ABSTRACT

AN EXPLORATION OF THE LIVES OF RURAL LGBTQ+ YOUTH IN SOUTHERN ONTARIO

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Mental health of youth has become an area of interest with regard to improving overall population health. As health narratives become increasingly present in media, identities of rural and LGBTQ+ have presented as risk factors for poor mental health within youth populations. These poor mental health and wellness outcomes are understood to negatively affect this population throughout their life course. This project presents an exploratory case of a small number of youth who reside in Halton Hills, located in rural Southern Ontario. This project utilized body mapping, an arts-based qualitative method to identify ways that minority stress is influencing youth psychological distress. Key themes identified in this study include: resilience, isolation, community support, self care, emotional, and ‘out’ and visible. Public health policy makers, community members, and health advocates can target these specific areas in order to better improve the lives of LGBTQ+ youth in rural and remote southern Ontario.
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CHAPTER 1: RESEARCH PROPOSAL

1.1 Introduction

Good mental health is critical to all aspects of life, and impairment during the formative years can adversely impact personal and social functioning (Fontanella et al., 2015). In 2016, the Government of Canada evaluated current status of youth mental health across the country, and stated that in youth aged 10-19, suicide was the second leading cause of death, only after accidental death (Public Health Agency of Canada, 2016, Bennet et al., 2015). Building on this, within this age group, for every suicide death, there are an estimated 25-30 attempts (Public Health Agency of Canada, 2016).

When comparing population groups within urban and rural communities, research has demonstrated that there are higher numbers of LGBTQ+ identified individuals in urban communities in contrast to rural (Fredriksen-Goldsen and Muraco, 2010). Due to this demographic shift, research on LGBTQ+ populations has focused on individuals residing in urban centers (Hulko, and Hovanes, 2018). Focusing on geographic location offers significant context to participant lived experience as community provides for formative experiences during adolescence. Understanding differences between rural and urban populations with regard to mental health has quickly become an interest area of research, often accredited to the fact that rural populations experience higher rates of health morbidity in comparison to their urban counterparts (Pong et al., 2009). For example, previous research has found that cultural factors impact help-seeking behaviour, and the stigma associated with mental illness remains a prominent barrier to treatment (Fontella et al., 2015). This was especially found in male rural youth, wherein regardless of controlling for county-level variables, rural-urban suicide differentials increased over time for males (Fontella et al., 2015).
Understanding community inclusivity is essential in understanding psycho-social factors pertaining to minority youth mental health. Specifically, minority stress theory explains that members of cultural minority groups are exposed to frequent and deleterious stressors, such as prejudice, oppression, and discrimination (Hayes, 2011). In turn, this creates higher rates of mental health problems within LGBTQ+ identified individuals in comparison to their heterosexual counterparts, including higher rates of substance use, affective disorders, and suicide (Hayes, 2011). When considering youth, minority stress becomes pertinent as it asks if youth will experience long term psychological distress due to residing in difficult, or non-inclusive environments during their developmental years (Campos, 2006).

Previous research has identified a variety of key predicting factors which assist in identifying causes for increased morbidity of marginalized rural youth. Specifically, isolation encompasses a variety of different factors, which are specific to the individual experience. In the case of rural Ontario youth, isolation can be broken down into causing three specific impacts: accessibility, availability, and acceptability of mental illness and accessing mental health resources (Smalley et al., 2010).

Currently, Canadian rural areas are experiencing a relative decline in population due to low birth rates and high levels of out-migration to urban areas (Statistics Canada, 2009). This occurs due to a multitude of factors pertaining to social inclusion and stability (Palmer, Kosciw, and Bartkiewicz, 2012). A factor that is believed to significantly impact this is social inclusivity for LGBTQ+ youth in rural communities (Hulko, and Hovanes, 2018). Previous research within LGBTQ+ identified youth in rural communities has identified that youth who identify within these compounding identities are more likely to face poor mental health (Palmer et al., 2012). Specifically, in the United States, rural LGBTQ+ youth found that 81% of rural LGBTQ+
students had felt unsafe at school during the past year because of a personal characteristic. Sexual orientation and gender expression were the most common reasons rural students said they felt unsafe (Palmer et al., 2012).

The literature review of this study will review concepts of mental health and psychological development impact factors for youth. It will also focus on specific influencing factors for marginalized youth. The methodology chapter of this study will explain specific decisions made within the research process, as well as explain the methodology of body mapping which was utilized for this study. The findings section of this study will identify issues that rural LGBTQ+ youth are currently experiencing in Southern Ontario. The discussion section of this study will explore ways in which the findings influence and impact one another to further positively and negatively impact rural LGBTQ+ youth mental health. Holistically, the information collected and presented in this research study will assist in understanding how to develop effective support infrastructure for these marginalized youth. More specifically, this research aims to explore the social challenges that rural LGBTQ+ youth face due to their lived experiences and current social environments.

1.2 Problem Statement
Currently, it is estimated that within Canada the number of children and youth affected by mental illness at any given point in time is 15%. (Kirby and Keon, 2004) This is significant to note, as the percentage of adults with mental illness who developed their symptoms in childhood or youth is 70%, meaning that most individuals who experience mental illness will have first experienced an episode within their childhood or adolescence (Children’s Mental Health Ontario, 2016).
Zaheer et al.’s (2011) study on suicide prevention in rural Canada and China offers a more in depth understanding of youth experiences within rural communities that present risk factors for suicide. Major risk factors identified include social and geographic isolation, which in turn may limit the availability of social support in times of crisis. This is due to the fact that rural suicide victims are more likely to lack close social relationships than urban suicide victims (Zaheer et al., 2011). This study also found that Canadian epidemiological data suggest that rates of suicide increase as community size decreases (Zaheer et al., 2011). Further, unique experiences in rural communities such as isolation contribute to diminished mental health status within rural youth (Crockett, 2012). Often times within this population subset, economic, sociocultural, and geographical barriers compound in order to generate these feelings of isolation. A specific instance of this is the lagging rural LGBTQ+ youth mental health. This phenomenon is due to the absence of knowledge surrounding mental health in this population. A qualitative study completed by Sadowski, Chow, and Scanlon, (2009) examines the experiences of 30 self-identified LGBTQ youth living within rural and remote communities. The reoccurring theme of these interviews is isolation, and the continued lack of ability to connect with peers of similar background and experience. This research aims to implement an exploratory research design, to further understand the lived experiences of youth who identify as LGBTQ+ and reside in rural and remote Southern Ontario. This will be done in effort to assist in closing the knowledge gap surrounding the lived experiences of rural LGBTQ+ youth.

1.3 Research Goal
The goal of this research was to explore the lived experience of LGBTQ+ youth residing in rural communities, and the implications for mental health status.
1.4 Objective
The objectives for this research were as follows:

- To explore the pressures and/or experiences that rural LGBTQ+ youth identify as impacting their mental health
- To explore where LGBTQ+ rural youth feel comfortable reaching out for mental health support

1.5 Research Paradigm
This research design followed a phenomenological framework, which is defined as describing the “…lived experiences of individuals about a phenomenon as described by participants” (Creswell, 2014, p. 14). Phenomenology emphasizes a focus on individual subjective experiences and interpretations of the world (Trochim, 2006). Unlike positivist approaches that look for specific observations, a phenomenological study gathers information by interacting with individuals and, asking them about their perspectives on the issue at hand (Palys and Atchison, 2008). Utilizing a phenomenological approach was useful when interpreting data collected for this study as it ensured that the final analysis did not perpetuate researcher bias. Researcher bias was reduced through the utilization of Nowell et al.’s (2017) research from conducting rigorous thematic analysis. Five key factors to ensure this rigor during a thematic analysis are: credibility, transferability, dependability, confirmability, and audit trail. These key factors will be discussed further in Chapter 3. The thematic analysis was carried out by analyzing statements from participant’s stories and body map explanations. Utilizing a phenomenological framework was essential in capturing the subjective lived experience that each youth has, as it ensured that participant perspectives on their life course were analyzed, not just the life courses themselves.

1.6 Research Design
In a study conducted by Sterling University, researchers clearly demonstrated the significance of the means and process that research is conducted, rather than the product of the
research itself. This study reviewed the impact of the research process on participants by working with the studied group to develop a literature review on the life course experiences of disabled individuals, specifically with regard to the Adult Support and Protection Act (2007). A key finding identified in this article was that regardless of ability, people should have choices about the way they represent themselves (Brookes et al., 2012). This is specifically relevant to story telling, and what individuals who participate deem comfortable to share with the research. As well, individuals involved in the study reported that they felt genuinely comfortable participating in the study, as they were able to tell their story openly rather than answering questions on their life course (Brookes et al., 2012). This is due to the fact that participants are in control of the situation wherein data is collected (Brookes et al., 2012). Control in this situation is specifically given to the participant as they have the ability to come forward with their story. Furthermore, this sense of control demonstrates the significance of facilitating good qualitative research when collaborating with marginalized populations.

Research that emulates the empowerment of participants is essential in improving the status of marginalized populations (Coleman, 2006). When considering the status of marginalization that LGBTQ+ youth who reside in rural and remote communities face, it becomes increasingly apparent that any research conducted regarding these youth must facilitate a means of self-empowerment.

Self-empowerment is a tool often utilized by mental health professionals working alongside high-risk adolescents, such as the population group I am interested in working alongside. This self-empowerment is created through mindfulness based approaches in group therapy (Himelstein, 2013). This is often difficult as adolescents are often times more reluctant to engage in self-disclosure, thus may take longer for the group to become cohesive (Himelstein,
2013). This means that the role of the facilitator is amplified in these groups compared to adult support groups. Therefore, it was essential that the facilitator of the data collection was mindful of the types of prompts presented, as well as the likelihood of participants providing in-depth responses to prompts.

1.7 Art Therapy in youth

Art therapy is a form of psychotherapy that uses media as its primary mode of communication (Case, 2014). Art therapy is often utilized in order to overcome barriers for self-disclosure with adolescents as it is a three way process between the client, the therapist and the image or artifact. Thus it offers the opportunity for expression and can be particularly helpful to people who find it hard to express their feelings or thoughts verbally (Case, 2014). During art therapy, the art therapist maintains a safe space for the client as the therapeutic process becomes established. It is a process in which the patient is enabled to do for themselves what they cannot do on their own. The therapist does not do it for them, but they cannot do it without the therapist (Case, 2014). Within this process, the client creates the artifact which therapy is built upon. The process of making sense of the artifact helped by the fact that the concrete image is outlasted by the actual experience of making it (Case, 2014). Making sense of the artifact, or its interpretation, is completed in partnership between the client and the art therapist. This involves bringing unconscious processes, that is, what is in the patient’s mind at a preconscious level, into consciousness. When latent feelings become manifested through an interpretation, meaning is generated. (Case, 2014) This will act as an important resource as body-mapping is often times used as a method of art therapy. While the body-mapping workshop will not be used as a means of direct therapy for the youth who choose to attend, it does still serve as a means of
psychological empowerment over one’s personal situation. For this reason, it is essential to have a grasp of the importance and use of art therapy with youth.

1.8 Methodological Approach

The sole research method that will be used in this proposed research design is body mapping. Body Mapping is defined as “life-size human body images created through drawing, painting or other art-based techniques to visually represent aspects of people’s lives, their bodies and the world they live in” (Cornwall, 1992). The main principle behind body mapping is to challenge established truths and promote emergent discourses of the participating population. These discourses are completed by creating a series of formative understandings by the researcher as well as the participants. In this exercise, researchers allow participants to have a concrete platform to speak about their experiences within a collective phenomenon (Brett-MacLean, 2009). The qualitative methodology of body mapping will allow for youth to participate within a manner that is most comfortable and suited to their unique individual needs. Individual needs will be identified by speaking to staff who work with the youth at the Reach Out Center for Kids (ROCK) and Positive Space Network (PSN), and have a solidified rapport with these youth. For example, after speaking with facilitators at the ROCK and PSN, it was identified that engaging youth in an art form to initiate meaningful discussion would be the best way to approach the research goal. Engaging youth in an artistic platform to discuss their mental health will allow for youth to be in control of their information sharing, as well as provide structure to discussions. Prior to the body mapping exercise, youth will be taught about body mapping, as well as engage in a facilitated discussion on what they believe mental health to be. During the facilitation of this program, notes on the conversations will be recorded by taking physical notes in a notebook. As well, the student researcher will photograph the final result of
the body-maps. With the photographs of body maps, all identifying information will be redacted in accordance with expectations set out by the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. Facilitation will be carried out by myself as well as at minimum one other facilitator who has consistently worked with the youth in attendance throughout the youths duration of involvement with the program. Following the body mapping exercise, youth will be lead through a de-briefing activity to alleviate any potential stressors that the exercise may have caused to re-surface or come to light within the participants.

1.9 Content Development
In order to answer the research questions for this study, a series of prompts were developed for the body-mapping workshop. Content for these prompts were adapted from a series of clinical interviews for children and adolescents, developed by Dr. McConaughy for the Guilford Practical Intervention in the School psychological resources series (McConaughy, 2013). In order to manipulate these questions into body-mapping oriented topics, I utilized body mapping workshop guides to ensure that prompts were framed in a meaningful and research-oriented question.

1.10 Participant Protection
In order to participate in this research project, participants were required to provide free and informed consent. This was achieved through the use of orally explaining the project to each youth in language that meets their literacy level. Throughout the duration of the body mapping exercise, group facilitators who have long-time developed relationships with the youth were in attendance, they assisted in guiding the exercise, as well as discussion. A de-briefing activity after the exercise allowed youth to identify their immediate mental health standing, and allow for
facilitators who are trained in mental health to evaluate and determine if any of the youth need assistance after disclosing potentially triggering information.

1.11 Participant Selection
Youth participation was strictly voluntary and self-selected. Youth sampled were individuals who attended the ROCK and PSN youth drop-ins. This may have resulted in limitations and bias, as youth attend these drop-ins on their own accord. Transportation is provided free of charge for youth attending these programs, as well as participation in these programs is free in effort to reduce financial barriers for youth who would like to attend. These drop-in programs are advertised as both a LGBTQ+ event as well as a plain youth drop-in program, youth participating have the option of referring to the drop-in as either, in order to prevent ‘outing’ to friends and family if they are not at that stage in their lives.

1.12 Data Collection and Analysis
Data collection for this study occurred once in each of the designated communities at their respective regularly scheduled drop-in event as described in Chapter 3. Data analysis within this study was completed utilizing a thematic analysis. Thematic analysis consists of identifying the main, reoccurring, or most important themes within a body of data. Themes were identified by reviewing each individual body map, and identifying the essence of each body map. In order to ensure that researcher bias does not impact data analysis, Nowell et al.’s (2017) framework for rigorous use of thematic analysis within qualitative research was utilized. Nowell et al. (2017) have identified five key factors to ensure this rigour during a thematic analysis, which are: credibility, transferability, dependability, confirmability, and audit trail. Maintaining a research journal, as well as including all decisions pertaining to classification of body map themes within the findings chapter of this research study facilitated these rigorous requirements.
1.13 Significance

In Canada, presently 1 in 5 individuals will experience a mental illness in their lifetime (Mental Health Commission of Canada, 2016). While high, this number is understated due to significant stigma surrounding mental illness. Along with this, rural communities often have significantly higher rates of mental illness due to specific social determinants of health such as isolation and income disparities.

In Canada, death by suicide is the second leading cause of mortality among 15-to 24-year-olds (about 10.8 deaths per 100,000 in 2011) (Bennet et al., 2016). Province-wide, Ontario has seen a significant rise in hospital emergency department visits for children and youth in crisis regarding mental health. Between 2006-2011, the number of youth accessing the emergency department for mental health crisis’ increased from 32.5% of visits to 53.7% of visits (Gandhi et al., 2016). This being said, it has been identified through numerous studies that rural youth face significant challenges in terms of mental health care access, stigma, and risk factors for poor mental health in comparison to urban youth counterparts, and thus it can be assumed that this demand is excessive (Fox et al., 2001). For instance, rural youth have higher rates of depression and substance use than their urban counterparts (Smalley et al., 2010). Similarly youth who identify within the LGBTQ+ spectrum have demonstrated in numerous studies that they experience poor mental health as well as suicidal tendencies (Hatzenbuehler, 2011, Willging, Salvador, Kano, 2006). When combining these two identities of rural and LGBTQ+, it is expected that youth with these identities will experience even higher rates of mental illness in comparison to youth with one of these identifiers, as well as youth with neither of these identifiers. Furthermore, the completion of this research will contribute to understanding the lived experiences of LGBTQ+ youth in Acton and Georgetown, Ontario, and hopefully eventually to more rural youth across the country.
1.14 Limitations and Assumptions

This project encapsulates a series of limitations, which must be acknowledged. One overarching limitation is participants’ capacity to articulate their experiences pertaining to understanding their own sexuality, especially if they are younger in age. Similarly, if participants are not ‘out’ to their friends, family, or community it will offer a hindrance to their capacity to attend this youth drop-in and thus facilitated exercise. Another limitation for this research study is the self-selection bias that may be created as participants who choose to attend the support group versus youth who identify within the LGBTQ+ spectrum but do not attend the youth group. This is amplified due to the reliance on convenience sampling in order to attract more participants to the youth drop-ins. Furthermore, each rural community is unique and presented it’s own set of social dynamics and experiences. Specifically, the findings found in this study can only be used to discuss the experiences of rural LGBTQ+ youth in Acton and Georgetown.

I began this study with the assumption that rural LGBTQ+ youth would have an overall poor mental health status. In order to prevent this assumption from influencing the findings and understandings developed from this thesis, I ensured that I asked participants questions about the items they included in their body maps. As well, I also ensured to state when inferences could be made and when they could not be made, based on what I had learned about each participant. However, due to the fact that the drop-in programs only allotted for 3 hours for each body mapping workshop, I do not feel that I had enough time to review each body map with each youth in-depth.
CHAPTER 2: LITERATURE REVIEW

2.1 Introduction
On average, individuals who identify under the LGBTQ+ spectrum experience lower levels of mental health in comparison to their heterosexual counterparts (Tjepkema, 2008). Data collected from the Canadian Community Health Survey identified that these populations are more likely to experience poor health outcomes in comparison to their heterosexual counterparts (Tjepkema, 2008). Specifically, studies have found high rates of depression, anxiety, obsessive–compulsive and phobic disorders, suicidal thoughts and acts, self-harm, and alcohol and drug dependence among LGBTQ+ people (McCabe et al., 2010). Compounding these understandings, rural youth also often face significantly poorer health outcomes in comparison to urban youth. Within rural communities, stigma and prejudice around individuals who have identified themselves as needing assistance to maintain their mental health has been identified as an issue (SPCO, 2016). The status of poor mental health in rural and remote youth in Canada has been actively discussed as an issue amongst Canadian media outlets, but few long-term policy strategies have yet to be generated (Picard, 2016). The Canadian Federal and Ontario Provincial government do not have a strategic plan or policy pertaining to the development of safeguards for mental health in LGBTQ+ youth living in rural and remote communities (Wagaman, 2014). This can likely be credited to the fact that most research on the mental health status of LGBTQ+ populations started in 2010, thus has not been previously seen as relevant by mainstream research. Currently, it is estimated that within Canada the number of children and youth affected by mental illness at any given point in time is 15% (Kirby et al., 2004). This is significant to note, as the percentage of adults with mental illness who developed their symptoms in childhood or youth is 70%, meaning that most individuals who experience mental illness will have first experienced an episode during their childhood or adolescence. Furthermore, it is also known that
in Canada, 20% of youth will experience a mental illness (Kirby et al., 2004). While little is known about the severity of these risk factors in the rural context, it is still essential to consider their impact on the quality of life for these youth. The purpose of this literature review will be to provide overview of the status of rural LGBTQ+ youth mental health.

2.2 Framing Understandings on Psychological Development

Through the utilization of queer theory, as well as minority stress theory, I intend to create a stronger understanding of the lived experiences of rural LGBTQ+ youth in Southern Ontario. Queer Theory emerged in the early 1990s, developing from the gay liberation movement, the lesbian movement, and the feminist movements of the second wave feminist movement (Marcus, 2005). Queer has become a compact alternative to lesbian-gay-bisexual-transgender, but it also emphasizes affinity and solidarity over identity within members of the community (Marcus, 2005). Queer theory builds off of feminist theory with the belief that gender is not part of the essential self, rather a performative identity imposed on individuals by societal norms (Marcus, 2005). This being said, it is important to note that though there is overlap in these ideas, queer theory and feminist theory are not equivocal. Butler’s concept of the gender matrix on performative gender will be essential in my research, as well as use of queer theory as a conceptual framework. This will be utilized in my analysis of gender and sexual identity and performance within the youth in their body maps. The heterosexual matrix of gender also mandates that same-sex identification accompanying cross-sex desire. By refusing to accept the previously assumed ontology of gender, sex, and sexuality, I will ensure that my work does not further emulate heteronormative power structures. This is essential for the generation of new knowledge, as it assists in ensuring that it is accessible and applicable to the populations being researched.
Furthermore, Lesnik-Oberstein’s 2010 work in examining and applying queer theory in relation to childhood experiences will be essential to generating a foundation for preliminary framework models. Her work looks to breakdown the present way in which we define queer theory, gender, and childhood, and reviews how these intersect to create identities in which the participant is speaking about their experiences. Specifically, Lesnik-Oberstein critiques concepts of historicity within childhood research as being not about an inevitable passing of time, but about a politically produced investment. Therefore, I will be able to work towards using queer theory as a conceptual framework and work towards ensuring that previous understandings and definitions do not reflect onto those of the studied population.

In order to understand how queer theory interacts with the targeted population of this literature review and research, minority stress theory plays as an important investigative theory. Minority stress is when members of a marginalized population faces high levels of stress on a consistent basis, due to their identity (Meyer, 2003). Causes of minority stress are often cited to be prejudice and discrimination placed onto minority or marginalized populations by the majority population (Meyer, 2003). Social theorists consider alienation from social structures, norms, and institutions to be a main cause for minority stress (Meyer, 2003). Durkheim’s 1951 study on normlessness, social environment was a key factor in predicting suicide. Durkheim theorized that Anomie, defined as a sense of normlessness, or lack of social control, and alienation could lead to suicide because basic social needs are not met. Furthermore, this causes stress within a minority population because the minority person is likely to be subject to personal conflicts within dominant culture, social structures, and norms as these do not typically reflect those of the minority group and their individual identities (Meyer, 2003). Building on this understanding, interactions with society provide an individual with information about the world
they interact with, and their health is compromised when this information is incongruent with the minority person’s experience (Moss, 1973).

