Ripping the Cultural Band-Aid by Decolonizing "Culture" in Mental Health Practice: A Tamil Women's Mental Health Study

By

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Dedication

To the Eelam Tamil community in Turtle Island to Tamil Eelam:

"She considers the question. Having been trained in combat, she thought that a glass thrown must be aimed at a target—but where would she direct her rage? At the guerrilla men with whom she shared a battlefield who now refuse her hand in marriage? At the soldiers who left her wishing she had joined her friends in a mass grave. At the NGO-funded "rehabilitation" teacher who places reams of fabric before her, demanding she stitch tiny yellow ducks? At him, the government-paid "neutral" psychologist?" (Gowrinathan, 2021, p.18)

Table of Contents

Abstract

Currently, there is an established need in mental health research literature to explore racialized mental health outcomes. More specifically in the case of Ontario, there is a need to examine South Asian mental health outcomes due to South Asians being the densest racialized population with significant mental health concerns, yet they draw on available services at a disproportionately low rate. This study explores Tamil centric gendered and intersectional mental health outcomes in Tamil women living in Ontario and brings to light the complexity and diversity within South Asian diasporic populations that tend to be homogenized and hidden within existing literature concerning South Asian mental health research. The study collected and examined experiences of Eelam/Sri Lankan Tamil women's identity, their engagement and experiences with liberation culture, intergenerational trauma, and social and structural barriers to accessing mental health services in Ontario. By conducting 23 interviews with 11 Tamil Canadian born female participants and 12 Tamil female migrant participants using narrative qualitative methodology, participant narratives were coded, and thematic analysis was conducted in NVivo. This research found that study participants stress the distinctive nature of their Eelam/Sri Lankan identity relative to South Asian and Pan Tamil identities. They expressed significant experiences of unresolved intergenerational trauma and significant engagement with liberation culture, both of which are factors that are not established in the mental health literature surrounding South Asians in the Ontario region This study yielded significant potential implications to reconceptualize liberation culture as a therapeutic resource that is already established and engaged within the Tamil community, in addition to calling for a greater emphasis on Eelam Tamil centric research.

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Chapter 1
Preface

Each year on Canada Day we occupy the exact same spot under a mosquito ridden tree. "We" are a large group of brown people, sitting on our *pai's*[1], huddled together as the summer chill breezes. This is an annual occurrence for us, a Canada Day tradition for my family, cousins, aunts and uncles to watch the fireworks at Centennial Park in Toronto. We seem to enjoy the 10 mins of gas combustion in the skies, not really thinking too deeply about the nationalist and genocidal celebration it entails. Our tradition was only broken once, and rightly so during the nationwide mourning and recognition of the colonial and genocidal atrocities Canada Day celebrates, most notably after the discovery of the remains of indigenous residential school victims in Kamloops Indian Residential School located in British Columbia, in May 2021 (Mosby & Millions, 2021).

Another strain of genocide infiltrates our annual Canada Day celebrations through my amma's flinches at the sounds of the booming fireworks above us. I later learned that this is something she associates with her own experiences of genocide, taking her immediately back to the noises of shells and bullets piercing the air in the distance, a triggering post traumatic response. This reaction never left her body upon arrival on this land. The irony of experiencing a fleeting moment of genocide, during a celebration of one, means that genocide wreaks from Tamil Eelam[2] to Turtle Island. Canada, particularly metropolitan centers like Toronto, harbours many communities living with the intergenerational trauma of genocide, including the Tamil, Hazara, Palestinian, Punjabi, and Bangladeshi communities who may view Canada as a haven as displaced settlers. The feeling of safety is ironic, considering the scope of settler colonial

[1] a straw mat
[2] modern day North-Eastern region of Sri Lanka

violence and genocide levelled against Indigenous and Black communities who have lived here for millennia and centuries respectively. Parallels of this genocidal stench stem from one colonial project, entitlement, and domination, which continue to manifest epigenetically and psychologically through bloodlines and offspring who may have never directly experienced this violence at its highest, most intentional insidious form.

I found myself also seeking mental health help this year in 2022, the first time in my life, almost inevitably, but also ironically, as I study this, especially when considering potential maladaptive cognitive patterns stemming from sources even beyond my human conception. I was met with the Western therapeutic approach and colonial epistemologies of having to deal with the "here and now", to view the formation of my current mental dilemmas through the lens of "it is what it is", when it is seldom considered that my "here and now" may be influenced by my ancestors, parents, and community's unhealed wounds in tandem with human-made socio-economic systems of domination and oppression that surround us. Although I can empathize with the value of taking such things so nonchalantly, particularly through a white nihilist lens, many displaced, colonized, marginalized, and racialized folks either have the choice to 1) unpack traumas themselves or with mainstream mental health professionals who do not have the right tools to assist many displaced, colonized, marginalized and racialized folks or 2) carry infected psychosocial baggage, thus potentially resorting to escapist behaviours and inevitably passing down psychopathologies and maladaptive behaviours to subsequent generations. I'm sorry Dr. J*n, that the only sort of cultural competency you are aware of, is asking if I eat naan bread[3].

[3] Which is infuriating, not in a biriyani activism sort of way, but a microaggression that leaves me hating myself for being bothered by it and makes me assume that this is the depth of non-white competency that I am left to endure

Introduction

Eelam/ Sri Lankan (SL) Tamils are characterized by having origins in current day Sri Lanka. Eelam/SL Tamils are unique to the South Asian demographic primarily due to contexts of displacement due to war and genocide in Sri Lanka, but also due to transnational association and engagement with homeland politics, that continues to oppress Tamil people on the island. There is very limited research concerned with whether the Eelam/SL Tamil population received any sort of mental health care, especially as a refugee demographic. Mental health issues in the Tamil community are very prevalent and manifest through forms of substance abuse/addiction, domestic violence, gender and sexual violence, high rates of suicide, and other psychopathologies (e.g. anxiety, depression, Post Traumatic Stress Disorder (PTSD). These issues are prevalent in Tamils who are immigrants or refugees, as well as first generation Tamil-Canadians, potentially due to intergenerational trauma and experiences with genocide and displacement. First generation Tamil youth may face different realities and stressors compared to their immigrant/refugee counterparts, potentially with issues of reaping the sacrifices of displacement of the generation before them, and acculturative stress. Most notably, as seen with intergenerational trauma, particularly in indigenous populations, there also may be an epigenetic factor that enables the Tamil population who have not been directly exposed to traumatic contexts, to be predisposed to psychopathologies, which is not established in the literature for Tamil people in Canada.

As Tamils living in Canada can be described as a refugee displaced population with unhealed wounds from the Sri Lankan war and Tamil genocide (Beiser, Simich & Pandalangat (2003), there is a dire need for Tamil-centric mental health initiatives in Ontario, and a greater

enrichment of South Asian cultural competency that is trauma informed, specific to the Tamil diasporic condition. Currently there is little to no Tamil centric mental health research and gendered research, that caters to specific realities of Tamil people who may not be accommodated under South Asian cultural competency. In addition, there is no research that considers gendered realities that are experienced by Tamil women in Ontario.

Currently there is limited literature regarding "Sri Lankan Tamil" refugee and immigrant experiences and mental health (Kanagaratnam, Mason, Hyman et al., 2012; Kanagaratnam, Rummens, TonerVA, 2020; Beiser, 2014; Beiser et al., 2015; Hyman, Mason, Guruge et al., 2011; Beiser, Simich, Pandalangat, 2003; Beiser et al., 2011). In addition, there are also newly found thesis findings from a study examining Tamil youth of Sri Lankan origin experiences (Shanmuganandapala, 2020), a study in the works that is currently addressing suicidality of Tamil men in the community, and finally a recent community needs assessment study to explore Tamil women centric factors of homelessness (Kudai Organization).

This study will be unique as it specifically examines intergenerational experiences of Tamil women living in Ontario from participants who are immigrants/refugees or first generation Canadian, using a qualitative, narrative methodology. Further, unlike many of the published literature findings, this study places more of an emphasis on Eelam/SL Tamil identification.

In addition, this research is the first to inquire about gendered conceptions of women identifying folks regarding Eelam/Sri Lankan Tamil identity, Tamil liberation culture and gendered experiences of intergenerational trauma and barriers to/experiences with receiving mental health care. All of these objectives correlate to individual and community mental health realities and allow for Tamil-centric exploration of mental health experiences. This research seeks to enrich the repertoire of trauma informed knowledge specific to Tamil women in

Ontario. The recruitment of participants who are immigrants and first generation Canadian, allows for the examination of intergenerational understandings of Eelam/Sri Lankan Tamil identity, Tamil culture, liberation culture, trauma, and experiences with mental health that may be experienced differently across these intersections due to varying experiences of displacement. acculturation, assimilation, and different engagements with Tamil and Canadian identities.

Purpose of this Research

With these research objectives in mind, this thesis aims to provide a gendered trauma informed approach that considers psycho-political realities for Tamil women living in Ontario and attempts to decolonize the use of "culture" that is operationalized within government institutions and mental health practice. Culture, in the mental health context, intended to reflect the anthropological perspective, is defined as a socially shared, trans-generationally communicated, system of implicit values, beliefs and attitudes, and explicit behavioural codes of practice (El-Islam, 2008, p.671). However, the use of "culture" in mental health practice may not consider that "culture is not static and is affected by educational, economic, and political factors, and is subject to transformations, such as modernization or fundamentalist revivals" (El-Islam, 2008, p.671). In addition, this research hopes to justify the need for distinct Tamil-centric research and programs and break away from the amalgamation within the South Asian umbrella, by asserting an autonomous Tamil identification.

I conducted approximately one-hour semi-structured interviews with 23 Tamil women using narrative methodology, where 12 women identified as immigrants/refugees and the remaining 11 identified as first generation Canadian. Interviews were conducted in either English and Tamil and transcribed for thematic analysis using a qualitative analysis software called, NVivo.

Thesis Structure

This thesis is organized as follows. This first chapter introduces the research objectives and questions and situates the objectives explored in the study. Chapter 2 will be a review of the literature pertaining to the research objectives, Chapter 3 will outline the post-colonial and feminist theoretical lens and qualitative narrative methodology that situates this research. Chapter four will provide the findings of the research; Chapter five will offer a discussion of the findings.

Situating Research Objectives

Research Objectives

This research project was guided with three objectives, the first of which is to explore Tamil liberation culture that may be resisted in diasporic contexts, yet informs Tamil women of their identity and historical, community and intergenerational trauma. The second objective is to reveal experiences of intergenerational trauma in the Eelam Tamil community and how they may be informed through contexts of war, displacement, and genocide. Finally, I seek to critique the extent to which theories and concepts in cross cultural psychology operationalize an autonomous or essentialized form of culture and enable a consideration of and engagement with the experiences of intergenerational trauma experienced by Eelam Tamil women. With these objectives in mind, the main research question asks, how can current south Asian culturally competent mental health initiatives accommodate the intergenerational trauma and liberation culture experienced by Tamil women living in Ontario?

In seeking to shed light on this question, the thesis focuses on exploring the specific realities and trauma that Tamil women in Ontario experience that may go beyond individual experience and are rooted in intergenerational experiences. Thus, allowing for an enriched trauma informed gendered Tamil centric understanding for mental health professionals. Under the banner of this main research question, my interviews and research were guided by the following sub questions:

1.) How does liberation culture inform identity for Tamil women in Ontario?

2.) How is intergenerational trauma experienced by Tamil women in Ontario?

3.) How do Tamil women engage and understand Tamil identity?

4.) How is “Tamil” accommodated under South Asian identifications?

5.) How can psychology accommodate Tamil liberation culture and intergenerational trauma that is in dynamic engagement with current Euro-Western psychological frameworks?

Purpose with Positionality

As an Eelam Tamil woman with experiences of trauma within my own family and being aware of prominent social and psychological issues in the Tamil diaspora in Ontario, this project is more than an academic thesis. I am reminded of Kwakwaka'wakw, an indigenous feminist scholar Sarah Hunt's words, that I first encountered during my undergraduate studies that have resonated with me for many years. Hunt (2013) discusses their ability to shapeshift which allows them to "conjure contrasting voices and seek a synthesis between disparate things" (Hunt, 2013, p.28) as they are confronted with these ontological conflicts that live within the dichotomies of "colonizer/colonized, native/academic, and community member/scholar" (Hunt, 2013, p.28). I occupy many spaces in this realm of study as someone who is a mental health user with chronic mental health diagnoses, an Eelam Tamil woman with living experiences encompassed in intergenerational trauma and unhealed environments that I continue to navigate today, and finally being a front-line mental health intake worker where I encounter clients with debilitating mental health realities on a daily basis. It is very clear that the radical calls for critique and progress assumed in some academic spaces is not evident in practice. It is incredibly disheartening to possess heightened awareness when receiving violent, unhelpful care that is standardized practice. It forces me to be consciously aware about how this system fails many, particularly racialized, marginalized, disabled, queer and transgendered folks.

As a 19-year-old in my first "Intro to Psych 101" class, we were taught that the most effective method of treatment for mental health, is a combination of medication and therapy where, unfortunately, even this most basic standard practice of care is not available in Ontario. If one were to pursue the primary care route for mental health, they would be met with a 6-month waitlist to be seen and potentially diagnosed by a psychiatrist. Even in this instance, actual

therapy would not be provided by the psychiatrist, who would either refer free therapy resources which also yield more wait times. The other option would be to go the private route, which would entail spending at least $200/session with a psychologist, particularly if you require specialized trauma informed therapy. In addition, even if you were to go to the private route and felt relieved knowing you have some sort of insurance coverage through your workplace, typical insurance designated for mental health services comprises of an allowance of $500, that at most, provides 2 sessions with a psychologist. Or, if one were to see another counsellor with another designation such as a registered counselling therapist (RCT) who offers a lower rate per hour allows for more sessions within that allowance, many insurance companies do not cover these designations.

As an Eelam Tamil women when seeking services, I was often met with the reality that there is an oversaturation of Eurocentric practitioners that inevitably work in tandem with psychological systems which assume this positionality as universal, or "normal". Thus, help seeking is often met with treatments that promote these standard forms of psychological care which do not prioritize unpacking potential deep-seated forms of trauma that may be intergenerational, historical, collective, and beyond your individual self. Typical forms of therapy like Cognitive Behavioural Therapy (CBT) at times, seems to prioritize the health and well-being of capitalism, aiming to patch people up well enough to go back to work without prioritizing intergenerational trauma in the individual and the structural health problems related to life under capitalism. Or, even when partaking in general talk therapy, individuals may be met with therapists who they end up educating about their lived experiences shaped by cultural, systemic, racialized and most likely marginalized lenses. The systemic and epistemic failures within mental health systems inevitable cause people to become more hopeless, and I would

even heartbreakingly say, promote death. As a mental health user, I have witnessed first-hand the appalling capacity that Ontario has for mental health services. According to the Canadian Association of Mental Health (CAMH,2022) website titled "The Crisis Is Real", the site states that "while mental illness accounts for about 10 per cent of the burden of disease in Ontario, it receives just seven per cent of health care dollars. This shortfall, totalling almost $1.5 billion, creates an ever-widening gap in the system's ability to deliver timely intervention and adequate long-term care."

Particularly in my experience during the height of my poor mental health, I visited the CAMH emergency room which recently opened in 2019 and described as "cutting edge". I was turned away at 11 am due to the clinic being at capacity, when it is supposed to close at 5 pm, which begs the question what happens when a person is in crisis after 5 pm. In addition, after being diagnosed with Borderline Personality Disorder that requires more specific therapy like Dialectical Behaviour Therapy, the waitlist to access that treatment was quoted to beyond 6 months at the time. Finally, with also being diagnosed with atypical anorexia nervosa where the diagnosis itself took 6 months to receive, I am currently on a waitlist for an indefinite amount of time for eating disorder treatment and was told to try my best not to engage in disordered behaviours in the meantime. Due to my personal frustrations and thinking about aspects of mental health realities that have shaped me and are rooted intergenerationally and epigenetically particularly being Tamil, I am met with great despair and hopelessness. Yet, I am reminded and guided by bell hooks: "True resistance begins with people confronting pain… and wanting to do something to change it" (hooks, 2015, p.229). As a researcher with a personal anti-colonial positionality, choosing post-colonialism as my theoretical framework, almost left bitter taste as it

sometimes seems like a comprise when the "answers" to colonial problems are considered to be radical, particularly as a "researcher" who is strongly in solidarity with indigenous anarchism.

I want to emphasize Eelam Tamil identification with my own positionality of identifying as an Eelam Tamil woman, conclusive with most of the self-identification preferences of the participants in this research study. "Eelam" entails an alternative name for the entirety of the island of modern-day Sri Lanka. Eelam is akin to the plethora of names Sri Lanka is associated with, some examples being Illangai, Ceylon and Serendib. The etymology of Eelam can be traced back to Sangam literature, which is an ancient body of Tamil literary work spanning from the third century B.C to the third century A.D, that is also "effectively the literary, cognitive and originate based for Tamil linguistic identity and nationalism" (Jeyapalan, 2017, p. 260). According to Jayapalan (2017), there are literary references from Sangam that designated that island in Tamil as both Eelam and Illangai, specifically in passages which references a householder and a Tamil poet from Eelam and food being imported from a port in Eelam. Additionally, "Eelam" tends to be conflated with conflated with "Tamil Eelam", which is the name dictated for the desired separate state for Tamils comprising of the North-Eastern region of Sri Lanka, during LTTE (Liberation Tigers of Tamil Eelam) militant resistance in Sri Lanka. Eelam represents the entirety of the island, where the notion that it only represents "Tamil" areas, is a common misconception. It is important to explicitly acknowledge Eelam identity into mental health literature, due to the historical and political implications this identification carries, that in tandem reveals trauma informing implications for individual and collective identity that is alternative to modern day or colonial categorizations. The assertion of Eelam identity can be seen through social movements within the Canadian diaspora, particularly stemming from Ontario. For example, "Eelam Tamil" was encouraged to be noted in the "other" section by

many Tamil individuals during the 2020 Census when identifying race and ethnicity, which was reinforced by a social media campaign and promoted by political and community leaders such as Neethan Shan. Identification as Eelam Tamil is important for many Tamil individuals, as it allows them to disassociate with the Sri Lankan state. Recognizing that Tamils are not a monolithic entity and that many Tamils do identify themselves as Sri Lankan Tamil, Eelam/Sri Lankan Tamil is used throughout this research project.

The following section will situate how these research objectives serve to fill the current gaps in literature surrounding conceptualizations of Tamil identity, liberation culture, experiences of intergenerational trauma, and how addressing these gaps aid in producing a historically and politically aligned Tamil centric trauma informed repertoire.

