clients in terms of sex, gender identity, pronouns, and persons to which the person feels attraction to – in terms of sex and gender – is crucial for a safe and welcoming psychological practice (Irizarry-Robles, 2022a).

Interventions with LGBTQI+ Puerto Ricans in the United States

It is also important to note that Puerto Ricans are American citizens because of PR's status as a United States territory and, therefore, they are able to travel and move to the United States without a passport or visa. Yet, many LGBTQI+ Puerto Ricans experience prejudice and discrimination when they move or travel to the United States because of their status as an ethnic minority, their culture, Spanish language, and skin color, among other intersections, and are considered by many as foreigner immigrants despite their American citizenship (Aranda & Rivera, 2016). Thus, it is necessary to consider the intersection of these identities when working with LGBTQI+ Puerto Ricans in the United States and how the intersection of identities may affect them.

Family Level

Psychological interventions are often necessary with family members that lack knowledge about LGBTQI+ issues, as very frequently they do not know the difference between sexual orientation and gender identity and these terms are often confused, therefore, family members need guidance on these topics and information on how to support their LGBTQI+ children and youth. Interventions are also frequently needed in relation to the use of pronouns, and information related to the transition process in the case of gender-diverse children and youth.

Some parents of LGBTQI+ persons reject them to the extremes of maltreatment, physical aggression, or expulsion from their home (Aquino, 2022). In the case of Alexa, it is alleged that she had been subject of maltreatment in her parent's house and was homeless as a consequence, which made her more vulnerable (Primera Hora, 2020). Therefore, interventions with family members to promote understanding and acceptance are important. Being expelled from their homes, many trans persons fall into human trafficking networks or are forced to do survival sex work (Lima, 2020).

When LGBTQI+ persons are rejected by their families, they often need to seek other sources of support and create their own families, which is called chosen family or *familia escogida* in Spanish. The chosen family is an important support system that ameliorates the rejection that many LGBTQI+ persons receive from their

blood families and the society in general. Chosen families can provide a safe space to affirm LGBTQI+ identities and the supports that blood families are expected to provide but many times fail to do so when they reject LGBTQI+ persons. These forms of support may include housing, money, food, social support, and other forms of aid such as care when a person is sick. In the clinical context, it is important to provide emotional support, validation, coping strategies to deal with the rejection of family members and information regarding alternative support systems to let LGBTQI+ persons know they are not alone.

Same-sex couples also constitute families and may need interventions. Due to the prevalent prejudice and discrimination against LGBTQI+ persons in PR, partners are often afraid of coming out to the family or at work, which may limit the activities in which the partner participates and cause discomfort and conflict within the relationship. Issues may arise when one of the partners pressures the other either to refrain from participating in the partner's family or work-related activities or pressures to disclose the sexual orientation and nature of the relationship. Also, there is a correlation between receiving violence while growing up and exerting violence in intimate partner relationships among same-sex couples (Irizarry-Robles et al., 2016); therefore, there is likely a need to intervene in the family and couples level to address these issues to avoid repeating the cycle of violence and promote healthier relationships. Some studies in PR have suggested there is a higher consumption of tobacco, alcohol, and other substances among some sexual minority populations (Soto-Salgado et al., 2016) and it may be advisable to control the consumption of such substances to reduce the occurrence and escalation of violent events in intimate partner relationships.

School Level

The school is another setting where psychologists may need to intervene to protect the wellbeing of LGBTQI+ communities. Some populations that frequently require interventions at the school level are trans, Queer, and nonbinary persons due to the use of uniforms that are determined by the sex assigned at birth. Psychological interventions include writing letters to request reasonable accommodations to allow trans, Queer, and nonbinary students to use a uniform with which they feel comfortable and requesting that the school community, including teachers and administrative personnel, to use the correct pronouns. Trainings directed to school personnel are necessary to educate about the importance of the use of pronouns and how to incorporate them (e.g., they or *elle* in Spanish). At the university or college level, interventions may be necessary to educate academic personnel, both administrative and professors, and to advocate at the organization level to allow the use of the chosen name in the academic email and all documents and the use of correct pronouns.