2.3 Subjectivity
Delving into feminist and queer theories, theories surrounding subjectivity, and its importance come into play (Ritzer and Goodman, 2008). Through the use of feminist and queer theory, subjectivity will be analyzed at the macro level, acknowledging the impact that identifying within a minority population will have on an individual’s health status. Macro-subjective theory will assist in the understanding and break down of current cultural norms that these minority youth may be experiencing. This breakdown is essential in queer theory, as it will challenge power that is originally granted to members of majority populations. Four issues that subjectivity looks to analyze, which will be focused on within this research project, include:

- Role taking and knowledge of the other;
- The process of internalization of community norms;
- The nature of the self as a social actor;
- The nature of consciousness of everyday life (Ritzer and Goodman, 2008).

Using subjectivity in the examination of these concepts, the application of feminist and queer theory will be effective in guiding explanations for findings within the intended research project.

2.4 Adolescent Psychological Development
While this thesis will not be reviewing or developing clinical data on youth mental health, it will be important to have some developmental understanding of youth mental health. “Clinical adolescent psychology” refers to the study of clinical phenomena in the context of adolescence as a developmental period, rather than the study of clinical phenomena among
individuals who merely happen to be older than children and younger than adults (Steinberg, 2002).

Researchers have developed a series of indicators pertaining to healthy adolescent psychological development, which focuses on the lived experience of the individual. For instance, adolescents who report greater security in their attachment to parents show healthier patterns of social development (Steinberg, 2002). This theory reaffirms the well-established finding that an emotionally healthy parent–adolescent relationship, as reflected in the adolescent’s security of attachment, is predictive of positive psychological functioning (Steinberg, 2002). A study of 4-H youth and adolescent participants was completed in 2005, confirming these theories (Lerner et al., 2005). The study was a longitudinal investigation which aimed to identify individual and ecological bases of healthy, positive development among diverse adolescents. This study confirmed that every young person has the potential for successful, healthy development and that all youth possess the capacity for positive development (Lerner et al., 2005). By engaging in these psychologically and socially enriching environments, adolescents have the ability to further develop their sense of self and identity. Specifically, Bowlby’s 1988 study on adolescent psychological development identified that in adolescence the quality of one’s friendships become one of the strongest determinants of self-esteem (Shaffer, et al., 2005). Erik Erikson’s contributions to adolescent psychological development are especially significant to this study. Specifically, he coined the “storm-and-stress” period in adolescents life, wherein they face difficulties in identity development, and in turn, crisis (Fialx, 2006). The theory of storm and stress identifies the fact that adolescence involves dramatic transitions in the physical, social, sexual, and intellectual spheres, and transitions of this order are stressful to youth experiencing them (Siddique, and D’Arcy, 1984). The particular stressors related to these
factors often stem from the family, school, and peer groups that an adolescent is involved with (Siddique, and D’Arcy, 1984). Upon analyzing storm and stress within you, it is useful to apply a phenomenological approach to analysis, as current research suggests that although stress does exert a negative impact the intensity of its health consequences is likely to be different for adolescents. This difference is dependent on adolescent perceptions of stress as being within or outside their control (Siddique, and D’Arcy, 1984). In understanding the impacts that ‘storm and stress’ holds on adolescent psychological development, researchers are able to further understand the influence that it has on identity development during adolescents and throughout the life course.

2.5 Rural Adolescent Psychological Development
Residing in a rural community provides youth with a unique set of experiences and challenges due to their built environment. In pertinence to psychological development, the isolation that youth often face when residing in rural communities can act as a detriment to their mental health status (Slovak and Singer, 2012). A recent study found that rural youth are more than twice as likely to die by suicide than urban youth (Nance et al., 2010). A common barrier identified within rural youth who have demonstrated a need for mental health services is transportation to resources, as they are usually at a significant distance from the community (Slovak and Singer, 2012). This demonstrates that there is a significant disparity in mental health for rural versus urban youth, and research must focus on rural youth in order to understand, and reduce incidence of poor mental health in rural youth. In pertinence to psychological development of rural youth, these youth often identify a sense of isolation from their communities, as there is a lack of built environment in their communities catering to age-appropriate and developmental needs (Comstock et al., 2016). Specifically, rural communities
often lack public recreational facilities, adequate public transportation, and safe places to walk or bicycle within the community (Comstock et al., 2016). The lack of adequate public spaces for youth is detrimental in their ability to develop relationships and engage within their community (Slovak and Singer, 2012). Specifically, this lack of public space is detrimental for rural youth’s psycho-social development (Slovak and Singer, 2012). Contrasting this, deep-rooted social networks and social engagement within rural communities have been understood to be a substantial contributor to a sense of community belonging (Kitchen et al., 2012). Community belonging acts as a safe guard for mental health as it promotes health through the building of mutual respect and by increasing self-esteem (Kitchen et al., 2012).

2.6 LGBTQ+ Adolescent Psychological Development

While understanding youth psychological development, it is imperative to provide perspective on how identifying as LGBTQ+ adds additional stress on this period. Currently, mainstream youth studies pay little to no attention to the social conditions of sexual minority youth experiences in schools, thus creating a significant knowledge gap in this area (Filax, 2006). This is important to note, and question as youth spend more time of “value” with their peer groups than they do with their parents. Thus, identity is mainly formulated within the school-setting. Within this setting, it is important to remember that the largest risk factor for queer youth is not their queerness, but the heteronormative world in which they live (Filax, 2006). Meaning youth who identify as LGBTQ+ are more likely to have a high instance of stress within their adolescent period. This high stress can be detrimental to LGBTQ+ youth identity development, as the coming out process is defined as a high stress period, especially if carried out during the adolescence period (Klein et al., 2015). The high stress period can be attributed to
adolescent need for disclosure as the coming out process is described as necessary for living a healthy queer life (Klein et al., 2015).

2.7 Genders’ impact on Mental Health

Upon reviewing social determinants of health, it becomes evident that one’s perceived gender greatly impacts their experience and navigation through accessing health care services (Bird and Rieker, 2008). Due to this previous finding, it is essential during the research process to identify gender as a factor which influences an individual experience, as well as distinguishes groups. Priess, Lindlberg and Hyde’s 2009 study found female youth were much more likely to exhibit depressive symptoms when compared to their male counterparts. This study controlled for compounding factors such as parental education, income, and gender identification, which was essential to consider when researching youth mental health, as these factors have been found to be significant predictive factors for poor mental health for youth in previous studies (Priess et al., 2009). Priess et al.’s (2009) study is significant as it demonstrated that there is a quantitative difference in mental health symptoms and experience based on gender. Furthermore, Bird and Reiker write about the impact that psychosocial factors have on women’s physiological health in comparison to men’s, stating that psychosocial factors have a higher likelihood of impacting women’s immune systems in comparison to men. This research furthers the health field’s body of knowledge that women have a tendency to experience higher rates of prevalence of illness in comparison to their male counterparts.

Further, when intersecting gender with rurality, female youth often experience a disproportionally negative experience in regard to health when compared to their male counterparts. This disproportionally negative experience has been studied and categorized into three main determining factors: gender conformity, affective distress, and isolation. (Cohn,
2011). These challenges are specific to female rural youth, and are proportionate to their experience of rurality. For instance, if a youth resides in a community that is deemed mixed between rural-urban, or sub-metro, they are less likely to experience mental health issues pertaining to rurality in the same severity as a youth residing in a completely rural or non-metro community. A specific instance of this was found in youth experiencing sexual identity distress, wherein female youth were more likely to experience this, as they tended to come out later (Harcourt, 2006). Authors of this study presented the idea that female youth are likely to come out at a later age than their male counterparts due to lack of queer representation/exposure for female youth, as well as the notion of compulsory heterosexuality (Harcourt, 2006).

2.7.1 Trans identity and Mental Health
When considering the impact of gender on mental health, it is also important to consider non-binary and trans identities, and how these gender and gender non-conforming identities impact one’s mental health status. Within Ontario, there is currently a serious lack of trans-positive, trans-inclusive and trans-responsive clinical services and supports available across the province (Gapka et al., 2003). Sherbourne Health Centre, an inter-city health center in Toronto that caters specifically to marginalized populations has identified that self-harm behaviours (i.e., cutting, head-banging, wall-punching) and suicidal thoughts and/or attempts are prevalent in the trans community, especially among youth (Gapka et al., 2003).

2.8 Risk factors for Queer Youth Suicide
Suicide within queer youth is a pervasive issue, continually highlighted by news and media outlets across North America (Hatzenbuehler, 2011). Willging, Salvador, and Kano’s 2004 ethnographic study identifying the lack of help-seeking behavior among sexual and gender minority groups in rural New Mexico clearly demonstrated barriers that rural LGBTQ youth face
when managing poor mental health. Within the interviewed population, identifying as having poor mental health was seen as a “cop-out” for many individuals through the societal mentality that hard work would provide as a solution to their negative feelings, and solve any issues that they or their families were facing.

Delving deeper into the issue of queer youth suicidality, Hatzenbuehler’s 2011 study reviews the Oregon Healthy Teens Survey in 2006–2008, which specifically looks at relationships between LGBTQ+ youth and suicidality. While this study was completed in the United States, it offers valuable insight into youth within the rural LGBTQ+ community as a whole. This study surveyed over 30,000 11th grade students and found that lesbian, gay, and bisexual youth were significantly more likely to attempt suicide in the previous 12 months, compared with heterosexuals (21.5% vs 4.2%). This result demonstrates the severity of mental illness within LGBTQ youth. Within this study, risk factors at the individual level include: depressive symptoms, alcohol abuse, peer victimization, and physical abuse by an adult (Hatzenbuehler, 2011). Along with this, it is significant to note that the survey found that among lesbian, gay, and bisexual youth, the risk of attempting suicide was 20% greater in unsupportive environments compared to supportive environments. Supportive environments were measured on a point scale in having the following: (1) proportion of same-sex couples living in the counties; (2) proportion of Democrats living in the counties; (3) proportion of schools with gay-straight alliances; (4) proportion of schools with anti-bullying policies specifically protecting LGB students; and (5) proportion of schools with antidiscrimination policies that included sexual orientation (Hatzenbuehler, 2011).
2.8.1 Isolation

Within numerous studies, feelings of isolation and disconnection greatly influenced feelings of poor mental health within rural LGBTQ+ youth. Specifically, a qualitative study completed by Sadowski, Chow, and Scanlon, (2009) examines the experiences of 30 self-identified LGBTQ+ youth living within rural and remote communities. The reoccurring theme within the interviews conducted is isolation, and the continued lack of ability to connect with peers of similar background and experience. The study found that young people often face rejection from their parents and other family members for not conforming to familial, societal, and/or religious norms of gender and sexuality (Sadowski, Chow, Scanlon, 2009).

Further building on this work, Zaheer et al.’s (2011) study on suicide prevention in rural Canada and China offers an understanding of youth experiences within rural communities that present as risk factors for suicide. A major risk factor, which intersected with all other factors identified within this study, was lack of access to care. This was found in the study to be different in rural communities when compared to urban communities, as rural communities often did not have quality, or in some cases, any mental health resources. Conclusively, a lack of access to services is characterized as little to no mental health service providers, lower quality of overall mental health care, and minimized community economic resiliency (Zaheer et al., 2011). These risk factors can combine to contribute to the increased risk of suicide in rural communities.

Building on this, isolation, and lack of social capital act as macro-level factors in negatively impacting rural youth mental health has been actively studied within mental health literature. Isolation in rural youth acts as a significant barrier in development of mental health resources as well as care-seeking behaviours. Isolation encompasses a variety of different factors, which are specific to the individual experience. In the case of rural Ontario youth,
isolation can be broken down into causing three specific impacts: accessibility, availability, and acceptability (Smalley et al., 2010).

Accessibility is highlighted as a causal factor for isolation within rural youth, as often times, rural youth are unable to access resources that can cause psychological distress. Furthermore, this psychological distress can be exacerbated as youth experience a sense of psychological isolation from their community. Similarly, youth engagement in extracurricular activities was significantly associated with lower levels of suicidality (Armstrong et al., 2006).

An example of accessibility issues within rural youth mental health is a consistent lack of resources for youth to access when in need of care. This lack of accessibility has been combated through the use of tele-medicine, specifically tele-psychiatry. Similarly, the lack in availability of resources often negatively affects rural youth. Currently, primary healthcare clinics are the first point of entry to the healthcare system for most youth, and thus need to be well equipped in order to meet the needs of youth, justifying the implementation of this program within primary health care clinicians (Centre for Addiction and Mental Health, 2016).

Acceptability as a social comfort in ones capacity to involve themselves in a specific activity or identity. Within rural communities, it is currently deemed less acceptable to obtain mental health resources, especially within rural youth. Bourke et al.’s 2009 study on health behaviours of rural residents found that residing in rural communities had a significant negative affect on individual health behaviours. The study found that youth who were marginalized or did not ‘fit in’ identified as having more health. This was explained qualitatively as youth stated that engaging in unhealthy activities with friends was viewed more positively than the alternative of social isolation.
2.8.2 Education

Isolation and disconnection serve as a significant psychosocial stressor for LGB youth living within rural and remote communities in Canada (Alberta Ministry of Education, 2016). While this document excluded trans and gender non-conforming youth, it still offers significant understanding of stressors for rural adolescents. In order to reduce these stressors, school boards such as the Alberta Ministry of Education have developed and implemented a new set of guidelines for best practices which target elementary and secondary school in order to make the educational system a more positive and welcoming area for students who identify as LGBTQ+. This document demands “Staff participate in targeted professional learning that is evidence-based…” (Alberta Ministry of Education, 2016). This is stated in hopes of enabling teachers within the Alberta education system to be knowledgeable about youth issues pertaining to sexuality and gender identity. This approach ensures that adults in youths lives are educated in a manner which will allow for youth to be supported and guided through the struggle that is uncovering one’s sexual identity. Considering this, it is essential to consider the school environments that youth spend a significant amount of time in, and their experiences within this system.

Isolation within the education system in rural communities can be further analyzed and accredited through the concepts of ‘rural idyll’ and ‘rural dull’ as initially discussed by Rye (2006). ‘Rural idyll’ is described as “…being close to nature and characterized by social cohesiveness” where as rural dull is described as “…being bereft of resources…and the caring environment is seen as a controlling environment.” (Christie and Lauzon, 2014, p.157). Youth are more likely to view living within a rural context through the ‘rural dull’ lens (Christie and Lauzon, 2014). Comparison between these two viewpoints of living within a rural context is imperative to understanding youth because it demonstrates the opinions and perspectives that
rural youth have on their own living situation. This comparison also allows for initial ideas of methods to improve the lived experience of youth within rural and remote community settings, especially within the context of mental health. If youth feel as though they are initially excluded from the education system, they will be unwilling to reach out to resources offered through this system.

2.8.3 Heteronormativity
Heteronormativity is defined as the presumption that the most legitimate form of sexual identity, desire, and behaviour, is that of heterosexuality (Butler, 1990). Furthermore, this behaviour does more than simply exclude queer persons, but disallows individuals to embrace any means of exploring sexual identities and behaviours. In turn, heteronormativity is damaging as it places non-heterosexuality on a distribution curve, stating that the further away from heterosexuality an individual strays, the more deviant, and less value they are granted within society (Cover, 2012). As well, this curve creates values of legitimacy in identity, again, in stating that the further from heterosexual someone identifies as, the less legitimate they are. This de-legitimization is a causal factor in determining a lack of social capital for youth who identify with non-heterosexual identities as they are pushed out of social circles for these identities.

While heteronormativity permeates social structures, it also permeates other institutions such as media, education policy, religion, and family structures. This permeation creates a cyclic pattern of exclusion for these minority populations, in turn, furthering them from experiencing forms of social capital. Foucault writes about the impact of heteronormativity on marginalized populations as a whole, in stating that heteronormativity is maintained and upheld through the use of surveillance techniques, which require individuals to engage in performative behaviours which are ascribed by their assigned gender and sex (Foucault, 2009). Should an individual not
ascribe to these behaviours, they experience discipline from the majority group, often times resulting in social exclusion.

2.9 Protective Factors against Queer Youth Suicide

In acknowledging the fact that there are a significant number of risk factors for youth who identify as LGBTQ and reside in rural and remote communities to experience poor mental health, there are also a number of protective factors. By engaging in these protective factors, youth have the opportunity to build resilience against these factors, and continue to succeed into adulthood. Studies that provide a full scope of these protective factors often engage youth through qualitative studies which give affected youth a means for their voice.

2.9.1 Social Capital

Social capital and social support were outlined within the Oxford Social Planning Council (SPCO) report as a strong factor in reducing the severity of mental illness and suicide within the community. Further, the report stated that: “The youth have identified lacking connection and community involvement as one of the issues related to the suicide crisis” (SPCO, 2016). Based on this, it is plausible that the literature points to identifying means of social capital within communities facing crisis. To understand what social capital means for young rural people, we first need to understand young people's experience of and their concerns about rural life.

In creating a qualitative study, youth were given the ability to voice their experiences, which as Onyx (2005) found, is essential in generating a sense of value and purpose within targeted youth. Presently little is known about how it is used by or impacts on young people. With this study, social capital was defined as “those features of social organization, such as trust, norms and networks that can improve the efficiency of society by coordinated actions” (Onyx et
This study identified that the development of social capital requires active and willing citizens working together within a participative community. This survey was distributed to youth residing within a rural community, which lies in remote desert land and is 508 Kilometers from its nearest city. It is important to note that within this rural community, there is a strong divide between groups, dependent on the amount of time that they have spent in this community. This study found that the strongest factor in generating and maintaining social capital was “connections with friends.” This item includes activities such as phone conversations with friends and contacting friends via Internet/SMS. The second strongest factor was “participation in the community.” This factor is curious to note as the survey found that young people do not feel heard or valued, within the community. As well, youth perceived that there are few entertainment or employment opportunities for young people in town. Within research, it is important to note that social capital involves ensuring that youth feel a sense of purpose within their communities, and in doing so, will hopefully lead to mitigating risk factors for suicide. In generating participation within the community, such as maintaining a job or volunteer opportunity, youth were noted to have a stronger sense of belonging, as well as social capital within the rural community.

Similarly, a study conducted by Boyd et al. (2008) reviews the significance of social capital in reducing the effects of mental illness in rural Australian youth. This study was conducted at a pivotal moment in Australian health policy, as it followed the development and implementation of the establishment of Headspace, the National Youth Mental Health Foundation. In order to conduct this study, the asset-based community development (ABCD) framework first developed as an alternative to the needs-based approaches that previously occurred, wherein in agencies, universities or other donor groups ‘intervene’ on behalf of a
community to rectify problems. (Boyd, 2008) The study found that the communal nature of rural communities, which can be described as comprising collectivistic family structures and strong community coalitions is considered by rural people to include strong community support by churches and schools and a caring community membership. Furthermore, this suggests that two aspects of social capital – sense of community and neighbourhood cohesion – are high in rural communities.

Cover (2012) writes about the negative impact that identifying as queer has on youth. Queer youth vulnerability has often been tied to being isolated from other queer persons, and was first discussed by Eric Rofes in 1983 who suggested that estrangement from the traditional support systems within our culture is a major factor in the increase in queer youth suicides, which is exacerbated in rural communities. Similarly, it is essential that creating places and spaces where queer youth are welcome need not be seen as a final and complete solution as they cannot solve all intersecting issues that rural youth face.

2.10 Ontario Public Health

Presently, interventions of LGBTQ+ youth residing in rural and remote communities follow a biomedical, disease-based approach, wherein identifying as LGBTQ+ is looked upon as an item which needs to be accommodated for (Wagaman, 2014). The evidence-based movement within health care (biomedicine) has been criticized as exclusive and normative, as it favours scientific knowledge and represses other forms of knowledge (Zeeman et al., 2014). Historically, biomedicine turned into evidence-based practice in the early 1990s, as a result of neoliberal agendas provided by politicians such as Thatcher and Reagan (Zeeman, et al., 2014). While these ideologies are present within current Ontario health care legislation, both constructivist and queer epistemologies suggest that multiple representations of knowledge are possible (Clarke,
These neoliberal social policies are significant as they perpetuate an outlook that people who are struggling with mental illness are struggling by their own hand. They create a culture of understanding that it is acceptable to view those who struggle as reflecting the motivational and moral failings of the individual, rather than reflecting on how society and social policy has negatively influenced the individual (Sarlo, 1996). Building on this thought, it can then be understood that while public health within Ontario offers very rigid and often exclusive perspectives on health which further marginalize populations, in completing community based research and engaging with marginalized populations, knowledge generated from these endeavours can be combined with current policy in order to allow for individuals of these minority groups to speak out against current oppressing forces within public policy.

While this example is recent, Halton Region has a history of being hesitant when implementing programs that support youth who identify within the LGBTQ+ spectrum. Similarly, the implementation of GSA (Gay Straight Alliance, now more inclusively renamed gender and sexuality alliance) was initially opposed by the Halton Catholic School Board when it was instated that every school needed to have one (Ostroff, 2015). The implementation of GSAs within elementary and secondary schools has been found to have a significant positive impact on the quality of life and overall wellbeing of those enrolled in the education system. A prime factor in this is that these organizations allow youth who are otherwise marginalized by the education system to develop social capital, and thus gain a sense of belonging within their educational community. The action of delaying this implementation leads to a sense of alienation within schools for LGBTQ+ identified students and staff. While it may not have been intentional, this is the implicit reaction that these students read from their educators’ decision on having an unwelcoming approach to the implementation of GSAs in their school.
Furthermore, it is essential that in working to provide a solution towards improving the status of queer youth in rural southern Ontario, biomedical approaches are not considered. Along with this, it is essential to recognize the importance of social capital, but that it is not a complete solution for this issue.