Eelam/Sri Lankan Tamil identity

Eelam Tamils are an "ethnonational diaspora" which is defined by Sheffer (2006) as a "cultural-social-political formation of people who are united by the same ethnonational origin and who reside permanently as minorities in one or more hostlands" (Sheffer, 2006, p.130). The characteristics of the diasporic community that situates them as a separate entity, is the coherent narrative of the "original" homeland (Thurairajah, 2017). The literature extensively discusses diasporic identities with long distance nationalism and political involvement in their country of origin (Thurairajah 2017; Thurairajah 2019; Amarasingam, 2015; Amarasingam, Naganathan & Hyndman, 2016). However, there is no literature on the engagement of identity with mental health in the Eelam Tamil population, let alone Eelam Tamil women. This research aims to address this gap as it is crucial to consider the identities of Eelam women in a diasporic context, where identity is connected to liberation culture or "back home" politics, but also, is embedded within representations of the host country. This research also prioritizes the gendered dynamics of the Sri Lankan (SL) war that informs Eelam Tamil women's identity via liberation culture. For instance, in the Tamil resistance in Sri Lanka, Tamil women challenged what was expected of them and confronted multiple forms of state repression through their participation in armed movements. However, after the defeat of the Tamil resistance, the liberation from patriarchy for Tamil women, was short lived. According to Gowrinathan (2013), during this time women who had gone through combat training experienced short-lived feelings of freedom, gender equality and shifting identities, are now forced to reintegrate into a heightened conservative social space. With the continuance of gender-based violence, and diminished self-determination to be fought for, political identities of Tamil women were left to the engagement with the post-war Sri Lankan state, or the states of their host countries. In addition, as liberation culture is practiced in

tandem with other forms of Tamil culture, it may be transmitted vertically (e.g., from grandmother/mother to granddaughter/daughter). This research explores the "transgenerational" element of Eelam/SL Tamil identity formation that is overlooked in the literature. It does so by interviewing participants who are identify with having immigrant, refugee, first generation and 1.5[4] generation experiences.

Eelam Tamil diasporic identities are informed by liberation culture or "back home politics" thus being "trans-national", and transmission of liberation culture is often vertical, thus "trans and inter-generational". Although this conceptualization of diasporic identity formation is informative, it needs to bridge the understanding of identity via liberation culture and homeland politics, and how that manifests in host countries. For example, Tamils in the West are associated as "model immigrants" for their socio-economic contribution, but also are demonized as "separatists" and terrorists" by the Canadian masses, particularly during the period of mass protests and promoting awareness of the Tamil genocide in 2009 (Amarasingam, 2015). In addition, the gendered aspect of identity in the host country setting is particularly significant and missing in the Tamil context within the literature. For example, the burdensome responsibility of maintaining cultural identity falls on women, who are seen as biological and cultural producers (Anthias & Yuval-Davis, 1989). This is furthered by Hall (2015) as they discuss this in the diasporic context, as diasporas try to maintain the culture as they remember it from their original country, while it evolves in their home country. Thus, Tamil gender norms and ideals are reproduced in the host country in tandem with liberation cultural practices that revere gendered liberation and resistance against the SL state, but both may also be contradictory experiences of Tamil identity that are unique to SL/Eelam gendered identity. Therefore, there is a need to

[4] First generation immigrant who immigrated to Canada before or during early teens

understand the realities of Tamil women who are conflated with being the bearers and preservers of Tamil culture which may be inherently patriarchal and in tandem with gendered liberation cultural identity that sought to instill gender equality for Tamil women in response to Sri Lankan state violence and Tamil patriarchy. This is important to understand the socio-cultural landscape that situate Tamil women in living in Ontario to enrich the repertoire of trauma informed cultural competence, that Tamil women may not be represented under essentialized ahistorical South Asian racial categories.

Liberation Culture

This research will examine Tamil liberation culture, that is engaged intergenerationally within the diaspora that is also simultaneously vilified in the West and is viewed as controversial with its association with the Tamil liberation and militant resistance movement. This research project will examine and assert that cultural competency cannot accommodate Tamil liberation culture. This study will be the first to explore what liberation culture entails and its role with the conception of Eelam/Sri Lankan Tamil identity that translates into mental health realities, as most health-related literature tends to ignore that the political is in tandem with the personal. In addition, as Tamils may hold transnational ties, and liberation culture is practiced and oppressed transnationally in both Canada and SL, this connection to the homeland and communities in Sri Lanka also may affect ones' mental health and sense of identity. This research will critique conceptions of culture in psychological epistemologies that tend to be static that do not allow for the temporal fluidity of trauma and social constructedness in which Tamil people experience and understand mental well-being.

Liberation culture has been evoked by several communities who have resisted colonial occupation and oppression. For instance, Chikwanha (2022, p.127) define Zimbabwe's liberation cultural values that were nurtured during the liberation war reflected were "informed by the liberation culture values that were generated during wartime mobilisation practices. The liberation culture manifests itself as a distinct type of organisational culture that gives rise to partisan behaviour". This engagement and association of liberation culture with liberation related wartime events, also informs liberation culture in the Tamil context.

Liberation culture is widely informed by the resistance movement led by Tamils in Sri Lanka during the SL war and Tamil genocide. There is no established definition specific to

Tamil people in the literature, where this research allows for the exploration of Tamil liberation practices and meanings. There is also no specific recognition of liberation culture in mental health literature, but in the context of this study, it can be defined as forms of social production (ideologies, histories, arts) that navigate the Tamil resistance movement. For example, liberation culture can be comprised of poetry and songs that invoke recognition of the struggle, but also, the ideology of self-determination that embeds a need for the Tamil people to be liberated. For instance, you are able to find a number of "Eelam Songs" playlists on Spotify, that are created by Tamil people, and played during time periods that are significant in liberation history or day to day. There are extensive collections of poetry and music invoking the liberation movement, in addition to significant days that are usually distinct markers of events in liberation history, which promote efforts by the Tamil community to observe these events. Liberation culture is also transmitted transgenerationally, as Tamils who have no tangible connection with the resistance or genocide, may also engage and feel strongly about liberation culture. This can also affect the conceptualization with identity when engaging with ideologies in their host countries (e.g., LTTE being viewed as a terrorist organization in Canada, but a "freedom fighting" liberating resistance to Tamils). It is also important to note that liberation culture is not always "protective" and "comfortable", as it conveys the collective trauma that Tamils have experienced under the Sri Lankan regime.

It is integral to capture experiences of identity that evolve with the histories that correspond to the context of these intersections (e.g., immigrant, refugee, first generation Canadian). Although these experiences may diverge in opinion and realities, they are connected to the overarching experience of Eelam Tamil liberation culture. For example, an Eelam Tamil female immigrant post war Sri Lanka may share completely different identities and experiences,

compared to an immigrant that arrived in Canada just after the initiation of the war, a time during which a significant concentration of Tamils immigrated to Canada. Thus, this research hopes to enrich a Tamil-centric trauma informed approach for the Tamil community that experiences "alternate homelands" that are demonized by the post-colonial landscape.

In addition, as liberation culture is a form of culture, this research will critique the conceptualization and operationalization of "culture" by Western psychological ontology, where "culture" can be a can serve as a protective factor, but also a place of discomfort and trigger. For Eelam/Sri Lankan Tamils, remembering acts of the Sri Lankan state oppression and genocide, as well as Tamil resistance, is a form of resistance that may both empower and trigger at an individual and community level. Secondly, engagement with liberation culture calls for a decolonization of Western psychological epistemologies, where, although interventions like "cultural competency" help to alleviate the implications from Eurocentric psychological practice, Kirmayer (2012), notes the paradoxical nature between "cultural competency" and Western medical epistemology, where cultural competency is most often justified via evidence-based practice. For example, they point out that cultural competency needs research to provide knowledge about diverse populations and to validate its practices. On the other hand, practice needs cultural competency to determine the generalizability of knowledge and the ways to translate generic knowledge into locally appropriate interventions. But even then, we revert to Western epistemologies that attempt to generalize knowledge. Kirmayer (2012), elaborates on this when they note evidence-based practice aims to create generalizable knowledge, but generalized knowledge about culture can lead to stereotypes.

Thus, psychological frameworks influence the type of knowledge and interventions made for cultured individuals that may be operating on the basis of rigid, ahistorical and apolitical

stereotypes. Since mental health initiatives are based on Euro-American understandings of "mental health" and psychological well-being, this may allow for incongruencies in treatment outcomes for individuals and populations that are othered within the dominant hegemony. Liberation culture, being controversial in the West, may not be "allowed" to be considered in a culturally competent programme for Tamil people, as it exists outside of the parameters of what is considered acceptable in a liberal multicultural settler colony because it engages substantially with questions of occupation and freedom. This is discussed by Craven (2022) who writes that:

> Even in the post–civil war period, which has seen an end to insurgent activity by the LTTE, the Tamil diaspora has remained subject to security governance practices that constrain transnational political action. Such practices, which continue to target the diaspora community inside the host state, range from the contestation and policing of commemorative events to intimidation of Tamil demonstrators, and even the wrongful arrest of human rights advocates. (p.2)

This phenomenon of using culture as "band-aid" is evident in similar interventions conducted within Western approaches towards psychological healing on Turtle Island, using sweat lodges, traditional knowledge, and elders in a standard psychological practice, that may ultimately serve as a "band-aid", where real life psychopathologies are in tandem with Canada's colonial project.

Intergenerational Trauma

The notion of intergenerational trauma in the Eelam Tamil population is not thoroughly established in the literature. Intergenerational trauma "refers to the ways in which trauma experienced in one generation affects the health and well-being of descendants of future generations" (Sangalang & Vang, 2016, p.745). Currently, there is some work discussing intergenerational trauma in second generation refugees (Jeyasundaram, Yao Dan Cao & Trentham, 2020; Thambinathan, 2022), although there is no established literature on gendered experiences of intergenerational trauma. As a result, this research aims to explore experiences of intergenerational trauma in Eelam Tamil women that is informed by Eelam Tamil identity and liberation culture (e.g. Tamil resistance, war/genocide). This recognition is crucial as the conceptualization of trauma in Eelam Tamil communities, ultimately decides the types of mental health interventions needed to be put in place. There is increased recognition that war-related post-traumatic stress extends beyond the individual to affect families with potential long-terms effects on the health and psychosocial well-being of individuals in subsequent generations (Sangalang &Vang, 2016).

In addition, there have been implications when pathologizing certain traumas in vulnerable populations. For example, mainstream practitioners often refer to the Diagnostic and Statistical Manual (DSM) diagnosis of Post-Traumatic Stress Disorder to explain the range of behaviours often exhibited by individuals experiencing trauma. However, recent literature calling for decolonizing understandings trauma, particularly in indigenous communities, argues this diagnosis ignores the role of culture and intergenerational or community trauma. Burrage, Momper & Gone (2021) bring attention to the psychocentric approach of trauma where mental clinical professions have largely examined trauma and healing in terms of individual

development of psychopathology, such as PTSD, where this approach sees issues as stemming from and residing with the individual mind.

According to Menzies (2008, p.43), "The conceptualization through the DSM, does not connect the individual's experience to a broader, systemic condition that perpetuates and exacerbates the individual's experience". This is interesting as it reflects the emphasis placed on individual direct trauma by Western epistemologies in the psychological disciples. For instance, culture and community are factors that promote "resilience" for mental health outcomes but are not seen as entities that also carry collective traumas.

When thinking about the Eelam diasporic context, a phenomenon that captures the intergenerational transmission of trauma onto younger generations who have not directly faced it, can be explained by "second-generation trauma or "post memory" (Bombay, Matheson & Anisman, 2009). According to Connolly (2011), these memories of the non-experience do not always consist of images, but of sensations and emotions. Since these memories are not experienced, they acquire a repetitive, static and coercive character. Over time, they accumulate around themselves an amalgam of images taken from both personal experience and from the stereotyped images of family history or the social group. As a result, the dissociation between the subjective time of memory and the objective time of history, establish identity based on historical construction. Hirsch (2012) uses postmemory to describe this phenomenon of children receiving trauma from their parents. Hirsch (2012) conceptualizes the "post" in postmemory to Post-it Notes, as Posts can be layered on other texts or concepts, which transform the original thought. Post-it-notes also have the ability to fall off surfaces, which means some meanings can be lost (Hirsch, 2012). In this way, "'postmemory' reflects an uneasy oscillation between continuity and rupture… it is a consequence of traumatic recall" (Hirsch, 2019, p.173).

Children of survivors may reconstruct their trauma to something different from their parents' experiences. This phenomenon may be reflected in Tamil youth, as they share a unique trauma not shared by many of their Canadian peers, who often struggle to understand why a distant ethnic conflict would have such a formative influence on their identity. The burden of Tamil historical and intergenerational trauma weighs heavily on Tamil youth, although not in the same way it does for their parents, many of whom fled the increasing violence in Sri Lanka.

Experiences with Ontario's Mental Health System

Finally, there is no research regarding gendered outcomes and barriers in the Tamil community upon receiving mental health care, which is quite appalling considering the contexts that situate the Tamil diaspora. Therefore, this research aims to identify social, systemic and structural barriers, that make it difficult for individuals for accessing services, in addition to hearing mental health outcomes after utilization of services, if accessed. As this research engages first generation Canadians, and immigrants/refugees, it allows for configuring when mental health resources are access, the main access points, where experiences different along both of these intersections.

Research Implications

The need for gendered research is rampant and especially timely for organizations attempting to address social and structural issues within the Tamil community. Currently, an unprecedented Tamil community centre project for the Tamil community in Ontario, estimated at 40 million dollars is to be funded provincially and federally, is set to alleviate unmet demographic needs in the north east Scarborough that consist of "difficulty finding accessible and affordable community spaces, a lack of availability and affordability of services, a need for cultural competency and knowledge in service providers in the areas of mental health and wellness, a lack of language resources and translation services to help navigate the newcomer system, and a high incidence of work precarity and lack of opportunity for progress in work", as outlined on the Tamil Community Center website.

Not only is this centre Tamil-centric and mobilized by the Tamil community, The Tamil Community Center Website emphasizes that it is also "carried out with sensitivity to the needs faced by other vulnerable and marginalized communities in the area that includes Caribbean and Indigenous communities who face a similar dearth of resources, and the threat of social exclusion" in addition to other marginalized groups within these racialized demographics that consist of " LGBTQ members, differently abled members, those suffering from mental health issues, and survivors of domestic abuse are made even more vulnerable when they lack resources and programming". According to 1114 consultations from the local Tamil community by organizers of this community center, the website revealed 617 consultations identifying a need for mental health services.

Tamil centric mental health search will serve an actual community initiative that is set to be in place, yet has little to no academic basis to address even the most basic needs.

Secondly, during my time as a research volunteer at Kudai, which is an organization seeking to create a transitional home for Tamil youth women identifying folks experiencing hidden and other forms of homelessness and is currently working on securing funding, Tamil centric research is a major need to convince stakeholders to invest in this initiative. Therefore, as there is currently no research specifically bringing forth Tamil women's experiences with mental health, identity, intergenerational trauma, and viewpoints about liberation culture, this current research project has significant urgent and real-world implications.

Chapter 2 Literature Review

South Asian Mental Health in Ontario

The census defines "South Asian" as those who self-identify as having "ancestry that originates in South Asia, including those reporting their origin as at least one of Bangladeshi, Bengali, East Indian, Goan, Gujarati, Kashmiri, Pakistani, Punjabi, Nepali, Sinhalese, Sri Lankan, Tamil, or South Asian, etc." (Islam, Khanlou, Tamim, 2014, p. 2). The most recent census data collected in 2016, revealed that South Asians are the largest visible minority group in Ontario, accounting for 29.6% of visible minorities and 8.7% of Ontario's total population and also being the largest visible minority living in Toronto (2016 Census Highlights). A significant percentage (60.2%) of Canada's South Asian immigrants call Ontario home (South Asian Health & Wellness Strategy For Ontario Report, 2018).

More specifically, large populations of South Asian immigrants have made parts of the Greater Toronto Area (GTA) their home, most notably in the Peel Region which consist of Brampton, Mississauga, and the town of Caledon where over half of all youth in Peel Region belong to racialized communities and South Asian populations. (Islam, Multani, Hynie, Shakya, McKenzie, 2017). In addition, according to a Community Council Area Profile (2016) report conducted by the City of Toronto, South Asians also remain to be the prominent visible majority in Scarborough (25.4%)

Despite South Asians being a significant community in Ontario, there is very little South Asian mental health research. The mental health infrastructure used to address racialized populations is extremely insufficient, not only in terms of research, but also structurally. There are a number of studies for subpopulations within the South Asian demographic (Kunz & Gisbrecht, 1999; Beiser, Simich & Pandalangat, 2003; Sultana et

al., 2021) and limited studies that target a generalized South Asian population (Islam, Khan & Tamim, 2014; Islam, Multani, Hynie, Shayka & McKenzie, 2017), which currently yield the most conclusive umbrella findings about mental health in South Asian communities in Ontario. This is appalling especially when at a mental health policy level, initiatives are catered towards a South Asian community imagined to be homogenous, where funding is seldom allocated specifically toward sub-populations.

South Asian Mental Health Outcomes

When identifying mental health outcomes in the South Asian demographic, prior research has found that South Asian adults in Canada have lower prevalence rates of mental health service use (Islam, Multani, Hynie, Shakya and McKenzie, 2017), consistent with Gadalla's (2010) previous finding that one-third of South Asians diagnosed with major depressive episode cited no access to available care (Gadalla, 2010). According to the CAMH (2019) website titled "CAMH to create new mental health supports for South Asian communities, individuals of South Asian descent have the highest perceived barriers to mental health treatment and are 85% less likely to seek treatment for mental illness than those who identify as white (CAMH, 2019).

A study looking at mental health service use found that self-reported physician-diagnosed mood and anxiety disorders and mental health service use were generally lower among South Asian respondent compared to white respondents (Chiu, Amartey, Wang, Kurdyak, 2018). Interestingly, related to this, one study also found that even when South Asian's present psychological concerns to primary care physicians, they are often untreated and undiagnosed because they are presented as somatic rather than depressive symptoms (Lai & Surood, 2008). Therefore, not only is there a concern for general service use, particularly when primary care physicians are the first mode of contact. There are also barriers related to clinical understanding

when services are used, in terms of how South Asian individuals articulate health and mental health experiences that ultimately determines treatment outcomes. In addition to this, South Asian immigrants, experience higher estimated prevalence rates of diagnosed anxiety disorders and self-reported extreme life stress compared to their Canadian-born counterparts and that South Asian Canadian-born populations had a higher estimated prevalence rate of poor-fair self-perceived mental health status compared to their immigrant counterparts (Islam, Khanlou, Tamim, 2014). Suicidality is also increasing over generations in South Asian groups (Hansson et al., 2012). Finally, factors such as being female, having no children under the age of 12 in the household, food insecurity, poor-fair self-rated health status, being a current smoker, immigrating to Canada before adulthood were all associated with greater risk of negative mental health outcomes for South Asian immigrant populations, while not being currently employed, having a regular medical doctor, and inactive physical activity levels were associated with greater risk for South Asian Canadian-born populations. (Islam, Khanlou, Tamim, 2014).

When considering mental health outcomes, it is no surprise that they have been further exacerbated by the ongoing COVID pandemic. According to Thobani and Butt (2022), the South Asian population in Canada reported increased levels of anxiety disorders, severe stress, and mood disorders. Factors such as such as socioeconomic status, food security status, and immigration timing were found to contribute to mental health concerns present among these individuals. In addition, as South Asians account for a large population of essential workers in Canada, essential workers in the pandemic have reported greater occurrences of poor mental health and decline in their mental well-being. For instance, a COVID CommUNITY study conducted by the Population Health Research Institute found that South Asians from the Peel Region had a higher risk of COVID-19, compared to the general population where “one-third of

participants in the study were essential workers through the pandemic and 20 per cent lived in multi-generational households" (Anand et al., 2022, p.2).