Another issue that requires interventions at the school level is bullying. Studies in PR and abroad have shown that LGBTQI+ youth are particularly vulnerable with high rates of depression, anxiety, substance use, and suicide attempts (Haas et al.,

2010; Price-Feeney et al., 2020; Toro-Alfonso et al., 2006), but these symptoms can be dramatically buffered when LGBTQI+ youth have family connectedness, a safe school setting that protects them, and caring adults (Eisenberg & Resnick, 2006; Russell et al., 2021). Bullies of LGBTQ+ persons are often persons who have been maltreated and deal with their anger by bullying others (Earnshaw et al., 2017; Nansel et al., 2001) or persons that may experience attraction toward same-sex persons and feel afraid of how they may be perceived because of internalized homophobia, therefore they may discriminate against LGBTQ+ populations to avoid being identified with them (Eisenberg et al., 2015); this has been the case of many public figures who publicly have advocated against LGBTQ+ persons but privately are persons who engage in same-sex practices or sex with trans persons (Burton, 2017; Frerking, 2007).

Group and Community Level

Visibility is an important issue. When people know LGBTQI+ persons, they are more likely to have positive attitudes toward these populations. A study in PR found that participants who knew people who were gays or lesbians showed lower levels of prejudice and social distance than those who did not (Toro Alfonso & Varas Díaz, 2004). According to Toro Alfonso and Varas Díaz (2004), when people meet and interact with gay and lesbian people, the levels of prejudice and distance toward these communities are reduced. Visibility is necessary, therefore, the DSGOS Committee has participated in several of PR's Pride Parades to show support from the APPR. This support is essential as many persons in PR still believe that having a diverse sexual orientation or gender identity is a mental disorder or pathology as evidenced by statements from the general public in social media forums and psychology must take an active role in combating false beliefs that may be based on the previous existence of homosexuality as a mental disorder in the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1952).

The use of inclusive language is also an intervention at the group level. For example, the use of the letter *u* is a proposal that seeks to include all sexes and gender identities by using a letter that is not associated with any particular sex or gender as many words in Spanish are gendered (Irizarry-Robles & Esteban, 2020a, b, 2022). The use of the letter *e* is another proposal of inclusive language. The letter *e* has been used to account for Queer and nonbinary persons and has also been used to include all gender identities. Another intervention at the group level are support groups. These are vital as they provide the opportunity for people to know other persons with similar characteristics with whom they can share their experiences, which in turn helps them to fight feelings of loneliness and to learn coping strategies from other LGBTQI+ persons. Support groups have been offered at clinics in PR that specialize in providing services to LGBTQI+ persons.

Education is another type of intervention that has been implemented. The APPR's DSGOS Committee has provided education and workshops for professionals and has organized symposiums related to LGBTQI+ issues for both professionals and citizens which have been provided free of charge to facilitate access to knowledge and increase awareness as an intervention at the group level. Such workshops and symposiums have included topics such as intersexual persons, interventions with trans and nonbinary persons, interventions with LGBT+ older adults, and interventions with same-sex couples, among other topics. In addition, the DSGOS Committee has a biannual publication called Diversity Bulletin (*Boletín Diversidad*), which serves as a platform for LGBTQI+ Puerto Ricans to express themselves, to educate the general public, and to keep folks from other countries informed about research and other LGBTQI-related issues in PR.

Public Policy Level and Advocacy Interventions

The APPR is the biggest psychological professional organization in PR with over 1000 members. It has shown to be an ally for the LGBTQI+ Puerto Rican communities, along with the College of Social Work Professionals of Puerto Rico. Both professional organizations, as well as many other social organizations in favor of human rights, have been able to create public policy from many fronts. The APPR has worked to intervene at the public policy level by sharing proactive education campaigns, joining forces with LGBTQ+ activists, attending numerous public hearings, and releasing statements in favor of numerous LGBTQI+ causes.

In 2021, three members of the Senate proposed Law Project #184 (P. del S. 184, 19na Asamblea Legislativa, 2021) which sought to declare SOGIECE with minors as a crime under the Law #246 for the Safety, Wellness, and Protection of Children (Ley para la Seguridad, Bienestar y Protección de Menores, 2011). The APPR was consulted about this project as a recognized professional organization whose opinion on SOGIECE is important. For example, the DSGOS Committee provided a set of different actions that sought to help the Puerto Rican population understand that SOGIECE are unethical, dangerous, and unprofessional. Unfortunately, the Law Project #184 was not approved by the Legislature, but the Committee of Ethical Affairs of the APPR, along with the PR's Psychologists' Examiners Board, determined that no licensed psychologist, in any function, could practice SOGIECE, provide misinformation about sexual or gender identity in public, or reinforce hate speech against LGBTQI+ communities.