### 2.11 Empirical Data in Ontario

In order to gather a concrete understanding of the lived experiences of the population being studied, it is important to have a grasp of empirical understandings of what is currently known. Prior to reviewing empirical data on the status of LGBTQ+ youth and their mental health, it is important to consider a variety of errors that may be present within the data. Statistics Canada states that it “has neither the definitive number of people whose sexual orientation is lesbian, gay, bisexual, nor the number of people who are transgender” (Carlson, 2012). Statistics Canada included a question regarding individual sexual identities in 2009, but sociologists cautioned the rate is likely under-reported because some individuals could be suspicious of the use of this data or could be offended that this is a question (Carlson, 2012). Mattson’s 2012 study reviewing the experiences of gay and bisexual male youth in Windsor and Essex county identified stigmatized cultural identity within a particular social context. The study sampled 139 young gay and bisexual male youth and found that more than half had considered suicide, and 30% associated such thoughts with their sexual identity (Mattson, 2012). Conclusively, one in six participants had attempted suicide, and 9% viewed their attempt as related to their sexual identity. On average, participants in the study first attempted suicide at age 14, although the range varied from age 6-18 (Mattson, 2012). Comparatively, trans youth are also at high risk of suicidality, as demonstrated in the Trans PULSE study, which is a currently operational community based research project investigating the impact of social exclusion and
discrimination on the health of trans people in Ontario (Bauer et al., 2010) The Trans PULSE study, found that 47% of trans individuals age 16-24 had considered suicide recently and 19% had attempted suicide in the past year (Bauer et al., 2010). These statistics are very significant as they show that trans youth consider suicide at a rate nearly 6 times that of Ontarians in general. Further, the Trans PULSE study did not find differences in the rates of considered or attempted suicide between trans women and trans men, or between racialized and non-racialized groups (Bauer et al., 2010). Further research is needed in order to validate these findings.

2.12 Empirical Data in Canada

Empirical data in Canada on LGBTQ+ rural youth mental health is sparse, but there are a few studies which do provide significant information for the targeted population. EGALE, a Canadian non-governmental organization surveyed over 3700 students from across Canada between December 2007 and June 2009 regarding how their experiences with their sexuality has impacted their social status. The survey was distributed via open-access online, and was advertised widely through news releases, website’s and Facebook notices (Taylor et al., 2011). The survey consisted of three kinds of multiple-choice questions: demographic (e.g., age, province, gender identity, sexual orientation), experiences (e.g., hearing “gay” used as an insult, being assaulted, feeling very depressed about school), and institutional responses (e.g., staff intervention, inclusive safer schools policies) (Taylor et al., 2011). In the study, one in seven students who completed the survey during in-class sessions self-identified as LGBTQ (14%). This demonstrates that there is a significant percentage of youth currently who identify under the LGBTQ+ spectrum.
2.13 Conclusion

Overwhelmingly, mental health status has been identified as an area that needs to be improved within the rural LGBTQ+ youth population residing in southern Ontario (Wagaman, 2014, Kirby & Keon, 2004, Hatzenbuehler, 2011). While little is known about the severity of these risk factors, it is still essential to consider their impact on the quality of life for these youth. Due to the fact that the Canadian Federal and Provincial governments currently lack a strategic plan or policy to work towards the development of mental health policy for LGBTQ+ youth living in rural and remote communities, research within this area is pressing, but also lacking (Wagaman, 2014). Throughout previous research initiatives, gender was found to have a significant impact on individual health outcomes, and thus must be included for consideration within this research initiative. Upon investigation into risk factors for poor mental health within rural and remote LGBTQ+ youth, it was found that isolation and education patterns present as leading risks (Hatzenbuehler, 2011, Zaheer, 2011). Contrasting this, social capital was identified to have a significant positive impact on LGBTQ+ rural youth mental health statuses. The understanding of the importance of social capital as a means of improving health care for these youth is essential, as it is not inherent within current Canadian or Ontario health policy. Presently, federal and provincial policy follow a strictly biomedical approach to health which discredits the significance of social determinants of health, such as improving social capital within marginalized populations (Zeeman et al., 2014). To develop an in depth understanding of the issues at hand, it is essential to retain feminist as well as queer theory to employ understandings of contrasting power dynamics within marginalized populations, as well as othering. Furthermore, employing subjectivity will ensure the empowerment of this population, which will in turn hopefully begin to lead the change in the mental health status of this population.


CHAPTER 3: METHODS

3.1 Introduction

The described research study uses phenomenology as its epistemological base. In doing so, the research creates an understanding of the experiences of LGBTQ+ youth who reside in rural and remote Southern Ontario through their own perspectives. This research project will utilize phenomenology as a research methodology. Understanding the essence of this research population’s experience requires an in depth accounting for their perceptions of it and to understand that essence is the focus of this project.

This chapter contains a detailed review of the steps in methodology and data analysis, justifying decisions made throughout the entirety of the research process. This research project was carried out using the youth drop-in programming provided by ROCK and PSN. These drop-in programs are located in Acton and Georgetown, two rural communities in Halton Hills, Southern Ontario. Participant recruitment occurred through convenience sampling of youth who already participate in this programming. In total, thirteen participants engaged in this research study, and these participants were all enrolled in an Ontario Post-Secondary School, and between the ages of fourteen to eighteen. Data collection for this research project was completed using the qualitative research method, body mapping, which is an arts-based technique, allowing participants to engage with the research being conducted within their own level of comfort. Within the body mapping workshop, participants were led through a series of questions which pertained to the experiences they had within their communities, as well as their own perspectives on these experiences. All of the prompts created for the body-mapping workshop were developed using body mapping facilitation guides, as well as utilizing strategies from art therapy guidebooks in order to ensure integrity in the development of these prompts. Analysis of the data
collected from these body-maps was completed using thematic analysis, which was chosen as it allows for the generation of a holistic understanding of the essence of participant experience in their communities. In order to facilitate thematic analysis, I first created a preliminary analysis of the body maps in order to identify common trends and themes throughout the body maps. This also assisted in the understanding how the themes identified interacted with each other. After this, I created a narrative of each of the individual body maps, which allowed for an understanding and identification of the themes presented in each of the maps. Upon review of each narrative, I offer potential insights as to how each of the themes addressed in each unique body map interact with each other. This is visually demonstrated in the thematic web figure designated for each body map. In these figures, the orange bubbles represent themes that are addressed and connected to other themes in the body map. The grey bubbles represent themes that are not connected to other themes within the individual’s body map. The themes in grey bubbles may be present in the participant body maps, but they are not highlighted as this research focuses on the interactions between these themes, rather than simply the presence of these themes.

3.2 Research Methodology

In order to generate an understanding of LGBTQ+ rural youth, it is essential to utilize a methodology which allows for youth to speak authentically about their lived experiences. Phenomenology and thus, phenomenological studies encourage the use of personal experiences of the targeted population within research, in order to generate an authentic answer to research questions. Phenomenology uses the tenants of a philosophical movement started by Edmund Husserl in the 20th century. Phenomenology can serve as both a method and a philosophy, and is not used just by philosophers but also in qualitative research (Gallagher, 2012). Building on this
understanding of phenomenology, we must consider the procedures involved in conducting a phenomenological study. An essential aspect of phenomenological research is ensuring that the researcher abstains from making assumptions about the subjects or expect certain findings (Moustakas, 1994). The absence of presumption allows for the maintenance of integrity throughout the study (Moustakas, 1994).

Delving into queer phenomenology, Ahmed uses Kant’s essay ‘What does it mean to Orient one’s thinking’ in order to further demonstrate the importance of phenomenology (Ahmed, 2006). Ahmed describes orientation as how we reside within a space, further, how we inhabit spaces and who we inhabit spaces with. She states that phenomenology offered resources which can strengthen queer research as it emphasizes the importance of lived experience. Combining her ideas with Kant, and his argument on orientation, we can understand that phenomenology makes one’s ‘orientation’ the very most central understanding, further that one’s own consciousness is always directed towards an object (Ahmed, 2006). This means that by researching one’s lived experiences, we can understand the role of actions in shaping bodies and worlds. Thus, phenomenology is not just a collection of subjective experiences but it involves intentionality on the part of the researcher (Gallagher, 2012).

In order to facilitate data collection, I sought out an appropriate qualitative method. Qualitative research methods were chosen over quantitative methods for this study for a variety of reasons. Namely, qualitative research allows for participants to provide a researcher with an holistic understanding of intersecting identities, ideas, and experiences that participants face (Teherani et al., 2015). Qualitative research is concerned within meanings, context, and an holistic approach to the material or research question (Hayes, 1997). Furthermore, qualitative research is the collection of experiences of marginalized populations, especially those to which
there is a significant lack of current research and understanding. Qualitative research satisfies the need for providing a baseline understanding of the mental health status of rural and remote LGBTQ+ youth because it allows for youth to explore their life experiences in a flexible and safe environment. By having open-ended prompts, youth had the option to explore and consider their experiences without the rigidity of a quantitative scale or method. Qualitative research within the fields of community development, and community mental health is not a new idea, rather a method which has been reported in psychological journals of the 1920’s and 1930’s (Hayes, 1997). Historically, the use of qualitative research retracted with the advent of the behaviourist revolution, which idealized a version of physical sciences. This behaviourist revolution emphasized a reductionist approach towards identifying the causes of behaviour and experience, rather than a holistic understanding (Hayes, 1997). This resulted in a systematic devaluing of qualitative methods as the then idealized model of physical experimentation emphasized reliability and redefined validity (Hayes, 1997). This being said, in recent years a paradigm shift has occurred, re-instating qualitative research in favour.

For the purposes of data collection, the strengths of qualitative research can be enhanced via methods which include art therapy (Case and Dalley, 2014). Art therapy is a form of psychotherapy that uses media as its primary mode of communication (Case and Dalley, 2014). Art therapy differs from other psychological therapies in that it is a three way process between the client, the therapist and the image or artifact. Thus, it offers the opportunity for expression and can be particularly helpful to people who find it hard to express their feelings or thoughts verbally. Specifically, the process of making sense of an image is helped by the fact that the concrete image is outlasted by the actual experience of making it (Case and Dalley, 2014). The significance of making and analyzing art is accredited to the process of interpretation, after and
during the time that the piece is being created. Interpretation involves bringing unconscious processes, that is, what is in the patient’s mind at a preconscious level, into consciousness. When latent feelings become manifested through an interpretation, meaning is generated (Case and Dalley, 2014). In order to facilitate qualitative research and art therapy, the sole research method that will be used in this research design is body mapping. Body mapping is defined as “life-size human body images created through drawing, painting or other art-based techniques to visually represent aspects of people’s lives, their bodies and the world they live in” (Cornwall, 1992). The main principle behind body mapping is to challenge established truths and promote emergent discourses of the participating population. These discourses are completed by creating a series of formative understandings by the researcher as well as the participants. In this exercise, researchers allow participants to have a concrete platform to speak about their experiences within a collective phenomenon (Brett-MacLean, 2009). Body mapping allows for individuals to participate at a level that is most comfortable and suited to their unique individual needs (Orchard, 2017). Individual participant needs were identified by speaking to staff who work with the youth at ROCK and PSN, and have a good rapport with these youth. This rapport is what allowed for the initial development of the body-mapping workshop. After speaking with facilitators at the ROCK and PSN, it was identified that engaging youth in an art form to initiate meaningful discussion would be the best way to approach the research goal and have youth participate at the level in which they were comfortable. Engaging youth in an artistic platform to discuss their mental health status allowed for youth to be in control of their information sharing, as well as provided structure to discussions (Case and Dalley, 2014).
3.3 Researchers Positionally

A researcher’s positionality describes their perceptions of the world around them, and the lens they maintain in relation to their research project (Foote and Bartell, 2011). Furthermore, the role of the researcher is imperative to qualitative research, as they act as a front to the data collected. Recognizing one’s positionality is essential as it allows for an articulation of how personal bias may affect the research being conducted. The concept of reflexivity allows researchers to discuss themselves and their own life experience and how these identities interact with their research (Armstrong, Manion et al., 2006). Building on this, Savin-Baden and Major state that a strong positionalist statement will include a detailed description of the personal beliefs related to the research process, the potential influences on the topic, and their chosen position in relation to the participants (2013). Following these guidelines, I present my own positionality statement below.

I am a trained public health scientist, who rejects positivist research frameworks, wherein positivist research means value free and ‘objective.’ I believe that social systems work in a cyclic manner, re-enforced by societal norms. I believe that social and cultural norms are what influence an individual’s perception of options and choices, and in turn influence individual and collective behaviour.

As a qualitative researcher, my role within the research process was significant as I was solely responsible for data collection and analysis. This meant that I facilitated body-mapping workshops with youth who identify as LGBTQ+, and that I coded and analyzed the body-maps.

When working and researching alongside the youth who attended the body-mapping workshop, I chose to introduce myself with my identities as someone who identifies as queer, and experiences mental illness. I felt that it was important to briefly explain my positionally and identities to the youth I was working alongside. Sharing information about my identities and
personal academic experience with the LGBTQ+ community allowed for me to create a sense of familiarity and understanding with the youth I worked alongside (Campos, 2005). As an individual who identifies as queer, and experiences mental illness, I hold a vested interest in ensuring that youth voices who identify within these communities are heard and acted upon. Similarly, after working with LGBTQ+ youth as a Residence Advisor at Western University on the LGBTQ+ & Ally community floor, I learned that my own experiences and feelings are shared by a large community of people, and not explicitly unique to my life. This being said, I am mindful of the fact that each individual’s experience is unique and will take measures to ensure that I am not applying my own feelings to those presented within this study.

Collectively, the LGBTQ+ community lacks appropriate agency to communicate and act on inequities, as there has only recently been an interest in LGBTQ+ population wellbeing (Campos, 2005). Having not grown-up in a rural community, I experienced significant learning from youth, as they shared their stories and experiences of hardships unique to residing in rural and remote communities.

3.4 Choice of Study Site

For this study, I chose to focus the population sample within two communities of Halton Hills. Halton Hills lies within the Regional Municipality of Halton, which also contains Oakville, Milton and Burlington. Figure 1 situates Halton Hills in relation to neighbouring towns. I specifically picked Halton Hills because it is geographically close to urban areas such as Burlington and Toronto, but distant enough from them in order to maintain a rural context.

For this study, I will use Statistics Canada’s definition of census rural, which is “…the population outside settlements with 1,000 or more population with a population density of 400 or more inhabitants per square kilometre” (Statistics Canada, 2008). Census rural is an appropriate
definition of rural for this study, as it includes populations who reside within areas that are
designated as census metropolitan areas (CMA), as well as census agglomeration (CA). To be
considered a CMA, a region must have a total population of 100,000 (Kitchen et al., 2012).
Similarly, for a region to be considered a CA, the region must have an urban core population of
at least 10,000 (Kitchen et al., 2012). When reviewing the initial populations of these regions,
one may consider them urban, and consequently discount them. However, 7% of the Canadian
population aged 18 and over are rural residents who live within a CMA/CA. Further, this group
represents 39% of all rural residents in Canada (specifically, 1.8 million people out of 4.6
million rural residents) (Kitchen et al., 2012). For this reason, the utilization of the definition of
census rural is justified and essential in understanding the population of this study (Kitchen et al.,
2012).

I decided to conduct research within a community in Southern Ontario because other
communities in Ontario, and especially Northern Ontario, offer a number of compounding issues
and experiences that require more in-depth analysis on commanding issues via specific case
studies. Some examples of these included important dialogues between Indigenous communities
and local and federal governments. For instance, intergenerational trauma is essential to consider
when reviewing community mental health in Indigenous communities, but may not be as
prevalent in non-indigenous communities. Halton Hills offers its population a uni-cultural
experience (Statistics Canada, 2016) Below I will expand on Halton Hills, and its internal
communities.
3.4.1 Halton Hills

Halton Hills is a town in the Regional Municipality of Halton, located in the northwestern end of the Greater Toronto Area, Ontario, Canada with a population of 61,161 (Statistics Canada, 2016). Land area is 276.25 square kilometres with a population density of 213.6 persons per square kilometre. In Halton Hills, the primary population centers are Georgetown and Acton. Beyond these centers, there are a number of hamlets and rural clusters, including Ashgrove, Ballinafad, Bannockburn, Crewsons Corners, Glen Williams, Henderson's Corners, Hornby, Limehouse, Mansewood, Norval, Scotch Block, Silver Creek, Speyside, Stewarttown, Terra Cotta, and Wildwood. Within Halton Hills there are a variety of natural features including the Niagara Escarpment, and the Bruce Trail. Many of these local features are protected by the Conservation Halton, Credit Valley Conservation & Grand River Conservation Authorities.
In 2013, a large outlet shopping mall (The Toronto Premium Outlets) was built (DeMontis, 2013). The combination of these features draws in a significant number of people from the surrounding Greater-Toronto Area, who may not have otherwise have been interested in visiting Halton Hills.

In Halton Hills, 86.0% of the population reported English as a first language, while 2.2% reported French only, and 10.7% reported a non-official language only, in 2011 (Statistics Canada, 2011). In comparison, the provincial / territorial percentages were 68.2% for English only, 3.9% for French only and 25.7% for only non-official languages. Beyond this, the Town of Halton Hills has placed significant efforts in maintaining and improving its population’s quality of life. For example, regional community developers have created an online social website to connect residents of the community to local resources, social groups, and happenings (<http://www.letstalkhaltonhills.ca/>). The implementation of this resource has allowed individuals with reliable internet access in these communities to engage in community events which they may have not previously been aware of. This website offers residents accessible information pertaining to community development initiatives, locally implemented rural policy, and information about public art. Further, the town of Halton Hills maintains a regularly updated Youth Program Calendar, where youth can find out about local events and ways to connect with their community. The calendar mainly includes community organizations which offer regularly scheduled programming for youth. Programming ranges from recreational activities to social support groups. Appendix 1 demonstrates the scheduled programming available in both Acton and Georgetown.

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1 These numbers have been rounded by Statistics Canada
Statistics Canada defines rural as the population outside settlements with 1,000 or more population with a population density of 400 or more inhabitants per square kilometer (Statistics Canada, 2009). Further, if a community has a rural definition but is surrounded by municipalities that are delineated as urban or rural, these communities should be defined as rural for the analysis of issues that are the responsibility of towns and municipalities. Due to these definitions, while Halton Hills has a large collective population, when we break down this population into individual geographic communities, both Acton and Georgetown fall under the category of rural by this definition.

3.4.2 Acton

Acton is located in the North-Western quadrant of Halton Hills. It is 65 kilometers west of Toronto, thus falls within the Greater Toronto Area. While geographically close to Toronto, a major center for business, culture, and education within southern Ontario, GO transit, the major facilitator of inter-city public transit in Southern Ontario only recently re-instated a regularly scheduled service between Toronto and Acton (Thomas, 2012). This reconnection provides a connection between Acton and downtown Toronto, but also supports individuals travelling between Acton and the Georgetown and Brampton areas (Thomas, 2012).

Presently, Acton has a total population of 9,462 (Statistics Canada, 2016). Further, the population can be broken down into 675 individuals between the ages of 10-24 and 650 individuals between the ages of 15-19. Considering these figures, it is important to note that between 2011 and 2016, the overall population in Acton has decreased by 0.5% (Statistics Canada, 2016).

Acton was settled in 1825 by the Rev. Ezra, Rev. Zenas, and Rufus Adams. From 1842 until about 1986, the town was a major center for the tanning and leather goods industry; in the early years, it was often referred to as “Leathertown” (Acton BIA, n.d.). Acton’s other
predominant industry is based on the Santec quarry, which has recently generated conflict within the community as it aims to extract more natural resources than Santec initially proposed (Stantec Consulting Ltd., 2008).

Acton District High School is the only secondary school in Acton, and it falls under the jurisdiction of the Halton District School Board. The total enrolment of this school is 502, which encompasses students in grades nine through twelve (Ontario Ministry of Education, 2016).

2.4.3 Georgetown

In 1781, the British government purchased blocks of land from the Mississauga Nation (Georgetown BIA, 2016). On January 1, 1974, Georgetown became part of the Town of Halton Hills. Georgetown is a community in the town of Halton Hills, Ontario, Canada and is part of the Regional Municipality of Halton. The town includes several small villages or settlements such as Norval, Limehouse, Stewartown and Glen Williams near Georgetown as well as another large population center, Acton, Ontario (Halton Hills Camber of Commerce, 2017). Georgetown is located in the eastern half of Halton Hills. It is 50 kilometers from Toronto, thus also belonging within the Greater Toronto Area (Halton Hills Camber of Commerce, 2017).

Connection to surrounding geographic communities is facilitated by GO transit. The GO Train arrived in Georgetown in 1974; the service has since expanded with a great deal of available parking at the Georgetown GO Station and frequent commuter trains on weekdays.

In 2016, the population of Georgetown was 42,123. This is an increase of 4.8% from 2011, which is in line with the current community planning strategy of increasing the population in Georgetown by 30% of the current population (Halton Hills, 2017). The population can be further understood when broken down into age demographics. In 2016, the Canadian census stated that there were 9,175 individuals between the ages of 10-24, and more specifically, there were 3,230 individuals between the ages of 15-19 (Statistics Canada, 2016). Currently, rapid
population growth, and infrastructure is being developed, mainly focusing on land use planning as well as watershed and natural resource usage (Halton Hills, 2017). The goal of this rapid population growth is to allow Georgetown to fulfill it’s vision statement “To be the new community of choice” (Halton Hills, 2017).