Furthermore, a recent report from the Wellesley Institute examining the impact of COVID-19 on mental Health and well-Being with a focus on racialized communities in the GTA (Sanford et al., 2022) found that participants consistently described how the broader factors of work, income, housing and caregiving responsibilities were central to their experiences of pressures during the first year of the pandemic, which had the potential to greatly undermine people's mental health and well-being. These stressors were also in addition to findings of interpersonal experiences of racism and discrimination and were deeply impactful for shaping mental health for some throughout the pandemic. The report's findings also confirmed "the relationship between the social determinants of mental health and the effects of systemic and structural racism, which disproportionately position racialized people in work and living situations that increase the risk of acquiring COVID-19 and increase exposure to stressors that negatively impact mental health" (Sanford et al., 2022, p.32). Therefore, the social determinants of health that were long present and largely unaddressed prior to the current pandemic, play a detrimental a role in exacerbating poor health and mental health realities that are disproportionately experienced by the South Asian population.

South Asian Women's Gendered Mental Health Outcome

As noted earlier, there is very little intersectional research within the South Asian demographic, particularly with women. According to the literature, South Asian women experience gendered and multiple oppressions both from within the South Asian community as well as on account of being a racialized minority group in Canada (Ahmad et al, 2009; George & Ramkissoon, 1998; Naidoo, 2003). Secondly, South Asian women experience different social barriers, such as where the employment rate among South Asian men (75.5%) was more than 15 percentage points higher than the rate for South Asian women (59.7%), and triple the gap between white men and women. Much of this gap can be attributed to the lower labour force participation rate of South Asian mothers with children under the age of six (70.4%) compared with non-visible minority mothers with children in the same age group (81.0%). In terms of mental health outcomes for South Asian women, research has found that they were at almost a three-fold greater risk of mood disorders in comparison to their male counterparts (Islam, Khanlou & Tamim, 2014).

When examining the intersection of immigration, immigrant women in Canada have a twofold risk of developing post-partum depression (PPD) and often contend with exacerbating factors such as the stressors of migration and resettlement, low socioeconomic status, lack of social support, and the difficulties of parenting in a new country. In the Peel Region, approximately 1100 immigrant women experience PPD every year and face significant barriers to mental health service access. This has been shown to affect youth living in the same household via intergenerational trauma. (Islam, Multani, Hynie, Shakya, McKenzie, 2017).

Currently, there are no findings in the literature that take account of South Asian women identifying youth or non-immigrants. Therefore, this research will identify gaps in current

literature where it will explore 1) Eelam/SL women's gendered experiences 2) Canadian born Eelam/SL and gendered experiences and 3) Eelam/SL immigrant/refugee gendered experiences.

South Asian Social and Structural Barriers to Mental Health in Ontario

South Asians in Ontario face many social and structural barriers to receiving health and mental health care including, language, lack of culturally safe care through providers and agencies that cater to specific religious and cultural needs, lack of integration between services and agencies, transportation issues, as well as the lack of awareness and presence of stigma regarding mental health in the community (Islam et al., 2017). According to Naeem et al., (2020), the lack of interpreter services for South Asian languages creates additional barriers to accessing health services and communicating with healthcare professionals. Although, the problem of mutual understanding between health care practitioner and health care recipient, goes well beyond language (Brisset et al., 2014).

Social and structural barriers have also been exacerbated during the COVID crisis. It is established that "South Asians have been severely hit by the negative effects of the pandemic, in terms of both the virus and socio-economic consequences. It has been determined that the death rate in this community is around 25% greater in neighborhoods highly populated with South Asians, compared to communities with a smaller South Asian population" (Thobani and Butt, 2022, pg.1). The collection of race-based data in Ontario and COVID impact was initiated after June 2020 by the Wellesley Institute. The publication released by Wellesley Institute in 2021, found "for almost the entirety of the pandemic (excluding wave one, which preceded race data collection), white Ontarian's account for approximately two thirds of the population represent just one fifth of the cumulative cases in the period studied, compared to South Asian Ontarians accounting for 8.6 per cent of the population but making up over 16 per cent of cumulative cases

in the period studied" (Wellesley Institute, 2021, p. 9). In addition, a report released in May 2020 by the Council Serving South Asians (CSSA), South Asian Legal Clinic of Ontario (SALCO) and South Asian Women's Rights organization found that South Asians are ranked as the most economically vulnerable group in Canada who likely face disproportionate employment outcomes due to COVID-19. When examining issues that affect women, the report found that a significant number of domestic violence homicides in Ontario pertained to South Asian women. According to Das Gupta & Nagpal, (2022, p.104) "South Asian unemployment rates surged to 17.8% in the 15-69 age group, the highest among all ethnic groups, between July 2019 and July 2020 when the national rate was 11.3%".

In addition to social determinants, there are also structural barriers in health and mental health infrastructure that affect South Asians in Ontario. For instance, during the COVID health crisis, the lack of health infrastructure disproportionately affecting racialized communities was brought to light in areas such as Brampton and Scarborough. Brampton receives less healthcare funding per capita than other regions in the province (Das Gupta& Nagpal, 2022). In a recent campaign called "Love, Scarborough", launched by the Scarborough Health Network (SHN), says that "Scarborough accounts for 25% of Toronto's population yet receives less than 1% of the hospital donations"(Scarborough Health Network, 2022,paras.2).

Secondly, in terms of structural incompetency, although Canada unequivocally celebrates its diversity and inclusion, race-based health data remains largely unavailable, which makes it difficult to quantitatively study the experience of racialized communities in the public health system. According to a report titled "The Case for Diversity" released in 2016 by the Mental Health Commission of Canada, "the relationship between race or visible minority status and mental health outcomes is not well documented in Canada, nor does research to date adequately

distinguish between the mental health outcomes and needs of racialized populations born in Canada and those of racialized immigrants and refugees" (p. 6).

Thompson et al., (2021) bring attention to the current reality that "studies exploring the association between racialized populations and COVID-19 in Canada are limited and currently rely on proxy measures, such as neighbourhood diversity to account for race, rather than person-level data particularly when it is identified that racialized populations are at a heightened risk of COVID-19 infection and mortality (p.301). Thus, Thompson et al., (2021) advocate for the refinement of the collection of race data and timely access to these datasets to better support decision-making involving racialized populations in Canada. Calls to action for collecting race-based data pre-date COVID. For instance, Dr. OmiSoore Dryden has been calling for race-based health data due to systemic anti-Black racism in the health care system that has yielded disproportionately poor treatment and health outcomes in Black Canadians.

The importance of collecting race-based data yields crucial importance when being confronted with the fact that racialized populations are bearing the brunt of the pandemic with unviable services and infrastructure. And even though starting to collect race-based data would be a good start, it would also rely on utilizing racialization's configured by colonial categorizations of race. The next section will situate this notion more closely to the research, by describing the current conceptualization of the South Asian racial label, and the incongruences of the Tamil condition that may be diminished within the South Asian racial umbrella.

South Asian Racialization

The arrival of South Asians in Canada can be traced back to the 1800's (Ghosh, 2013). Before 1920, South Asian women were absent from the Canadian scene. South Asian communities were "bachelor societies" as many married men had left their wives in India due to the enforcement of racist and sexist immigration policies (Das Gupta, 1994). South Asian women entered the Canadian landscape during the 1920 and 30's, however, could not apply and be accepted as independent immigrants, as explained by Thobani (2007) when they note that "Asian women were allowed to immigrate, they were able to do so primarily as a result of their relationship to male relatives, not in their own right as independent and economically productive subjects" (p.130). Due to this, legal status as family class immigrants sometimes made them ineligible for English language classes and for job training programs (Naidoo, 2003). In essence, women were admitted as dependents and further restricted to gain social capital due to immigration policies that prevented access to resources.

Most recently, census-based studies have concluded that 'South Asians', those who arrived since the mid-1990s, are mostly an urban population, are spatially segregated both regionally and within large metropolitan areas and show little upward economic mobility despite having high levels of education (Ghosh, 2013). South Asians are not a homogenous group and discussing them in this way may favour state interested demographics, but most importantly flattens the cultural distinctiveness that gives meaning to many South Asian communities. Ghosh (2013) recounts on the ontological racism surrounding this classification where "not only is the concept of macro-culture polemic – having hegemonic tones and reflecting institutionalised ontological racism where assumptions of the links between 'race', 'culture' and 'place', and putting those assumptions into practice in creating macro-cultural regions, is

institutional racism" (p.38). Thus, when considering Tamil women's mental health narratives and being institutionally classified as "South Asian", to what extent can Tamil realities be accommodated under South Asian racialization within a system that homogenizes South Asian identities, when for instance a Sinhalese therapist may be called upon to treat an Eelam Tamil survivor?

Although this designation is efficient from a funding perspective where money can be allocated to a certain cultural demographic, and conveniently aids with Canada's multicultural state narratives, it can also ultimately set initiatives up for failure. The problem behind assuming a South Asian identity operates within a collective cultural entity which also assumes a common colonized history and migration trajectory. Ghosh (2013) states the following:

> To establish a notion of historical sameness usually the European, especially the British colonial period, is highlighted. Yet, this history only covers approximately a 200-year time span. This is highly problematic since the economic, social, cultural, and political impact of European/British colonialism was not uniform across what is now known as 'South Asia' where, the histories of the constituent political states (however defined) within 'South Asia' have remained unique, complicated, and varied, both pre- and post-European colonisation. (p.39)

Without addressing cultural nuances within the South Asian population, such as relationships between different societal structurers that exist within South Asian cultures and how they operate amongst each other (e.g., caste, religion, ethnicity, nationality), and even different trajectories of colonial engagements (e.g., Indo-Caribbean indentured to double diaspora trajectories), it is unacceptable to continue this form of homogenization. For instance, even within the Tamil demographic situated in Eelam and Sri Lanka, many "sub-Tamil" identities are found within the island (e.g. Malayaga Tamils/Up-Country Tamils) nuanced by diverse Tamil experiences informed by varying engagements with the state and even hegemonical Tamil identities (e.g. Vellalar or "higher caste" Tamils). Therefore, it is unrepresentative to sort racialized peoples

using statist categorizations. Parasram (2014), brings attention to the implications of this by discussing that the nature of

> wielding the institutions of the modern, colonial nation-state cannot be understood as making the important break away from colonialism unless colonialism is only understood as foreign rule, which in turn entrenches the ahistorical existence of the territorial nation state. Not only is the spatial manifestation of the nation state grounded in the colonial encounter, but there is also good reason to believe that rather than truly ending the regime of colonial rule it merely changes form. (p. 57)

Therefore, the understanding and categorizing of racialized people in this manner, ultimately renders it "complicit with the universalization of Eurocentric understandings of how the world operates" (Parasram, 2014, p.55). This questioning of a "South Asian" identity, or racialization is also noted by Ghosh (2013) who rightly asserts that "it is a myth that there is a 'South Asian' culture…. there is no such single cultural signifier on which the South Asian culture can safely stand" (p.38). To trap a cultural population within a "container-like terrorist as universal, rather than pluriversal range of possibilities" (Parasram, 2014, p.62), ultimately serves no one in these types of "culture" based initiatives.

This research identifies an epistemological imperative of breaking Tamil from South Asian to truly grasp the pluriversal breadth of identity, culture and lived experience. In addition to decolonizing the conceptualization and operation of the South Asian racial categorization, as there is truly no single way of being "South Asian" within a settler colonial society. This distinction is necessary for policy making mental health initiatives where "research has conclusively demonstrated that immigrants' settlement experiences not only differ along the axes of 'race', gender and class, but also by country of birth, admissions class, time of arrival and especially cultural identities (i.e. religion, language, accent, dressing and dietary habits)" (Ghosh, 2013, p.36).

Situating Eelam/SL Tamil Identification in South Asian

Tamil identification within South Asian, is distinct conceptually via differing immigration trajectories, Tamil identity being largely based on linguistic identity, is transnational with many authentical homelands, and finally Eelam/SL identity is strongly resonated with transnational activism due to experiences of rule under the Sri Lankan state and Tamil genocide. The following section will situate these differences in conceptualization.

Tamil people in the diaspora are unique within the South Asian immigration trajectory, and also share unique immigration trajectories within the Tamil identification to due differing national and/or historical contexts (e.g. Singaporean/Malaysian Tamils, South African Durban Tamils., etc). The Eelam/Sri Lankan Tamil demographic are primarily characterized as a refugee demographic due to the Sri Lankan war and Tamil genocide. Maunaguru (2019), identifies that even when Tamils immigrated to Canada via legal measures, ultimately, the choice to come to Canada was because of the political situation in Sri Lanka.

In terms of displacement specific to the Tamil condition, Maunaguru outlines 4 waves of migration. The first wave being "before the 1983 ethnic riots and consisted of privileged-caste Tamils immigrating mostly to UK or Australia for education or skilled work" (p.8). The second wave, according to Maunaguru (2019), occurred after the 1983 riots when many countries opened their borders to Tamil refugees. Therefore, many, privileged and middle caste Tamils migrated beyond English speaking countries like Canada, to France, Germany, and other European countries. The Third wave, in the1990s, consisted of Tamils from marginalized castes and the middle class migrating as refugees to European countries, Australia, and Canada. And finally, the 4th wave, where since 1990, the migration pattern of Tamil refugees has been a mix

of middle- class, marginalized-class, and privileged- to marginalized-caste individuals with the means to sponsor their travel to these countries as refugees.

Gendered immigration experiences for Tamil women, have similar trajectories to those of those of South Asian women to an extent as Maunaguru (2019) notes that the Tamil community, fragmented as a result of war, was rekindled by "in-between" processes such as trans- national marriages… here, the 'in-between' is neither a limbo space or liminal stage, nor a hybrid space, but a zone through which certain transfigurations of life take place" (p. 5).

According to Gowrinathan (2021), marriage was the final line of defence for Tamil women at the end of the war. Gowrinathan (2021) writes that "auspicious or semi-auspicious figures were asked to bless the hurried arranged marriages inside refugee camps, by remaining parents, aunties, and elders desperate to keep their girls from recruitment into the movement's last stand or from the soldiers quickly infiltrating safe zones. Marriage was the last layer of protection" (p. 111)

In addition to differing displacement trajectories, Tamil identity is also largely based on a linguistic identity. Wherever Tamil is spoken by large numbers of people, the place then becomes part of a "Tamil speaking world of goodness" (Alonso-Breto & Rudhramoorthy,2021). Although Tamil Nadu (Tamil Land) in southern India, is a prominent place and referent to Tamil identity, for Eelam/SL Tamils and even other diaspora Tamils (e.g., Durban Tamils in South Africa), it may be irrelevant and a place of non-association, considering their own engagements with colonialism across geographic place. Therefore, Tamil identity is principally defined by language and culture, rather than geography and is inherently a transnational identity with many authentic homelands and historical trajectories.

This next section will provide context on the Sri Lankan War and Tamil Genocide that yielded diasporic displacement, but also informs engagement of identity in the host country (Canada), but also transnationally, in addition to correlating with intergenerational mental health outcomes.

Sri Lankan War

Sri Lanka's fixation on preserving Buddhism and the Sinhala race is rooted in Buddhist philosophy such as Dhammadipa and Sihadipa meaning Island of Dhamma (Island of Teachings of the Buddha) and the latter, translating to "the island of the Sinhala (lion) people" (Imtiyaz & Stavis, 2008). These state sanctioned ideologies resulted in the cultural and physical erasure of Tamil people stemming beyond the official years of the war (1983-2009) and most gruesomely depicted in the final stages in 2009, also known as the Tamil Genocide.

Another significant event that depicts Tamil cultural erasure is the burning of the Jaffna library in 1981 which housed over 95,000 books and rare manuscripts and was hailed as one of the largest libraries in South Asia region at the time (Seoighe, 2017). Since Tamils deeply revere education, this was, and is still, seen as a crime against Tamil culture. Although, efforts for reconciliation resulted in the library being restored, the current structure does not replace its original semblance and the documents contained in the original building. Finally, in addition to the burning of the Jaffna Library the most significant attempt at ethnic cleansing and is regarded as a catalyst of the war is referred to as "Black July", when two thousand Tamils were killed in July/August 1983 by Sinhalese mobs (Imtiyaz & Stavies, 2008), where there is still no recognition for this tragedy. The timeline around Black July also reflects the arrival of most of the Tamils in Canada from Sri Lanka (Amarasingam, 2015).

The anti-Tamil programs and intentions of Tamil cultural erasure was initially expressed within state policies through Sinhala nationalism which was initially fuelled by linguistic dominance (e.g., Sinhala Only Act, which made Sinhalese the only official language of the country). By having a disregard for minorities' legitimate preferences and by creating politics

favouring the majority, Sinhala nationalism ultimately promoted a reactive nationalism among the minority (DeVotta, 2004). Later as measures of nonviolent resistance failed, militant determinism became the primary mode of resistance for Tamils, as the Liberation Tigers of Tamil Eelam (LTTE) or Tamil Tigers, superseded other non-violent efforts and wanted to establish a separate state for Tamils, since the Sri Lankan state failed at addressing needs in the North-East, or heavily Tamil occupied regions (DeVotta, 2004). With the assassination of India's Prime Minister Rajiv Gandhi due to his decision to send Indian Peace Keeping Forces (IPKF) to Sri Lanka, who were responsible for atrocities particularly against Eelam/SL women, the LTTE were branded a terrorist organization by India, United States, and other countries in the West (Keyes, 2013).

Tamil Genocide

Tasha Manoranjan and Meruba Sivaselvachandran, who are organizational members of People for Equality and Relief in Lanka (PEARL), note that Tamil people endured two periods of genocide, the first being Black July and the finally being the Mullivaikkal Massacre in May 2009, with an estimate of 146,000 Tamil people being killed in the genocide (Manoranjan & Sivaselvachandran,2020). During the final phases of the war in May 2009, the Sri Lankan government deliberately limited incoming necessary food and medical supplies combined with deliberated indiscriminate shelling of Tamil civilians. Parasram (2012) notes that the political climate of a "Global War on Terror" particularly after post 9/11 was a key initiator in facilitating the Sri Lankan government to militarily defeat LTTE

According to a report titled "Island of Impunity" released in 2014 by the International Crimes Evidence Project in order to aid the "process of deliberating on and discussing the need for accountability for alleged international crimes and related events that took place in the final

stages of the Sri Lankan civil war, including through the UN Human Rights Council process", the report found significant evidence that indicate that members of the Sri Lankan Security Forces (SFs) perpetrated the vast majority of alleged crimes during the investigation period. The report mentions the deliberate indiscriminate shelling in No Fire Zones, striking hospitals and humanitarian sites. In addition to the government severely understanding the number of civilians in the conflict zone and the need for food and medical supplies, which significant evidence to suggest that many civilians starved to death during the final stages.

Identity Born from Genocide: Tamil Resistance & Liberation Culture

As Tamil identity situated within South Asian racialization is distinct in terms of migration trajectory, displacement, and emphasis on linguistic identity. The Sri Lankan war and Tamil genocide is also very much ubiquitous with Tamil identification that is arguably, the most significant identifier of Eelam/SL Tamil identity. The LTTE became the symbol movement for Tamil militant resistance during the Sri Lankan war as it is perceived by the majority as the organization that most effectively defended them (McConnell, 2008). Thus, there is strong association between the LTTE and Eelam Tamil identity, however perceptions around the LTTE may also be polarized, even within the Tamil community. As a result, Tamils are often represented and associated with the LTTE and the Tamil Tigers flag.

In addition to this, liberation related activities are "culturized" as there are many days that memorialize significant acts of resistance. For example, some notable days are "Maaveerar Naal" or "Tamil Remembrance Day" that is observed for the fallen heroes that dedicated their lives for the Tamil people and "Mullivaikkal" or Tamil Genocide Day is also observed by the Tamil community, which ironically is "victory day" in Sri Lanka. Awareness of Eelam Tamil history of resistance is a significant marker of identity.

