
Transgender Therapy, Social Justice, and the Northern Context: Challenges and Opportunities Thérapie transgenre, justice sociale, et le contexte nordique : défis et possibilités

Angela C. Neufeld

Yukon College

ABSTRACT

Gender remains one of the most persistent and all-encompassing binary systems of classifying people. As a result, transgender individuals experience widespread prejudice and discrimination and experience higher rates of mental disorders and suicide. With a case study as illustration, the value of social justice in transgender therapy is explored. Attention is paid to how social justice practices support therapists in being mindful of the intersection of identities and to why such practices are critical in supporting the mental health of transgender clients in northern Canada. Recommendations for social-justice-informed transgender therapy are discussed.

RÉSUMÉ

Le genre (sexe) demeure l'un des systèmes binaires les plus persistants et les plus globalisants utilisés pour la classification des personnes. Il en résulte que les personnes transgenres sont très largement l'objet de préjugés et de discrimination et présentent des taux plus élevés de troubles mentaux et de suicide. Illustrant son propos par une étude de cas, l'auteure explore la valeur de la justice sociale dans la thérapie auprès des transgenres. Elle s'attache à démontrer que les pratiques de justice sociale aident aux thérapeutes à être conscients de l'intersection des identités et aux raisons qui expliquent que de telles pratiques sont si cruciales lorsqu'il s'agit de favoriser la santé mentale chez les clients transgenres du Nord canadien. Elle y discute des recommandations en faveur d'une thérapie auprès des transgenres qui tienne compte de la dimension de justice sociale.

There is increasing social awareness of nondominant gender identities such as transgender identity; however, societal structures do not yet reflect this shifting landscape. Transgender identity is complex, as individuals may identify as transgender, as solely female or solely male, as female and male, or as some combination thereof. However, one of the most persistent and all-encompassing binary systems for classifying and differentiating people in Western society is gender (Bem, 1981; Claire, 2013), and people are generally uncomfortable with individuals whose gender identity is ambiguous or mixed. As a result, transgender individuals experience widespread prejudice, harassment, and discrimination (Clements-Nolle, Marx, & Katz, 2006; Harper & Schneider, 2003; Koken, Bimbi, & Parsons, 2009) and experience higher rates of mental illness and suicide (Clements-Nolle et al., 2006; Grossman & D'Augelli, 2007; Hendricks & Testa, 2012; Rotundi et al.,

2011). There has been a recent increase in the literature regarding mental health issues and therapeutic interventions for transgender and gender-nonconforming individuals (Budge, Adelson, & Howard, 2013; Cheshire, 2013; Claire, 2013; Drescher, Cohen-Kettenis, & Winter, 2012; Hendricks & Testa, 2012); however, the experiences of transgender individuals living in northern Canada, and the therapists working with them, have not been adequately addressed.

Transgender individuals generally face multiple challenges. In addition to experiencing gender dysphoria due to living in a world that does not accept gender ambiguity, let alone the desire to change one's gender, transgender individuals are often unemployed or underemployed and they often struggle with substance abuse and depression (Clements-Nolle et al., 2006; Hendricks & Testa, 2012) related to prejudice and discrimination (Clements-Nolle et al., 2006; Harper & Schneider, 2003; Koken et al., 2009). The northern Canadian context—which in this article refers to Yukon, Northwest Territories, and Nunavut—presents further trials because of small and remote communities with limited services, the lack of a transgender community, and the prominent impact of colonization. These factors contribute to the isolation and marginalization of transgender individuals in the north and support the position that meaningfully supporting such clients in therapy requires more than autoplasmic approaches. For therapists working with transgender clients in northern regions, challenges include professional isolation and standards of practice regarding confidentiality and multiple relationships being stretched to breaking points (Curtin & Hargrove, 2010; Rainer, 2010).

The purpose of this article is to explore the importance of integrating social justice into therapy with transgender clients, with focus on the northern Canadian context. A conceptualization of transgender experience as much more than gender is presented, and social justice practices are discussed as integral to supporting the mental health of transgender individuals. Through the experience of my work with a transgender woman, the value of social justice practices in transgender therapy is explored with a focus on how engagement in such practices assists therapists to be mindful of the intersection of identities of clients and therapists. In addition, I will highlight professional and ethical challenges and opportunities of social justice informed transgender therapy. Mental health professionals working in other remote or rural areas will identify many similarities to working in northern Canada; however, the northern Canadian context presents unique dynamics.