Georgetown has three secondary schools: Gary Allen High School, Georgetown District High School, and Christ the King Catholic Secondary School. Garry Allen High School offers curriculum for grades nine through twelve, and has a current enrolment of 205 students. This High School provides specialty programs for students across Halton District School Board, such as continuing education and life skills based education programs. (Ontario Ministry of Education, 2017). Georgetown District High School offers curriculum for students grades nine through twelve and has a current enrolment of 1653 students (Ontario Ministry of Education, 2017). Both Georgetown District High School and Gary Allen High School fall under the jurisdiction of the Halton District School Board. The Halton District School Board has a history of being hesitant when implementing programs that support youth who identify within the LGBTQ+ spectrum. With the implementation of GSA (Gay Straight Alliance, now more inclusively renamed gender and sexuality alliance) was initially opposed by the Halton Catholic School board when it was instated that every school needed to have one (Ostroff, 2015). Finally, Christ the King Catholic Secondary School is the only Catholic Secondary School in Halton Hills. This school offers curriculum for grades nine through twelve, and has a current enrolment of 1541 students (Ontario Ministry of Education, 2017).
2.5 Data Collection

2.5.1 Recruiting Participants

The body-mapping workshop itself was facilitated at an already well established youth group run in both Acton and Georgetown. This youth group occurs on a monthly basis, and is facilitated and funded by the Reach Out Centre for Kids (ROCK) and Positive Space Network (PSN). ROCK is a children’s mental health agency, serving youth aged 0-18 in Halton Region, Ontario. ROCK is the designated Lead Agency of child and youth mental health in Halton Region, as designated by the Ontario Ministry of Child and Youth Services (MCYS) (ROCK, n.d.). With locations in Acton, Georgetown, Milton, Oakville, and Burlington, ROCK provides inclusive, client and family centered, professional, high quality and accessible mental health care (ROCK, n.d.). PSN is a branch of ROCK, focusing specifically on improving the mental wellbeing of LGBTQ+ youth within Halton Region. PSN offers LGBTQ+ counselling and youth group services serving the Region of Halton, Ontario. Youth groups are run on a monthly basis by these organizations in order to provide a safe space for LGBTQ+ youth and their allies to meet each other, discuss issues within their community that they are facing, and gain emotional and peer support via mental health clinicians (PSN, n.d.). Participants in this study had all attended previous sessions, and had built a rapport with the group facilitators.

Inclusion criteria for this study was that participants must be between the ages of 13-18 and attend a high school within Acton or Georgetown. The study excluded students who live within surrounding urban communities such as Oakville, Burlington and Milton. As well, in order to be included in the study, participants were required to identify with any of the following groups: lesbian, bisexual, gay, transgender, gender non-binary, queer, two-spirited, asexual, intersex, questioning, and/or ally.
2.5.2 Sampling
The number of youth who qualified and also chose to participate in my research study was limited. I was told about these limitations by the ROCK and PSN facilitators prior to the initiation of the research. Due to the limitation of sample size, the study contains only 13 participants. When recruiting participants, I, along with ROCK and PSN relied heavily on convenience sampling. Convenience sampling is defined as “…a type of non-probability or nonrandom sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study” (Etikan et al., 2016). This method is well suited for research purposes, especially when the area of interest is on a sensitive issue as it may require information known to insiders on the issue in order to locate people for a study (Biernacki and Waldorf, 1981).

Youth participation was strictly voluntary and self-selected. Further, youth sampled were individuals who attend the ROCK and PSN youth drop-ins. Transportation is provided free of charge for youth attending these programs, as well as participation in these programs is free in an effort to reduce financial barriers for youth who would like to attend. These drop-in programs are advertised as both a LGBTQ+ event as well as a plain youth drop-in program, youth participating have the option of referring to the drop-in as either, in order to prevent ‘outing’ to friends and family if they’re not at that stage in their lives.

2.5.3 Data Analysis
During the facilitation of this program, notes on the conversations were recorded by taking physical notes in a notebook. As well, the researcher photographed the final result of the body-maps. Within the photographs of body maps, all identifying information was redacted in accordance with expectations set out by the Tri-Council Policy Statement: Ethical Conduct for
Research Involving Humans. Facilitation was carried out by the researcher as well as at minimum one other facilitator who has consistently worked with the youth in attendance throughout the youths duration of involvement with the program. Following the body mapping exercise, youth were lead through a de-briefing activity to alleviate any potential stressors that the exercise may have caused to re-surface or come to light for the participants.

During the body mapping workshop, a series of prompts were read to the youth, encouraging them to reflect and explore their experience. These prompts were utilized to address the research objectives. The soft script for these workshops is included in appendix two. Table 1 below indicates the different prompts utilized for this research project, as well as the individual research question that each prompt satisfies.

<table>
<thead>
<tr>
<th>Research question</th>
<th>Prompt</th>
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</thead>
<tbody>
<tr>
<td>To determine the pressures and/or experiences that rural LGBTQ+ youth identify as impacting their mental health</td>
<td>Trace the body of each youth in a pose or position that feels most reflective of their current mood. Draw a symbol or series of symbols or words about how you feel about yourself. Draw this surrounding your body map. Draw a symbol or picture of how you felt today before coming to group. Draw this over the hands on your body map. Write down the first three words that come to you when you think about your own sexual identity. Over your ears on your body map, draw or write something that you have heard at your school about people who identify as LGBTQQA+ at your school.</td>
</tr>
<tr>
<td>To determine where LGBTQ+ rural youth turn to for mental health support</td>
<td>Create a personal slogan, or a phrase that is important to you and your personal philosophy. Draw this over where your heart would be on your body map. Write a person, place, or thing that makes you feel safe when thinking about your own sexual identity, and draw or write it underneath those three words you previously wrote. Now on the legs of your body draw an activity that you like to do or wish that you could do in your community. On the feet of your body map, I’d like you to draw something that is especially important to you.</td>
</tr>
</tbody>
</table>
Lastly, draw on you body map anything that make it feel more like your own.

Table 2 provides a detailed explanation as to how each prompt was developed, as well as a justification for why it was important to include within the body-mapping workshop.

**Table 2: Prompt and justifications**

<table>
<thead>
<tr>
<th>Prompt</th>
<th>Prompt Justification</th>
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<tbody>
<tr>
<td>Trace the body of each youth in a pose or position that feels most reflective of their current mood.</td>
<td>This specific prompt was utilized in every body mapping facilitation guide that I came across, as it creates the distinction between the methodology of body-mapping from other arts-based approaches to data collection (Skop, 2016). In Skop’s 2016 study utilizing body mapping, she found that the position that participants chose to draw their bodies in on their maps provided deep insight into the lived experiences of the participant, and what they would communicate within their map. Body positioning within the maps was deemed so important by Skop that she utilized this prompt twice within the entirety of her workshop facilitation. It is important note that completing the tracing of bodies twice within the workshop was not feasible for my research project as Skop completed their facilitation with the same group of participants using bi-weekly session over ten weeks, while I completed mine within a one-time one hour session.</td>
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<tr>
<td>Draw a symbol or series of symbols or words about how you feel about yourself. Draw this surrounding your body map.</td>
<td>This prompt was utilized in order to develop a sense of understanding for how each participant viewed themselves. I believe this was especially important as I was completing phenomenological research, and thus wanted to ensure I had an understanding of the current lived experiences of the sampled youth when analyzing their body maps. While previous</td>
</tr>
<tr>
<td>Draw a symbol or picture of how you felt today before coming to group. Draw this over the hands on your body map.</td>
<td>A previous study reviewing the experiences of LGBTQ+ youth in rural schools in the United States found that these students are experiencing significant amounts of homophobia and verbal violence within their schools (Palmer et al, 2012). I chose to include this particular prompt in order to address the fact that most youth who attend the drop-in come immediately from their schools, which may have contained a negative experience, impacting their perceptions on their day.</td>
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<tr>
<td>Write down the first three words that come to you when you think about you own sexual identity.</td>
<td>Youth perspectives of their own sexual identity are recognized as significant, and indicative of their perspectives of their self (Filax, 2006). Building further on these internalized perceptions of identity, comes sexual capital. In Britzman’s 1995 study, he defined social capital as the process of normalization of heterosexuality within society (Filax, 2006). It also builds on this understanding by noting that the lived experiences within minority sexualities are often challenged by society, but individuals often still choose to honour their identity and face the risk of social ostracism (Filax, 2006). I included this prompt in my study in order to understand if participants have internalized heteronormative ideals about their sexuality, or if they have overcome these ideals in order to honour their identity.</td>
</tr>
<tr>
<td>Over your ears on your body map, draw or write something that you have heard at your school about people who identify as LGBTQQIA+ at your school.</td>
<td>Palmer’s 2012 study on rural LGBTQ+ youth in the United States found that 81% of rural LGBT students had felt unsafe at school during the past year because of their sexual orientation and gender expression. I included this prompt because I wanted to</td>
</tr>
<tr>
<td>Activity</td>
<td>Description</td>
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<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Gain insight on whether or not this was consistent with the experience in rural LGBTQ+ youth in Canada.</td>
<td>I decided to utilize this prompt within my body mapping workshop as it is a prompt which has been previously used, with much success. Specifically, Brett-MacLean completed a body mapping facilitation with HIV/AIDS positive individuals in 2009, and found that one of the most important symbols that researchers found within their facilitation of body mapping was the participants identifying a means of power and strength. I especially wanted to include this prompt in my body mapping workshop and research, as it allows the participants to reflect on something which empowers them and gives them a sense of achievement (Gastaldo, et al., 2012).</td>
</tr>
<tr>
<td>Create a personal slogan, or a phrase that is important to you and your personal philosophy. Draw this over where your heart would be on your body map.</td>
<td>I decided to utilize this prompt within my body mapping workshop as it is a prompt which has been previously used, with much success. Specifically, Brett-MacLean completed a body mapping facilitation with HIV/AIDS positive individuals in 2009, and found that one of the most important symbols that researchers found within their facilitation of body mapping was the participants identifying a means of power and strength. I especially wanted to include this prompt in my body mapping workshop and research, as it allows the participants to reflect on something which empowers them and gives them a sense of achievement (Gastaldo, et al., 2012).</td>
</tr>
<tr>
<td>Write a person, place, or thing that makes you feel safe when thinking about your own sexual identity, and draw or write it underneath those three words you previously wrote.</td>
<td>In her book, Belonging, hooks describes the importance of matching ones actions with their beliefs, as well as finding an environment where they can be their authentic selves. hooks further emphasizes that this sense of safety and thus belonging is essential in order to live ones best and most authentic life. In order to capture this idea within my body mapping research, I decided to utilize this prompt as it asks participants to reflect on something which makes them feel safe and welcome pertaining to their sexual identity.</td>
</tr>
<tr>
<td>On the legs of your body draw an activity that you like to do or wish that you could do in your community.</td>
<td>I decided to utilize this prompt as it asks the participants to specifically addressing the rural community that they live in. Further, this prompt asks participants to identify how they do or do not engage within their local community.</td>
</tr>
<tr>
<td>On the feet of your body map, draw something that is especially important to you.</td>
<td>I decided to utilize this prompt within the body mapping workshop and research as it allows the participants to identify and reflect on what is especially valuable to them.</td>
</tr>
</tbody>
</table>
Lastly, draw on your body map anything that make it feel more like your own

I decided to include this last prompt in order to directly encourage the participants to address any other aspects in their life that they felt were important to include. As this study is explorative and there is minimal current knowledge about the target population, there lies the potential that I would have missed items that are important to the youth within the study.

### 2.6 Ethical Considerations

In order to maintain research integrity throughout this study, I employed a series of steps and precautions throughout the data processing steps. Firstly, youth are required to complete a consent form which outlines the study and the activities throughout the study that they are invited to participate in. Youth are not required to provide parental consent, as they are deemed competent and able to provide their own consent. Upon providing written consent, youth will be invited to participate in the body mapping exercise.

After completing the body mapping exercise, participants were invited to speak about their body maps through the form of a de-brief discussion. I facilitated this de-briefing exercise, along with the ROCK and PSN facilitators. During this de-briefing exercise, no data was collected. Instead, this exercise was completed as a restorative measure for youth, who may have experienced difficult feelings while reflecting on past experiences throughout the body mapping exercise.

After the completion of the body mapping workshop and de-brief, I created a master list which states a code that corresponds to a body map and participant name. I then wrote the code on the top right corner of each participant’s body map. This was done to ensure that if youth would like to have themselves and their information removed from the research study, the
principle investigator or student investigator would be able to remove the participant’s body map from the study using the anonymized code. Body maps were then anonymized by physically redacting any identifying information. Specifically, any written/drawn information that identifies a youth’s age or geographic location was redacted. This was completed on site immediately after youth have left the drop-in location. Following this, I photographed each of the body maps, and these digital photos were taken and stored on an encrypted SD card. Immediately after this, I shredded the body maps on site. The encrypted SD card will be placed in the student investigator’s laptop that has been encrypted by the University of Guelph, and deleted from the encrypted SD card. The day following the body mapping workshop, I gave the master list along with the participant consent forms to the principle investigator, Dr. Al Lauzon to ensure confidentiality.

2.7 Data Analysis
Thematic analysis was utilized in order to create a succinct and coherent analysis of the body maps. Thematic analysis comprises identification of the main, recurrent or most important issues or themes arising in a body of evidence (Pope et al., 2007). Opler (1945) established three principles for thematic analysis. First, he observed that themes are only visible through the manifestation of expressions in data (Ryan et al., 2003). Second, Opler (1945) noted that some expressions of a theme are obvious and culturally agreed upon, while others are symbolic. Third, Opler (1945) observed that cultural systems comprise sets of interrelated themes. Themes come both from the data and from the investigator’s prior theoretical understanding of the phenomenon under study. A rigorous thematic analysis has the ability to produce trustworthy and insightful findings by summarizing findings from a large, diverse body of research. Themes are identified by reading and re-reading the included studies using comparative process and analysis (Pope, et al., 2007). While thematic analysis’ provide significant insightful findings within
qualitative research, the flexibility of thematic analysis is associated with a lack of transparency. This is caused by it often being difficult for the reader to be sure how and at what stages the themes were identified. It is also unclear whether the findings from thematic analysis should reflect the frequency with which each theme is reported or its explanatory significance. In order to complete the analysis for this research, I utilized the following steps:

1. Reviewed each of the body maps, to refresh my memory as to what each map contained.
2. Assigned each of the body maps a pseudonym, to personalize the maps instead of using their initially assigned codes, while maintaining confidentiality.
3. After this, I wrote a series of point form notes about each of the body maps, looking at the prominent items/ drawings/ words that appeared on each of the body maps.
4. I then reviewed each of the prompts given to participants throughout the body mapping workshop, and wrote the prompts beside each of the notes I had previously written.
5. I then asked myself, what are these individuals talking about within their body maps that are relevant to the research questions being asked. In answering this question, I utilized the notes I had previously written in order to create a narrative for each of the maps.
6. After this, I wrote down a theme or concept that each of the maps were individually addressing.
7. I then created a matrix table which included the anonymized codes for each of the body maps on one axis, as well as the themes which I identified in the previous step, on the other axis.
8. I then completed the chart, by identifying items in each body map which satisfied the essences’ of each of the themes presented.
9. Upon reviewing this chart, I recognized that there was only one body map which included the prominent theme individuality. I decided to re-analyze the map, and look to see if there was another theme that this body map was prominent. The technique I used to do this is winnowing, which is defined as a data reduction technique which is guided primarily by the need to address the salient evaluation question (Guest, et al., 2012). Winnowing is utilized in order to separate data that is significant from data which is deemed insignificant as it is either redundant, or does not offer any means of contribution to a qualitative data set (Chenail, 1995).
10. Upon further review of the chart, I recognized that there was only one body map which included the theme isolation. I decided to not utilize the winnowing technique for this theme, and instead keep it as a theme for the thematic analysis, as isolation was a key theme presented within the literature review for this study.
11. I then wrote narratives for each of the body maps collected within this study, focusing on the themes presented in the body maps as identified by the matrix chart previously created.
12. Upon review of the narratives, I described how each of the themes presented in each body map interacted with one another, potentially influencing the participant’s lived experience. This is also visually represented in a web diagram for each unique body map.
CHAPTER 4: FINDINGS

4.1 Introduction
The findings from this project are derived from the lived experiences of LGBTQ+ youth that reside in Acton, Georgetown, and the surrounding region in Southern Ontario. This findings chapter is divided into two sections, the first being the preliminary analysis, and the second being the narratives of each body map. Within the preliminary analysis, I identify each of the major themes which are presented in the body maps, as well as describe them via their essence, and overall trends for the theme within the maps. In the narrative analysis, I describe each of the body maps, focusing on how each of the themes intersect with one another in order to further understand how the lived experiences of each participant impact their perspectives on their current life course.

4.2 Preliminary Analysis
Below I will identify the six themes that presented themselves throughout the body maps upon an initial analysis of the maps. Under each theme, I identify its essence, and how I created a distinction between each individual theme. I utilized thematic analysis in order to identify each of the themes presented in the preliminary analysis.

4.2.1 Resilience
In order to capture the essence of the theme of resilience, I turned to social science and public health researchers to offer concrete definitions and examples of it within prior research. Predominantly, resilience is understood as a way in which individuals interpret and adaptively respond to the discrimination that they may encounter as members of marginalized groups (Wexler et al., 2009). Delving deeper into the essence of resilience, we can understand the way in which participants use resilience as a way to cope with their daily struggles. Specifically, we understand that resilience is often conceptualized as a result of a blend of discrete risk and
protective factors wherein “risk” factors are experiences of acute hardship (e.g. victimization) or forms of sustained stress that have been associated with ‘poor’ health outcomes (Wexler et al., 2009). Tools of resilience are then utilized by individuals in order to resist these “poor” health outcomes (Wexler et al., 2009). Erikson proposed that in order to foster a sense of psychological endurance within the life course, they need ideological guides to make sense of all that occurs around them (Erikson, 1968). Though we have these facts, it is important to note that resilience patterns for sexual minority youth is consistently understudied, and thus there are minimal concrete trends to draw from when generating a generalized guide to studying patterns of resilience (Russel, 2005).

4.2.2 Community Support

Concepts of community support delve specifically from research within program evaluation. Specifically, in individuals studied using the Bradburn Affect Balance Scale, which uses participant lived experience to measure quality of life, demonstrates that quality of life is directly relative to community support (Baker and Intagliata, 1982). This scale demonstrated that community support is often used as a key indicator to investigate quality of life within populations experiencing otherwise poor health status. Thus, community support is a key area to consider when reviewing participant mental health. Community support within the LGBTQ+ community is especially significant, as it often provides a means of survival to individuals struggling significantly in other facets of their lives. Specifically, in a longitudinal study conducted by McConnell et al. (2016), they found that LGBTQ+ youth who have weak community support are more likely to be heavily impacted by psychologically distressing events, when compared to individuals who have strong community support. In this study, community support was described as having individuals to talk to, having family that actively helps them, and having people who they can share joys and sorrows with (McConnel et al., 2016). These
characteristics outline the essence of community support. Within the body maps, there were a significant number of participants who referenced community support, demonstrating it to be an important element in the participants’ lived experience. Community support within the body maps were expressed in a variety of platforms, such as online or in person. As well, community support derived from a variety of sources such as religion, friends, and chosen family.

4.2.3 ‘Out’ and Visible

One of the very few previously conducted research articles discussing LGBTQ+ identity and rural youth, describes identifying as LGBTQ+ as an important first step in locating supports and finding a supportive community (Hulko et al 2018). Specifically, this study found that “geographic location plays a role in identity formation and community building” (Hulko et al., 2018). Being out within LGBTQ+ was used as a means of claiming space within their geographic community, as well as claiming space as a member of the LGBTQ+ community (Hulko et al., 2018). Being comfortably “out,” or being comfortable telling others about ones sexuality is a key step in developing a community. Due to the fact that support services and networks for LGBTQ+ communities are not always available in rural and remote communities, youth often find themselves hyper-expressing themselves in their sexual identity in order to develop community (Poon et al., 2009). Within the body maps produced in the workshops, participants consistently included their sexual identity on their body map, citing it as a significant part of their personal identity. Stating one’s sexuality on their body map was a common trend through the collection of maps. This repetition demonstrates the significance that sexual identity holds for the participants who engaged in the workshop.

4.2.4 Self Care

The concept of self-care is a recent addition to the discussion on community mental health, and improving ones overall mental wellness. Self-care, which has been defined as
encompassing autonomous management of self as well as the capacity to attend to one’s broader psycho-social needs (Aujoulat et al., 2014). Particularly, self-care requires individuals to hold the motivation to initiate and maintain self-management behaviours. Self-care is often completed by individuals as a response to negative life-events, or to maintain or improve a current status of wellbeing. Self-care is often synonymous with mental health in an adolescent perspective and opinion (Shumow et al., 2009). This being said, individuals of higher socio-economic status are more likely to engage in self-care, often making it inaccessible to individuals of low-socio-economic status (Shumow et al., 2009).

Within the body maps developed in the workshops, self-care was often represented using an arts-based activities, for example participants reference drawing, art, and making music. These items allow for participants to engage in a creative outlet to further process their emotions and experiences. It is also interesting to note that participants used activities that they can complete for self care individually. Further, these activities were independent of geographic area, and their rural experience did not hinder their ability to engage in them.

4.2.5 Isolation

While isolation only occurred once as a theme in the body maps, social isolation was a prevalent theme within the literature, which is why I am choosing to keep it as a theme. Social isolation is defined as “the possession of few social identities. Social identities (enacted in role relationships) give meaning and guidance to behaviour, and thus should prevent anxiety, depression, and disordered conduct” (Thoits, 1983, p.174). This is significant, as the social isolation hypothesis, first developed by Robert Faris in 1934 suggested with respect to schizophrenia that "any form of isolation that cuts the person off from intimate social relations for an extended period of time may possibly lead to this form of mental disorder” (Thoits, 1983). Previous literature has stated that social isolation is a product of the LGBTQ+ youth’s experience
in trying to hide sexual orientation from other members of their local community in order to avoid being “found out” (Isaac and Herringer, 1998). Furthermore, social isolation stems from societal allowance for homophobia (Peters, 2003). There was only one body map whose theme is isolation. However, the experiences described in this body map are inconsistent with the literature on current understandings of social isolation within LGBTQ+ youth as described above. The participant identified that they have a community of support, but experience isolation regardless of this support. Within their local community, this participant did not describe themselves as hiding their identity. While only one participant’s body map had a major theme of isolation, many other body maps within the study did reference feelings of isolation.