The final phases of the war marked the defeat of the LTTE "terrorism" and "victory" of the Sri Lankan government. This time also was saturated with calls from the Eelam Tamil diaspora, who rigorously protested in hopes of capturing the attention of the international community. Due to the limited media coverage, NGO access and state censorship during the final stages of the war, there was little intervention from the international community. As a result, diaspora Tamils watched the massacre of their people in their host countries. During the final stages of the war in 2009, activism across the Global North from the Eelam Tamil

diaspora was the greatest, the most significant event being the blocking of the Gardiner Expressway in Toronto. Another notable event occurred on January 30th, 2009, where 45,000 Tamils formed a human chain; holding photos of dead Tamil children and of the genocidaire Mahinda Rajapakse, the Sri Lankan president, they lined downtown Toronto (George, 2011). This further established a collective transnational and generational trauma, but also, identified Tamils, as a "rebel/terrorist" group, which then had implications in the homeland and in their host countries.

Today, according to George (2011), the "largest concentration of Sri Lankan/Tamils outside of Jaffna is found in the Greater Toronto Area. Businesses flourish, youth are well represented in universities, and Sri Lankan/Tamil service organizations (more than 40) thrive"(p.465). They also note that the "success of the diaspora as a dynamic culturally productive space is evidenced through its thirty newspapers, four speciality radio channels, and two twenty-four-hour television stations" (p.465). In addition to this, the recent addition of "Tamil Heritage Month" seeks to recognize the socio-economic contributions and resilience of Tamils in Canada and to preserve and promote Tamil culture. Tamil Heritage Month can be an example of the Canadian context embracing achievements of cultural communities, primarily based on socio-economic development.

Secondly the establishment of Bill 104, "Tamil Genocide Education Weeks", really speaks to the community initiative of putting forth association with identity and genocide. The Tamil Civic Action group comprised by many intergenerational Tamil community members, of which I am also a part, has provided many initiatives and educational campaigns, particularly during this time, in order to educate the general population. School boards across Ontario,

particularly with high density of Tamil students (e.g. Peel Regional School Board), actively participate during this time and make Tamil Genocide acknowledging statements.

The next section will provide intergenerational contexts of trauma that inform individual and intergenerational mental health outcomes.

When Trauma is Beyond Oneself: Collective, Transnational & Intergenerational Trauma

Currently psychological conceptualization of trauma is inadequate as the dominant conceptualization of trauma is met with depoliticising and dehistoricizing tendencies in addition to providing a "shocking failure to address atrocity, genocide and war" (Visser, 2015, p.251). Not only is the epistemology of trauma inherently colonial, but the manifestation of complex trauma intergenerationally and transgenerationally is seldom understood and acknowledged in the Eelam Tamil context.

To address mental health outcomes in the Tamil community, it would be an injustice to not be informed of the collective and intergenerational trauma that is specific to Eelam/SL Tamil people and their displacement. According to Berman, Montgomery & Ratner (2020), traumas based on discrimination and existential threat to one's group and individual identity can be harmful and unsurprisingly tend to be more positively related to PTSD symptoms. Therefore, the events leading up to the Sri Lankan war and the Tamil genocide, in addition to translational diasporic contexts during this time and post- Tamil genocide, are important to grasp to better understand the experience of Tamil identity and mental health realities that are complex and intergenerational, particularly when there was no resolution or official international recognition of what had been done to the Tamil community.

According to (Sarkissan & Sharkey, 2021), "transgenerational trauma is the transference of emotional physical, mental, spiritual, and social distress that, when untreated, can be compounded within and across generations among either an individual family or a community" (p.2). Trauma becomes intergenerational, when epigenetic changes from trauma, are passed within and across generations. What is unique about the Tamil genocide, like what is occurring in Palestine, Afghanistan, and had occurred in Punjab and Armenia, is that there is an

underpinning of “historical unresolved grief”, which was initially coined after noting the emotional reaction of the loss of lives, land and cultural aspects among American Indian and Alaskan Natives (Sarkissian & Sharkey, 2021). The unresolved historical grief of the Tamil genocide, in addition to continue denial by the perpetrators (Dharmawardana, 2019) and subsequent generations, can suggest that a lack of recognition and reparations has made a long-lasting impact on the collective psyche of the Tamil community. The transgenerational effects of this are seldom understood and studied, particularly when trauma is most often pathologized to be a direct, individualized experience

Tamil Mental Health Outcomes

This section will review the current literature that is established regarding mental health outcomes and other social issues that affect the Tamil community. A common theme amongst the literature is the need to acknowledge unaddressed traumas in the community and the social and structural barriers that do not accommodate mental health seeking behaviour and treatment delivery.

The Tamil community's mental health crisis marked by PTSD, depression, and an alarming rate of escalation in suicides and suicidal attempts, was initially brought to attention in the 90's particularly due to the "tragic story of a young father who leaped from a subway platform to his death with one of his children in his arms became front-page news during the fall of 1999 (Beiser, Simich & Pandalangat, 2003, p.234). During this time, Beiser, Simich & Pandalangat (2003) they report that "the mental health effects of pre-migration trauma and of anti-Tamil sentiment in Canada were among the community's top concerns" (p.234).

Beiser, Simich & Pandalangat (2003) noted that refugee populations, like Tamils, normally face psychological distress, pre-migration stressors, and postmigration mental health effects. Their study found that one third of their participants reported experiencing traumatic events such as witnessing combat, physical assault, or rape. Rates were higher for women (36.8%) than for men. In addition, among the participants who were affected with traumatic experiences 36.2% qualified for diagnosis of PTSD where the PTSD prevalence is approximately 12% higher than the rate of 1% found in general population surveys. Only about one in ten persons qualifying for a diagnosis of PTSD had received some sort of treatment. The study also reported preliminary findings of barriers to help seeking in the community which comprised of distrust of the health care system (e.g. racial discrimination, fear of forced hospitalization, non-

representative and cultural informed health care providers), a preference for Tamil speaking provider particularly in individuals with "poor English skills, a weak sense of belonging, and shorter period of residence", the distinction between "physical" and "psychological" problem and seeking help with felt physically (e.g. chest pain versus anxiety), and finally majority of the participants had a family care doctor yet lass than 1% had seen a psychiatrist (Beiser, Simich & Pandalangat, 2003). Thus, this study identifies a significant prevalence of untreated trauma in Tamil individual in the community.

In addition, Kanagaratnam, Rummens & Toner (2014) brought attention to a common manifestation in the Tamil community where there are unknowns with regard to the "long-term consequences of having to be "stone-hearted" or "thick-skinned" to cope with war trauma as indicated by our participants and what impact this has had on individuals, families, and the Tamil diaspora in the long run" (p. 10). This is supported by Pandalangat & Kangaratnam, (2021) who find that the Sri Lankan Tamil community emphasizes social functioning as the hallmark of health. These findings may very well explain the phenomena of untreated trauma, as it is very clearly due to the Tamil community's social imprint in Ontario, they are depicted as a flourishing refugee group, despite these alarming unaddressed mental health realities. Not only is PTSD left largely untreated in the Tamil community, the epistemological approach to treat PTSD specifically in the Tamil community, is also noted in the literature.

Kanagaratnam, Rummens, and Toner (2014), bring attention to the medical view on trauma informed by PTSD, and its narrowness in perspective as its limited ability to incorporate the broader and more collective dimensions of lived experiences of war. Their study found that "when discussing the distress resulting from the war, both key informants and focus group participants expressed the manifestations at a collective and relational level" (p. 4). The authors

emphasise that collective trauma naturally results in both individual and collective manifestations of distress where individual distress appears to be experienced and acknowledged in relational terms and is consistent with the social dimensions of mental well-being and illness in the Tamil community. Their study found that service providers participating in this study reported that the Tamil community does not seek help for war trauma where they voiced their concerns that experiences from the war need to be processed, and if not, repressed memories may in the long-term return to haunt people.

Gendered Tamil Mental Health Outcomes

Currently, there are no studies examining mental health outcomes in specifically Tamil women living in Ontario, although there is one study looking at interpersonal violence (IPV), that has found that Sri Lankan Tamil groups reported psychological abuse most often, followed by physical and sexual abuse. The most reported types of abuse were insulting, criticizing, and intimidation by partner (psychological abuse), slapping, hitting, and shoving (physical abuse), and forced sexual intercourse and being forced to partake in sexually degrading acts (sexual abuse) (Guruge, Roche and Catallo 2012). A participant response, who had done a significant amount of mental health capacity building work in the 90's for women, noted that suicides during that time were not only indicative of Tamil women, but was an epidemic in Tamil women. This remains nowhere to be found in the literature; therefore, an anecdotal account is provided below.

> Sothiya: My goal was to help people…who are affected by it so I started learning myself, to heal myself, learn myself and then help others. I made a video on depression. So that

> was to help people who are depressed.. really many women killed themselves in the 90s, late 90s. So I made a video on depression and was delegated through the local television.

Thus, the current literature depicts a general picture of the status of mental health in the Tamil community. Despite the sole focus on migrant experience, these studies largely conclude the prevalence of untreated trauma (PTSD), with potentially co-occurring psychopathologies (e.g. anxiety and depression). The literature yields no findings regarding mental health outcomes in second-generation "Tamil Canadians", or the children of the migrant diaspora. In addition, there is no explicit engagement with gender and exploration of Tamil mental health outcomes in Tamil women. Therefore, this research seeks to explore intergenerational mental health outcomes by hearing migrant and first-generational Canadian experiences in Tamil women. The next chapter will describe how this research is situated in a post-colonial feminist theoretical framework using narrative methodology that will guide data collection and analysis.

Chapter 3: Theoretical and Methodological Framework

This section will outline the theoretical framework and methodology which is examined through a post-colonial intersectional feminist theoretical lens. The use of both these theoretical concepts will inform the research project by exploring gendered Eelam/SL Tamil centric liberation culture and identity, which will allow for understanding complex identity formation informed by displacement, war and trauma experienced directly or indirectly, where such experienced realities are erased under colonial monolithic racialization. Liberation culture, observed in the Tamil diaspora that is unique to the Eelam Tamil population, is often demonized by the broader Canadian public and associated with terrorism and "unnecessary" rebellious homeland politics which may not be accommodated under a general "cultural competent" framework.

In addition, as this research also concerns participant experience with immigration and refuge seeking, it is important to explore the experience of liberation culture under the Sri Lankan state. The uptake of liberation culture by Tamils is repressed by both the Sri Lankan and Canadian state, although contexts of repression differ in supremacist and colonial ideologies that are unique to both states. Secondly, this framework will guide the exploration of understanding the full breadth of community, historical and intergenerational trauma. This is important as larger macrocosmic realities of trauma inform and translate to individual perception of identity, ultimately producing mental health outcomes where the psyche is ubiquitous with the political. Thirdly, this lens will provide the necessary calls to rethink the implications of cultural competence and if it is serving its purpose, since it is primarily a used as a healthcare modality towards racialized populations and is ultimately a "band aid" for structural incompetence in the mental health system.

Finally, this framework will inform critique surrounding Euro-Western structures epistemologies in Psychology where conceptualizations such as the medical pathologizing of trauma, that is perceived to be individual and direct, conflate understandings of trauma that is indirect, collective, and ongoing in the colonial present. This is important as Euro-western epistemologies maybe be more effective in promoting functionalism, in lieu of genuine healing.

Theoretical Perspectives

Post-Colonialism

This research is situated and is guided by a post-colonial theoretical framework which allows for the exploration of understanding the ongoing and problematic aspects when encountering the colonial present. Or for instance, to understand the extent to which Tamil experiences such as liberation culture, may not accommodated under "culturally competent" initiatives, where it is controversial in current post-colonial settler state. "Post-colonialism is the theoretical resistance to mystifying amnesia of the colonial aftermath" (Gandhi, 2019, p. 4)). This research is involved in the post-colonial task of having "political obligation to assist the subjects of post coloniality to live with the gaps and fissures of their condition, and thereby learn to proceed with self-understanding" (Gandhi, 2019, p. 8)

Ward (2013) argues that postcolonialism is not the same as "after colonialism". Rather, postcolonialism recognizes both historical continuity and change. Battiste (2008) asserts that work for the "post" in colonial, comprises of reimagining the conceptual, institutional, cultural, legal and other boundaries that are taken for granted and assumed universal, but act as structural barriers to Aboriginal people, women, visible minorities, and others. Battiste (2008), puts forth that these groups are silenced societies in knowledge making that are superseded by hegemonical instruments and domination that are cultivate in "language, discourses, disciplinary knowledge and institutional policy and practice (Battiste, 2004, p. 2). Reimagining and reframing the post, is about reconstruction and transformation, operating as a form of liberation from colonial imposition (Battiste, 2008).

Battiste (2013, p. 6), describes, "Eurocentrism being a contrived foundation of all dominant scholarship, law, media, consciousness and structure of contemporary life.

Eurocentrism is an ultra-theory in modern thought. It is the context for many smaller historical, geographical, psychological, sociological, and philosophical theories, all of which can be seen as integral parts of Eurocentric diffusionism". The universality of Eurocentrism described by Battiste (2008), is synonymous to cognitive colonialism or imperialism (Battiste, 2017), that also prevails when psychological epistemologies and practices are not decolonized.

Therefore, situating this study in this framework provides information to counter hegemonical western epistemologies conceptualizing trauma, healing, and mental health care delivery. In addition, the research methodology employed also situates itself in this post-colonial framework as qualitative and narrative driven methodology is used to center Tamil women's voices and reveal a more potent breadth of understanding of trauma.

Methodologically, by choosing to collect qualitative data, also to an extent resists hegemonical epistemological modes of knowledge collection or preference for quantitative, positivist driven objective approaches. According to Teo (2022),

> psychology was one of the disciplines that embraced positivism and centered on the context of justification, translated as focusing primarily on methodology and scientific method, and developing extensive, sophisticated, and complex tools for studying psychological phenomena. The focus (critics could call it obsession) on method, seemingly justifying the status of psychology as a real science, has been labeled as methodologism…all important dimensions of a white epistemology. (p. 4)

More specifically, Teo (2022) suggests that the scientific practice of knowledge focusing on the context of justification is at the core of a while epistemology in psychological science, as it simultaneously excludes questions about the psychological sources that led to "discovery". Hence, by placing emphasis on justification and arguably neglecting pursuits of discovery, "positivist prescriptions meant that psychologists should attend to how they justify their knowledge claims, to whether statements have been tested, verified or falsified, and to whether

they provide internally valid, reliable, objective, or generalizable statements based on empirical (preferably experimental) studies (Teo, 2022, p.3). The implications of such "naïve empiricist psychology" (Teo, 2022, p.6) that Teo and most notably other feminist scholars brough forth (Kurtis & Adams, 2015), render it to be "unable to prevent racist or sexist and classist research but has encouraged it within its logic" (Teo, 2022, p.6). The empiricist psychology as a white epistemology provides its violent implications by aiding in perpetuating the status quo supporting role of scientific psychology that does not include anti-racist or decolonial positions.

Secondly it has difficulties with temporality that is beyond "evolutarion, age-based or situational temporality", where "psychology needs to account for historical changes and the ways in which history constitutes and shapes mental life" (Teo, 2022, pg.6). Therefore, by prioritizing zooming in on Tamil experiences within the South Asian racial umbrella, allows for decolonial and anti-racist work, as this research does not treat the racial categorization of "South Asian" as a "natural kind entity, but rather as an entity that has social, cultural and historical dimensions" (Teo, 2022, pg.6). By bringing forth more potently diverse experiences that are specific to Eelam/SL Tamil women that are also reflected by historical and ongoing socio-political manifestations that occur across varying historical and post-colonial temporalities that contain colonialism, genocide, war, displacement, ongoing ethnic erasure, and political instability in the homeland. To situate these intergenerational and transnational experiences within a specific ethnic group that is understudied and overlooked, allows to promote "psychopolitical validity" (Teo, 2022, pg.5), that is a radically conceptualized criteria of validity, which "accounts for the degree to which an intervention captures both the psychological and the political" (Teo, 2022, pg.5). By explicitly focusing on Tamil women, rather South Asian women, creates opportunity

for enriched psychopolitical validity that is beyond an amalgamation of racially categorized experiences that culturally competent practices refer upon.

By specifically interviewing Tamil women, this research is situated in the aspect of "discovery", by bringing forth firsthand lived intergenerational and transnational experiences of women. Teo (2022) also reminds researchers that qualitative methods are not superior and require the same ontic and episteme discussions as quantitative methods and may have their own white epistemic assumptions. Thambinathan and Kinsella (2021), bring attention to these concerns and propose 4 decolonial practices that can be used by qualitative researchers that include 1) exercising critical reflexivity, 2) reciprocity and respect for self-determination, 3) embracing "othered" ways of knowing, and 4) embodying a transformative praxis.

Thambinathan and Kinsella's (2021) configuration of decolonial qualitative methods, aligns with my proximity to the nature of the study and participants, particularly as an academic, a researcher, a Tamil woman, and a mental health service user. This study leaves me little room to remove myself. Typically, in scientific realms of study, the further removed the researcher is from the phenomena and data, the research is presented as more valid (Westmarland, 2001).

Intersectional Feminism:

As this research concerns Tamil women living in Ontario, where participants fall amongst intersections of being first generation Canadian, immigrant, refugee and explores their mental health realities as settlers in a post-colonial Canadian landscape, it is important to situate this research within an intersectional feminist framework. Feminist intervention challenges the "normative and universalist assumptions of gender-biased or 'phallogocentric' knowledge systems, and attempts, in turn, to make both the ways of knowing and the things known more representative (Gandhi, 2019, 44).

Euro-western, mainstream, or "white feminism" that is employed in Canada as a white settler nation, prescribes neoliberal, white-supremacist, and capitalist understandings of feminism, or in more colloquial terms, "girl boss" feminism. For instance, Mastrangelo (2021), defines this concept as:

> Emergent, mediated formations of neoliberal feminism that equate feminist empowerment with financial success, market competition, individualized work-life balance, and curated digital and physical presences driven by self-monetization. I look toward how the mediation of girlboss feminism utilizes branded and affective engagements with representational politics, discourses of authenticity and rebellion, as well as meritocratic aspiration to promote cultural interest in conceptualizing feminism in ways that are divorced from collective, intersectional struggle (p.4).

This is similar to the U.S predicament expressed by Mohanty (2003) in *Feminism Without Borders*, as they write that procapitalist feminism is concerned with "men's advancement'' up the corporate and nation-state ladder. This is a feminism that focuses on financial "equality" between men and women and is grounded in the capitalist values of profit, competition, and accumulation".

In Mohanty's 2003 revisitation of her seminal work, "Under Western Eyes" (1988) which she describes as an anti-capitalist transnational feminist practice that collectivizes "cross-national

feminist solidarity and organizing against capitalism" (p.509). This is in response to the reality that the "Third World Woman" is not merely contained to "Third World" geo-political spaces. This notion frames the research participant's standpoints as "Third World Women" occupying "First World spaces". Mohanty (2003), refocuses the gaze from being "under" Western eyes to "under and inside the hegemonic spaces of the One-Third World" (p.516), as women are not strictly contained to the categories of Western or the Third World with the increase in globalization. Mohanty's view is that they do not "believe that all marginalized locations yield crucial knowledge about power and inequity, but that within a tightly integrated capitalist system, the standpoint of poor individuals and Third World/ South women proves the most inclusive viewing of systemic power" (Mohanty, 2003, p.511). Thus, this research refocuses the gaze of being under and inside, with politicised, historized transnational identities and experiences that translate into intergenerational mental health outcomes.