INTERSECTIONS OF IDENTITIES IN TRANSGENDER THERAPY

Access to appropriate mental health care is a social justice issue; this is particularly relevant for those who are significantly marginalized. In addition to addressing the high rates of depression and other mental health issues among transgender individuals (Clements-Nolle et al., 2006; Grossman & D'Augelli, 2007; Hendricks & Testa, 2012; Rotundi et al., 2011), therapy is encouraged during the gender transition process (i.e., social transitioning, hormone therapy, gender reassignment surgery) to assist with integration into the new gender identity and to maximize

well-being and quality of life (Fraser, 2009; World Professional Association for Transgender Health, 2011). Avoidant coping, such as denial and suppression of transgender identity, is associated with greater anxiety and depression (Budge et al., 2013). Transition status has been found to be negatively related to avoidant coping, with individuals in the later stages of their transition using less avoidant coping strategies (Budge et al., 2013). In addition, Gonzalez, Bockting, Beckman, and Duran (2012) found that although gender transitioning often alleviates gender dysphoria, it does not necessarily address all mental health issues such as those associated with the stress of stigma, prejudice, and discrimination. Therefore, therapy may continue to be important even after gender transition. Of equal importance, agency and communion with like-others have been associated with lower levels of depression among transgender women (Gonzalez et al., 2012). This speaks to the value of supporting transgender clients to engage in an exploration of gender identity on a personal and a sociopolitical level. In remote, northern communities this may seem a daunting proposition.

The stigma related to gender identity issues can be particularly intense in small communities where anonymity and privacy are virtually nonexistent (Rainer, 2010). Being the sole transgender individual in a remote northern community adds additional layers of stigma and potential rejection by community members, and the individual is often without supports to manage these struggles. In northern Canadian, approximately 69% of the population is Aboriginal (i.e., First Nation, Inuit, and Metis), with some communities having a percentage that is significantly higher (O'Neill, 2010). Most northern therapists will work with clients and communities impacted by colonization and the legacy of the Indian residential school system (O'Neill, 2010). Many transgender individuals in the north are affected by "intergenerational trauma" (being the children or grandchildren of Indian residential school survivors) or by directly experiencing physical, sexual, or emotional abuse in relation to their Aboriginal heritage.

Brokenleg (2012) has argued that intergenerational trauma is one of most significant challenges facing Aboriginal populations; if one generation does not heal from the trauma, the same problems are passed on to subsequent generations (Brokenleg, 2012; Connolly, 2011). In addition to learned behaviours, Yehuda et al. (2000) found lasting hormonal changes in holocaust survivors with Posttraumatic Stress Disorder that were replicated in high percentages of the adult children of these survivors. As a result, gender identity is unlikely to be the only concern that a transgender client living in a northern community presents in therapy.

For northern therapists, practice will also be about much more than gender. Mental health professionals working in small, remote communities already experience the blurring of lines regarding professional boundaries (Erickson, 2001; Malone, 2010; O'Neill, 2010); however, when working with northern transgender clients who are often significantly marginalized due to cultural and gender differences and who have limited formal and social supports, these lines are further blurred. Due to the limited supports for transgender individuals, the role of therapists working with transgender clients often extends beyond that of

the traditional mental health professional to include advocacy and relationships outside of therapy (Everett, MacFarlane, Reynolds, & Anderson, 2013). This reality is exacerbated in northern communities where a therapist might be one of very few possible supports.

In order that interventions address a client's entire system and not focus exclusively on the individual (Budge et al., 2013), I have engaged in actions beyond traditional therapy practice to include involvement with clients in the community such as facilitating a "coming out" meeting with family or friends. Furthermore, I have acted on behalf of specific clients by advocating for access to services or changes in policies and practices, such as requesting the inclusion of multiple gender identities on an application form or the acceptance of transgender identity in the classroom. At times, I have supported transgender clients to engage in self-advocacy; at other times, I have purposely taken the lead when I recognize that my position or status affords me a level of safety and privilege in the community that a transgender often does not experience. As Case, Kanenberg, Erich, and Tittsworth (2012) have explained, making use of privilege and power as a tool for activism is a manifestation of authentic practice and education. Just as transgender clients will have concerns beyond gender identity, therapists will also be called to consider various roles and identities.