4.2.6 Emotion

Emotional development within adolescents is described by Erik Erikson to contain a ‘storm and stress’ period during which adolescents experience turmoil and difficult in creating their personal and emotional identity (Shaffer et al., 2005). Storm and stress is a key period within emotional development in adolescents, as it defines how adolescents emotionally react to situations which are presented to them (Shaffer et al., 2005). For youth with same-gender attractions, their psychosocial development is compounded by the fact that they have a whole range of complex developmental tasks to resolve, specifically pertaining to forming their understanding of their own sexual identity (Campos, 2005). Within the body maps, positive emotion often intersected with themes of resilience, and contrasting this, negative emotion often intersected with a lack of resilience or self care identified within the body maps. Again, the themes identified in grey may be present in the body maps, but due to the fact that these themes are not perceived as connected and influenced by other themes, they are not highlighted in the figures.
4.3 Narrative Analysis of the Body Maps

In order to produce a succinct narrative analysis, I have associated the narrative analysis of each body map with one of the six themes previously described. These themes were chosen as they were identified as the most important theme for each participant and the experiences they included in their body maps. I also assigned each of the authors of the body maps a pseudonym in order to protect their identity, as well as ensure that the data remains personable throughout analysis. In order to maintain the visual nature of this research study, I also included a visual diagram of each of the themes that each participant addressed within their body map. The purpose of this diagram is to assist in the reader's understanding of the ways that the identified themes interact with one another. The orange bubbles represent themes identified within the body map that are connected to other themes. The grey bubbles represent themes which are not connected to other themes within the body map.

4.3.1 Resilience

Adrian (A001)

Through this body map, Adrian tells a story of resilience, and acceptance. Adrian did not specify if they use male or female pronouns, thus I will respect them by using gender neutral pronouns (they/them) throughout their narrative. Upon an initial first glance, what sticks out to me most is the word “STRONG” written over the abdomen of the body. The participants were prompted to write words that they would use to describe themselves on their body map, and it is interesting to note that the only three words Adrian chose to use are “strong,” “open” and “funny.” The theme of strength and in turn, resilience continues through the body map, where Adrian presents two conflicting ideas over the ears of the map. They write “fags will burn in hell” and “It’s fine to be who you really are” beside the head on their body map. The prompt for this area around the ears on participant body maps was to write things that they have heard.
around their school pertaining to gender and sexual identity. The fact that Adrian chose to write both a positive, and negative thing that they have heard in their school environment, while placing significance on the positive item demonstrates another element of strength and resilience. This shows that Adrian, while experiencing homophobia, has the capacity to focus on the more accepting and loving environments and experiences that they have had.

The capacity for resiliency in this context of homophobia that Adrian expresses is important in maintaining good mental health. In order to achieve good mental health, the participant outlines two key sources of support as “Jude” and “My friends.” Jude is the Positive Space Network (PSN) facilitator, and has acted as a mentor for Adrian in the three months that they have known each other. This likely demonstrates the connection between the themes resilience and community support, wherein community support is vital in the maintenance of resilience for Adrian. Building on this connection, the theme of emotion is also likely influenced by these connecting themes as positive emotion within Adrian is dependent on positive community support and resiliency strategies. The prompt for the feet of the body maps were “people, places, or things that make you feel safe and grounded.” Building on this theme of resiliency, Adrian chose to reference the Unitarian Church over the heart of their body map. Unitarian Churches have often been referenced as a place where “anything goes” and “everyone is accepted.” This is significant as it offers its members a safe place where they can come as they are, and experience spirituality without fear of judgment or exclusion based on their identity, beliefs, or the way that they present themselves to their community. Specifically, this church offers individuals who identify within the LGBTQ+ community a place to experience spirituality, and consequently, develop tools in establishing resiliency. The body map does not explore a timeline of when the participant started attending the Unitarian church, nor did I ask
the participant this at the time of the workshop, so I cannot assume how significant of an impact
the Unitarian church has had on building the long-term ability to experience resiliency for
Adrian. However, it is significant to note that the participant chose to include this in the heart of
the body map, where the prompt asked participants to “think about a personal slogan (e.g. a
statement, a saying, a poem, a song, a prayer, something you say for yourself) that describes your
philosophy of life or your current thinking about your life.” In following the prompt, Adrian
explains just how valuable the core pillars of the Unitarian church has been in creating a sense of
spirituality within their life course thus far.

Adrian also explores their current emotions and feelings within their body map. The face
on their body map is drawn as a smiling face, with tears falling from the eyes. I also asked
Adrian if they cared to explain this to me during the body mapping workshop. They started with
explaining that it was “the laughing crying emoji,” an item from communicating on social media.
But they continued to build on this explanation by saying that they would often feel like laughing
and crying whenever they heard people at their school talking because of how ignorant they
acted and spoke. This example demonstrates the connection between the themes of resilience and
emotion for the participant, where reliance is required to handle negative emotions and focus on
the positive.

Throughout the body map, Adrian chose to repeatedly write the word “Boys.” When I
asked Adrian about this during the body mapping workshop, they explained that they identified
as gay, and were just expressing this in their body map. I think its interesting to note the
repetition of the word boys throughout their body map. Does Adrian feel the need to constantly
remind people of their sexuality? Is Adrian looking for validity within their sexual identity?
Within the repetition of the word “Boys,” and the motif of them discussing their sexuality, I
believe it is plausible to say that Adrian looks at their sexuality as a significant portion of their personal identity, and how they interact with the world around them. If this is true, then experiences of homophobia and exclusion will have a significant negative consequence for their personal identity. This further demonstrates the significance of traits such as personal strength and resilience in order to maintain mental wellbeing. Further, this demonstrates the connection between the two themes of resiliency and being out, as Adrian utilized strategies of resilience in order to remain out and visible, despite experiencing homophobia.

On a final note, it is interesting to note that “art” is written on the legs, which the prompt was “activities that you enjoy doing.” Art, while vague, is significant as it offers youth a means to explore emotions, feelings, and values.

**Figure 2:** Adrian’s thematic analysis

![Adrian’s thematic analysis](image)

Figure 2 depicts a map illustrating the connections between themes presented in Adrian’s body map. This image demonstrates that all themes presented in Adrian’s body map connect with resilience. This further demonstrates why Adrian’s body map was associated with the theme resilience. When delving further into this map, the relationships between themes become clearer. Adrian’s body map demonstrates that they likely utilize the theme of resiliency in order to
develop and maintain positive emotions. This is demonstrated when they write “fags will burn in hell” as well as “it’s ok to be who you are” in response to the prompt addressing things that they have heard at their school pertaining to gender and sexual diversity. The ability to retain and focus on positive experiences is demonstrative of having resiliency skills. This also highlights the connection between resilience and community support within Adrian’s body map. Adrian identified that one of the facilitators from PSN acts as a source of support, and allows them to feel grounded within their community. The inclusion of a PSN facilitator as an individual who provides support and grounded-ness to Adrian strengthens the belief that Adrian relies on elements of community support in order to maintain resiliency through difficult experiences (for example, homophobia).

It is important to note that the themes of being ‘out’ as well as self-care were evident within Adrian’s body map. However, I could not infer any specific connections between these themes and others within their map.

Ellis (G004)  
The theme of resilience and self-care is emphasized in this particular body map. Ellis uses gender neutral pronouns (they/them), and I will respect them by continuing to use their pronouns throughout this narrative. Ellis included an outdoor camp as the heart of their body map. This suggested that Ellis places significant personal value on this camp, as the prompt for the heart asked participants to consider their personal values. Further, this suggests that the camp, or the outdoors, is a place where this participant feels comfortable and welcome.

Building on the idea of safety within this body map, Ellis also drew a house, with a light and wrote “Chosen family” and underneath wrote “DIY Home” and “MAKE SHIPS OUT OF RUINS.” It is important to note that these ideas were not included in the initial list of prompts,
however, Ellis chose to include them. This chosen inclusion demonstrates that Ellis feels that the idea of chosen family is essential in understanding their life course experience. Chosen family demonstrates resilience within Ellis, as they have gathered their own means in order to find a supportive group of people to hold close and find support. It is also interesting to note that though the body map is exceptionally detailed, Ellis did not mention their biological family. While I cannot be certain, the lack of mention does suggest that Ellis is not close with, or does not find support within their biological family. Furthermore, the inclusion of the words “MAKE SHIPS OUT OF RUINS” within this context, suggests that the participant may have had a negative experience with their biological family “RUINS” but found it within themselves to take this experience, and find strength within a chosen family “SHIPS.” Without asking the participant specifically about this instance, I cannot be certain that this is their experience. For instance, they may have experienced re-negotiations with their family pertaining to their connectedness and involvement. However the severity, this participant has demonstrated some inner turmoil with relationship to their family of origin. This participant also demonstrates resilience in their map through the words “no surrender” on their arm, as well as “grief” and “memories.” These words collectively signify a previous experience wherein this participant likely experienced adversity and struggle, but chose to rise and continue to live their life in a way which best suited their needs. These two examples demonstrate the significance that community support has on resilience and it’s development for Ellis.

Further, Ellis included a series of media on their body map: “Twilight Zone,” “Buffy,” “X-Files,” “Six Feet Under,” and “Outer Limits.” This collection of television shows offers insight into the kinds of things that Ellis enjoys spending their leisure time on. This demonstrates the potential for connection between the theme of isolation and self-care, where
this instance of self-care is individualized and something that Ellis can complete by themselves. Further, these items may offer Ellis the ability to re-centre or take their mind off of negative experiences that they have alluded to within their body map. Considering this further, it is important to consider why the activity of watching films is prevalent within Ellis’s map. For example, Ellis may experience alienation from their local community, and thus feel the need to resort to individualized activities as they don’t have a strong peer group. Contrasting this, Ellis also may have a strong fascination towards cinematography, and have interest in this as a hobby or career path. Without specifically asking Ellis these questions, I cannot be certain of the strength and importance of individualized activities within their body map. However, I do believe it is important to note the trend of individualized activities within Ellis’s body map. Ellis also drew themselves holding onto a leash with a cat. This may be their pet, and may also offer them support and solace in times of negative emotion. The combination of television shows and a pet demonstrates a potential self-care plan for this participant, and demonstrates the ways in which they maintain their mental wellness. If this is true, it is interesting to note that these are not dependent on their geographical environment, and rather things that they can readily access inside their home.

The body mapping workshop that this map was completed at occurred just before halloween. This may have influenced the motifs present within this body map, including the ghosts and pumpkins surrounding the body, and the horns, unusual eyes, tail, and hoofs on the body. Further, though Ellis did not have medium length blue hair, yet they chose to include this in their depiction of themselves. Though the justification of halloween-type motifs feels like an obvious choice, it is important to delve further into the repetition of this motif within this body map. On the ghosts, Ellis wrote “Intergenerationality” and “Ancestors.” The imagery of
including these thoughts over the shoulder of the body suggests that Ellis feels that these ideas are constantly looming. Connecting this idea to the previous mention of chosen family, the inclusion of this idea suggests that Ellis may find negative experiences with their biological family. The thought that Ellis’s ancestors, or biological family may have negatively impacted their life is further illustrated by them choosing to write these words in ghosts, a traditionally negatively viewed image.

It is important to note that beyond the heart, Ellis did not follow the prompts provided in the body mapping workshop. I did not have the opportunity to ask Ellis why they chose not to do this. However, I believe that it is important to note that regardless of the dismissal of the prompts, the participant included a significant amount of information and insight into their experiences.

**Figure 3**: Ellis’s thematic analysis

![Diagram showing thematic analysis](image)

Figure 3 depicts a map illustrating the connections between themes presented in Ellis’s body map. The theme of resilience was the most prominent theme within Ellis’s body map, as
the reputedly referenced negative experiences, but framed these experiences in a positive perspective (ie: “Make ships out of ruins).

When delving further into Ellis’ body map, the relationships between the themes they addressed become apparent. Ellis demonstrates a strong connection between community support and resilience, with their image about chosen family. As discussed previously, Ellis’s discussion about chosen family is followed with the phrase “Make ships out of ruins” demonstrating that they have utilized strategies of resilience in order to develop a means of community support. Ellis also demonstrates a strong connection between the themes of isolation and self-care within their body map. All of the instances of self care that Ellis described in their body map, such as watching films, are activities that they can do on their own. This shows that Ellis may not be reaching out to their community in order to access self-care. From this I cannot infer whether or not the opportunities and infrastructure is available for Ellis to gain access to self-care from their community. However, it is significant to note that whether or not these structures are available, Ellis is accessing individualized, and potentially isolated methods of self-care.

4.3.2 Community Support

Aubrey (A004)

This body map, while sparse, initially seemingly unthematic still offers an introspective look at this participants lived experience. A good place to start with this body map is the writing over the heart where Aubrey wrote “Support your local girl gang.” This phrase is commonly used within LGBTQ+ and feminist social media users. This suggests that Aubrey utilizes LGBTQ+ and feminist spaces on social media in order to share ideas with others, and embody what is said. Specifically, the fact that Aubrey used this phrase over the heart of their body map is important to note as the prompt for this section asked the participants to write a personal slogan saying or something that they strongly identified with. While this phrase suggests feminist
ideals, it is important to unpack further, specifically asking why Aubrey may be internalizing internet culture. From this, I found myself spiraling into a series of questions. Has Aubrey internalized ideals from the internet? Does she use these ideals to define her identity? How does Aubrey gain support from these ideals? Further, I find myself asking if feminist circles within social media is a place wherein Aubrey experiences emotional and social support.

Building on this need for support, the three words that Aubrey chooses to write about her sexuality are: “Confusing. Boys? Girls?” This suggests that Aubrey is unclear of her own sexuality, and what she identifies as. In order to navigate this, it is essential that Aubrey, or any individual navigating this, has a strong sense of support in a community. Furthermore, the participant may be confiding in this feminist, social media community, in order to find support through the course of understanding their own sexual identity. Thus, feminist social media has the potential to become increasingly important to this participant. This is a key example of the connection between the theme of community support and being out and visible. Aubrey is relying on community support from feminist media in order to feel confident and visible in the LGBTQ+ community.

This is especially interesting, considering the prompt for the feet of the body map was “On the feet of your body map, I’d like you to draw something that is especially important to you. For example - It can be a friend, pet, relative, hobby, food – just something that makes you feel good.” This shows that hair, a means of expression, is especially grounding to Aubrey, and suggests that for her, hair is more than a superficial item, and rather, holds significant personal value. As well, Aubrey repeated this theme within their body map by also specifying “hair dye” on the chest of their body map as well. This suggests that for this participant, physical expression is achieved through hair.
Aubrey wrote the words “Large and in charge” over the stomach of her body map. The use of this statement is interesting to note as it provides significant information about her once ‘unpacked.’ This quote shows that Aubrey acknowledges her body as ‘large’ or taking up more space within her environment in comparison to her peers. The addition of the words “in charge” suggests that Aubrey thinks positively about her body as she is in control or ‘in charge’ of a situation, perhaps her own bodily autonomy. The use of the word “and” combines these two ideas, suggesting that Aubrey believes that these two identities can, and do co-exist. Holistically, this example exemplifies true body-positivity.

Building off of the previous discussion of support, and finding supports in their community, Aubrey readily discusses homophobia in her body map. When I gave the prompt for participants to write something that they had heard, either positive or negative, about gender and sexual identities within their schools, Aubrey immediately came to me and asked if it was alright to only write something negative because she “only hear negative things about gay people at school.” Aubrey wrote “That’s disgusting” in reference to what she had heard others say about diverse sexual identities. This writing, as well as commentary provides deep insight into Aubrey’s lived experience pertaining to homophobia. Further, this significant exposure to homophobia may create a significant need within Aubrey for finding and maintaining a welcoming community towards her explored sexual identities.

With regard to activities, it is interesting to note that “FOOD” and “SLEEP,” both individual based activities are the only items that this participant is interested in engaging with beyond “Hair.” These activities do not have a strong tie to the participant’s physical community, which may suggest that the participant does not have a strong personal connection to their geographical community. If this is true, it further demonstrates the importance that this
participant seems to place on social media based communities. This example demonstrates a connection between the themes self-care and isolation as Aubrey practices self-care in isolated environments.

**Figure 4:** Aubrey’s thematic analysis

![Thematic Analysis Diagram](image)

Figure 4 depicts a map illustrating the connections between themes presented in Aubrey’s body map. Aubrey’s body map was very interesting as it was the only map to come from the body mapping workshops which addressed all six themes. I ultimately decided to associate Aubrey’s body map with the theme of community support due to the fact that she internalized internet culture (which is coded as community support) and displayed this internalization throughout her map and on the heart of her body map.

When delving further into Aubrey’s body map, the relationships between the themes she addressed become apparent. In her map, the themes of emotion and resilience are clearly evident through the phrase “large and in charge.” This phrase demonstrates that Aubrey has the capacity to be resilient and surpass societal norms that often view ‘large’ bodies negatively. This example clearly demonstrates Aubrey’s positive outlook on her body. Another connection between themes in Aubrey’s body map is with regard to community support and being ‘out’ and visible.
wherein Aubrey demonstrates that she has internalized and reproduced ideas from online queer activist social media platforms in her map. This occurs where Aubrey wrote “Support your local girl gang” on the heart of her body map. Further, in response to the prompt asking participants to state how they feel about their sexuality in three words, Aubrey wrote “Confusing. Boys? Girls?” The combination of these two phrases is significant, as it suggests that while Aubrey is uncertain about her sexual identity, she is likely accessing support from an online feminist community.

Another trend identified in her map is between the themes isolation and self care. While Aubrey engages in self care activities such as “Food” and “Sleep” these are both activities which are often individual, and not dependent on local community.

4.3.3 ‘Out’ and Visible

Lennon (A006)

The theme of this body map becomes very apparent upon a first glance. Lennon chose to write and draw about her sexuality on almost every part of her body map. Centrally, Lennon wrote the word “Girls” in the heart of her body map, answering the prompt of “a personal slogan (e.g. a statement, a saying, a poem, a song, a prayer, something you say for yourself) that describes your philosophy of life or your current thinking about your life.” This suggests that Lennon views her sexuality as a key personal identifier, and is thus central to her being. This is repeated on the outside of her body, where she writes the word “Girls” with a heart. Again, this is amplified when Lennon writes “GAY” on her hand, where the prompt was to write an emotion or feeling that they experienced during the day. This specifically generates a number of questions as I begin to analyze this map. Is Lennon taking this exercise seriously? If so, is “gay” an all encompassing emotion for her? Does she see herself as anything beyond her identified sexuality? Is her sexuality the most important identifier that she has? Why?
Homophobia and transphobia appear on Lennon’s body map when she writes “There are only 2 genders” around the head of her body map. This was written in response to the prompt “write something positive or negative that you have heard people in you school say about sexual and gender identities.” The fact that Lennon wrote this quote in a bubble surrounding her head is quite curious. It makes it look as though this homophobic statement is all encompassing of her mind-space. Combining this thought with the previous over-compensation of sexual identity, perhaps Lennon is overtly explicit of their sexual identity because it acts as their method of coping with overt homophobia that they have experienced. This would also explain the choice in drawing a “middle finger” on the hand of her body map, as it demonstrates a reason as to why Lennon may feel the need to be aggressively defensive over herself. These illustrations combine to demonstrate a connection between resilience and being ‘out’ and visible, where Lennon has to remain resilient against homophobia in order to embrace her identity.

Another interesting note on this body map is Lennon’s choice of writing the word “GAY” with an arrow, pointing to the genital region on her body map. The motif of adding sexual identity surrounding the genital region is interesting to note because it suggests that sexual identity for Lennon is emphasized by sexuality in itself, rather than other experiences they have had pertaining to her sexuality. This asks the question of whether or not Lennon thinks that their sexual identity is only with regard to sexuality, rather than the lived experiences of someone with a marginalized sexual identity. For instance, the development of a queer community, or educating others on their identity, or exploring the lived experience of themselves and others in the queer community.

Continuing with the repeated theme of stating their sexuality, this participant wrote the words “THE HOMOSEXUAL” on the arm of her map, as well as “THE FORCE OF
GAYNESS” on the abdomen of their map. Both of these words were written in rainbow colours. These phrases further identify this student as a member of the LGBTQ+ community. As well, the consistent use of them illustrates that this participant is comfortable with, and expressive of her identity. This acts as a specific example of the connection between the theme of being out and visible and community support as Lennon identifies her community as LGBTQ+, and actively seeks recognition from this community through openly and aggressively illustrating her sexual identity.

The three words that Lennon chose to write about herself are “Pretty Heckin’ neat.” These words are indicative of an influence from current internet culture, as this is a common phrase used on social media sites such as tumblr and Instagram as a means of positive reaffirmation. The use of phrases common in internet culture is important to note, as Lennon is taking phrases from social media, and using it as her own, in order to create an identity for herself. This can be problematic, as Lennon may be giving up her own agency of self-determination to that of internet culture.

**Figure 5:** Lennon’s thematic analysis
Figure 5 depicts a map illustrating the connections between themes presented in Lennon’s body map. Two major connections within Lennon’s body map are facilitated through the theme of being ‘out’ and visible. Further, Lennon’s being out connects her to sources of community support and resilience, causing these three themes to work cyclically.

When delving further into Lennon’s body map, the relationships between the themes she addressed become apparent. The connection between the themes resilience and ‘out’ is demonstrated by Lennon’s phrase “Pretty heckin’ neat” when writing three words to describe how she see’s herself. This language is common on internet platforms such as Instagram and tumblr, wherein youth can access support from an online feminist community. Further, this demonstrates that this community support has given them the language that they use to describe themselves in a positive perspective. Another connection occurs between the themes of community support and being ‘out’ in Lennon’s body map when she writes “THE FORCE OF GAYNESS” to describe her sexuality. This demonstrates that Lennon uses her sexual identity and the community that goes with it in order to describe herself. A final connection between themes within Lennon’s body map occurs between the themes emotion and community support when Lennon wrote “There are only 2 genders.” This phrase was in response to the prompt addressing things that participants had heard in relation to gender and sexual identities in their school. In combination with the previous example, and overwhelmingly present sexual identity that Lennon includes, positive community support is demonstrated by this example as Lennon is able to overcome the lack of community support in their school, and maintain a positive emotion about their sexual identity.
While Quincy did not choose to complete their body map, there are a number of significant items to take away from it. Quincy used gender neutral pronouns (they/them) while participating in the workshop, so I will respect this as I write their narrative. Upon an initial look, the positioning of the body map on the page stands out to the viewer. Quincy chose to draw their hands over the head in an open and relaxed position, signifying comfort. Though through interpreting the body map, I cannot be certain if this comfort is with themselves, their body, or their surroundings. Building on the outline of Quincy’s body map, it is interesting to note the detail that they and their peer put towards the outline of Quincy’s boots. In comparison, most other body maps from these workshops chose to just create a loose outline of the feet of the participants rather than trace out the exact outline of footwear. This suggests that Quincy values their outward appearance significantly. Building on this idea, Quincy also drew in full lips on the face of their body map, further emphasizing the importance of outward appearance they hold. On the heart of Quincy’s body map, they wrote “Self-care isn’t selfish.” This phrase is significant as it demonstrates that Quincy values maintaining their own mental wellness, and is willing to participate in activities in order to ensure their mental wellness. This example demonstrates the connection between the themes reliance and self-care, as Quincy seems to choose to engage in activities which help them achieve emotional balance, and are firm in their understanding in the importance of doing this. Further, the emphasis on self care not being selfish emphasizes that Quincy views self-care as an important task, and something that people should not feel guilty for participating in.