This research is situated in Mohanty's "feminist solidarity" model that is based on the premise that the "local and global are not defined in terms of physical geography or territory but exist simultaneously and constitute each other". The intergenerational component in this study heavily aligns with this, as mental experiences that situate from these intersectional (immigration/refugee) and intergenerational starting points, may constitute both first-generation and migrant Tamil women's mental health experiences simultaneously.

For Mohanty (2003), perhaps it is no longer simply an issue of Western eyes, but rather how the West is inside and continually reconfigures globally, racially and in terms of gender. Mohanty calls for response to the "phenomenon of globalization as an urgent site for the recolonization of peoples, especially in the Two-Thirds World". Therefore, by prioritizing narrative methodology, and inserting Eelam/SL Tamil women's voices into the literature, I

attempt to restore agency and highlight their unique engagement with the post-colonial state as migrants, refugees and first-generation Canadian by holding space for them to yield their own narratives.

Methodological Framework: Qualitative Narrative Methodology

Narrative methodology was first coined by Polkinghorn (1988), where "narrative meaning" is one type of meaning produced by the mental realm. The aim of the study of narrative meaning is to make explicit the undercurrents and operationalizations that configures human actions and the events that affect human beings, thus being an ideal methodology for this project. Polkinghorn extensively discusses the ontological basis and operationalization of meaning, where the activity of making meaning is not static, and thus it is not easily grasped. This provides several challenges in terms of "reputable" and "valid" research, as meaning is not meant to be definite, singular or generalizable. In addition, when considering the demographic and the potential various traumas encountered, this may conflate cognitive temporality. Life stores, or narratives, may be all encompassing and may not be able be placed on a timeline, due to the nature of cognitive trauma that may forge remembering certain instances. Polkinghorn (1988), expands on this as they note that narratives are to be differentiated from chronicles, which "simply list events according to their place on a timeline" (p.18). Narrative, in this case, provides a "symbolized account of actions that includes a temporal dimension" (Polkinghorm, 1988, p.18), where the organization scheme of narratives displays purpose and direction in human affairs and makes individual human lives comprehensible as wholes. Thus, individual behaviour is conceived within the narrative framework, where two different individuals with the same "context" for the story may provide different meanings.

This research will be using qualitative research as it allows for capturing epistemic gaps in quantitative methods that tend to focus on providing standardized, all-encompassing findings, especially as qualitative methods allow for narrative-driven data collection that is crucial in mental health research. According Depoy & Gitlin (2016), there is no "single definition of

narrative" (p.107); however, there are two common elements that entail this method, being 1) storytelling and 2) meaning making.

By allowing Tamil women of diverse and intersectional experiences (e.g., first generation Canadian, immigrant, refugee) tell their stores, this will address the research objectives in terms of configuring practices and meanings surrounding liberation culture, Tamil women's identity and finally gender specific intergenerational trauma in the Tamil community. I realize that imposing the label "Eelam Tamil" as an identifier may oppose narrative methodology as it is not inductive. I did not want to impose any implicit biases or personal beliefs of Tamil identity hence why SL/Eelam Tamil was used as an identifier, despite personal rejection of being associated with Sri Lanka. I have seen other ongoing research studies from Tamil diaspora youth that used "Ceylon/Eelam Tamil" to completely be rid of Sri Lanka. I've considered this, despite Ceylon also being a colonial association, perhaps more fondly associated with than Sri Lanka. I decided to use Sri Lanka as it is what geo-politically is associated with the island currently.

There is no literature on the implications of "Eelam Tamil" identification despite anecdotal institutional intervention of the "Eelam Tamil" identity in social media spaces, Tamil organizations etc. Therefore, using a narrative methodology is useful in this case as nuances in Tamil diasporic identity is unknown, and current literature is insufficient to specifically explore Eelam/Tamil identification. Depoy & Gitlin (2016) suggests that narrative queries are particularly useful when knowledge is not known or is insufficient to describe a phenomenon.

Secondly, as Tamil women are neglected form the literature where the gender component is overlooked, narrative inquiry serves to illuminate the "voices and experiences of marginalized or excluded populations and individuals" (Depoy & Gitlin, 2016, p.166). In terms of the domain of my study, Depoy & Gitlin (2016), suggest that the "focus of a study must be

clearly understood to ensure that findings or interpretations are meaningful" (p.213) where the domain may be a "culture, a context, a group, a concept, or a set of experiences specified by the researcher as the major concern in a study" (Depoy & Gitlin, 2016, p.213).

In the case of my study, the domain coincides with being Eelam Tamil, that is specifically distinct from other Pan-Tamil identities. Although Pan-Tamils may associate themselves with the Eelam liberation movement, this study will specifically be focusing on Tamils originating, or identifying ethnic origins in Sri Lanka. In addition, maximum variation strategy is used in this study as individuals with nuanced and intersectional experiences will be considered, who are within the domain of the study (e.g., refugees, immigrants, first generation Canadians, women-identifying folks). Therefore, this strategy will allow this study to maximize variation "among the broadest range of experiences, information, and/ or perspectives", and involve a "universe of experiences and meanings" (Depoy & Gitlin, 2016, p. 213). Through the narratives collected from 23 semi-structured interviews the research captures the experience and engagement with Tamil culture, Tamil liberation culture that informs identity which also informs the experience of individual, intergenerational and community trauma.

Research Study Design

The research design for this study uses qualitative approaches using narrative driven data collection through one hour semi structured interviews with 23 participants. This allowed participants to speak freely during the interviews on the questions that were provided to them.

Recruitment Strategy

Recruitment methods were in accordance with the target population which consisted of older and younger demographics. Recruitment was solely conducted by me, the sole researcher. Research posters were circulated on social media throughout various related platforms, social media pages and groups that catered to Tamil people or Tamil women, and in specifics to their age demographic and likely engagement with the platforms. For instance, Appendix 1, contained recruitment for Tamil women between the over 18 years of age, who have immigrated or sought refuge in Canada. These posters were posted in online spaces such as (Durham Tamil Association, Tamil Senior Association). Appendix 2 was used to recruit Tamil women over 18 years of age, who are born in Canada. These posters were posted on organizations such as Tamil Civic Action, Tamil Health Association, university Tamil Student Associations, South Asian Collective). Appendix 3 consisted of a social media post with condensed information which was posted on a plethora of social media platforms using the lead researcher's (Augustine) social media platforms (Twitter, Instagram, Facebook). Secondly, the research study was promoted on a Tamil radio network EastFM radio, on a segment where I discussed my research and the importance of Tamil centric research collection. Thirdly, the research was also promoted during my presentation during the Tamil Genocide Education Conference as well as during my keynote speech during the South Asian and Tamil World of Woman Conference.

Sampling

The study recruited 24 participants, although used the data of 23 participants due to violation of inclusion criteria of one participant data set arising from miscommunication in inclusion criteria that was later evident when conducting data analysis. As this study used semi structured interviews to guide participants to tell their stories and narrative, there is no discrete answer to the question of "how many" for sample sizes in qualitative research noted by qualitative research experts. The chosen participant number is based on Sandelowsk's (1995) recommendations that qualitative sample sizes be large enough to allow a 'new and richly textured understanding' of the phenomenon under study, but small enough so that the 'deep, case-oriented analysis' (p. 183) of qualitative data is not ignored. In addition, Sobal (2001) recommends that optimal sample size ranges 15-30 interviews for single case projects. There is little to no literature on Tamil identity, liberation culture and intergenerational trauma through the perspectives of Tamil women. Therefore, 23 participants provide the depth and the range to explore unestablished constructs.

The sample population for this research project comprised of 23 participants who self-identify as a woman, are of Eelam/SL Tamil origin, who either immigrated or sought refuge in Canada or were born here, and finally who were willing to discuss mental health experiences. Inclusion and exclusion criteria were screened via phone and email (Appendix 11). 11 of the 23 participants identified as being born in Canada, and the remaining 12 identified as migrants.

After an email interaction from an interested participant, I would call the participant and discuss with them the 2 categories of women I am recruiting and ask them to tell me which category they associate themselves with. During the phone call I made sure that the interested participant(s) 1) lives in Ontario 2) are over 18 years of age 3) identify as having Sri Lankan/

Eelam Tamil ethnicity, and 4) ask if they fall into the 2 demographic categories based on either if they were immigrants/refugee or if they are born in Canada. Consent forms in accordance with inclusion and exclusion factors and target demographic, were then emailed back to interested participants for them to read, fill out and sign. Participants who did not have access to a computer or printed provided with verbal consent. Verbal consent was provided by using the verbal consent script in their chosen language of English or Tamil. Participants who preferred to have the verbal consent option was provided in Tamil.

Snowball sampling was also used, after participant interviews where I asked the participants to share the research poster among their social circles or recommend individuals who they thought would be interested in the study. 2 participants in the study, were recruited via snowball sampling.

Research Tools

Interview Guide

Two guides were created for the semi structured interviews where Appendix (4) reflected questions and experiences regarding immigrant/refugee Tamil women, and Appendix (5) reflected questions and experiences regarding Tamil women born in Canada.

Recorder

A voice recorder was used to capture phone interviews in addition to the recorder on my laptop. I wanted to ensure I had 2 recording devices in case participant audio files got lost on one of the devices. Both files were securely uploaded onto an external hard drive.

Mental Health Resource Sheet

Due to the any potential distress that may have occurred from the interview, a mental health resource file was sent off to all participants after the interview (Appendix 6). The

resources sheet was curated with general mental health and LGBTQ+ and South Asian, specifically Tamil language oriented mental health resources.

Transcription, Translation and Coding

I used a transcription site called Otter.ia to transcribe all the interviews. As I am proficient in Tamil, I translated 2 interviews that were conducted in Tamil. Any uncertainties in translation (e.g. specific words), I consulted with my mother who is a Tamil native speaker. No confidentiality agreement was required as participants responses were not shared, and singular word definitions were consulted. The qualitative coding software NVivo was used to code all interview responses into sub themes and overarching themes.

Interview Procedure

After email screening potential participants and confirming if they were eligible for the study, a consent form was sent out to the participant. There were 2 consent forms reflecting the demographic of the participants, where Appendix (7) was a consent form for participants who were immigrants/refugees and Appendix (8) for participants born in Canada. After participants completed the consent form and were cleared of any questions, interviews were scheduled based on the participant's availability. If the participant chose to provide verbal consent, the verbal consent script was recited to participants and verbal consent was recorded. There were two verbal consent scripts, Appendix (9) for immigrant/refugee participants and Appendix (10) for participants born in Canada. The interviews lasted about one hour where the appropriate interview guides were used to ask questions that would allow data collection according to the research objectives. Participant responses were recorded using a voice recorder and saved directly onto an external hard drive. Participant involvement remained confidential, as pseudonyms are used to identify participant responses. I, the lead researcher, am the only person

to have access to the participant list matching the pseudonym names, thus their responses will not be connected to their involvement in the study. All interviews were verbally conducted either in either English or Tamil. Two participants who requested interviews in Tamil had very limited ability to speak and understand English. After the participants completed the interview, a post-interview email was sent off to the participant that included their $20 e-gift card for their participation and a mental health resource sheet (Appendix 6). Finally, all participants were encouraged to share this study with other Tamil community members who are woman identifying.

Data Processing

After interviews were recorded and responses were collected, interviews were transcribed via the online software Otter.ia in English. Interviews were thoroughly and repeatedly checked to ensure that participant responses were transcribed properly. If some parts of the responses were unintelligible or undecipherable, it was noted in the transcription as *****. For some words in Tamil that were beyond my comprehension, or if English words did not capture what participants were trying to grasp, I consulted my mother for the best translation.

Limitations Due to COVID-19

Initially this study wanted to hold in person meetings as that is ideal, especially when talking about difficult feelings or experiences. I thought that being a part of the community would allow the interview to be a more personable experience, particularly with previously mentioned literature that emphasizes the importance of representation in language and service providers. Although I now may see the value of being over the phone, which may have allowed the participant to speak more freely without potentially being hindered with my physical

presence. Over the phone, I was able to listen more attentively did not have to worry about body language or other physical social signalling cues.

Data Analysis

Since I conducted phone interviews, this entailed the analysis of linguistic data, or using hermeneutic reasoning. According to Polkinghorn (1988), "hermeneutic understanding uses processes such as analogy and pattern recognition to draw conclusions about the meaning content of linguistic messages" (p.7). It does not produce certain conclusions and does not have precise methods. Therefore, the temporality embedded in the nature of narrative methodology, may also not be linear, or follow Euro-Western temporalities. For instance, narrative knowing allows information to be structured according to the schematic format. This is an epistemic difference to a linear knowing, as schematic knowing is different as it "contains the notion of a whole or theme that pulls together and configures the bits of information into a systemic relationship: a "scene" in the case of spatial schemas, or a "plot" in the case of temporal schemas" (Polkinghorn, 1988, p.111).

Thus, the meanings and narrative acquired in this study may not be universal, nor standardized, despite common experiences and interpretation of meaning that may paint a common landscape. By exploring distinct aspects of Tamil culture and liberation culture, this research examines the operationalization of culture that is safe, sanctioned, and apolitical. In addition, this research gathers information to extend the repertoire of trauma informed knowledge that is specific to Tamil women. In essence the research methodological lens of qualitative inquiry and narrative meaning making allows for a post-colonial approach to understanding and meaning making. I do not seek to have definite conclusions that exactly relate to studied and observed phenomena, but to understand individual and complex realities conflated

with experiences of displacement and gender that are interconnected into overarching ones of intergenerational and community trauma.

According to Depoy & Gitlin (2016), developing categories can take place when there are commonalities in a data set. For instance, they note the differentiation between categories and variables where variables are multiple elements that may occur within the categorial single phenomena. In essence, "categories are basic elements that enable people to organize experiences, objects, and images and to craft and follow social convention" (Depoy & Gitlin, 2016, p.315). After interviews were transcribed into verbatim or a written record, sub-themes, and themes, were identified via process of induction, where overarching thematic findings emerged from storytelling narratives. Unlike deductive studies, this study did not intend to impose themes counter to the narratives revealed.

Finally, Depoy & Gitlin (2016) note that many health and human service professions that play a role in policy, funding, education and practice, have been educated to value knowledge that is generated from experimental type inquiry, or prefer quantitative methodologies. Therefore, they suggest that "investigators who choose narrative strategies for inquiry must be sure to explain adequately its value and purpose and report their narrative in a compelling way that is relevant to the health and human service contexts" (p.167). Therefore, narrative strategies go beyond academic theoretical intent, and illuminate the meanings of experiences that become reduced to statistical validity to prove a quantitative hypothesis. The data collected comprised of a plethora of first-hand accounts that were rich with emotions of despair and hope, longing and belonging in the transnational and local situated in non-linear temporalities of identity, trauma which are navigated in linear temporalities of survival and sufficiency. The next section will provide the findings correlated with the themes emerged from the narratives.

Chapter 4: Findings

This study interviewed 24 Tamil women identifying folks who reside in Ontario and have had experience with mental health challenges. One participant's data set had to be excluded due to miscommunication regarding inclusion criteria, thus rendering the study with 23 data sets. Interviews were conducted in English primarily, or Tamil if requested. Two participant interviews were fully conducted in Tamil, one interview was done in both English and Tamil and finally the remaining 20 interviews were conducted fully in English. The interviews completed in Tamil asked the same questions on the interview guide in Tamil.

Descriptive Results: Participant Ages, Sexual and Gender Identification, Year of Arrival in Canada & Outliers

Participant age ranged from 22-72 years of age, the mode age being 24, and the mean age being 31. Interestingly the three outlying participant ages being 49, 51 and 72, corresponded with interviews that were completely or partially done in Tamil. As these participant ages were also situated in immigrant experience, these participants experiences may correlate to a more distinct demographic within the intersection of immigration. For instance, these participants immigrated during early-middle adulthood and have a greater number of years physically spent in SL/Eelam compared to the remaining younger immigrant counterparts who immigrated to Canada during their childhood and adolescent years. Year of arrival in Canada with immigrant participants ranged from 1993-2010, reflecting the timeline of the Sri Lankan war. When asked about parent's year of arrival in Canada in the first generation Canadian born participants, timelines ranged from 1980's to the ceasefire period of 2002-2008), which reflects pre-genocidal period of anti-Tami sentiment just before the initiation of the war, to just before the height of the Tamil genocide in 2009.

All 23 participants identified as being cis-gendered. 19 of the participants identified as having heterosexual orientation, whilst 2 participants identified as being queer and or bisexual. 12 of the participants identified as immigrants or refugees, 11 of the participants identified as being born in Canada, or first generation Canadian. The majority of the participants (18 participants) were university educated and held at minimum a bachelor's degree.

Thematic Analysis Results

Participant Identification

The majority of the participants (19 participants- 79%) identified as either "Tamil, Tamil-Canadian or Eelam Tamil". Participants who explicitly mentioned Tamil or Eelam-Tamil were very passionate in terms of having to identify this way, primarily due to contexts of genocide and erasure. One participant even mentioned having deep interest to participate solely because of seeing "Eelam-Tamil" on the research poster, which had been very novel to them. In addition, a variety of names denoting "Eelam-Tamil" were also referenced (e.g. *EelaTamil, EelaTamizhars)*

> Jyoti: With the Eelam Tamil identity, we have genocide in our ancestry. And to call a place home, you have to be able to say that it's home, as in like, it's safe, you can sleep there, you can eat there, you can be yourself there, Sri Lanka does not provide that. And in my ancestry, the way that my parents and my grandmother will call that place it would be either Illangai or Ceylon.. Those are the only two terms that they would know as home.

Four participants mentioned identifying as "Sri Lankan", although there were some nuances behind the reasoning of identifying this way. For instance, one participant who was of mixed ethnicity (e.g., Tamil and Sinhalese)", felt that "Sri Lankan" encompassed both of their identities and they would not have to "choose" between Tamil or Sinhalese. Other participants expressed identifying as Sri Lankan primarily for convenience when "Tamil" was unknown.

Tamil Identity: Gendered Experiences

When asked about how participants viewed Tamil culture in relation to identity, all participants mentioned engaging in Tamil culture specifically at home and situated its engagement with their identity formation. Participants revealed a universal understanding of Tamil cultural identity that the majority deemed as conservative, patriarchal, with emphasis on language preservation and gendered behavioural conduct, which they also felt correlated with Pan-Tamil cultural practices.

Gendered behavioural conduct remained to be an interesting finding in terms of relating not only to individual identity but also with community relations. For instance, participants reported core integral components of being a "*Nalla Ponnu*" or "good Tamil girl" particularly when interacting with family or the community, such as being obedient, engaging in respectful conduct and having certain modest and demure behaviour. This conceptualization of gendered behaviour was also in tandem with participants reporting that they are "community gaze" where their individual actions will be traced back to family.

> Yamuna: My mom especially the whole, like *manaam* (honour), respect, *mariyaatha* (respect), so like I everything I did, I had to make sure I was doing it right, because other people watching right are like, you know, you have to act a certain way. I always got that, right. Like you have to act a certain way. Because like, what are other people going to think right?