BLENDING OF THERAPIST AND SOCIAL ACTIVIST IDENTITIES

When I first began practicing as a therapist, I did not expect to develop a focus on transgender issues. My formal education in psychology and counselling did not adequately prepare me for working with transgender clients, nor did the months of study or the hours of supervision to register as a psychologist. In addition, there is little mention of social justice practice in counselling training (Alderson, 2004; Arthur, Collins, Marshall, & McMahon, 2013). As is typical, my instruction in critical theory occurred outside of the psychology department (Palmer & Parish, 2008), and my conceptualizations of gender and social justice were initially shaped by my undergraduate studies in women's studies. In women's studies, I was introduced to the multiple layers of marginalization that people may experience and to the various sociopolitical systems that impact us all. Understanding the intersection of gender, race, class, religion, sexual and gender identity, disability, and other categories of difference has provided me with an invaluable perspective from which to approach my work with transgender clients. As Cheshire (2013) has proposed, theories such as Intersectionality Theory offer a valuable approach for working with clients of nontraditional sexual and gender identities because of the focus on how identities intersect and are connected to experiences of privilege and oppression for both clients and therapists.

In addition to the literature on oppression and marginalization (i.e., Freire, 1970; hooks, 1984), the work of Epston and White (1990), Freedman and Combs (1996), Gergen (1991, 2001), and others also supported me in moving beyond individualist counselling paradigms to models that examine the interaction of

the individual with cultural, sociopolitical, and economic institutions. Equality, equal access to opportunities, inclusion, and the reduction of human suffering are part of my definition of social justice and are consistent with the code of ethics of many mental health professional associations (Canadian Counselling and Psychotherapy Association [CCPA], 2007; Canadian Psychological Association [CPA], 2000; Vasquez, 2012). In my view, an appreciation of the intersection of identities is also an essential element of social justice informed practice. Without an understanding of the contextual influences, therapeutic interventions may fail to address the prevailing social conditions that contribute to or cause oppression and suffering (Vera & Speight, 2003).

During and after graduate studies, I was working at a large postsecondary institution in Ontario and counselled a diverse range of clients, including individuals from the lesbian, gay, bisexual, and transgender (LGBT) communities. However, it was when I began working in northern Canada that I discovered that, aside from the generally limited mental health services, there was a significant lack of medical and mental health services for anyone with questions about gender identity, let alone for gender transition. Rutherford, McIntyre, Daley, and Ross (2012) have been critical of the lack of training opportunities for physicians to gain expertise in LGBT health care and the majority of counselling and psychology articles lump transgender concerns under the LGBT umbrella (Sinacore et al., 2011). Although the CPA and CCPA require members to be respectful of all types of diversity, including having knowledge of LGBT concerns, issues pertaining to transgender clients are not specifically discussed (Sinacore et al., 2011).

Due to significant lack of knowledge and support of transgender issues in my northern region, my background in gender issues, and my acceptance of transgender identity, I recognized that I had the opportunity and responsibility to further develop this area of my practice. I consulted with psychologists and psychiatrists in Canada who specialize in transgender care, I engaged in the study of transgender issues, and eventually I became an approved mental health assessor with a provincial transgender health team. In addition, I became increasingly aware that this work requires a willingness to engage in social justice practices. To illustrate the experience of providing social justice informed therapy to a transgender client in northern Canada and to explore the intersection of client identities, therapist identities, and the private and social actions of clients and therapists, I will share the story of my work with one of my first transgender clients.

A STORY OF MULTIPLE IDENTITIES

The following is an exploration of my work with Sarah (a pseudonym), a 50-year-old First Nations transgender woman. Although all identifying information has been removed, Sarah gave consent for her story to be shared and hopes her experiences will assist other therapists working with transgender individuals. As this story illustrates, social justice informed therapy is about what happens outside of the therapy room as well as within it.

Sarah was born and raised in a small, primarily First Nations, northern community. Sarah's parents attended Indian residential school. Her mother died of alcohol-related health issues when Sarah was 12 years of age and her father, who also abused alcohol heavily, died a few years ago from Alzheimer's. Sarah and her siblings have all struggled with alcohol dependence, mental health issues, and poverty.