On the mouth of the body map Quincy drew a speech bubble with the phrase “@ me bih” which is a phrase commonly used by youth on social media as a rhetoric to individuals saying things about another individual in an indiscrete format. Basically, Quincy is inviting
confrontation from individuals who have said something negative about them, in order to ‘settle’ a dispute. This example demonstrates a connection between the theme of emotion and resilience as Quincy is firm in their beliefs and willing to confront those who disrespect them.

Finally, it is interesting to note that Quincy wrote “V GAY” over the entire abdomen of their body map. This suggests that Quincy sees their sexual identity as a significant part of their personal identity. Perhaps Quincy views it as the most important part of their identity, as they chose not to include any other verbal descriptors about themselves within their body map.

**Figure 6:** Quincy’s thematic analysis

![Thematic Analysis Diagram]

Figure 6 depicts a map illustrating the connections between themes presented in Quincy’s body map. It is important to note that within Quincy’s body map, being ‘out’ does not influence other themes. However, I chose to associate Quincy’s body map with the theme of being ‘out’ because of the words “V GAY” that Quincy drew over their map which acts as an overwhelming expression of their identity.
When delving further into Quincy’s body map, the relationships between the themes they addressed become apparent. The only prominent connection between themes in Quincy’s map occurs between the themes resilience and self care. This is evident when Quincy wrote “Self care isn’t selfish” in the heart of their body map. This phrase indicates that Quincy utilizes self care strategies, and is firm in their belief that self care is important to their wellbeing. This belief demonstrates resiliency within Quincy, because they have the capacity to identify the importance of self care in relation to their wellbeing, as well as in identifying that they are not a burden for meeting their own needs.

4.3.4 Self Care
Rowan (A005)

In her body map, Rowan strived to replicate her sense of individuality in her map. This is immediately brought to the viewers attention through the three words that Rowan chose to describe herself as “Quirky as Charged.” Initially, this caused me to place this body map within the category of ‘individuality’ rather than ‘self care.’ I eventually decided to remove the theme of individuality altogether and instead placed Rowan’s body map in the self care category as upon further review, her map illustrated significant core concepts of self care. As well, there were no other maps which presented the theme of individuality. The phrase “Quirky as Charged” is interesting, as it suggests that Rowan recognizes her uniqueness, but also cherishes that trait about herself. This self-love is further exemplified within the feelings that Rowan has written on the hands of her body map, wherein she wrote “CUTE” and “BITCHIN.” These adjectives, however vague, offer a sense of empowerment to the individual claiming them as their own. Self-love and empowerment are key elements in developing a capacity for resiliency.

Resiliency is essential in maintaining good mental wellness, especially when the surrounding community is homophobic and unwelcoming to sexually diverse populations. In
response to the prompt addressing what participants have heard people in their school say about sexual and gender diverse identities, Rowan wrote “THAT’S DISGUSTING” and “BUT WHY?” Both of these statements are demoralizing, and dismissive to sexual and gender identities. Having people constantly question or demean one’s identity has the potential to cause for feelings of exclusion and unwillingness to try and connect through other facets within the community due to this exclusion. Without speaking to Rowan directly about her experiences with community exclusion, we cannot know her lived experience for certain. However, we do know from her body map that she does not identify strongly with their local community as she drew their favourite activities to do within their community as “EATING” and “SLEEPING.” Both of these activities are individually based, and not strictly regulated by the geographic community. Further, these activities are not reflective of Rowan's initial personal identification as “Quirky.” This begins to ask the question of whether or not Rowan’s local community is stunting her potential to be her unique self. The lack of connection with local geographic community is further amplified when Rowan writes “my happy place” and a drawing of her bed. This is a place that is isolated, and disconnected from the local community. This example demonstrates the connection between the themes isolation and self care, as Rowan only explains her methods of self care as instances of isolation. The instance of isolation in Rowan’s body map is significant, as it demands clarification for why Rowan is “happy” on her own, and why she seems to engage in this isolating behaviour. For instance, is she feeling alienated from her community? I was unable to speak with Rowan specifically about this question, and thus cannot generate specific inferences for this question.

Another interesting theme that Rowan created on their map is repeated references to her sexuality. The three words that Rowan chose to write in regard to her sexuality are “Boys? Girls?
BOTH!” This in itself is important to take note of, as Rowan is seemingly confident in her identity, as well as proud of it. This confidence is essential to take note of as it overcomes the homophobia that Rowan has personally experienced and discussed within her map. Beyond this, Rowan includes the bisexuality flag on their map, as well as a colour-wheel with the rainbow colours, seemingly referencing the LGBTQ+ flag. As well, Rowan drew a rainbow over the mouth of her body map. This could signify that Rowan speaks openly about LGBTQ+ topics, maybe even their own sexuality. This example demonstrates the connection between the themes of self care and being out and visible, as this participant utilizes self care in order to remain confident in their identity of being out.

It is interesting to note that participants often referenced social media and “meme” culture within this participants’ body map. Rowan wrote on the heart of her body map “The bees ain’t gonna save themselves” where the prompt was “think about a personal slogan (e.g. a statement, a saying, a poem, a song, a prayer, something you say for yourself) that describes your philosophy of life or your current thinking about your life. Draw this over where your heart would be on your body map.” The fact that Rowan chose to write this phrase over the heart of their body map causes me to ask a series of questions:

1) is Rowan taking this workshop seriously?
2) did Rowan understand the prompt?
3) does Rowan care deeply about environmental regulations?
4) has Rowan deeply internalized phrases and ideologies found on social media?
5) is this a metaphor for something else that Rowan hasn’t expanded on within their map?
6) is this in reference to isolation? Or feelings of alienation from her community?

Without asking Rowan about this response, it is impossible to know their true answer for this question. Unfortunately I was unable to specifically ask Rowan about this during the body mapping workshop, and thus these questions remain unanswered. However, we can understand
and take away that internet culture is increasingly important to Rowan, as she chose to include a prevalent theme from it on the heart of her body map.

**Figure 7:** Rowan’s thematic analysis

![Figure 7](image)

Figure 7 depicts a map illustrating the connections between themes presented in Rowan’s body map. I associated Rowan’s body map with the theme self-care due to the fact that self-care interacted with a series of other items in her body map. Specifically, self-care developed her ability to be resilient, but also contributes to her isolation as she is completing these activities on her own.

When delving further into Rowan’s body map, the relationships between the themes she addressed become apparent. The connection between the themes resilience and ‘out’ and visible is demonstrated when Rowan describes her sexuality as “Boys? Girls? BOTH!” This phrase demonstrates Rowan’s resilience, as it shows the initial conflict that she experienced in not understanding her sexuality, but the final word of “BOTH!” illustrates that she is confident in her sexuality. Specifically, Rowan demonstrates overcoming adversity in not initially understanding her sexuality. The connection between the themes resilience and self care are demonstrated

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through Rowan including the phrases “THAT’S DISGUSTING” in response to the prompt about what participants had heard in their school about diverse gender and sexual identities. Combining this phrase with the rainbow that Rowan drew over the mouth of her body map demonstrates that Rowan has experienced homophobic behaviours within her school, but has continued to persist against these behaviours, and speak about LGBTQ+ issues. This demonstrates self care and residence as Rowan has experienced homophobia against herself, but continues to value herself and her identity in order to speak out against these negative behaviours. As well, Rowan’s body map demonstrates a connection between the themes isolation and self care, as all of the self care activities that she identified are individual based, and do not rely on her community.

_Wren (G003)_
This body map, while incomplete, offers significant insights into Wren’s lived experiences. Wren utilized gender neutral pronouns when engaging in the body mapping workshop, and I will respect them by using gender neutral pronouns (they/them) throughout their body map narrative. Wren wrote “NICE PEOPLE ARE EVERYWHERE. IF YOU CAN’T FIND ONE, BE ONE” over the heart of their body map. This signifies that Wren values a shared responsibility of being kind to others, as well as demanding that others be kind to them. The concept of a shared responsibility for kindness demonstrates that this participant has qualities of resilience within their personality, as they have the capacity to demand respect from others. This demonstrates a connection between the trends self care and community support. Wren has the personal capacity to both give and receive support within their community.

Wren also included the phrase “LIFE IS TOO SHORT TO NOT EAT SUGAR WHEN YOU WANT TO” on their body map. This quote offers further insight into Wren’s life experience, as it suggests the importance of doing things in order to improve mood, or in other
terms, self care. However, this also has the potential to be indicative of impulsive behaviour in order to improve mood. If this is true, Wren’s ability to engage in self care is evident in their life course and daily moods, which they described as “STRESSED” and “NEUTRAL.” By engaging in self care, an individual has the capacity to reign in feelings of stress and discomfort in order to shift into a more relaxed, neutral state. While I did not have the opportunity to speak to Wren and explicitly ask the order of the moods that they felt during the day, it is interesting to note the shift in mood that they experienced in a day. Especially due to the fact that these moods are in such opposition.

Wren also included the words “DRAWING” as an activity that they like to engage in. Perhaps drawing offers Wren a means of self care and chance to take a break from anything that is immediately causing stress in their life. This demonstrates a connection between the themes of isolation and self care, as drawing is an activity that Wren can complete individually.

Creativity further presents itself within Wren’s body map, as they chose to make their map a direct reflection of themselves by drawing in their haircut, and their blue hair. This is a very unique identifier for Wren. Further, the lack of information presented in this body map suggests that what Wren did actually end up including is more important to them, as they took what energy and time that they had in order to invest into these specific topics.
Figure 8: Wren’s thematic analysis

![Thematic Analysis Diagram]

Figure 8 depicts a map illustrating the connections between themes presented in Wren’s body map. I associated Wren’s body map with the theme self-care, as all of the connections between themes presented in their map connect to self-care. When delving further into Wren’s body map, the relationships between the themes they addressed become apparent. Wren demonstrates a strong connection between the themes of self care and community support in their map when they write “NICE PEOPLE ARE EVERYWHERE, IF YOU CAN’T FIND ONE, BE ONE.” This phrase demonstrates that Wren has found their community to be one of kindness and support. Further, this demonstrates that they are willing to manipulate and change their community and surroundings to be that of supportive and caring, demonstrating that they value core principles of self care. As well, Wren’s body map demonstrates a connection between the themes isolation and self care, as the self care activity that they identified is “DRAWING” which is individual based, and does not rely on community.

Carling (G006)

Carling poured in a substantial amount of information about their perspective and identity into their body map. On the heart of their body map, Carling wrote the words “Liberation,
Resistance, Groundedness, Freedom.” These words suggest that she values self-care, as well as relative political freedoms. In stating this, Carling also wrote a thought bubble coming from her head where she wrote “Safety is relative.” This could be in reference to the idea that safety is something that will be dependent on each individual experience, as well as emotions within a situation. Thus, Carling maintains aspects of phenomenology within her own body map, in that personal life course experience dictates how someone will react and feel within a situation. Carling has also drawn their arm in a fist over their head signifying a ‘power’ stance. This example illustrates the connection between the themes resilience and emotion, as Carling utilizes methods of resilience in order to maintain a positive or neutral emotional being.

Carling identifies a series of personal interests within their body map, including “Books 4 Life,” “Fashion Killa,” and “Convos for Days.” This collection of interests, while individually unique, create an understanding of the way that Carling spends their leisure time and engages in self care. Further, it is interesting to note that the mention of conversation is written with text bubbles, signifying that Carling may be referencing online tools for communication. If so, this would demonstrate that Carling places significant importance on the internet. Further, this exemplifies the connection between community support and self care, as Carling readily engages with their community, perhaps for emotionally beneficial reasons.

Carling identified activities which they enjoy participating in as “Making Music” and “Plotting and Planning.” She also wrote “Astrology!!” on the head of her map. These activities and beliefs likely signify what Carling does in her leisure time. Carling also addresses her current status of emotion, by drawing crying eyes and writing “In my feels.” She does not identify what is causing this emotional distress, or if it is short term, or something she has been feeling for a long time. Carling wrote “Nature Bitch,” “Gay Boy,” “Queer,” and “Always Changing” on the
genital region of her body map. This is interesting to note because she only wrote items pertaining to her sexuality over this region. As well, Carling discussed her ethnic and hereditary identity by writing “Mixed Race” and “Latinx” on the feet of her body map. This example demonstrates the connection between the themes resilience and community support as Carling identifies her ethnic community as a source of pride and a grounding force. This suggests that Carling finds significant personal value in this identity. As well, the inclusion of the words “Family + Chosen Family” on the feet of her body map suggests that Carling finds comfort and solace in these individuals that she surrounds herself with.

**Figure 9:** Carling’s thematic analysis

![Thematic Analysis Diagram]

Figure 9 depicts a map illustrating the connections between themes presented in Carling’s body map. I chose to associate Carling’s map with the theme self-care, because while there were a series of themes presented in her body map, self-care remained the most prominent.

When delving further into Carling’s body map, the relationships between the themes she addressed became apparent. An initial connection became apparent between the themes emotion and resilience when Carling writes “In my feels” underneath a face with tears, yet writes the words “Liberation, Resistance, Groundedness, Freedom” in the heart of her body map. This
juxtaposition of thoughts suggests that Carling is overcoming significant personal barriers in order to identify these ideas as important to their person. The relationship between the themes resilience and ‘out’ is demonstrated in combination with the previously described connection, and the fact that Carling wrote “Nature Bitch,” “Gay Boy,” “Queer,” and “Always Changing” pertaining to her sexual identity. The fact that Carling is willing to accept her sexual identity, regardless of going through difficult feelings and experiences demonstrates resilience. As well, the connection between the themes self care and community support is demonstrated though Carling writing “Convos for Days” in reference to speaking with friends on social media. This demonstrates that Carling looks to communicate with others, and this communication has the capacity to allow her to feel supported by her chosen support group, whether this be friends, chosen family, family, or a combination of all of these.

4.3.5 Isolation

*Alfie (A002)*

The three words that Alfie chose to describe himself as are: intelligent, inspirational and introverted. These words serve as a strong theme for his body map. The heart of his body map is a pixelated heart, where he wrote “UNDERTALE” underneath it. During the body-mapping workshop, I asked Alfie what he meant by this, and he explained that it is a video game that he enjoyed playing. Games, and imaginative experiences become a theme throughout Alfie’s body map, where he writes that the two main activities that are important and grounding for him are “DRAWING” and “ROBLOX.” Below this, Alfie wrote “MY FRIENDS” and “PIZZA & ICE CREAM” but these items come second to their initial arts-based answer. The fact that Alfie wrote friends as secondary to individual based activities is reflective of his initial personal description as introverted. I believe that its is important to note Alfie’s preference in individualized activities, to accommodate for his self-professed introverted personality. Further, I
think it is important to consider how introverted personalities interact with community-based activities and groups, such as an LGBTQ+ drop-in, like the one that this body mapping workshop was facilitated within. Do group based activities allow for Alfie to feel comfortable attending and participating? If not, Alfie is at risk of feeling excluded by inaccessible programming. Further, Alfie may not feel able to be truly integrated into the LGBTQ+ community should there be a lack of accessible programming for him. If this is true, isolation may be causing Alfie to feel that he needs to present as more ‘out’ or visibly queer in order to receive validation from the LGBTQ+ community.

Alfie chose to stray from the prompt for the legs of the body map which asked participants to write activities that they enjoy participating in. Instead, Alfie chose to write about his own sexuality, as he identifies as “asexual” and attracted to “boys.” The theme of sexuality reoccurs within his body map where Alfie writes “Non-Existent” with a smily face below it. I also asked Alfie what he meant by this, as I initially thought that this was one of the words that he was using to describe himself as, and thus was concerned about his emotional wellbeing. Instead, Alfie was referencing his sexuality, in that he identifies it as “non-existent” due to the fact that he identifies as asexual. This is interesting to note, as Alfie’s view of his sexuality states that since he is not sexually attracted to individuals, he does not have a sexuality. This worldview, may contribute to feelings of exclusion and erasure of himself from the LGBTQ+ community. If he believes that his sexuality is non-existent, he may feel excluded from groups that are based solely on the shared experience of having a unique, and non-societally-conforming sexual identity. Further, a question that I would have liked to have asked Alfie is whether or not he feels the LGBTQ+ community is exclusive to him based on his sexual identity. Building on this, and ideas of exclusion, Alfie writes “NOT A CHOICE” on the ears of his body map. The
prompt for this region was to write something that the participants had heard within their school or social setting pertaining to sexual and gender identities. This is interesting to note, as this phrase presents the viewer with a firm stance on sexual and gender identity.

In Alfie’s body map, it is interesting to note that the only personalized portion on his map pertaining to his outward appearance is a hat that he drew himself wearing. Finally, it is important to note the feelings that Alfie wrote on his hands of the body map. The prompt for this region was “record two feelings or emotions that you felt today.” Alfie wrote “UNMOTIVATED” and “conflicted.” These two feelings offer insight into Alfie’s feelings, but without a complete understanding of his daily experiences, it is difficult to understand what he is speaking about. Unfortunately I was unable to ask Alfie what he was referencing with these feelings.

**Figure 10: Alfie’s thematic analysis**

![Thematic Analysis Diagram]

Figure 10 depicts a map illustrating the connections between themes presented in Alfie’s body map. I specifically chose to associate Alfie’s body map with isolation because of the individualized activities that Alfie participates in, and the belief that he presents that his sexuality
is “non-existent.” While Alfie’s body map demonstrates a source of community support via the video games and internet culture that he engages in, the theme of isolation remains present. This demonstrates that regardless of sense of community support, Alfie still experiences isolation.

When delving further into Alfie’s body map, the relationships between the themes he addressed became apparent. The three themes identified in the image above are all connected. This is demonstrated where Alfie writes “Non-Existent” in reference to his sexual identity which he described as “Asexual”. This is interesting because asexuality is a sexual identity, and is included within the LGBTQ+ spectrum. However, Alfie’s statement of being non-existent demonstrates that he doesn’t feels though he is accurately represented in the LGBTQ+ community, and thus lacks proper community support, in turn, is isolated from the community.

4.3.6 Emotion
Ava (G005)

Ava offers a significant amount of insight into her life and lived experience, focusing mainly on emotion. The heart of her body map contains the word “SAD” which is repeated throughout the body map. The repetition, and thus emphasis on the word sad suggests that Ava experiences this emotion often. Further, the repetition of this emotion identifies a heaviness in it, almost as if it is always on Ava’s mind.

As the facilitator of the body mapping workshop, I expressed immediate concern to the mental health professional who assists in facilitating the LGBTQ+ youth drop-in when I noticed that Ava wrote the word “DIE” and then crossed it out. This was written on the legs of the body map, where the prompt was to write an activity that the participants each enjoyed partaking in, identifying that Ava may experience suicidal ideology. Ava also wrote the word “SLEEP” on her body map, a commonly reference activity by other participants. The fact that Ava chose to participate in the prompt by writing the word sleep on the leg of their body map, suggests that
the word “DIE” was not a random placement on her map. This is concerning, as it suggests that Ava may experience suicidal idealizations. The mental health professional proceeded to talk with Ava individually in order to address concerns over her wellbeing. This example demonstrates the connection between the themes emotion and self care, as Ava’s ability to identify and consider positive activities to practise self care are hindered by her troubling emotional state.

Ava also wrote a collection of homophobic and misogynistic words surrounding her body, including “FAGGOT” and “CUNT.” The prompt insinuating these words was asking participants what they had heard people say in their schools pertaining to gender and sexual identities. These words signify that the most lasting impressions that Ava holds pertaining to this prompt are significantly negative and hurtful. This signifies that Ava's school is negative, and demeaning to her identity, as she stated in the group that she identifies as a gay woman.

Another repeated theme presented in Ava’s body map is a cat, which she labels as “SUNSHINE.” Ava drew this cat over her shoulder, as well as on her feet. This signifies that she finds significant support, and comfort from this cat. It is interesting to note that no where in this body map does Ava mention community support, as well as she provides multiple instances of experiencing poor mental health. While I cannot make any inferences relating the two, it is something to be mindful of.
Figure 11: Ava’s thematic analysis

Figure 11 depicts a map illustrating the connections between themes presented in Ava’s body map. While Ava’s body map only identifies two major themes, those that she does address are significant. The reason I associated Ava’s map with emotion is that she repeatedly presents this theme throughout her body map. She discusses her current feelings within her map, as well as describes a suicidal ideology. These responses collectively demonstrate that emotion is a major theme within Ava’s body map.