Secondly, many participants revealed that they engaged in cultural outputs at home by partaking in cultural festivities such as Thai Pongal, but also with cultural activities like *Bharatanatyam* (dance form), *Sangeetham* (vocal art form), films, and other Tamil media. Most interestingly, participants who did engage with Tamil cultural artforms, noted a gendered prescription to pursue art forms to satisfy gendered requirements of being a "good well-rounded Tamil woman". In addition, some participants also revealed the inaccessibility to engage with art forms due to financial restrictions. Further, participant response also indicated gendered responsibility to preserve cultural identity not only through engaging in Tamil culture and bearing the responsibility of vertical cultural transmission to their future children, but even through reproductive means by acquiring a Tamil partner. This is an interesting finding as significant participant responses found that Tamil cultural transmission was most often through matriarchs in the family, particularly grandmothers and mothers.

Eelam/SL Tamil Identity: Distinction Between South Asian and Pan Tamil

Participants distinguished between being Tamil and South Asian and expressed the emotional toll of being identified as an amalgamation of various South Asian nationalities particularly when ideally wanting to be referred as “Eelam-Tamil”.

> Kumari: Living a false identity is what I would call it because like, it is part of my culture, like even when you say like I'm South Asian, I'm from Sri Lanka. They're like is it India?, I'm like no no. I have to explain to them India is different, Sri Lanka is different. And I have to go further into like explaining Sri Lanka, this is Eelam, this is Sri Lanka, we are the *Eelamtamilzars.*

Not only were distinctions between Tamil and South Asian brought forth, but participants also distinguished Eelam/SL Tamil identity within Pan-Tamil identity that is shared with other nations such as India and South Africa, with the major distinction relating to liberation cultural practices and association with the Tamil genocide, that is more associated with Eelam/SL, despite also resonating with Tamil nationalists in other nations.

> Yahvi: If we're going to talk about *Eelatamil* culture specifically, there's so much about liberation, that's just embedded in our culture, right. And I knew like there was a separate identity between like, not separate, like, as there's Tamil people, because I grew up with Tamil Indian people. And there was a big difference in our cultures, too. And I understood that, and I knew that this is like our own thing. And like, I like I was kind of proud.

Tamil Identity & Sexual and Religions Identities

Finally, some participants with additional identities such as having a non-Hindu religious identity (e.g. Catholic) and being a part of the LGBTQ+ community, identified having conflicting engagements with Tamil identity. Participant responses that align with LGBTQ identities, discuss the experience of navigating both Tamil and LBGTQ+ identities that are seen as distinct and non-exclusive. Participants who identified with another religion other than Hinduism and/or Saivism, indicated some barriers to engaging with “Tamilness”, when not having access to Tamil cultural practices that are conflated with Hinduism and/or Saivism. Participants noted different Tamil

contexts when engaging in different religions, that are distinct from hegemonical Tamil practices. Although, participants also noted secular aspects of Tamil culture that are readily engaged with.

> Jyoti: I do feel like Tamil Catholics are a little bit different from Hindus. And I do feel less Tamil. And I feel like other Tamil Catholics feel like that, too, that they're less Tamil than a Hindu, Tamil person.

Tamil Identity, Connection to Homeland & Engagements in the Local

Participants discussed the nature of Tamil identity and connection to the homeland, which were varied in experiences for both first generation Canadian and immigrant/refugee participants. Tamil identity by all participants was engaged in the household most significantly through food, language, and ways of being in the local (e.g. Canada).

All participants felt some sort of connection to the homeland but varied in terms of how that connection is fostered. Immigrant participants, particularly elder participants, who have memories in the homeland, are fluent in Tamil, and have family members in Eelam/SL yielded a strong connection to the homeland. These participant responses contained a lot of grief, as many participants mentioned having a physical and tangible connection to land, cultural practices, and sense of belonging. Participant responses were also pleasant for immigrant/refugee participants when participants recalled childhood memories and in particular, experiences with their mother before being married off in the elderly immigrant "outlier" cohort. First generation Canadian participants responses indicated a more secondary connection via their family members through storytelling and their own experiences of visiting SL. In addition, connection to the homeland was also conflated with grief, due to knowledge of historical trauma and genocide that had occurred, and the stories told by their parents of the struggles they faced during their time living in SL/Eelam.

All participants noted experiences of providing economic assistance to family members and individuals in need back home. As Lalita explains: "I've always had a worry about my

family and everyone that's living back home. Will see them again tomorrow? And when I go back It's just that I struggle with the fact that I don't have enough money to help you out right now. “ Many participants also disclosed feelings of guilt and leaving family and community members behind.

Conceptual Differences in Engaging with Tamil Identity

Participant responses note the conceptual differences of perceiving and engaging with identity, where Tamil identity does not relate back to a unified homeland or country and is closely related to community than nationhood. They noted the discrepancies between identifying with physical land and nationality, and how this may cause confusion when understanding how people connect with Tamil identity.

Recognition of Tamil Identity in Toronto: Positive and Negative Experiences

In terms of increased recognition of Tamil identity in Ontario, participants revealed positive experiences of Tamil identity being recognized at a policy or governmental level but were critical of how policy initiatives represented Tamil culture, more specifically, when regarding liberation and back home politics. To further this, participant responses also revealed negative associations of Tamil identity, where responses noted that the Eelam/SL Tamil identity being closely affiliated with the Tamil Tigers or “terrorist” particularly with global narratives surrounding the situation in Sri Lanka, in addition noting “disruptive” diaspora homeland politics particularly during the height of the civil war in 2009.

In addition, participant responses revealed that recognition of Tamil identity at a policy level, aided Canada’s colonial narratives that are also at the expense of the Tamil community and other BIPOC marginalized communities (e.g. Indigenous communities). Further, participants

were aware of the “picking and choosing”, or uptake of culture to an extent, particularly when acknowledging political leaders engaging with the Tamil community.

> Shari: I think it's almost like you can't be too extreme. Right? Canada is very much a cherry-picking country where we like to celebrate differences. We like to say, you know, Kumbaya, we're all in this together. But we also don't want too much of that difference or too much of that making people uncomfortable, right. And I think like the Kothi rotti the versus the tiger is like such a great example of that, where like one of them is like a very easy, digestible thing to talk about like food, and the you know, the flavor and like whatever. Whereas the other thing is, like rooted in something that is, you know, so much more difficult to unpack and has such a strong historical connection, have different meanings for so many people.

Shari was not alone in noting that digestible aspects of culture are taken up by government leaders at policy levels and indigestible aspects are ignored.

Tamil Identity Engagement: Immigrant and First-Generation Canadian Experiences

Participants who were immigrants brought forth experiences of the perception of Tamil identity upon their arrival to Canada compared to now. Participant responses noted that the engagement of Tamil identity is more explicitly engaged with in recent times, particularly with the normalization and encouragement of diversity and inclusion, than upon the time of arrival for these participants. Participant responses noted the change in Canada’s attitudes towards the global labour force where international experience was not as appreciated as it is now, and notes that there is decreased necessity to assimilate and accommodate but also to the change in attitudes and increased acceptance to recognition of Tamil identity on a governmental level. All participants currently engaged with Tamil identity, participants who were mothers also indicated efforts to preserve and pass down Tamil ways of life.

> Saura: Canada was more of a very, it was very closed in nature, they didn't think of global experience, they only looked at like, do you have Canadian experience? Nowadays, so it's so different…you know, like now, Canadians recognize global experience. At that time, actually, we were trying to fit in. I was lucky that I My name is ****** right? But I have my middle name *****, which I don't use, because nobody can spell it or pronounce it. So

> we tried as much as possible to fit in. But nowadays you find it's the opposite where like you can tell you don't have to try and change your name or anything people will try to accommodate you know.

Participants born in Canada identified that there was an explicit moment where they chose to engage autonomously in their Tamil identity, despite being inexplicitly engaged in their identity at home via food and language. Many participants noted this integration during late high school to university years, particularly with Tamil student run organizations. Participants who were born in Canada, reported acculturative stress when being faced with being in accordance with a conservative Tamil culture in the home and exposed to a more "liberal" culture outside of the home e.g., at school, particularly about things like being pressured to be confined within the home, and being challenged with social expectations in the West that are deemed as unfavourable behavioral in Tamil culture (e.g. dating). Immigrant participants, specifically the elderly participants, also frequently noted experiences of being confined within the home before marriage. In addition, Canadian born responses indicated experiencing "anti-Tamil/refugee" stigma in school, particularly during the time of the conflict.

Intergenerational Trauma & Liberation Culture

All participants identified themes of genocide, current connection to homeland, parenting, assimilation, acculturation, patriarchal society, sexual and gender violence, as major themes of intergenerational trauma All participants indicated that their female primary caregiver (mother), experienced debilitating mental health realities that also affected them. All participants also revealed the explicit association of trauma with Eelam/SL identity.

Genocide

Immigrant/refugee responses all mentioned the migration to Canada because of the conflict in Sri Lanka. Many immigrant responses discussed the nature of living in the homeland during a time of anti-Tamil sentiment. Interestingly participants who mentioned that they spent majority of their life in Sri Lanka in Colombo, despite originally being born in the North-East, indicated that they were exposed genocide related information regarding what took place in the North-East, after arrival in Canada. Participant responses varied in terms of "intensity" of experiences faced, which was reflected by their year of immigration and time spent in the North-Eastern region in Sri Lanka.

First generation Canadian participant responses revealed hearing experiences or accounts of genocide where these experiences are also told in a story telling manner, which was usually triggered by something in the moment that evoked the memory for the family member. Many participants also noted the casual tone when these horrific stories are told. Immigrant/Refugee participants provided varying accounts of experiencing anti-Tamil sentiment, to witnessing traumatic war related events such as shelling, bombing, and fleeing from their homes.

> Kalki: remember my mom telling me that one of the last conversation she had with like a missing extended cousin was like, like she was holding her dead baby. And because of the sound of a bomb…again, these are things are just so casually told to me. And I'm just like, you know, like, I don't think they're being casual about it. I think they're so traumatized. Because that can't be normal. That's not normal at all.

Sexual & Gender-Based Violence

Immigrant participant's responses revealed common themes of sexual, gender and domestic violence faced by Tamil women in Sri Lanka particularly by the Sri Lankan army and Indian Peace Keeping Forces. All participants reported that gender-based violence also was noted to be prominent in the Tamil community in Ontario, as all participants had known a Tamil woman in their life to have experienced sexual violence, in addition to some of the participants experiencing sexual violence first hand. As Sothiya explains,

> as a woman you do experience gender violence like you know domestic violence. The man is the chief householder and the woman is always subordinate right, so you have that kind of a feeling in Sri Lanka whether you are in your own home or not, but that feeling is there that sexual violence is there…I mean, that is part of you know, the patriarchy you know, we will we don't say that this is you know, the after the army of course you know, their continuous sexual violence through the you know, Sri Lankan army and Indian army

When asked if female caregivers had disclosed stories of sexual violence to first born Canadian participants, many participants noted that their female caregivers did not share any stories with them. However, participants noted that they were able to piece together certain anecdotes and behaviours that were indicative of having such experiences. Participants noted that the outward acknowledgement of enduring sexual violence is not present due to stigma within the community. For example, Trishala explains:

> My grandma tells me that the Indian army is trouble, I didn't understand what she meant at that age I was young. They came to our town, as peacekeepers. And our people will tell stories that they shot at us. Our parents don't speak about it too much, eve n if I want to talk, they ask us why we are bringing it up. Or like, we're constantly like, moving to the next thing like, the next matter, every time, to sit and talk it very hard.

Trishala's intergenerational account revealed to her by her grandma refers to the period in which the Indian Peacekeeping Forces were operating on the island, and it was a period of tremendous violence. The actions of the IPFK was a contributing factor that led to the assassination of Indian Prime Minister Rajiv Gandhi by a female Tamil Tiger "Dhanu" whose motivations were derived

from Dhanu's rape by the Indian Peace Keeping Forces (O'Connor, 2007), who inflicted gender and sexual violence upon Tamil women, which was also noted in participant responses.

Two participants who were born in Canada reported that when they did disclose instances of sexual violence to their female caregiver (mothers), they were disappointed in the reaction that occurred, to which resulted in either victim blaming, or normalization of tragic occurrences. Yoni shared the difficult experience of disclosing to their mother, which they still felt unsettled about when acknowledging how their mother reacted, based on the shakiness in their voice during their response.

> Yoni: When I I actually disclosed my my sexual assault story to my mother a couple years ago. And she responded in a way that actually made me quite upset she she said she kind of normalized that and That made me feel even more broken about the whole situation and broken about our community and broken about what we've allowed to happen to us.

Parenting

Participant responses yielded normalisation of verbally and physically abusive parenting methods that were seen in both first generation Canadian and immigrant/refugee participants. Majority of participants denoted an authoritarian punitive punishment style that heavily emphasized obedience. Many participants also related this parenting style, to their current mental health experience. In addition, a number of participants disclosed parenting styles that differed with them being a female child, versus having a male child in the household that was provided with more freedoms and less responsibilities in the household due to gender roles and conduct.

> Yoni: Tamil Culture also means that like, there's a certain amount of like, I mean, it is abuse, emotional, and physical, and all of that stuff, which I don't, I don't hate my parents for at all. But it definitely made me an anxious human being. It definitely made me afraid of things. It definitely made me hate myself.

Triggers

Participant response revealed a number of triggers that either participants themselves experiences or witnessed their family members experiences. Some triggers that were evident were 1) authority figures more specifically police, 2) sudden loud noises and 3) the social climate during the first COVID lockdown particularly with curfews, panic emergency preparation, and increased law enforcement.

> Ganga: there's my grandma [who] is like so afraid. She's like, on constant fear of like, Oh, yeah, don't say all this in your classes [or] say [things] about the police. Like, they're gonna kill you. You know, she's so terrified. I don't believe her because she comes from that traumatic experience.

Generational Gaps

Canadian born participants responses revealed several generational gaps. Participant responses revealed the difficulty of communicating issues and traumas that are more aware to the younger generation (e.g. LGBTQ+ issues, rape culture, mental health), in addition to how an individual's mental health realities may be perceived to be reflected upon the family.

> Kumari: Even in Tamil community you know, right now we see a lot of young children committing suicide. And like my parents always do like "they're so stupid, why don't they think about their parents, how much their parents are going to suffer like why are this kids doing to themselves, and when you try to explain to my parents, it's not a choice, it's not something they chose lightly, like depression is real. For someone who's depressed, you know, dying is like the last resort again

Fulfilling Sacrifices

A majority of first-generation Canadian participant revealed a need to fulfill sacrifices that were made by the previous generations. Many participants also disclosed hearing stories from their caregiver's survival experiences in Sri Lanka, but also acculturation, immigrant/refuge seeking and survival experiences in Canada, that played a role in terms of having desire to succeed on behalf of those family members. Many participants also disclosed the distressing nature of being misunderstood with their current realities with pursuing higher education and

establishing successful careers but being unable to share with their parents due underplaying of this distress.

> Lalita: Oh, yeah, absolutely. I feel like-it, it was this thing that, you know, my, my mom didn't get the chance to do so because she was living in Eelam, and she was running around because of the war hiding from place to place. So when she finally gave birth to me, I literally did everything that she couldn't do. So I still have the responsibility, especially in Canada, to uphold the status as a successful Tamil a woman because she's never had that, she's never owned a home. So I have to, like carry all the responsibilities of achieving not only my dreams, but also my mom's dreams.

Immigrant experiences

Participants closely associated Tamil genocide with Tamil identity and communicated painful accounts of assimilation in Canada upon immigration. Part of this was related to the context of departure, where the cultural and physical erasure of Tamil identity in SL/Eelam, but also the racism upon arrival.

> Saura: When we came, it was different, you were immigrants. We were all trying to get jobs. And at that time, there was you know, Canada was more of a very, it was very closed in nature, they didn't think of global experience, they only looked at like, do you have Canadian experience?

> Saura: Most of them will ask like, are you? Are you a tiger or Tiger supporter? or something? I think I didn't feel bad in any way. That's how they, that's how Tamils got exposed there. Oh, well, you know, we're in the news because of the Tamil Tigers. So I kind of understood where they were coming from. It was I felt it was up to me, to make them understand that tigers are not really terrorists as in they're they're not out there to just blow people up just to terrorize, their agenda was completely different their trying to fight for a separate state because they were inequalities.

Many participants who were immigrants shared experiences of having troubling relationships with their spouses and being primary caregivers for their children. Elder immigrant participants also revealed a level of dependence that was required on their spouse for security and survival purposes. Many participants who were mothers identified providing significant emotional and physical labour into their households, compared to their husbands.

Engagement With Liberation Culture

When asked about liberation culture, participant responses indicate a varying set of practices that promote remembrance and remembering Tamil history related to genocide and resistance against the Sri Lankan state. Participant responses found that the perception of liberation culture entailed reclaiming history and identity, indicated that liberation culture is also not tied to individual experience but tied to community. Participants noted that the engagement with liberation culture was not always a positive experience and could be painful but is willingly engaged in anyways. Participants who had other identities (e.g. LGBTQ) noted that liberation culture was not monolithic, as hegemonical liberation culture seldom emphasizes liberation, although these participants note queer liberation as apart of Tamil liberation. Other participants responses also do not resonate with the ideology of separate state making but find an importance to remember history.

> Kumari: It means that the fight's not done yet… all of this just brings a lot of pain, pain and appreciation…that why did so many people have to die, you know, just being themselves. It was not a choice that was given to them, they were born, that's your language, that's your religion that's your race. And for them to be, like, you know punished for that it's so unfair. It creates a lot of pain. At the same time, like when we see this positive, like, during especially the May month, it just gives you hope that like you there's still fight happening. Like, one day in the future live, maybe not in my lifetime, if at least my kids, so there could be something. And also appreciation, like, you know, like….wanting to give back… women have been affected, especially by like widowed, or like, all of those things, you just want to give back and like, you know, like, make them get better. And they kind of …. you could try to like show the world that the we are not going to be oppressed, we will always continue to rise back again. And one. Yeah, it just makes a lot of emotion. Sorry. Okay.

Participant responses noted a variety of symbolic engagement that evoked liberation culture. Participants noted symbols such as the Karthigai Poo, photos of the LTTE leader Prabhakaran, Tamil Tiger flags, art by Tamil artists that evoke Tamil genocide and geographical Eelam. Eelam songs, being a part of Tamil Student Associations, attending liberation events (e.g. Maaveerar

Naal, Tamil Genocide Day), learning the Tamil language, watching Eelam related TV media and programmes. Participants also noted that many of these symbols were present at home. In addition, first born Canadian participants noted the contradictory attitudes when trying to engage with these symbols at school due to its association with terrorism. Some Canadian born participants also emphasized of other BIPOC identities, as integral to their conception of Tamil liberation culture. In addition, participant responses revealed various engagements with liberation culture and varying temporalities. For instance, it may be engaged with more during more notable months of Tamil resistance (e.g. November), or engaged with casually day-day (e.g. viewing an Instagram post). Participant modes of engagement consisted of educating oneself around the history, resistance, and ongoing oppression of Tamil people in Sri Lanka, organizing within Tamil student unions, using social media to seek out Tamil liberation-oriented spaces, attending liberation culture events (Maaveerar Naal), attending protests in 2009, volunteering and doing community outreach in Tamil community spaces in Ontario, all correlated to participants at liberation culture associated activities.

> Vizhi: Mostly it's through social media, so Instagram, and sometimes it will be on the papers. So I guess during May and November time, they would write more about Maveerar Naal and all and Remembrance Day. So that's where I would read about what happened during the times.

Participant responses reveal that social media is the primary mode of engagement with liberation culture, particularly with learning more information. In addition, social media allowed for a space to organize and mobilize liberation culture related pursuits.