Another law project was presented, this time against Puerto Rican trans, Queer, and nonbinary persons. The Law Project #768 was designed to prohibit access to gender-affirming surgeries and hormonal treatment for individuals until the age of 21. Thankfully, the law project did not pass. The APPR with its role in advocacy may have played a role in the decision and reasserted its commitment to be ready for another public hearing or consultation if it was needed.

The APPR has been active in other topics related to the wellbeing of our LGBTQI+ communities. In 2021, the APPR approved a resolution to advocate for the end of unnecessary and cosmetic surgeries in intersex minors to protect their human rights and body integrity. The APPR also invited other professional organizations to join these efforts and requested the Government of Puerto Rico to take measures to stop these surgeries (APPR, 2021). The APPR also approved a resolution to accept the use of inclusive language.

Recently, the DSGOS Committee of the APPR has established as priorities on its work plan to: (1) promote accessible and affirmative information to the public; (2) reinforce its commitment to make public policy about LGBTQI+ Puerto Ricans' mental health and human rights; (3) combat the stigma, discrimination, and violence against actual or perceived LGBTQ+ individuals; and (4) work alongside LGBTQI+ activists and professionals to make sure that their voices are being heard. Some of the actions associated with public policy have included: (1) making awareness campaigns with evidenced-based and affirmative information; (2) identifying individuals within the committee to stand and present education in public and political hearings; (3) engaging in research related to LGBTQ+ issues; (4) representing our profession in other social, professional and community organizations; (5) creating an annual LGBTQ+ symposium for professionals, students, and citizens; and (6) establishing a network between activists, and professionals to maintain sensible multicultural exchanges and collaborations in favor of LGBTQI+ rights.

The Role of Community Organizations

Community organizations have become a cornerstone in the awareness of mental health and human rights of vulnerable populations in PR during the last decade. As a result, professional organizations as well as independent activists have joined forces to battle the stigma, discrimination, and violence against LGBTQ+ persons. These community organizations have given LGBTQI+ persons access to housing, such as Casa Ramón and Proyecto Matria; free mental health services, such as Sage/Waves Ahead and Puerto Rico's LGBTT Community Center; financial aid, such as Proyecto Matria, True Self Foundation, and others; free legal guidance, such as True Self Foundation; and services coordination and orientation, such as La Sombrilla Cuir. In addition, Puerto Rico's LGBTT Community Center for years provided services free of charge to LGBT+ communities including psychosocial support, psychotherapy, education, and peer support groups. The reality that many LGBTQI+ persons face makes community organizations necessary for the survival of LGBTQI+ persons as many lack the support systems that cisheterosexual persons may have available more easily such as family support and less discriminatory work environments.

Conclusion

The LGBTQI+ communities are vulnerable populations in PR partly due to the cisheteronormative society and cultural context in which we live. As such, LGBTQI+ persons need interventions and support systems that work toward their wellbeing. The APPR and its DSGOS Committee have sought to support our LGBTQI+ communities in many fronts. While advances have been accomplished, we still have many challenges ahead such as protections for intersexual persons from surgeries that change their genitals without their consent, the prohibition by the government of SOGIECE for children and adults, the inclusion of nonbinary and Queer individuals in documentation, and the implementation of an education with gender perspective in schools, to name a few. This chapter has highlighted some of the contributions that the APPR and some of its members have made to advocate for the rights and wellbeing of LGBTQI+ communities and interventions that can be made at different levels to practice LGBTQI+ affirmative psychology. We hope that it serves as a positive example to organizations in other countries in terms of some of the actions that can be undertaken as a psychological professional organization to promote affirmative institutional change and the wellbeing of LGBTQI+ communities. As psychologists we have a social, scientific, and ethical responsibility toward LGBTQI+ persons as communities that have been made vulnerable, and as such we aim to continue advocating for their rights and wellbeing, and to promote safe and sensible interventions through education and interventions at different levels to aspire to a country that treats all its citizens with dignity and respect.

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