Sarah was aware of being uncomfortable in her male body from an early age. As a child, Sarah cross-dressed and preferred to play with girls, while at the same time tried not to behave too far outside male norms in order to avoid rejection. As an adult, she would sometimes wear women's clothing in the privacy of her home, but the shame of someone discovering this was too great and she drank to repress this part of herself. Sarah began drinking alcohol at a young age, and throughout her adulthood she would frequently engage in weeks of binge drinking to mentally and emotionally escape her struggles. Due to the lasting legacy of the residential school experience, difficulties with alcohol abuse are prevalent in Sarah's community. Nevertheless, Sarah believes her chronic and unaddressed struggles with gender dysphoria made staying sober additionally difficult and contributed greatly to her inability to maintain employment and build healthy relationships. As a result of her discomfort with herself, Sarah led a fairly isolated life with few personal connections. She felt disconnected from her family and always felt like an outsider in her First Nations community.

For years, Sarah "wished she was someone else." She did not understand what she was wishing for until she first learned about transgenderism in her late 30s. This discovery of a transgender identity prompted Sarah to approach her family physician. As reported by Sarah and as confirmed by medical records provided by her, at that time there were no medical or mental health professionals in the region who were familiar or comfortable with transgender issues, nor were there public health care funds to seek services for her elsewhere. Despite this lack of service, I suspect that if Sarah had been White and from a higher socioeconomic status, rather than First Nations, poor, uneducated, and struggling with alcohol dependence, her gender identity concerns may have been taken more seriously. Sarah put aside her quest for assistance until seeking my support shortly after she started upgrading her education. As I was new to this area of practice, I enlisted the support of professionals outside of the territory who were working in this area.

Early in our sessions, Sarah and I identified that in order to move forward in her life, she would need to stop avoiding the fear of being judged and embrace her transgender identity. In time, Sarah came out to her children, her siblings, several friends, and eventually anyone with whom she interacted regularly. She changed her name, began wearing women's clothing and makeup, had her eyebrows waxed, and grew out her hair. Together we discussed clothing and hair styles, had her ears pierced (an appointment which I attended), and shared her first experience using a public women's washroom. I sent letters to medical clinics seeking hormone treatment for Sarah, and eventually she was able to secure a physician who agreed to start treatments. Sarah began passing more and more as female. She was particularly pleased when strangers referred to her as ma'am or used female pronouns.

Sarah hoped to eventually have gender reassignment surgeries to further her transition. By the time our work together ended, Sarah had not consumed alcohol in 3 years, had graduated with two postsecondary certificates, had transferred to a southern Canadian university to continue her studies, and had connected with transgender supports in her new city. For the first time in her life, she was beginning to identify with her First Nations culture and to understand how her experiences, such as intergenerational trauma, were connected to her understandings of gender and how her identities were interconnected.

Entering Sarah's story with a focus on resilience as based in experience that is social, temporal, and situated rather than as a personal attribute (Estefan & Roughley, 2013) assisted me to be mindful of how gender difference had shaped all of Sarah's experiences. After addressing longstanding gender dysphoria, substance abuse, and depression, Sarah developed the confidence to explore other identities such as completing postsecondary education and reconnecting with her First Nations culture. This approach assisted Sarah and me to gain a broader understanding of how gender identity intersected with race, culture, socioeconomic status, and mental health. Sarah was not only transitioning from male to female, but was also examining the impacts of intergenerational trauma, alcohol dependence, depression, and poverty. Greene (2005) has stated that "psychotherapy can be a powerful tool against social injustice when it validates a client's accurate perception of social as well as personal exploitation as well as the appropriate feelings elicited from unfair treatment" (p. 304). In the beginning, therapy with Sarah was all about gender; however, as gender concerns were addressed and supported, space was made for other identity needs to come forward.

INTERSECTIONS OF PERSONAL, SOCIAL, AND PROFESSIONAL CHALLENGES

Gender transitioning in the north is still largely uncharted territory. This situation presented personal, social, and professional challenges for Sarah and me. With a lack of relevant services and the lack of a transgender community to turn to for support, Sarah and I agreed to work and learn together. While Sarah faced complete rejection by some family and friends and derogative and discriminatory comments and behaviours by others, my role not only involved nurturing her new gender identity and assisting her to develop healthier ways to cope with her past, but also involved confronting and challenging injustices. Despite my background in women's and gender studies, I was still new to gender transitioning and transgender therapy. However, due to Sarah's openness to us being pioneers, my ability and comfort level to learn and to use my position to challenge systemic barriers was enhanced. Acknowledging the intersection of Sarah's identities created space to consider how my own identities, such as being White, female, gender-conforming, heterosexual, and an educated professional, impacted the therapy process and afforded me a position of power and privilege (Cheshire, 2013).