> Yahvi: A lot of the time, like, there's a lot of great like Instagram accounts that are like, for example, Tamil Guardian, reading Tamil Guardian the articles, Pearl action like the workshops I've been to. There's a couple of like, academics and people that have done research that I've recently followed, like, who are doing research on this on related stuff. So just like reading stuff like that. And doing like, like, I would like go and look up stuff like online on my own and then like, talk about my parents and like, what they thought of that.

Significance of Liberation Culture

Participants recognized that participating in liberation culture very explicitly entailed advocating for the recognition of Tamil genocide and remembering individual in the movement who have sacrificed their freedoms for Tamil people. Participant responses revealed that transmission of liberation culture was not as explicit as the transmission of Tamil culture as it is attached to uncomfortable, and potentially triggering topics. Responses indicated that liberation cultural practices were a source of resilience, but also brought a lot of grief, especially when engaged with as a community in large numbers.

> Yahvi: Because I feel like it was such a touchy subject. Like, I think a lot of children of immigrants out of the Sri Lankan war with that, like our parents just like sometimes neglect it. And they like another part of their lives and they want to move forward. They don't talk about it

Participant's responses revealed that significance of engaging with liberation culture pertain to realms of identity, identifying with history, identifying with community and intergenerational trauma, and identifying with Tamil resistance against the Sri Lankan and even Canadian state were mentioned.

> Jyoti: All the pain is just verifies that you share it with other people and just knowing that it was a serious thing. So like, that moment is like it's it's a sad hard moment to like, get through. But I do feel like in that time and space, we're all unified. And we're all like grateful as well. To be there. It Yeah, came at the cost of our as sisters or brothers or sisters or dads or moms or uncles. But like, like I guess it also just brought us together like I think we all kind of know that for that like for Maveerar Naal.

Participants, particularly immigrant/refugee participants, reported changes in attitudes towards recognition and uptake of liberation culture where it is now more openly practiced and promoted, particularly with younger generations.

> Durga: Yeah, I do think it's more openly practiced. I see that more in the younger generation that's come up in the 10 years. They're very vocal. And they're also like

> willing to, I guess, learn, revisit to honor culture, because they are they were now not necessarily survivors of the genocide at all, but then they have that passion. And that's admirable.

In addition, privilege in terms of being able to express liberation culture in Canada in comparison to people living back home was also noted. Some participant responses also indicated that the hesitancy to engage in liberation culture was due to potential consequences for family members living back home.

> Durga: when I go home that I see, like, I see even Tamils like, they are like its' over and they call it a war. And then they are very much assimilating, and I feel like that there's a huge discrepancy. And I think it's because of the fact that they didn't have the freedom, that's one thing if you like, and another thing is they don't have, like me. If somebody from Colombo or somebody from Yaalpanam my age, probably didn't have the same access to information, and they're on survival mode, like they just want to get through every day.

Participant responses informed by immigrant experiences, indicated that liberation culture, particularly information regarding Tamil resistance, was more accessible to them upon arrival in Canada, especially if participants were from Colombo.

> Kumari: But say, after I came here after immigrating to Canada, I was understanding like in depth what was actually going on. And like, learnt about the history behind it a lot more, because like, my family was just like, my mom was the only one who was raising us there. She kinda was trying her best to protect it from us more or less. So she kind of like she said it here and there. And she will just be like, you know you don't talk to certain people, you're supposed to Be careful off certain people, but like, you know, you might get called certain names like "kotiya" What they mean like tigers in Sinhalese, I could be wrong. But like, you know, if you get called those names, keep your head down.

Participants noticed discrepancies between patriarchal gender roles promoted by Tamil culture and society, and the liberatory roles women pursued in Tamil resistance. Some participants even noted comparing women's roles in the movement, when trying to navigate conservative Tamil cultural expectations.

> Durga: Women were in the movement, in the cause and in the fight, where they're even sacrificing their lives, sacrificing their families. Speaking from a perspective of current day, it's really remarkable that that's happened, because somehow the gender stereotypes have kind of crawled back into our families. And I'm not speaking about just mine, I've

> seen a couple of others in the diaspora, that the gender roles are a bit more defined. And it's surprising that it wasn't as much during the, I guess, during the cause, like during the 30 years, and it's admirable.

Tamil Women's Mental Health Experiences

Mental Health Psychopathologies and Therapy Modalities

All participants described experiencing debilitating mental health anxieties. All participants mentioned struggling with depression or anxiety, unofficially and officially diagnosed. A few participants mentioned struggling with PTSD, Complex PTSD, suicidal ideation, and having attempted suicide in the past. All participants who were mothers experienced post-partum depression. One participant disclosed having anorexia nervosa and borderline personality disorder. Some participants had experience with taking medication in the past, most commonly anti-depressants, and reported to find it helpful.

When asked about mental health in the Tamil community, many participants reported depression, anxiety, PTSD, substance, and alcohol abuse issues, but also a suicide epidemic that remains largely unaddressed. The majority of the participants had experience with general talk therapy and Cognitive Behavioural Therapy. One participant mentioned experiences with neurofeedback and other participants mentioned Dialectical Behaviour Therapy. Participants who received therapy did find it helpful. Many participant responses revealed a certain time that symptoms remained manageable after receiving therapy but struggling later on. Participants also noted that the therapy modalities used like CBT did help with certain symptoms, but also acknowledged that they required treatment that addressed deep seated issues (e.g trauma, etc).

> Kalki: So, yeah, so it's medication. And I did my CBT. So that was like the more longer term therapy that I was doing, where I started to feel better, but it done with the COVID. And everything, I started to crash again. And I knew that it wasn't working. So that's when I had to start doing more different kind of long term therapy that wasn't CBT related, because the CBT, although it kind of like helped with like the over. Like, I guess, like the umbrella issues, it didn't really help anything that was on the inside. So that's what I'm doing right now. Is it helping? I don't know, I'm still kind of figuring it out. But

> all I know is like, it can't get worse than what I'm what I'm emotionally going through right now.

Help Seeking

The majority of the participants who pursued post-secondary education first accessed services at university or college. These participants described the inaccessibility of these services as they were limited number of sessions that one can attend as a student, in addition to the services being unhelp as many individuals had specific needs especially if they experienced trauma or felt that the counsellor was unhelpful. Other participants either accessed services via their family care physician who referred them to a psychiatrist, or through Employee Assistance Programs offered through work. Participants who were first generation Canadian noted having Tamil primary care physicians and felt dismissed when bringing forth mental health concerns to their doctors, as they noted their family doctor's own mental health stigma and them being part of an older or conservative demographic, in addition to fear of their concerns being shared with their other family members who also have the same family physician. Immigrant/ Refugee participant responses all indicated that they had no mental health help upon arrival and were not made aware of resources.

Mental Health Practitioners

Participant responses revealed experiences having Tamil, Eurocentric, Other POC and South Asian mental health practitioners. Participants revealed both positive and negative aspects of having a Tamil practitioner. Distrust and breach of confidentiality of health information to other family members was the main reason of distrust. Although some participants indicated feeling accommodated under a trauma informed approach with Tamil practitioners. In addition to being able to speak Tamil that allowed for greater expression.

> Jyoti: Well, one she looked like me. And I felt like someone who look like me, might be able to like, help me out. That was one, two she was younger, three, she's a woman, I felt comfortable. Four she experienced life in the same generation of timeframe as me. So,

> she was able to understand my situation. And the solutions were so much more realistic and up to date

The negative experiences that participants revealed were most associated with having Eurocentric and male mental health practitioners.

> Devi: When I went in, unfortunately for me, it was a Tamil male. And one of the things as similar to domestic abuse and like, just like being hurt by being physically hurt by someone who i had a relationship with or whatever. So what I was trying to explain that to the individual, his reaction was not as sympathetic as I would have liked it to be.

Participants generally indicated positive responses towards South Asian practitioners and other POC practitioners.

> Ganga: Yeah, absolutely. That the first service provider, she was a South Asian like Punjabi woman, she was not Tamil. However, when I did share some of my experiences with her she never invalidated. She never told me like, Oh, that must be different in my community, like you never compared either. And I think that's something that's so important about any form of counselor, even if you are Tamil, because our experiences are not, like, yes, our experience are similar, and yet they're so vastly different.

Although some participants indicated negative response from other POC practitioners, especially if they had more "Eurocentric" approaches.

> Jyoti: One was Asian, but very whitewashed. Like, you know, this model citizen, yes. You know, Asians, those, like when you come up in that white culture, you behave like that, like she was like that, like, I felt like, my personality was so informal. And that just made me so uncomfortable.

Stressors

When asked about stresses participants reported social stressors, other family members, lock down, global turmoil, financial, career and body image stressors. Social stressors for many participants consistent of societal pressures to get married, feeling inadequate in having a conventionally non successful career choice (e.g not being a doctor, etc), facing economic and career pressures during transition after graduating and feeling inadequate when comparing themselves with their peers. In terms of other family members, participants reported being concerned about their health and mental health, particularly with COVID.

Coping Behaviours

Several participants noted coping behaviours that consisted of exercise, talking to friends, watching TV, writing, becoming educated on issues that they themselves were struggling with. Many of these behaviours are partaken on an individual level. Several participants reported keeping hard feelings to themselves in fear of being a burden, misunderstood or being repetitive. One immigrant participant mentioned being a part of a church group that provided them relief. Many participants were hesitated to discuss feelings with their family members.

Social & Structural Barriers to Mental Health Care

All participants reported community stigma when experiencing poor mental health. Interestingly many participants used words like “pathiyum”, “visar” (meaning crazy) to capture the stigmatization of mental health in the community. Several participants revealed being faced with stigma perpetuated by their primary care physician, who in all participant response cases, were Tamil physicians. These participants mentioned that these physicians suggested alternative modes of healing before the use of medication or therapy (e.g. Yoga).

Participants revealed structural barriers to mental health being 1) finding childcare to access appointments, 2) financial barriers to pay for private therapies 3) long waitlist times to access private and free therapies 4) receiving therapy that they felt was inadequate or unhelpful leading to ultimately believing that therapy doesn’t work 5) language barriers in immigrant participants 6) lack of trauma informed practitioners 7) lack of diversity amongst mental health practitioners 8) varying discourses of distrust of practitioners in the Tamil community due to fear of confidentiality breaches, but also a preference for Tamil practitioners

Interestingly participant responses identified that some barriers were alleviated with COVID, where more free, accessible mental health initiatives were promoted, and services were offered virtually.

Lalita: So like right now for COVID. Everyone's offering virtual resources. I was like, why was it not made available before COVID? You know, there are people that are at home that can't even wake up to go outside that would like the help to help them wake up. So yeah, there were so many barriers. But unfortunately, I just had to push through, get to where I am.

Chapter 5: Discussion of Results

This study collected an extensive amount information from Canadian born and migrant (immigrant/refugee) women who provided rich exploration of Eelam/SL Tamil identity, experiences of intergenerational trauma, the gendered nature of mental health outcomes in Tamil women, and finally social and structural barriers that exist for Tamil women seeking to access mental health services. This study revealed significant trauma-informing implications discussed by the participants, especially as all participants did feel unaccommodated by the mental health care they sought or received.

Thematic Inferences

The findings supporting this thesis can be best organized into three interrelated themes being that firstly, Eelam Tamil identity is uniquely distinct from Tamil identity where this study found that "Eelam Tamil" is a significant and preferable identifier for both migrant and Canadian born Tamil women.. Tamil women actively perceive Tamil identity as transnational and are immersed in transnational intergenerational environments. This strongly correlated with the significant engagement in liberation culture which yields transnational and intergenerational components.

Secondly, there is a significant relationship with liberation culture as the research found that Tamil women engage significantly with liberation culture and view it as a protective factor, but also an outlet of grief, and view it as distinct to Pan-Tamil culture. This in turn modulates a significant role in mental health outcomes, as the third inference indicates that Tamil women who experience distinct mental health realities as immigrants or first generation Canadian, experience unresolved intergenerational mental health outcomes where they may not have appropriate treatment to address concerns in addition to structural barriers when accessing

mental health due to inadequate capacity to provide services, lack of representative health care providers and insufficient treatment.

Participant Identification

Findings regarding racial identification, particularly with preference of identifying as Tamil and lived experiences that are distinct to South Asian, were concurrent with the literature that calls for reconfiguring conceptionalization of racial categories based on apolitical geographies and collecting race base data. Where socio-political manifestations of certain demographics, like the Tamil community, may be overridden by large scale racialization (Thompson et al., 2021)

Mental Health Psychopathologies & Unresolved Trauma

Psychopathologies like depression, anxiety and PTSD that have been reported in South Asian mental health literature (Islam, Khanlou & Tamim, 2014; Islam, Multani, Hynie, Shayka & McKenzie, 2017; Beiser, Simich & Pandalangat (2003) were consistent with the findings in this research study. Additionally, Tamil women who identified as mothers all reported experiencing debilitating symptoms of Post-Partum Depression in addition to receiving little to no help, consistent with established findings in the South Asian community (Islam, Multani, Hynie, Shakya, McKenzie, 2017). Thirdly, there was significant mention of unresolved maternal mental health, that affected participants, consistent with established mental health outcomes that find that South Asian women are at almost a three-fold greater risk of mood disorders in comparison to their male counterparts (Islam, Khanlou & Tamim, 2014), strengthening the finding of intergenerational transmission of mental health outcomes.

Therapy Modalities & Effectiveness

Common therapy modalities were reported to be CBT and general talk therapy. This raised concern as this study also found prevalence of PTSD, in addition to many participants being exposed to direct or intergenerational trauma. CBT and general talk therapy are seldom involved in the treatment of trauma and PTSD. As an intake worker that is responsible for matching individuals to appropriate therapists based on mental health needs, I am aware of the firsthand therapy modalities for trauma that are used being "Eye Movement Desensitization Reprocessing" (EMDR), or trauma focused Cognitive Behavioural Therapy. These are also established in the literature (Seidler & Wagner, 2006). None of these modalities were mentioned in participant responses. Thus, it can be inferred that trauma treatment was seldom received by participants, both Canadian born and migrant Tamil women, analogous to the findings by the study conducted by Beiser, Simich & Pandalangat (2003).

Therefore, as these research findings also support the reality that Tamil women are not receiving specialized trauma specific therapeutic modalities, this establishes a research need to explore what therapy modalities that Tamil women have encountered in response to treating their mental health diagnoses, and the efficacy of these modalities. This research may be difficult to pursue due to the structural incompetence surrounding the inability to be officially diagnosed, both culturally and within the Ontario health care system. Additionally, it may be the case the CBT was commonly experienced therapy modality, as there is a dense emphasis on providing this modality in Ontario established in the literature, as there is more access to CBT than other specialized forms of therapy (Tasca, et al., 2018).

One participant reported an official diagnosis of Borderline Personality Disorder (BPD) and anorexia nervosa. Therefore, it is evident that Tamil women do experience BPD and

anorexia nervosa, both diagnoses that I also experience myself, although there is no report of these diagnoses in the review of South Asian mental health Canadian literature Islam, Khan & Tamim, 2014; Islam, Multani, Hynie, Shayka & McKenzie, 2017).

The research study also found body image to be a significant stressor, which ultimately correlates with prevalence of eating disorders. Currently, established South Asian mental health literature heavily places emphasis on mood disorders like depression and anxiety (Thobani and Butt, 2022). There is very little established literature on eating disorders (Mustafa, Khanlou, & Kaur, 2018) specific to South Asian women in Ontario and no research specific to Tamil women. In addition, existing research (Mustafa, Khanlou, & Kaur, 2018) examines second generation South Asian experiences, where there is no established literature on immigrant or refugee experiences. Secondly, there is no literature whatsoever on the prevalence or experience of BPD in South Asian populations located in Canada.

According to Zanarini & Frankberg (1997) the etiology of BPD can be situated in 1) early childhood separations, 2) disturbed parental involvement, and 3) childhood experiences of abuse, 4) family propensity to certain psychiatric disorders, 5) temperamental vulnerabilities, and 6) subtle forms of neurological and/ or biochemical dysfunction. Thus, as the study's findings revealed that both Canadian born and migrant Tamil women are situated in contexts of unaddressed intergenerational mental health outcomes, authoritative and abusive parenting styles and exposure to sexual and gender-based violence, it is highly concerning that there no research at all regarding BPD presentations in South Asian women in Ontario, let alone Tamil women. This is not surprising as there is very minimal research examining BPD presentations in South Asian populations on a global scale, in addition to a general gap in research regarding cultural presentations of BPD (Munson, Janney, Goodwin & Nagalla, 2022).

Munson, Janney, Goodwin & Nagalla (2022) performed an extensive database search in March 2020 to identity articles that discuss various cultural presentations of BPD and found 66 articles globally. The authors findings are in accordance with the appalling reality that research gaps are so behind in the most basic data collecting information on various cultural presentations of BPD. Additionally, there is also no data considering intersectional and intergenerational realities that are brought to attention by (Munson, Janney, Goodwin & Nagalla, 2022) when they emphasize the importance of considering how BPD may present in immigrants as it is unknown if immigrants are more likely to demonstrate BPD manifestations of their native culture or of their host culture. The authors note that their presentation may depend on the age at which they immigrated and the amount of exposure to their native culture they have experienced while living in their host culture (Munson, Janney, Goodwin & Nagalla, 2022).

Another facet to this, may be attributed more systemically as well, as literature notes the immediate conceptual association of BPD prevalence primarily being manifested in White women (Newhill, Eack & Conner, 2009.) A study examining African American experiences brought attention to this as they concluded that BPD is not a disorder exclusive to White females, but that the experience of the disorder may differ substantially across races (Newhill, Eack & Conner, 2009). Tamil centric research implications reside in examining differences in emotional regulation modulated my gendered behavioural conduct. Or, in simpler terms, what does emotional dysregulation look like for South Asian or Tamil women, when they potentially are unable to show outward robust features emotional dysregulation that is a facet of BPD presentation, due to cultural dictations of conduct?

Secondly, in terms of therapy modalities, CBT and general talk therapy was revealed to be the common therapeutic modality. There are culturally competent models of CBT (Naeem,

2019), although there are no adaptations, or reworkings of specialized therapies like Dialectical Behaviour Therapy that is primarily used to treat BPD, to properly address mental health outcomes specific to South Asian or Tamil women.

In alignment with this study's findings in terms of establishing a need for more representative mental health care providers, Tasca, et al., (2018) actually note that the vast majority of meta-analyses of direct comparisons show that there is no difference between psychological therapies when treating patients with depression, which is interesting considering Ontario's emphasis of CBT and recent calls for a South Asian cultural competent CBT manual (CAMH, 2019). This study had found that although CBT helped for a certain period of time for all participants who received this therapy, it was not something that worked for many participants in the long term. Tasca et al. (2018) recommend that rather than exclusively focusing the training of therapists on one treatment manual or protocol, therapist training across several effective approaches should target those skills that the evidence indicates directly improves patient outcomes. Tasca et al. (2018) note that the therapeutic relationship is a major indicator of positive mental health outcomes. Thus, affirmative therapeutic relationships may modulate more positive experiences compared to the actual therapy modality (e.g. CBT), itself. This reveals implications for having representative practitioners in the Tamil community, and the importance of offering these services in Tamil, to foster a therapeutic relationship.

Liberation Culture & Therapeutic Value

When examining the findings related to understandings of identity, intergenerational trauma and liberation culture, this study yields interesting implications to the potential therapeutic use of liberation culture, which is also tied to patient outcomes as noted by Tasca et al. (2018).