When delving further into Ava’s body map, the relationships between the themes she addressed become apparent. The major connection demonstrated in Ava’s body map occurs between the themes isolation and self care, as the self care activity that she identified is “SLEEP” which is an individual based activity, and does not rely on community. This connection between themes demonstrates that Ava’s local community is not providing her with the adequate resources in order to connect with her community in order to access community-based self-care strategies.
Logan (G007)

Logan chose to provide limited detail about himself within the body mapping exercise, but in the details he did provide, much can be understood about his experience. On the heart of his body map, Logan drew a rainbow pattern, and a shattering line through it. Further, he drew an arrow pointing to the heart with the phrase “I am Wolf. Quietly I will endure. Silently I will suffer. Patiently I will wait. For I am a warrior and I will survive.” This sentence offers a significant amount of insight into Logan’s life course. It shows that he views his current status in life as painful and grueling, but he believes that he has the capacity to endure and live through the challenge. This demonstrates a connection between the themes resilience and isolation. Logan clearly identifies that he feels as though he is on his own via the motif of a wolf, however he identifies that he is resilient as he describes himself as a warrior who will survive life’s challenges. Building on this idea of present pain in the participants life, Logan drew a razor blade on his hand, where the prompt asked participants to indicate their mood that day. Razor blades are a common tool for self-harm. Upon seeing this image, I privately discussed this to the mental health facilitator in the room, wherein they individually discussed this with Logan, inquiring about his mental wellbeing. Logan repeated this trend by drawing band-aids on the leg of his body map, further signifying self harm patterns. This demonstrates a connection between the themes self care and emotion, as negative emotions for Logan have led him to engage in potentially harmful self care strategies. Logan also drew music as an activity he enjoys.

Logan also drew a very detailed cross over the abdomen of his body map. I did not have the opportunity to speak to Logan about his reason for doing this, and determining if perhaps his religious identity provides him with a sense of wellness, and thus, self-care.
Logan wrote “little [Logan]” over the genital region of his body map. The choice to personify his genital region suggests that Logan places personal value on it. This is significant as it relates to the theme of being out and visible, where Logan is actively discussing his sexuality. 

**Figure 12:** Logan’s thematic analysis

![Thematic Analysis Diagram](image-url)

Figure 12 depicts a map illustrating the connections between themes presented in Logan’s body map. It is important to note that while Logan may include the theme community support in his body map via the cross that he drew over his chest on their body map, community support is not highlighted in this diagram as it does not interact with other themes in Logan’s map. I decided to associate Logan’s body map with the theme emotion because of the slogan that he wrote beside the heart of his body map, as well as the repeated imagery of self-harm on his map.

When delving further into Logan’s body map, the relationships between the themes he addressed become apparent. A major connection identified in Logan’s body map occurs between the themes resilience and isolation. This is clearly demonstrated when Logan writes “I am Wolf. Quietly I will endure. Silently I will suffer. Patiently I will wait. For I am a warrior and I will survive.” This passage suggests that Logan believes that he must face challenges on his own in
order to overcome and endure them. Further, this also suggests that he does not rely on others to help him maintain his resilience within difficult situations. Another significant connection demonstrated in Logan’s body map occurs between the themes emotion and self care. Logan drew a razor on his hand, indicating self-harm, in response to the prompt asking participants to explain the moods that he experience during the day. This indicates that Logan utilizes self care strategies which can be harmful to his overall health and wellness in order to cope with negative emotions that he is experiencing.

4.4 Summary

**Figure 13:** Summary thematic analysis
Figure 13 contains a diagram which illustrates how each theme interacts with one another. I chose to include this in order to visually represent the fact that each of these themes are connected to one another, and sometimes, are connected to multiple themes via one experience expressed in a body map. The six themes that were identified throughout the body maps were:

- Isolation
- Emotion
- Community Support
- Resilience
- Out and Visible
- Self Care

It is interesting to note that within each of the body maps, at least two of the major themes were present. The connectedness of each of these themes demonstrates that they cannot exist on their own and must be understood as a series of interactive themes. This further supports ideas from phenomenology as this demonstrates that previous lived experiences impact one's interpretations of their current experiences. For example, Adrian (A001) exhibited positive emotion in their body map, which can be credited to the resiliency that they gained from having positive community support from the Unitarian church that they participate within.

Another interesting trend to note that was presented within the body maps was that self-care and isolation are two themes which often coincide with one another, as demonstrated in Ellis, Aubrey, Rowan and Wren’s body maps. Specifically, eight participants identified self-care within their body maps, and four of these participants also identified isolating activities as self care.

Distribution between the themes in terms of how often each of them were identified within the body maps was relatively equal. However, this is not the case for how many body maps were specifically associated with each theme. For example, there was only one body map which was associated with the theme isolation, and only one body map which was associated with the theme
community support. It is interesting to note that resilience was the most common theme presented within the body maps, while isolation was the least common theme. This does not reflect the initial literature review which stated that isolation is a common experience in rural youth (Sadowski, Chow, Scanlon, 2009). This being said, isolation was identified as not having adequate community support,

When considering the theme resilience, homophobia was a major reason that youth needed to develop skills for resilience as demonstrated by their body maps. Further, homophobia was an extremely common theme within the body maps. Homophobia was usually presented in relation the prompt asking participants to write down something that they had heard within their schools about gender or sexual identities, which could be either positive or negative. Every participant wrote something negative. While having experienced such a negative outlook on their identity as posed by their current community, youth sampled continued to identify with the LGBTQ+ community. Though this identity remained hidden for some youth, it is still important to address that these youth remained resilient and chose to hold on to their identity as a sexual and/ or gender minority.

With regard to the theme emotion, it is interesting to note that most of the emotions described within the body maps are negative. Emotion as a theme is prominently addressed in both Logan and Ava’s body maps. Both of these participants recorded negative emotions on their maps. As well, both of these participants recorded self-harm or suicidal ideation on their body map. This is important to note, as participants only recorded positive emotion as a theme when the theme of emotion was associated with the theme of resilience, for example in Aubrey’s body map.

The connection between the themes community support and ‘out’ and visible are also interesting and worth considering more in depth. Specifically, it is interesting to consider the
kinds of community support that these youth are accessing, and the trend wherein in order for youth to have accessed LGBTQ+ specific community supports, youth must already be out as demonstrated in both Rowan and Adrian’s body maps. This is important to note as it begins to ask if youth can access these resources if they are not ‘out.’ If no, then how can we change this to make these community-based supports more accessible to ‘closeted’ LGBTQ+ youth. With regard to community support, it is interesting to note that most youth aren’t accessing LGBTQ+ specific community supports, and instead receiving support that encompasses more than one of their identities. For instance, Alfie identified in his map that he gains support from his friends. However, we cannot be sure that his friends are providing him with LGBTQ+ specific support, along with other facets of support.

Building on this finding, I think it is interesting to note that being ‘out’ and visible was in itself a theme within this study. I was not anticipating the finding of how important being visibly ‘out’ was to the sampled youth. This was identified by the fact that youth consistently wrote about their sexual identities throughout their map, creating the impression that their sexual identity is the most important portion of their identity.

Overall, the body maps collected from the two workshops provide a clear demonstration of the themes identified using the thematic analysis. Youth identified both positive and negative aspects about their lives as LGBTQ+ youth residing in rural and remote communities in Acton and Georgetown.
CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter is organized in answering the research questions with a series of discussions surrounding the findings of this study as presented in Chapter 4. Due to the fact that this study was exploratory in nature, I cannot offer concrete answers and results to solutions for improving the status of mental health in rural LGBTQ+ youth. Nor, can I offer generalizable statements to rural communities, as all rural communities are unique in nature (Budge, 2006). The goal of this research was to explore the lived experience of LGBTQ+ youth residing in rural communities, and the implications that they present on their mental health status. In order to understand and address this goal, I utilized the themes found in my thematic analysis to understand the lived experiences of the youth who participated in this study. Identifying and analyzing the lived experiences of the youth who participated is specifically carried out utilizing a phenomenological approach. This approach was used in order to address the exact experiences that youth have had, as well as their interpretations of these lived experiences. In addressing youth interpretations of their lived experiences, I am obtaining an authentic understanding of their lived experience. In doing so, the body maps offer valuable insight as to how the lived experiences of these youth affect their perspectives about their community, and potentially, impact their life course.

From the body maps themselves, I utilized thematic analysis in order to capture the essence of the stories of youth being presented, as well as identify trends and themes within their experiences, as described in Chapter 2. When reviewing the themes presented in the body maps collected for this research, it is important to remember that these themes are interconnected and create a holistic understanding of their experiences. Within this chapter, I will pull these themes apart in order to identify them, but I will also explain how they work together in order to generate an experience. I will also apply the themes identified in my thematic analysis to the
conceptual framework that I developed in Chapter 2. The goal of this chapter will be to further extract experiences from youth surveyed, and utilize these findings to suggest future solutions to assist in resolving the disparity in mental health.

I have organized this chapter into two main sections: Rural LGBTQ+ youth lived experiences, and pressures in geographic and social communities. This division was created in order to clearly address each research objective. Within these sections, I identify the themes identified in the findings chapter that best suit each section. This discussion will explore the ways in which residing in a rural community may influence LGBTQ+ youth mental health, and potential safeguards which can be put in place in order to reduce these potential negative effects.

5.2 Rural LGBTQ+ youth lived experiences
By utilizing phenomenology, the body maps created in the workshops sought to answer the research question to understand the lived experience of rural LGBTQ+ youth. Ahmed (2006) identifies queer phenomenology as a specific intersection of queer theory and phenomenology. In this intersection, LGBTQ+ identified individual’s experience a ‘disorientation’ when interacting with the world surrounding them, which is credited to the extreme heteronormativity that society so often perpetuates (Ahmed, 2006). When applying the experience of ‘disorientation’ to queer theory, which aims to disassemble current binaries and societal understandings for sexual and gender identities, we can create a framework to better comprehend ways in which lived experience affect the body of rural LGBTQ+ youth (Ahmed, 2006). The combination of these ideas is demonstrated through Moi’s framework on existential phenomenology, focusing on the lived body, and the experiences that a body (person) encounters (Young, 2005). In identifying a body’s situation or identities, we can begin to understand the way in which that body experiences their world. Moi defines situation as “the way that the facts
of embodiment and social and physical environment appear in light of the projects a person has” (Young, 2005, p.105). In acknowledging that this situation is tied to lived experiences, we can begin to understand how these experiences and situations influence a person’s perspective on their own body’s experience.

In discussing the themes that affect the lived experiences of participant’s who engaged in the study, I identified ways in which these themes impact participant lived experience. In order to utilize the previously cited understanding of Ahmed’s concept of disorientation, I will describe each of the themes and their interaction with these concepts.

5.2.1 Resilience

One of the most prominent themes identified within the body maps that describes LGBTQ+ youth lived experiences in a rural community is resilience. As discussed in Chapter 4, resilience is understood as a way in which individuals interpret and adaptively respond to the discrimination that they may encounter as members of marginalized groups (Wexler et al., 2009). When coupling this definition with queer theory and minority stress theory, we can begin to better understand the lived experience of rural LGBTQ+ youth. In intersecting queer theory and minority stress theory, it almost comes to no surprise that in order to survive through significant heteronormative societal expectations, youth must develop strong resiliency skills, which is repetitively demonstrated through overcoming homophobia within the body maps. This finding demonstrated one of the major similarities identified across the body maps created for this study. Specifically, this resilience to overcoming homophobia within family, school, and social environments was clearly demonstrated in Adrian, Ellis and Carling’s body maps. Within their maps, these participants illustrated the fact that they have experienced adversity, but continue to utilize skills in order to overcome their stated adverse experiences. These techniques included
individual based activities such as arts, speaking with friends, and watching movies. Even though these participants may have resiliency techniques and skills, it is still likely that they will carry this trauma forward throughout their life (Meyer, 1995). Minority stress theory specifically intersects with the theme of resilience within this population as it provides concrete understanding as to why individuals within marginalized communities need to adopt resiliency as a strategy to maintain overall wellbeing. However, minority stress theory specifically states that members of minority communities will experience long term psychological distress, regardless of resiliency strategies within the individual (Meyer, 1995). This being said, resiliency strategies may alleviate the severity of the psychological distress that members of a minority community experience, but will not completely remove this psychological distress (Meyer, 1995). Further, the identification of resiliency strategies utilized within the youth sample demonstrates that these youth require educational strategies towards building resiliency, as well as community spaces encouraging these behaviours be implemented in communities, for community capacity building. Strategies for building resilience within youth have previously been addressed within research, and can be applied to this minority population. For example, Hinduja and Patchin’s (2017) study on bullying prevention within high school aged youth identified resiliency as a key indicator of youth’s capacity to overcome adverse experiences pertaining to bullying. This is a unique perspective, as traditional approaches towards reducing bullying in youth were pathogenic, meaning that they focused on risk factors increasing youth’s likelihood to experience bullying, and ameliorating the deficiencies in the lives of the youth (Hinduja et al., 2017). In the case of LGBTQ+ youth, this would require asking youth to hide their identity, or reducing the importance that youth place on their sexual identity. As discussed in Chapter 4 of this study, youth sampled were found to place significant personal emphasis on their sexual identity,
rendering previous strategies towards reducing bullying in schools to be ill effective. Therefore, focusing specifically on building resiliency within youth may be a more effective strategy in alleviating minority stress on rural LGBTQ+ youth, in turn allowing them to maintain or improve mental health and wellness. Building on this discussion, social capital is also cited as a significant factor for building resilience within LGBTQ+ youth (Onyx et al., 2005). However, current normative beliefs in rural communities utilize social capital to perpetuate the normalization, and requirement of heterosexuality within their own society (Filax, G., 2006). This means that youth who identify as LGBTQ+ are less likely to access resilience strategies via social capital within their local community. In turn, LGBTQ+ youth who live in a rural community will then be less likely to have access to resources to maintain mental wellness due to discriminatory attitudes within their local community.

While seeing the similarities within the theme of resilience presented in youth’s body maps, there were a series of differences within this theme, specifically pertaining to what youth sampled are lacking in terms of supports for resiliency building. For instance, some youth acquired skills for resiliency through community support in online communities and in-person communities. Considering this, capacity building for resiliency within youth will require multi-faceted approaches to meet youth in the areas that they are interested in working in. For instance, family based resiliency skills will not be effective for Ellis, who identified that their biological family held experiences of turmoil, requiring them to seek assurance with their designated chosen family. The fact that youth are relying on a variety of individuals and communities to access positive influences for resilience also demonstrates the need for LGBTQ+ youth to have strong social capital. The need for youth to have strong social capital was discussed in Onyx et
al. (2005) wherein they discussed that social capital via engaging in social organizations with a variety of community members could improve mental health of rural youth.

### 5.2.2 Isolation

Another prominent theme for types of lived experiences was isolation. The theme of isolation was significant in the literature, but was the major theme of only one of the body maps. I decided that it would be important to include the theme of isolation in the findings as repetition does not always equivocate significance, as discussed by Opler (1945) (Ryan et al., 2003). Instead, Opler said that it was important to address themes that were perceived as important to the participants as identified by the researcher. The severity of discussion in isolation in the body maps demonstrated that this was an important theme to discuss in my research project.

Within the body maps created for this study, a major difference identified within the theme of isolation was the communities which rural LGBTQ+ youth felt isolated from. In Alfie’s body map, he specifically identified the fact that he feels isolated and under-represented from the LGBTQ+ community at large. This is a significant difference, as a common theme within the youth’s body maps was their identity as a member of the LGBTQ+ community, and explicitly stating their sexuality as a descriptive factor of themselves. When analyzing this isolation from the LGBTQ+ community, it can be quickly understood that this difference can lead to significant psychological distress. Specifically, isolation is a key theme in Meyer’s (1995) study on minority stress theory’s interaction with gay men’s health. In this study, Meyer identifies psychological distress as internalized homophobia and perceived stigma, and these items act as a key indicator of individuals experiencing minority stress. Internalized homophobia is important to be mindful of, as individuals of sexual minority groups experiencing this will begin to believe the negative opinions and beliefs presented to them in their community, and them begin to repeat
these ideas to themselves. Intersecting minority stress theory, queer, theory, and isolation offers a critique to current societal expectations that these youth are experiencing. Minority stress theory states that homophobic environments are disallowing youth to challenge the status quo of sexual identity, in fear of becoming more isolated (Meyer, 1995). Further, queer theory states that since individuals are not free to challenge the status quo, they experience a lack of power in their community (Jagose, 1996). The intersection of these ideas further demonstrates that the current life experience of LGBTQ+ youth residing in rural and remote southern Ontario is causing them psychological distress. Furthermore, it is important to address and understand why these participants potentially feel isolated within their communities. For example, is the infrastructure available for these youth, and yet they are choosing to ignore it? If it does exist, why are they ignoring it, for instance, do they feel alienated from their community? Without consulting the participants within this study I cannot make concrete inferences on this, however, I can highlight the significance of isolation within the participants. In combining the identity of rural with the experience of isolation, Smalley et al.’s 2010 study highlights three ways in which these interact with one another. Specifically, these impacts for rural youth can be broken down into the accessibility, availability, and acceptability of accessing mental health resources. These pillars of isolation exist within the body maps collected for this study, furthering the significance that isolation holds on mental health of rural LGBTQ+ youth. For instance, in Alfie’s body map, availability of resources pertaining to sexual identity holds a potential impact on his capacity to understand his own unique identity fully. Building on this, isolation in rural youth has been studied to be detrimental to emotional wellness in Eric Rofes’s (1983) study, wherein isolation and lack of accessibility from the traditional support systems a major factor in the increase in queer youth suicides. Furthermore, this isolation is exacerbated in rural communities due to the
lack of accessibility to educational resources pertaining to LGBTQ+ advocacy and awareness (Kitchen et al., 2012).

However, an overwhelming similarity within the theme of isolation in the body maps was the fact that youth consistently engage in self care activities on their own. Trends within the tools that youth used for self-care mainly pertained to the fact that participants were often choosing to engage in arts-based and individualized activities. Individualized activities are significant when intersecting this trend with minority stress theory. This intersection is important because it demonstrates the fact that youth sampled may not be able to identify or benefit self-care methods within their local community, or in a group based setting. Further, this lack of connection to their community is potentially influenced by the psychological distress factor of minority stress theory, perceived stigma (Meyer, 1995). Perceived stigma is impactful as “the fear that others can disrespect a person because of something he shows means that he is always insecure in [their] contact with other people; and this insecurity arises… from something which [they] know[ ] [they] cannot fix” (Perry, et al., 1956, p.145). The idea of perceived stigma intersects with self-care and participant lack of community involvement for self-care in the fact that youth may not feel that their community is a safe place for their identity, and thus cannot connect within it in order to feel secure. Further, this perceived stigma acts as a barrier to accessing community based-self care activities should there be any available to these youth. This perceived stigma and lack of community connection is exacerbated in rural youth, who have been found to face stigma and social rejection due to their sexual identity (Palmer, 2012).

5.2.3 Community Support

When considering lived experience of members of a physical community, community support becomes an obvious factor to consider. Community support is defined as having a social group (where it be biological family, chosen family, friends, both in person and virtual) who they
could turn to whether they were facing challenges or celebrating triumphs. In the prompts given to the participants of the body mapping workshops pertaining to accessing community resources, I chose not to ask where youth go in physical form to access mental health support ie: hospital, clinician, as this data is not going to be transferable to overall understanding, and thus would not have be useful. This allowed for an understanding of general patterns in community support, rather than an understanding of types of supports utilized as financial accessibility would act as a limitation for the access to some of these supports. Instead, I asked youth to focus on places that they received support and felt supported. An overwhelming similarity in the body maps which addressed the theme of community support was the fact that youth expressed a strong disconnect from their local communities. Specifically, none of the body maps collected identified a place in participant’s communities where they engaged in extracurricular activities, interacted with their friends, or participated in physical activities. This is important to note, as it suggests that the rural community that participants reside in is not currently providing opportunities to develop community support relationships for these youth. While the data for this study was collected at a youth drop-in program targeted towards rural LGBTQ+, it is important to note that this program runs on a monthly basis. Community programming on a monthly basis is not enough to develop strong community supports (Pflum et al., 2015). Pflum et al.’s (2015) research on feelings of community connectedness for transgender identified individuals identified that social support and connectedness to trans-inclusive community directly positively impacted psychological well-being. Both this study, and Pflum et al.’s (2015) identified that community connectedness and apparent support of community holds influence over mental health and wellness.

The lack of association of community support with institutions within the community is also reflective of literature pertaining to the social climate of schools in rural communities.
Specifically, rural communities often maintain conservative politics, which are reinforced within local educational institutions (Alberta Ministry of Education, 2016). In reinforcing conservative and homophobic ideologies within school settings, youth who identify as LGBTQ+ are not able to create nor access resources catered to their needs of understanding and furthering their sexual identities. Due to these understandings from previously conducted research, it was not surprising to find that youth did not identify their schools as a place where they felt connected or supported. This finding is significant due to the fact that this is a known understanding within educational systems, and neither policy makers nor educators have effectively changed this in order to improve the lives of youth that they are working with.

In contrast to these identified similarities between the body maps for the theme community support, there were also significant differences identified in this theme. Specifically pertaining to where youth turned to for support. It is interesting to note that in the responses for the prompt pertaining to where youth turned to for support, only one participant identified an LGBTQ+ specific support. This trend is interesting as it asks if youth are seeking out community supports that are LGBTQ+ specific. Another trend within identified community supports within the body maps was the idea of chosen family, often times more important to the lives of the participants than their family of origin (biological families). The idea of the importance of chosen family is not new, and was discussed by D’Emilio (1992) in his essay on gay politics and capitalism. D’Emilio wrote that lesbian and gay individuals are often found to be seeking what he coined as “affectional community” (D’Emilio, 1992, p.14) This community is one that would provide individuals the ability to genuinely identify with their true gender and sexual identities. Further, these communities were established to fill a void often left by the biological families of LGBTQ+ individuals as they were often abandoned by their family members. While this study
did not uncover any youth abandoned by their biological families, participants did address chosen families as a place where they could be truthful in their identities. Combining the above two experiences, I feel that it is important to consider that youth may experience an improved status of psychological wellbeing should they have access to more frequent and accessible LGBTQ+ specific community supports. In order to accommodate for the different kinds of needs that rural LGBTQ+ youth require of community support, social planning councils must draw on these understandings. Multi-faceted approaches for community building are starting to occur within some rural communities, for instance, appendix 1 identifies regularly scheduled community programming for youth in Halton Hills. However, current program offerings are not enough in order to meet the needs of these youth, as demonstrated by the thematic finding of isolation within the body maps. This finding was clearly demonstrated in the fact that only one youth from the study identified a community program which allowed them to feel grounded and supported.

5.2.4 Self Care
Contrasting community support, the theme of self-care becomes important for rural LGBTQ+ identified youth. The essence of this theme was defined within the body maps as the capacity to attend to one’s broader psycho-social needs via use of self-management tools. This contrasts the trend of community support, as youth are relying on themselves to soothe psychological distress rather than someone else.