In larger Canadian cities with many available services, it may be possible for therapists to avoid the need to become well-informed of transgender and social

justice practices. Due to the limited number of therapists and the lack of appropriate referral resources in the north, this approach is problematic for therapists and for transgender individuals. A contrasting problem with northern practice is that specialization is impractical due to small populations and therapists needing to address a diverse range of client needs. Although working in northern and remote areas means that therapy practice is by definition more general than specific (Curtin & Hargrove, 2010; Malone, 2010), Curtin and Hargrove (2010) have posited that many of the challenges associated with practice in remote communities “may be translated as opportunities for creative practice” (p. 549) that would be less possible in larger centres. This includes the opportunity to work with and develop competency in transgender experiences.

More important than expanding professional skills is the ethical responsibility of northern therapists to engage in social justice practices with transgender clients (Greene, 2005). Unlike situations in which a client is at risk of harm to self or others or a child is at risk of abuse, transgender issues present no legal imperative to advocate for clients or engage outside of therapy sessions; however, due to the lack of services and the significant mental health concerns and discrimination that many transgender individuals face, engaging in social justice practices becomes an ethical imperative (Vasquez, 2012).

The social justice aspects of my work with Sarah included supporting her to speak out regarding transphobic comments, reaching out to medical clinics to find a physician to prescribe her hormones, and challenging policies and practices at her college and in the community. Lewis, Arnold, House, and Toporek (2003) have differentiated between acting with and acting on behalf of clients in their advocacy competencies model. In addition to supporting transgender clients to engage in self-advocacy, acting as an ally with clients, and informing the public about the macro-system issues impacting transgender individuals, social justice therapy may also involve negotiating services on behalf of clients, taking leadership in challenging and changing the systemic factors that act as barriers to transgender individuals, and using skills and position to engage in sociopolitical advocacy (Lewis et al., 2003). Social activism may involve challenging systemic barriers to service, or it may require paying attention to and addressing smaller “microaggressions” (Nadal, Rivera, & Corpus, 2010), such as the choice of only male or female on a registration form, that contribute to the invalidation of transgender identity.

In order to engage in advocacy with and on behalf of clients, therapists need to negotiate various ethical dilemmas. For example, mental health professionals are bound by codes of ethics and standards of practice that address confidentiality and avoidance of multiple relationships (CCPA, 2007; CPA, 2000). Tomm (2002) stated that a code of ethics “should remain centered on the avoidance of exploitation and not be shifted into avoidance of dual relationships” (p. 32). Everett et al. (2013) have reasoned that despite the necessity of codes of ethics, prohibiting multiple relationships neither prevents client exploitation nor accounts for the benefits that properly managed multiple relationships can offer. Everett et al. also argued that codes of ethics do not generally provide adequate

guidance to help therapists manage multiple relationships they cannot avoid or that might be of benefit to clients. "Speaking openly about the possibility of something other than exploitation happening in relations between counsellors and clients" (Everett et al., 2013, p. 18) opens space for integrating social justice practices into therapy.

Transgender therapy that is based in a systems approach requires therapists to take on additional positions in relation to their clients (Kiselica & Robinson, 2001). Arthur and McMahon (2005) have argued that a systems theory framework that emphasizes the individual in context creates opportunities for interventions at multiple client levels and for multiple therapist roles. In deciding whether to attend events with Sarah or whether to address situations of discrimination impacting her, I regularly engaged in discussions with her about the potential risks and benefits of my involvement in her life outside of the therapy office. As was the case with me and Sarah, therapists working with transgender clients in the north will likely experience that the requirement to go beyond the traditional role of therapist is compounded, as there are generally few others to take on these additional roles. If therapists discuss with transparency and with careful attention to how the client-therapist relationship will be impacted by social justice interventions, multiple relationships can be managed for the benefit of clients and communities. Furthermore, including clients in the decision-making regarding the potential benefits and harms of multiple relationships supports therapy as a mutual endeavour (Everett et al., 2013; Kiselica & Robinson, 2001).

Therapists engaging in social justice practices may face additional challenges with professional and personal impacts. Being perceived as a troublemaker, receiving negative and unsympathetic reactions by superiors, and limiting opportunities for employment or advancement are all potential risks for the therapist who challenges the establishment (Kiselica & Robinson, 2001; Palmer & Parish, 2008; Speight & Vera, 2004). The personal cost of attempting to affect social change and balance deeply rooted and systemic power imbalances can be high, including emotional burn-out (Palmer & Parish, 2008). At times, pushing for change in my own work environments has led to the perception that I am not a team player, that I am overly critical, and that I am aligned with special interests that are not priorities.