A major difference identified within the body maps pertaining to self care was health and unhealthy coping mechanisms. While only two youth demonstrated unhealthy coping mechanisms in their body maps, both of these youth who expressed these also identified negative coping mechanisms. For example, in Logan’s body map, in response to the prompt asking youth
to describe their mood that day, he drew a razor blade. Razor blades are commonly used by individuals engaging in self harm practices as a means of coping with difficult and negative emotions. This is in contrast with participants who identified non-harmful activities for self care, specifically arts based activities which allow individuals to express their feelings and deeper emotion. The contest between types of self care activities in response to emotions demonstrates a significant connection between these two themes. Further, it can act as a guide to outreach youth workers to determine the types of self care activities to encourage youth to engage in, in order to better cope with emotional responses in healthier activities. Self care patterns within youth are a relatively understudied phenomenon in child psychology and development (Bennett et al., 2015). However, understanding self care patterns within youth lends itself to Erikson’s (1968) understanding of ‘storm and stress’ and identity development within adolescents, wherein if youth have poor self care strategies, they are not likely to have strong capabilities to develop strategies to maintain and protect their emotional wellness during difficult emotional periods.

A major similarity expressed with regard to the theme of self care in the body maps collected was the fact that all activities described were ones which could be done in isolation. This is an important understanding, as it suggests that communities that the youth sampled reside in are not engaging youth, or allowing them to maintain a sense of active belonging and healing. These similarities are discussed specifically in the isolation theme section of this chapter, as these findings heavily overlap.

5.2.5 Emotional
When evaluating similarities and differences within body maps which expressed the theme emotion, a major understanding was the fact that just because youth express resilience, this does not mean that they express positive emotional responses. This difference is interesting
to note, as strong resilience would often be assumed to lead individuals to consistent positive emotional responses. Specifically, this can be identified in Logan’s body map, which discussed negative emotions pertaining to self-harm. Negative emotion is a clear demonstration of minority stress theory acting on these youth, as, especially in Logan’s body map, sexual identity is a clear reason as to why Logan is experiencing poor negative emotion. In his body map, Logan draws a heart, filled in with the pride flag colours, and a jagged line through it, suggesting negative emotion. Coupling this image with the repeated motif of self-harm in Logan’s map suggests that Logan’s sexuality is causing him psychological distress. Minority stress theory supports with this connection, stating that minority status is a root causes for psychological distress (Meyer, 1995). Further, from the individuals sampled in this study, it is understood that rural LGBTQ+ youth’s psychological development can negatively impact due to their marginalized identities. This finding demands specific attention from current policy makers and public health professionals, as rural LGBTQ+ youth are directly marginalized due to their identities. The findings in this study displaying negative emotional responses when considering Smalley et al.’s (2010) study which identified that rural youth are less likely to receive the emotional supports that they need in order to obtain and develop skills such as self care which would lead to positive emotional development. This is often due to the fact that rural communities often lack access to these resources. Similarly, Oxford Social Planning Council (SPCO) report on the current status of mental health in rural youth identified that social capital is a key indicator for mental health and wellness. Specifically, youth who lacked social capital were more inclined to experience suicidal ideation (SPCO, 2016). While I cannot infer whether or not Logan and Ava experience strong social capital and strong community support, the SPCO study demonstrates that this may be an
area to improve for these youth to assist them in experiencing positive emotions and mental well-being.

In contrast to these findings, some participants within the study displayed positive emotional development. For example, Adrian’s body map demonstrated that they overcame specific challenges pertaining to hearing homophobic comments within their school, while displaying evidence of positive emotional development through resiliency. This is important to acknowledge because it demonstrates the uniqueness of each individual body map, and that while there are trends within the findings, these trends do not apply to all collected body maps.

5.3 Pressures in Geographic and Social Communities

5.3.1 ‘Out’ and Visible

After considering lived experience in rural LGBTQ+ youth, it is important to consider a distant branch of kinds of experiences that youth have, specifically pressures that they experience. The most prominent kind of pressure that participants displayed within their body maps was social pressure. Social pressure was identified as youth feeling a need to be ‘out’ and visible as a member of the LGBTQ+ community when interacting with their geographic and social community.

An overwhelmingly common trend within this theme were participants choosing to use their sexuality as a descriptor of who they are. Many youth chose to write words such as “V GAY” or “GAY” when asked to write three words to describe themselves. This asks the question of why youth feel such a strong need to identify only as their sexuality, rather than have their sexuality be a part of their identity. Specifically, considering the idea that youth feel the need to conform to what society depicts a gay youth looks like (Camous, 2006). Before delving into youth identity, it is important to consider the steps in queer identity development (Campous,
We need to investigate further into how youth are developing a sense of what ‘gay’ or ‘lesbian’ or ‘queer’ physically embodies, whether it’s from media, online social media, each other, or another source. Specifically, understanding what youth are interpreting queer identities to physically embody in pertinence to their choices in external appearance. This is significant because we need to ask how are youth developing their own identity when the only identities that they have access to are the ones that they see online. Their own identity is a slew of language given to them by online media. Utilizing queer theory and Butler’s (1990) heterosexual matrix, the current status of queer youth identity development is no different from that being within the heterosexual binary. This is due to the fact that these youth are restricted and unable to explore further than what they are given to work with. Unlike other marginalized groups, the identity of a sexual minority youth is not ascribed at birth. The formation of individual or collective identity therefore can be seen as a process of ‘‘becoming’’ rather than one of ‘‘being’’ (Phelan, 1993).

The fact that youth are likely using pre-existing notions of sexual and gender identities to define themselves, rather than building their own identity to serve their unique needs is troubling. A lack of authentic identity development is dangerous to rural LGBTQ+ youths’ emotional wellbeing, and future identity challenges. This lack of authentic identity development can be further analyzed using queer theory (Sedgwick, 1990). In order to overcome this, youth need to be reminded that sexuality as not only an identity, but as a set of desires, practices, aspirations, and social locations (Heyes, et al., 2016). Butler (1990) explained that rigid identities cause for further marginalization of LGBTQ+ individuals. This is due to the fact that it requires an individual to strictly perform the identity which they have chosen, and if they do not, suppose they do not feel that the identity suits them, they are further ostracized within their community. In turn, this rigid identity development could lead to lessened community support available to
rural LGBTQ+ youth. Simply put, there is no correct way to perform the identity of gay, straight, bisexual, or transgender. By having rigid identities, we are continuing to alienate individuals who defy these categories.

Erikson’s (1968) research on adolescent identity development, and it’s influence on individual psychological development throughout the life course demonstrates that the potential for lack of authentic identity development within LGBTQ+ youth presents as significant concern. Specifically, this lack of authenticity when forming an identity, and instead relying on pre-formed identities can cause for a crisis later in life with regard to identity formation. This potential for crisis specifically places rural LGBTQ+ youth at risk for poor mental health and wellness. Furthermore, research pertaining to identity development within rural LGBTQ+ youth is essential for betterment of this population’s long-term health. Combining identity development within LGBTQ+ rural youth with social capital offers a potential explanation to the pressure that they may feel to emulate and reproduce these identities. Specifically, the youth within this study who chose to discuss their sexuality and sexual identity consistently represented their sexual identity in their body maps using identity labels. Butlers (1990) model of gender performativity provides insight into this instance, wherein she describes that all identity is a performance, used in order to adhere to social norms and cues. In applying this understanding of gender performativity, we can begin to understand youth sexual identity as described in the body maps, as they may feel the need to perform their sexual identity in order to obtain elements of social capital. Rural youth of sexual identity minorities may be interested in hyper-performing their sexual identity in order to have other individuals of similar identities recognize them and validate their identities. This specifically affects rural youth, as with smaller community populations, it is less likely that there will be other LGBTQ+ individuals in their community, and thus they may
be interested in hyper-performing sexual identify an order to identify and connect with the few who do identify within this group. Without completing a specific focus group on identity development within LGBTQ+ rural youth I cannot offer concrete findings on this specific concept. However, the explorative nature of this study does allow for speculation based on findings presented in the body maps.

5.4 Summary

In summary, the findings from this research answer both of the initial research objectives for this research. Specifically, youth in this study identify a variety of pressures which have the potential to influence their mental health and wellness. Some of the identified experiences include identity development, resiliency (and lack there of), community capacity for enabling self care (and lack there of), as well as isolation. These micro-factors are exacerbated in the rural context (Onyx, 2005, Smalley et al., 2010). This research answered the research objective asking where youth receive mental health supports, in identifying that youth sampled for this research currently do not have proper and effective supports to access with regard to mental health and wellness. For instance, some youth (Carling, Alfie) referenced their friends as emotional supports, but majority of the youth listed isolated activities that they accessed in order to acquire a sense of groundedness and self care. As well, only one participant (Adiran) referenced a mental health support worker as their source of support.
CHAPTER 6: CONCLUSION

Health literature has repeatedly identified mental health within LGBTQ+ communities as an area lacking both knowledge and concrete resources (Hulko, 2018). This disparity is accredited to previous neoliberal beliefs within the Canadian health care system, as well as the slow progression to remove deep-set homophobia from institutions and policy (Zeeman, Aranda, Grant, 2014). While this deepest homophobia has slowly been eradicated from health policy and educational institutions, communities across Canada continue to maintain homophobic undertones (Alberta Ministry of Education, 2016). This overt homophobia has the potential to significantly negatively impact LGBTQ+ youth mental health and wellness (Cohn et al., 2010).

In generating more knowledge about this unique community, I hope to provide further insights and understandings on the uniqueness of this population, as well as the importance that this population holds within a community.

For this study I utilized body mapping, an arts based approach to data collection, with the hope of ensuring that this data collection tool was interesting and empowering for youth who participated. Youth who participated in this study were able to express thoughts and ideas that they were often adverse to discussing, and able to challenge and reconsider previous experiences that they had in pertinence to gender and sexual identities. The insights provided from the participants of this study are invaluable in generating further research questions to provide research for the betterment of this population.

Through the thematic analysis conducted for this study, I determined six major themes which include: self care, isolation, community support, resilience, emotions, and ‘out’ and visible. Each of the body maps collected for this study presented at least two of these six themes, and demonstrate differing patterns and trends in interconnectivity to one another. Figure 13 in this study illustrates how each of these themes are interconnected with one another, and that they
interact with one another in order to create the unique lived experience belonging to each participant.

This study offers insight into using arts-based research methodologies when working with marginalized youth-aged populations. Body mapping is a relatively new qualitative research tool, and thus the body of research utilizing this tool is still growing. Through the utilization of body mapping for this study, as well as continued knowledge translation efforts for the findings presented in this study, I hope that body mapping as a data collection tool continues to grow and becomes more accessible for future research endeavors.

Through the use of the body maps in this study, as well as Figure 13, one of the main messages that I wish to convey from this study is that there is no one rural LGBTQ+ youth experience. Instead, as demonstrated in the relationships in the themes form the body maps, each rural LGBTQ+ youth has a unique lived experience, and these lived experiences are influenced by a multitude of factors and themes. Specifically, this demonstrates that researchers and policy makers cannot use inductive logic to generalize the experiences of this population, nor the population itself. This is especially important to consider when working towards creating community programs for LGBTQ+ rural youth aiming to assist in alleviating mental health stressors. For instance, not all youth within the study experienced isolation, but for some who did, this experience of isolation affected their own sexual identity, which could lead to future identity crises.

6.1 Limitations

This qualitative study solely utilized the narratives from rural self-identified LGBTQ+ youth residing in Acton, Georgetown and the surrounding areas. Due to these geographic limitations, the findings and results from this research cannot be generalized to all rural communities within Canada. All students were currently enrolled in Ontario Secondary School,
meaning that they had access to social communities provided by their school environment, and thus the opportunity for shared experiences. As well, all participants made the active choice of coming to the ROCK/PSN LGBTQ+ drop-in, which required them to self-identify as a member of the LGBTQ+ community or as an ally of the community. This can act as a barrier to some youth who may otherwise benefit from LGBTQ+ based programming, as not all youth who may benefit from this programming may be ready to be ‘out’ to others within their community, and thus not attend.

Another significant limitation is the current lack of research and knowledge about the LGBTQ+ rural youth community. This acts as a significant limitation to this research, as it is difficult to go in depth into present issues for this unique community, without having research supporting and identifying specific areas to target. By not having previously conducted research within this area, it is difficult to identify specific themes or experiences to be attentive to when completing a thematic analysis, as well as creating the initial soft script (Appendix 2) for the body mapping workshop.

Another limitation presented within this study is the low number of participants. In total, thirteen youth completed a body map. This is significant to note as some youth who were attending the drop-ins decided to stay at the drop-in during the workshop, but chose not to participate. When I asked youth why they chose not to participate, they provided superficial answers including “being too lazy,” or just coming to the workshop to “hang out with [their] friends.” These responses are important to consider for researchers looking to work with youth populations, as well as collect data using an arts-based approach such as body mapping. Specifically, youth may feel that they need to exclude themselves from this activity, as it
demands attention to detail, as well as youth to feel comfortable engaging in visual arts, which may not be comfortable for all youth.

6.2 Further Research
The status of mental health within rural LGBTQ+ youth is an understudied topic, containing minimal current knowledge (Hulko, 2018). This project adds to the slowly growing body of knowledge focusing on this unique population by providing an understanding of the kinds of experiences that this population faces. Due to this, this study can act as a resource for future studies, to create a further understanding of the lived experiences of LGBTQ+ rural youth and how this population’s mental health is influenced by their lived experience. Presently, rural communities in Ontario are struggling to retain youth within their communities once they complete post-secondary education (Statistics Canada, 2009). Understanding the lived experiences of LGBTQ+ youth in rural communities, and working towards addressing these issues may assist in retaining some of these youth. With the rising interest in youth mental health overall, it is important to ensure that developing research includes these unique perspectives and lived experiences. The following are a few suggestions for further research areas regarding rural LGBTQ+ youth and mental health.

1. What are long-term mental health impacts of LGBTQ+ youth who reside rural communities?
2. What are factors that encourage youth to be ‘out’ and visible as a member of the LGBTQ+ community within their rural communities?
3. What are factors that encourage resilience within rural LGBTQ+ youth, and do these factors contribute to long term mental health benefits

As well, I believe that there is a significant need to understand LGBTQ+ youth identity development within the rural context. Specifically, many youth in the study utilized descriptors and phrases commonly found on popular social media websites to describe themselves and their experiences. I believe that it is important to understand why these youth are utilizing these
descriptors for their own unique identity, as well as if this is more prominent within the rural context. Based on my understandings from this study, as well as literature utilized within Chapter 2, I believe that this may be due to the fact that there is less of an LGBTQ+ community presence within the rural context. Due to this, LGBTQ+ youth may not be aware that they can and should manipulate sexual identity descriptors and ideologies in order to best suit their needs, rather than conforming to a pre-described identity.

In order to understand and interpret the six themes identified in this study, I utilized minority stress theory and queer theory as a means to further unpack and understand the experiences of the youth sampled. This being said, minority stress theory does not account for resiliency within marginalized populations, or it’s ability to potentially improve one’s health status over time. I believe that it is important to consider these six themes with regard to minority stress theory, as an important tool for furthering this theory in pertinence to rural LGBTQ+ youth populations.
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APPENDIX 1

# Youth Program Calendar

## January to June 2018

**NOTE:** Holiday Closures Dec 25th - Jan 1st. We will re-open regular hours on Tues Jan 2nd. Youth Shinny times subject to change in April

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Youth Drop-in OPD Georgetown: 10:30am – 2:30pm</td>
<td>Youth Drop-in OPD Georgetown: 10:30am – 2:30pm</td>
<td>Youth Drop-in OPD Georgetown: 10:30am – 2:30pm</td>
<td>Youth Drop-In OPD Georgetown: 10:30am – 2:30pm</td>
<td>Youth Shinny Acton Arena (13 &amp; 14 yrs old $5.00): 3:00 – 3:50pm</td>
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<tr>
<td>Youth Drop-in OTW Acton: 3:30 – 7:30pm</td>
<td>Youth Drop-In OTW Acton: 3:30 – 7:30pm</td>
<td>Youth Drop-In OTW Acton: 3:30 – 7:30pm</td>
<td>Youth Drop-In OTW Acton: 3:30 – 7:30pm</td>
<td>Youth Shinny MMSP (13 &amp; 14 yrs old $5.00): 3:10-4:05pm</td>
</tr>
<tr>
<td>Youth Drop-in Acton Hub 3:30 – 6:00pm</td>
<td>Free Youth Skate MMSP (ages 12+): 4:00 – 5:00pm</td>
<td>LGTBQ+ Youth Drop-In Positive Space Network: Third Wed. of Every Month: Acton Hub 5:00 – 8:00pm Last Wed. of Every Month: OPD 3:00 – 6:00pm</td>
<td>Youth Shinny Acton Arena (11 &amp; 12 yrs old $5.00): 3:45 – 4:35pm</td>
<td>Youth Shinny MMSP (11 &amp; 12 yrs old $5.00): 3:45 – 4:15pm</td>
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<tr>
<td>Open Gym MSB: 6:00 – 7:30pm</td>
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<td></td>
<td></td>
<td>Free Youth Swim GCC: 7:30-8:30pm</td>
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<tr>
<td>Free Youth Swim AIP: 7:30 – 8:30pm</td>
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APPENDIX 2

Soft Script

Moderator Introduction and Purpose of Group (Facilitation Date)

Hello. My name is Stephanie. I’d like to start off our afternoon by thanking each of you for coming to group and participating in our body-mapping workshop. We’ll be here together for about three hours.

I would just like to confirm with everyone that I have received all of your completed Information Forms, Participant consent forms, and parent consent forms?

The reason we’re here today is to reflect on your experiences living within (Acton/Georgetown) as a rural community, and how this relates to your social experiences, sexual and gender identity, and mental health.

I’m going to lead our discussion today. I will be asking you questions and then encouraging and moderating our discussion.

Ground Rules
To allow our conversation to flow more freely, I’d like to go over some ground rules.
1. Only one person speaks at a time. This is very important in ensuring that everyone within the group feels heard and respected, especially when sharing.
2. Everyone doesn’t have to answer every single question, and you’re only asked to participate in the exercise where you feel comfortable doing so.
3. You are welcome to leave the group at any time, and choose not to participate within the body-mapping exercise. If you choose to do so, please let either myself or (Facilitator from ROCK), or (Social Worker) know.
4. As a reminder, it is essential that we respect other people from our group and do not share what is said within group outside of group. As well, I promise to not share any of your information unless legally obligated.
5. Your body map is YOUR own piece of artwork. You can draw on it however you please, and stretch your creativity throughout this workshop!
6. Does anyone have any questions?

Introduction to Body Mapping

Does anyone know what body-mapping is?

Body mapping is the creation of life-size human body images through drawing, painting or other art-based techniques to visually represent aspects of people’s lives, their bodies and the world they live in.

Based on the discussion that we’re going to have today, here is an example of my own body map (SHOW EXAMPLE).
Throughout this exercise I would like you to choose colours and symbols that reflect yourself and how you’re feeling in this very moment about the topics we are discussing.

As queer and trans people sometimes people don’t feel as though they live in their own bodies -

**Body Mapping Facilitation**

The first step in creating your body map is to **trace your body shape** on this large sheet of paper. I would like you to think about a position or a posture that best represents who you are and how you feel when you spend time in your community. What body position best represents you? (e.g. sleeping, standing, dancing, stretched out, curled up, etc.). Find a partner and have them help you trace your body onto your paper.

The next step is to think about a **personal slogan** (e.g. a statement, a saying, a poem, a song, a prayer, something you say for yourself) that describes your philosophy of life or your current thinking about your life. Draw this over where your heart would be on your body map.

The next step is to draw a symbol or series of symbols or words about **how you feel about yourself**. Draw this surrounding your body map.

strong (fist emoji), fragile (, well read (Stack of books),

The next step is to draw a symbol or picture of **how you felt today** before coming to group. Were you nervous, excited, scared? These feelings don’t have to be specifically about group, maybe they are about something that happened to you during the day or past week. I want you to think about that feeling, and draw it on your map over the place in your body where you felt that feeling. Draw this over the hands on your body map.

Foggy (clouds), excited (fire)

On your map I’d like you to **write down the first three words** that come to your head when you think about your own sexual identity. For example -Maybe you’re happy, maybe you’re sad, maybe you’re very very confused. Whatever you feel best suits your current feelings, you’re welcome to write that on your map wherever you’d like.

Confident, happy, struggle

Now, I’d like you to draw or write a **person, place, or thing that makes you feel safe** when thinking about your own sexual identity, and draw or write it underneath those three words you previously wrote.

Over your ears on your body map, draw or write **something that you have heard** at your school about people who identify as LGBTQIA+ at your school.

Now on the legs of your body, I’d like you to **draw an activity** that you like to do or wish that you could do in your community. Does living in a rural community, identifying as LGBTQIA+ affect this? If so, write or draw how or why this is affected.
On the feet of your body map, I’d like you to draw something that is **especially important to you**. For example - It can be a friend, pet, relative, hobby, food – just something that makes you feel good.

**De-Brief Facilitation**

Thank you all so much for participating in the body mapping exercise. Now, as a group we’re going to share and discuss some of the things that we have written and drawn on our maps. I’d like to remind everyone that you’re welcome to share as much or as little as you’d like, as well as the fact that everything that is said in group, stays in group.

Now let’s all sit in a circle.

Let’s go around the circle and state what we each wrote as our personal slogan.
- What made you choose that? What is that in reference to?
- Why did you choose those colours?

Thank you for sharing! Now I’m going to ask a couple of questions, and anyone who is interested in participating is welcome to answer.

We know that body language can be an important tool in communicating with others. How does the body shape you drew on your map reflect you?

What symbols/images have you chosen to describe your experience of living within your community?
- Why does that represent your community to you?

What’s something in your community that makes you feel safe?
- How often do you get to go there/ see that person/ do that activity?

**Closing**

I’d like to thank everyone again for your time and active participation within the body-mapping workshop. I hope you had a wonderful time participating, as I had a wonderful time meeting you all and sharing our experiences together.