Despite the challenges, integrating social justice practices while thoughtfully engaging in ethical decision-making, navigating the reactions of colleagues and the community, and being open to learning alongside clients has enabled me to experience working with transgender clients such as Sarah as professionally and personally rewarding. Sarah's willingness to venture into this new frontier with me created space for us to challenge some of the traditional conventions of therapy as an entirely private activity and open therapy up into the social realm.

FUTURE DIRECTIONS

My experience working with transgender clients strongly supports the position that it is time to bring sociopolitical reflections and interventions into mainstream

psychology and counselling. Authentic therapeutic interventions involve social justice practices, and the ability to engage in therapy from this framework requires engagement in critical reflection on how actions can combat oppression (Case et al., 2012). As discussed, therapists are often ill prepared to work with transgender individuals due to critical theory and social justice theories and practices being essentially absent from counselling and psychology programs (Alderson, 2004; Arthur et al., 2013; Fox, 2003; Palmer & Parish, 2008; Sinacore et al., 2011). Feminist and multicultural theories have made important contributions to sociopolitical change models and actions; however, substantial incorporation of systems theories into counselling education is still lacking (Arthur & McMahon, 2005; Palmer & Parish, 2008). Palmer and Parish (2008) have argued that graduate programming in counselling must provide students with opportunities to actively engage with the critical discourses of feminism, critical psychology, and multiculturalism. Some efforts to address this gap in education have been explored, such as Dillon and Worthington's (2003) counselling framework that includes advocacy skills with sexual minority clients. Until such frameworks are integrated into counselling and psychology graduate programs, many therapists will remain unprepared to address the specific needs of marginalized clients (Greene, 2005; Sinacore et al., 2011). In addition, the education of practitioners must be accompanied by negotiations with funders, administrators, and policy-makers to explore how social justice can be incorporated into services to clients (Arthur et al., 2013). In order to address the intersections of gender identity, intergenerational trauma, and other experiences of difference and oppression, northern transgender therapists must also be open to working outside the traditional boundaries of therapeutic practice and challenging not just the limitations placed on their clients but also those placed on their practice.

Despite the current lack of instruction in critical theory and social activism, social justice minded therapists who carefully establish a personal sociopolitical belief system before acting and who assess the benefits of advocacy, such as personal satisfaction and professional growth, will be better prepared to work with transgender clients and may find that the benefits far outweigh the challenges (Kiselica & Robinson, 2001; Speight & Vera, 2004). I believe this is particularly important for therapists working in the north, where isolation (geographically and ideologically) may require a greater sense of self in order to be comfortable participating in social justice practice with and on behalf of greatly marginalized individuals. Even with the best social justice education, training, and policies, good intentions can wane over time (Parra-Cardona, Holtrop, & Cordova, 2005), and working with transgender clients at times necessitates advocating in ways that may be unfamiliar to and uncomfortable for therapists.

This article has addressed the work of one therapist, in one northern community; therefore, it is possible that the arguments presented are not fully applicable to all northern Canadian communities. Nevertheless, the basic message remains the same. Therapists wanting to effectively engage with transgender clients must be open to examining and, where possible, altering social structures, not just

individuals (Palmer & Parish, 2008). The northern context accentuates this necessity. Maintaining a small network of colleagues committed to social justice and transgender issues, exploring their clients' and their own identities, and engaging in a regular process of reflexivity will support therapists willing to practice outside the margins.

References

- Alderson, K. (2004). A different kind of outing: Training therapists to work with sexual minority clients. *Canadian Journal of Counselling, 38*, 193–210.
- Arthur, N., Collins, S., Marshall, C., & McMahon, M. (2013). Social justice competencies and career development practices. *Canadian Journal of Counselling and Psychotherapy, 47*(2), 136–154.
- Arthur, N., & McMahon, M. (2005). A systems theory framework for multicultural career counselling. *Career Development Quarterly, 53*(3), 208–222. doi:10.1002/j.2161-0045.2005.tb00991.x
- Bem, S. L. (1981). Gender scheme theory: A cognitive account of sex typing. *Psychological Review, 88*, 354–364. doi:10.1037//0033-295X.88.4.354
- Brokenleg, M. (2012). Transforming cultural trauma into resilience. *Reclaiming Children and Youth, 21*(3), 9–13.
- Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology, 81*(5), 545–557. doi:10.1037/a0031774
- Canadian Counselling and Psychotherapy Association. (2007). *Code of ethics*. Ottawa, ON: Author.
- Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists* (3rd ed.) [DX Reader version]. Retrieved from <http://www.cpa.ca/cpsite/userfiles/Documents/Canadian%20Code%20of%20Ethics%20for%20Psycho.pdf>
- Case, K. A., Kanenberg, H., Erich, S. A., & Tittsworth, J. (2012). Transgender inclusion in university nondiscrimination statements: Challenging gender-conforming privilege through student activism. *Journal of Social Issues, 68*(1), 145–161. doi:10.1111/j.1540-4560.2011.0174.x
- Cheshire, L. C. (2013). Reconsidering sexual identities: Intersectionality theory and the implications for educating therapists. *Canadian Journal of Counselling and Psychotherapy, 47*(1), 4–13.
- Claire, C. A. (2013). Living outside the gender binary: A phenomenological exploration into the lived experience of female masculinity. *Canadian Journal of Counselling and Psychotherapy, 47*(1), 49–70.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality, 51*, 53–69. doi:10.1300/J082v51n03_04
- Connolly, A. (2011). Healing the wounds of our fathers: Intergenerational trauma, memory symbolization and narrative. *Journal of Analytical Psychology, 56*, 607–626. doi:10.1111/j.1468-5922.2011.01936.x
- Curtin, L., & Hargrove, D. S. (2010). Opportunities and challenges in rural practice: Managing self amid ambiguity. *Journal of Clinical Psychology, 66*(5), 549–561. doi:10.1002/jclp.20687
- Dillon, F. R., & Worthington, R. L. (2003). The Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory (LGB-CSI): Development, validation, and training implications. *Journal of Counseling Psychology, 50*, 235–251. doi:10.1037/0022-0167.50.2.235
- Drescher, J., Cohen-Kettenis, P., & Winter, S. (2012). Minding the body: Situating gender identity diagnoses in the ICD-11. *International Review of Psychiatry, 24*(6), 568–577. doi:10.3109/09540261.2012.741575
- Epston, D., & White, M. (1990). *Narrative means to therapeutic ends*. New York, NY: W. W. Norton.
- Erickson, S. H. (2001). Multiple relationships in rural counselling. *Family Journal, 9*(3), 302–304. doi:10.1177/1066480701093010

- Estefan, A., & Roughley, R. A. (2013). Composing self on narrative landscapes of sexual difference: A story of wisdom and resilience. *Canadian Journal of Counselling and Psychotherapy, 47*(1), 29–48.
- Everett, B., MacFarlane, D. A., Reynolds, V. A., & Anderson, H. D. (2013). Not on our backs: Supporting counsellors in navigating the ethics of multiple relationships within queer, two spirits, and/or trans communities. *Canadian Journal of Counselling and Psychotherapy, 47*(1), 14–28.
- Fox, D. R. (2003). Awareness is good, but action is better. *Counseling Psychologist, 31*, 299–304. doi:10.1177/0011000003031003005
- Fraser, L. (2009). Psychotherapy in the World Professional Association for Transgender Health's standards of care: Background and recommendations. *International Journal of Transgenderism, 11*, 110–126. doi:10.1080/15532730903008057
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The construction of preferred realities*. New York, NY: W. W. Norton.
- Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Continuum.
- Gergen, K. J. (1991). *The saturated self*. New York, NY: Basic.
- Gergen, K. J. (2001). Psychological science in a postmodern context. *American Psychologist, 56*, 803–813. doi:10.1037/0003-066X.56.10.803
- Gonzalez, C. A., Bockting, W. O., Beckman, L. J., & Duran, R. E. (2012). Agentic and communal personality traits: Their associations with depression and resilience among transgender women. *Sex Roles, 67*, 528–543. doi:10.1007/s11199-012-0202-y
- Greene, B. (2005). Psychology, diversity, and social justice: Beyond heterosexism and across the cultural divide. *Counseling Psychology Quarterly, 18*(4), 295–306. doi:10.1080/09515070500385770
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide & Life-Threatening Behavior, 37*(5), 527–538. doi:10.1521/suli.2007.37.5.527
- Harper, G. W., & Schneider, M. (2003). Oppression and discrimination among lesbian, gay, bisexual and transgendered people and communities: A challenge for community psychology. *American Journal of Community Psychology, 31*, 243–252. doi:10.1023/A:1023906620085
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice, 43*(5), 460–467. doi:10.1037/a0029597
- hooks, b. (1984). *Feminist theory: From margins to center*. Boston, MA: South End.
- Kiselica, M. S., & Robinson, M. (2001). Bringing advocacy counseling to life: The history, issues, and human dramas of social justice work in counseling. *Journal of Counseling & Development, 79*, 387–397. doi:10.1002/j.1556-6676.2001.tb01985.x
- Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance-rejection among transwomen of color. *Journal of Family Psychology, 23*(6), 853–860. doi:10.1037/a0017198
- Lewis, J., Arnold, M. S., House, R., & Toporek, R. (2003). *Advocacy competencies*. Retrieved from http://www.counseling.org/Resources/Competencies/Advocacy_Competencies.pdf
- Malone, J. L. (2010). Reflections of a rural practitioner. *Canadian Journal of Counselling and Psychotherapy, 44*(4), 438–440.
- Nadal, K. L., Rivera, D. P., & Corpus, M. J. H. (2010). Sexual orientation and transgender microaggressions: Implications for mental health and counseling. In D. W. Sue (Ed.), *Microaggressions and marginality: Manifestations, dynamics and impact* (pp. 217–240). Hoboken, NJ: John Wiley & Sons.
- O'Neill, L. K. (2010). Mental health support in northern communities: Reviewing issues on isolated practice and secondary trauma. *International Electronic Journal of Rural and Remote Health Research, Education, Practice, and Policy, 10*(2). Retrieved from <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=1369>
- Palmer, A., & Parish, J. (2008). Social justice and counselling psychology: Situating the role of the graduate student research, education, and training. *Canadian Journal of Counselling, 42*(4), 278–292.

- Parra-Cardona, J. R., Holtrop, K., & Cordova, D. (2005). "We are clinicians committed to cultural diversity and social justice": Good intentions that can wane over time. *Guidance & Counseling, 21*(1), 36–46.
- Rainer, J. P. (2010). The road much less travelled: Treating rural and isolated clients. *Journal of Clinical Psychology, 66*(5), 475–478. doi:10.1002/jclp.20680
- Rotundi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2011). Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE Project. *Canadian Journal of Community Mental Health, 30*(2), 135–155.
- Rutherford, K., McIntyre, J., Daley, A., & Ross, L. E. (2012). Development of expertise in mental health service provision for lesbian, gay, bisexual and transgender communities. *Medical Education, 46*, 903–913. doi:10.1111/j.1365-2923.2012.04272.x
- Sinacore, A., Borgen, W. A., Daniluk, J., Kassan, A., Long, B. C., & Nicol, J. J. (2011). Canadian counselling psychologist's contributions to applied psychology. *Canadian Psychology, 52*(4), 276–288. doi:10.10.1037/a0025549
- Speight, S. L., & Vera, E. M. (2004). A social justice agenda: Ready or not? *Counseling Psychologist, 32*, 109–118. doi:10.1177/0011000003260005
- Tomm, K. (2002). The ethics of dual relationships. In A. A. Lazarus (Ed.), *Dual relationships and psychotherapy* (pp. 32–43). New York, NY: Springer.
- Vasquez, M. J. T. (2012). Psychology and social justice: Why we do what we do. *American Psychologist, 67*(5), 337–346. doi:10.1037/a0029232
- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *Counseling Psychologist, 31*, 253–272. doi:10.1177/0011000003031003001
- World Professional Association for Transgender Health. (2011). *Standards of care for the health of transsexual, transgender, and gender nonconforming people* (7th ed.). Retrieved from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926
- Yehuda, R., Bierer, I. M., Schmeidler, J., Aferiat, D. H., Breslau, I., & Dolan, S. (2000). Low cortisol and risk of PTSD in adult offsprings of Holocaust survivors. *American Journal of Psychiatry, 157*, 1252–1259. doi:10.1176/appi.ajp.157.8.1252

About the Author

Angela C. Neufeld is a registered psychologist in the Counselling Services at Yukon College and in private practice. Her main professional interests are health psychology, trauma therapy, gender and sexuality, ethics and social justice in therapy, and animal-assisted therapy.

Address correspondence to Angela C. Neufeld, P.O. Box 20934, Whitehorse, Yukon, Y1A 7A2 Canada; e-mail <acneufeld@gmail.com>