This study revealed that many Tamil women engage with liberation culture with varying temporalities, whether it being during designated timelines (e.g. Tamil Genocide Day), or on a day to day basis when engaging with social media posts. Liberation cultural events were noted by participants as requiring large community efforts to organize and arguably, the Tamil community is the only ethnic community in Ontario to do so in this manner. The reconceptualization of liberation culture as something that is controversially engaged with in the host land and is majorly misunderstood by the general public, needs to be reworked to understand its therapeutic value.

Aydin (2017) brings attention to a concept with liberating power referred to as "active forgetting". According to Aydin (2017), active forgetting enables selective remembering by defusing and neutralizing past experiences that are not beneficial for present and future. Aydin (2017) proposes how this concept could be used in ruptured identity, in specific to communities that have endured genocide. They make it clear that this does not imply that victims should erase what has happened from their memory, but that active forgetting is to "banish the trauma by integrating it into the identity of a culture in such a way that it ceases to paralyze that group or community" (p.125). Active forgetting according to Aydin (2017), is done thorough mnemotechnologies that are certain "technological skills that release negative emotions and ideas generated by the trauma from the collective memory" Aydin (2017, p.125).

Aydin's (2017) work essentially notes that trauma can be remembered effectively and suppressed at the same time through mnemotechnologies. When Aydin (2017) discusses supressing they mean an "active faculty that regulates the chaos of impulses and enables the selection of what should enter and what should not enter consciousness"(p.129). More specifically, in addition to first phase of "active forgetting" that acknowledges and advocates recognition of trauma and genocide in a community, Aydin (2017) discusses that active forgetting takes place in the second phase or the symbolic processing of the trauma. Liberation culture in this view serves as a mneotechonology, as it specifically employs both forms of active forgetting where 1) it is integral in liberation culture to recognize Tamil genocide and 2) consist of several "customs, habits, rituals that banish the trauma's monstrous dimensions and make it manageable" (Aydin, 2017,p.132)).

In addition, as engaging in liberation culture may be painful, as "pain" in this instance, may be protective in the long run. According to Aydin (2017) traumatic experiences like genocide have no benefit when what has happened is completely forgotten and " do not contribute to building or further developing a society, but rather can do exactly the opposite, namely, damage the capacity of forgetting to such a degree that a society is no longer able to step outside its history and further flourish" (p. 132).

Additionally, in this case, since liberation culture is controversial in Canada and is not readily engaged with compared to Tamil culture, the ability to discourage its practices denotes to psychological violence, or as Aydin (2017) conceptualizes "a montsrum" where trauma is unable to be integrated into cultural identity. Thus, the following research findings suggest that the engagement with liberation culture, is a significant, widely practiced therapeutic modality that is reduced to engagement with homeland politics. The establishment of liberation culture as

mneotechonology, allows to question the extent of which this can be integrated into policy and practice, considering controversial and neo-colonial engagements in Canada.

In addition, as the Tamil community is a refugee community characterized by genocide, in this view, liberation culture arguably serves as a better trauma informed use of culture, compared to "South Asian cultural competency", that doesn't involve this sort of engagement whatsoever. In specific to Tamil women, even if cultural competency was "Tamil-centric", that would entail basis in situating competency within Tamil culture. Additionally, liberation culture as mneotechonology, is arguably provides more therapeutic value along the intersection of gender especially as this study found that participants identified association of genocide with their identity, and distinguished between Tamil and liberation culture, where liberation culture was seen as a liberatory force of engagement compared to patriarchal, conservative Tamil culture.

Critical Reflexivity & "Undressing" As a Researcher

Finally, as I was in close proximity to the research as a Tamil woman and mental health service user, there were accounts during the interview when the participants were interested in hearing my experiences (e.g., inquired if I identified as Eelam Tamil, how I felt about the situation in Sri Lanka, if I experienced mental health issues, etc). I was unable to provide such information due to alleviating any participant effects, that may be shaped by my personal biases and ultimately affecting the data collected. Although there were moments when the participant and I would "relate" to certain things, where they potentially may have felt affirmed.

Additionally, there was one instance I experienced from one participant who wanted to know if I agreed with "Eelam Tamil" identification. This was analogous to the experience that Thurairajah (2019) discusses when illustrating the challenges in being able to make consistent and uniform decisions about their own boundaries with the participants, highlighted by the fact that are considered a member of the diasporic population they interviewed. Thurairajah (2019) brings attention to 3 modes of "dress" as a researcher, 1.) "fully cloaked", who establishes strong boundaries between researcher and participant by refusing to share positionalities and social locations, 2) "strategic undressing" where some social locations are disclosed and some are hidden, creating a boundary non- uniform in thickness and finally 3) the "naked" researcher, who shares all their social locations and positionalities at all times, and who may not have any boundaries.

Kalyani (2019) notes that many participants in their experience wanted to know their thoughts on the Tamil Tigers, Sri Lankan conflict and "views on the diaspora and identity and loyalty" (pg.138). Kalyani (2019) writes that "at times these questions were asked at the forefront—like an audition to determine whether they could trust who I was behind the cloak"

(p.138). They note the challenges with ethical implications of selective undressing at times, to foster trust. Kalyani (2019) discusses undressing in the context of affirming menial things like when they also confirmed to a participant that they also enjoyed this particular type of spicy curry, which the participant mentioned. Kalyani (2019) also emphasizes that "strategic undressing is arguably the most difficult strategy for a researcher to use. They must be cognizant about when they are allowing the cloak to slip, and the impact of revealing their skin" (p.143). I found myself also selectively undressing at times, during the interviews, particularly through this way as well, when a participant would mention something that was not related to the research objectives, but anecdotal experiences that we shared (e.g., A mom saying a certain phrase" to denote that this was woman's work). I did go ahead and "undress" (Kalyani, 2019) my social location to the participants. This did not change their preference of wanting to be identified as Sri Lankan, and they admitted to me that they were curious and generally engage in identity related conversations in their everyday life. Thus, I feel that my "undressing" (Kalyani, 2019) did not affect the integrity of their responses.

Conclusion:

This study provided significant findings that revealed Tamil Woman's intersectional and gendered mental health outcomes and experiences, which may not be considered due to lack of focus on this specific demographic being situated within South Asian racialization. Additionally, the study found significant understanding and perception of Eelam/SL Tamil identity being distinct from South Asian and Pan-Tamil identity, significant engagement with liberation culture and its role with Eelam/SL identity, significant experiences of intergenerational trauma and unmet mental health outcomes and finally, dire social and structural barriers to mental health services in Ontario that contribute to poor gendered mental health outcomes in Tamil women. This research also concludes the inefficiently of white psychological epistemologies used in psychological interventions towards racialized populations experiencing intergenerational trauma, particularly with the uptake of "culture" that is primarily utilized to address racialized population. Liberation culture, as a therapeutic mode of healing, is proposed to hold immense therapeutic value, in addition to recognizing the hindrance of the integration of liberation culture into policy and practice due to its controversial conceptualization and demonized engagement in the settler colonial Canadian state.

Limitations and Considerations for Future Studies

The limitations in this study that can be brought forth are that experiences are through a cis-gendered are primarily heterosexual lens. Research implications lie in the exploration of queer, transgendered and disabled, gendered Tamil mental health realities.

Secondly, this study aimed to grapple with intersectional experiences pertaining to migration and ideally sought to recruit a mosaic of Tamil women with differing ages. However, this study, found a predominant age demographic that occurred (e.g the mode being 24).

Although this is beneficial in understanding specific experiences in early adulthood in both migrant and Canadian born women, the study hoped to capture more intergenerational experiences particularly along the demographic of age within immigration intersections. In addition, there were certain "age outliers" in the study, reflected the elderly participants who had distinct experiences of migration and identity due to closer personal proximity to Eelam/SL, especially as interviews were conducted in Tamil with this cohort. Additionally, the narratives that were present in this cohort consisted of rich association to life in the homeland and hold value to explore "positive" pre-migration experiences that are seldom presented in the literature. Relaying and establishing these positive experiences in the literature yields value as it depicts Tamil women as more than immigrants or refugees feeling from war but reveals implications of understanding premigration effects of identity and well-being that are present in relation to physical land, community. Thus, this study reveals implications for Tamil centric further study in migrant elderly women, particularly in the Tamil language if collecting qualitative data.

Urgent Research Implications for MAiD

Finally, with the knowledge and experiences that I now have as in intake worker, I desire to have asked more potent and difficult questions regarding mental health experiences, especially when regarding debilitating psychological symptoms like suicidality, particularly with recent controversial mental health policy developments. This study revealed overarching themes of unresolved trauma, in addition to some participants reporting suicide attempts and struggling with suicidality. Why this concerns me particularly, is due to the recent policy decision to make Medical Assistance in Dying (MAiD), available to individual with chronic mental health illness set to be available by March 2023. Currently according to the MAiD Frequently Asked Questions on the CAMH website, any person who requests MAiD must be assessed by two

healthcare practitioners to determine if they meet criteria that is listed on CAMH's website. One criteria in particular being "having a grievous and irremediable medical condition" that is met with 1) serious and incurable illness, disease of disability (including mental illness starting March 2023), 2) in an advanced state of irreversible decline and 3) illness, disease or disability or state of decline causes them enduring physical and psychological suffering that is intolerable to them and that cannot be relived under any conditions that they consider acceptable (CAMH, 2022)

It may appear that MAiD does not sound easily accessible, although there is precedent already for a woman being granted MAiD due to not being able to afford medically accommodating housing for her disability (Favaro, 2022). The article notes that getting access to MAiD was considerably easier than locating wheelchair accessible housing with reduced chemical and smoke exposure that she could afford on Ontario Disability -Support Program (ODSP). Therefore, the reach to access MAiD is not a far as many individuals may assume, and the utilization of MAiD when other policy developments have failed to serve the most vulnerable people, is essentially eugenics. This renders serious implications as the findings revealed in this thesis show that the metrics of which mental health is assessed are Eurocentric, homogenizing and admittedly are not calibrated to perceive the kinds of lived realities endured by Tamil women.

Interestingly, the CAMH website specifically alludes to this situation in FAQ on their MAiD information page, where they pose "what happens if someone with a mental illness wants MAiD because they don't have enough money or a decent place to live and experience intolerable suffering as a result?" and acknowledge that currently "It is also unclear what would

happen if the income or housing supports that are offered are inadequate, inappropriate, or inaccessible".

When considering the psychopathologies reported in this research, it was evident that unresolved trauma, PTSD, depression, anxiety, and BPD are prevalent in the Tamil community. More specifically when considering certain psychopathologies like BPD that is marked by experiences suicidal thoughts and severe emotional pain that is "equivalent to third degree burns", this may render intolerability and consideration of such programs, particularly in tandem with the social and structural barriers. CAMH (2022) notes that "There is no mention of what happens when a person who is requesting MAiD cannot access 'mental health service supports or other means due to location, affordability, etc". Therefore, this remains to be a concerning and pressing issues as, not only is there an underrepresentation of mental health study in the South Asian and Tamil community, but mental health outcomes are also not efficiently addressed and instead are situated in provincial emphasis of certain therapeutic modalities (e.g., CBT), and an overall practice of white epistemologies (Teo, 2022).

I am forever grateful to all the brave participants who have come forward to share their voices in this ground-breaking study. It is difficult to unpack lineages and strains of trauma that are conceived beyond one individual's existence, and to bring these traumatic locations into awareness is an extremely painful task. I am very honoured to be able to be a part of centering Tamil women's voices into South Asian mental health discourse. As someone who personally, finds resilience in Tamil liberation culture and history, I see it as an injustice if these crucial elements of culture are not taken in account for. There is an urgent need to understand and revere liberation cultural organizing that is done in diverse ways among oppressed and marginalized communities as it serves as therapeutic and psychological resistance against the colonial present.

Oppressed, marginalized, displaced communities do not deserve to be approached with static cultural, band-aid solutions, that ultimately serve no one but policy makers who are keen on violently consuming and regurgitating the next up and coming diversity and inclusion buzzwords.

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Appendix 1: Recruitment Poster (Immigrants/Refugees)

DEAR TAMIL WOMEN, WE WANT TO HEAR FROM YOU!

We are looking for volunteers to share their stories and experiences with mental health as a Tamil woman living in Ontario.

We value your time and participation. Participants will receive a **$20 electronic gift card** for their time.

For more information please contact mithey.augustine@dal.ca or (902)-999-7606

Eligibility Criteria

You are over 18 years of age
You identify as a woman
You are of Eelam/Sri Lankan Tamil ethnicity
You are an immigrant or refugee
You have access to a phone
You are willing to engage in a 60 min phone interview
You live in Ontario
You are comfortable speaking in English or Tamil

We are looking forward to hearing from you!

DALHOUSIE UNIVERSITY
Inspiring Minds

Appendix 2: Recruitment Poster (Born in Canada)

DEAR TAMIL WOMEN, WE WANT TO HEAR FROM YOU!

We are looking for volunteers to share their stories and experiences with mental health as a Tamil woman living in Ontario.

We value your time and participation. Participants will receive a **$20 electronic gift card** for their time.

For more information please contact mithey.augustine@dal.ca or (902)-999-7606

Eligibility Criteria

You are over 18 years of age
You identify as a woman
You are of Eelam/Sri Lankan Tamil ethnicity
You were born in Canada
You have access to a phone
You are willing to engage in a 60 min phone interview
You live in Ontario
You are comfortable speaking in English or Tamil

We are looking forward to hearing from you!

DALHOUSIE UNIVERSITY
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Appendix 3: Poster for Social Media (Instagram post)

Appendix 4: Interview Guide (Immigrant/Refugee)

Semi-structured Interview Guide:
Participant Characteristic: Tamil Woman Who Is An Immigrant/Refugee

Demographic data

1) How old are you? Where were you born? How do you see your gender identity? How/When did you come to Canada? Do you speak Tamil? How long have you been in Canada? Do you live here with family? What do you culturally identify as when people ask you where you are from, or your ethnic background? (e.g. Sri Lankan Tamil, Tamil, Eelam Tamil, South Asian, Sri Lankan, Canadian, Tamil-Canadian, etc). Why do you culturally identify this way?
2) How do you understand Tamil culture? How do you think Canada view Tamil culture earlier when you immigrated, compared to now? (e.g from when you arrived, to now e.g. Tamil Heritage Month in Ontario)? How does that make you feel? How do you engage with Tamil culture in your household? (e.g. Do you/your kids speak Tamil? Do you/your kids do Bharatanatyam, play Carnatic music, etc). How do you think Canada view Tamil culture earlier when you immigrated, compared to now?

Liberation Culture

3) What does liberation culture mean to you? Do you think liberation culture is important for Tamil culture? How do you think Canada views liberation culture associated with iyakkam/resistance? Have you seen any changes throughout the years in terms of how Canada view liberation culture? (Maveerar Naal-War Heroes' Day, Tamil Genocide Day, Etc)? How does that make you feel?
4) Do you attend events associated to Tamil resistance or culture? (e.g. Maaveerar Naal, Mullivaikkal/Tamil Genocide Day, Tamil Community Association Events) If yes, do you go with your family/friends? Why do you go? /Do you feel it is important to go? If no, why do you not attend? Are you reminded of any trauma and experiences back home when you attend Tamil liberation culture events?
5) What do you feel what you hear Eelam music, see symbols of Tamil resistance? Do you have any liberation cultural pieces in your household? (e.g. Tamil Tiger Flag, Picture of Prabhakaran, Iyyakam (war/resistance) songs). Do you tell educate your kids about these symbols?/Do they ask what they are?
6) Do you think it's important you continue to engage with liberation culture? (e.g spreading awareness as Tamils, attending events, etc) How do you feel about the Tamil diaspora doing this, particularly the younger or older generation?? Are you involved in any organizations that organize to create awareness, or promote liberation culture? How do you feel in these spaces? (e.g. is your voice heard as a woman/[gender identity]? Have you noticed any changes in engaging with liberation culture over the years? (Politicians are talking about it, etc are there more events now? Is it more acceptable?)

7) How do you feel about liberation culture/movement as a 'woman'/[insert gender identity]? For example, when we talk about Birds of Prey (female fighters), what women did during the movement, fight for equality? How does this history make you feel now, in Canada? How do you feel now about the Tamil resistance living in Canada? How does this culture accommodate you as a woman/[insert gender identity].

Intergenerational trauma/ Community Trauma:

8) Do you share stories of your experience or any traumas in Sri Lanka with your family members or friends? What kind of stories do you share? What do they know about your life in Sri Lanka? Did you share any stories specifically with your daughters or other women, that you thought were important for your daughter (other women) to know and be aware of? If yes, do you think your family or friends understand how your life was in Sri Lanka? How do they react when you share stories of your experiences or trauma? How do you feel when they react that way? If no, why haven't you shared your experiences with your children (family/friends)? Do your children have an interest in your life in Sri Lanka? Do they ask about your life?
9) Do your traumas/experiences in Sri Lanka still affect you today (e.g. final stages of the war)? What affects you? Do you share this with any of your family members?
10) Has your experiences in Sri Lanka influenced your parenting style, or your relationships with your children/other family members (e.g. nieces, nephews) (if any).

Mental Health: Critique of Mental Health Services:

11) After you came to Canada, were your made aware of any mental health resources? Did you ever find yourself struggling with your mental health after coming to Canada? What causes you to struggle with your mental health? (e.g stress, work, trauma in Sri Lanka etc) or What do you do when you get "tension" and what makes you get tension? Do you tend to rely on certain family members of the house whenever you have any issues or problems?
12) Did you ever try and get help about your mental health? Who did you go to? What type of treatment plans did they prescribe? If yes, did you find those services and resources help? Did you keep attending? If you did not keep attending, what did those services and resources may have missed to fully help you? What barriers kept you from attending? Did you family know about your mental health treatment? Why or Why not? What was their reaction? What type of treatment or care do you wish you could have received?

Appendix 5: Interview Guide (Born in Canada)

Semi-structured Interview Guide:

Participant Characteristic: Tamil woman born in Canada

The main prospect of this study is to gain your perspectives of insights about Tamil identity, liberation culture how both of these concepts may affect community or intergenerational trauma and individual mental health. This will effectively help any mental programming initiatives for Tamil women, who may have distinct social, political and economic realities from the broader South Asian population.

As a member of the community I am aware of how we learn our history, resistance and struggles as a community and am interested in understanding your perspectives on these issues to provide a better-informed approach to Tamil women's mental health.

Demographic data

1) How old are you? Where were you born? How do you see your gender identity? How did your family come to Canada? When did they come to Canada? Do you speak Tamil? What do you culturally identify as when people ask you where you are from, or your ethnic background? (e.g. Sri Lankan Tamil, Tamil, Eelam Tamil, South Asian, Sri Lankan, Canadian, Tamil-Canadian, etc). Why do you culturally identify this way?
2) How do you understand Tamil culture? How do you think Canada views Tamil Culture (e.g Tamil Heritage Month in Ontario)? How does that make you feel? How do you engage with Tamil culture in your household/daily life? (e.g. Do you speak Tamil? Do you do Bharatanatyam? etc)

Liberation Culture

3) What does liberation culture mean to you? Do you think liberation culture is important for Tamil culture? How do you think Canada views liberation culture associated with iyakkam/resistance (Maveerar Naal-War Heroes' Day, Tamil Genocide Day, Etc)? How does that make you feel?
4) Do you attend events associated to Tamil resistance or culture? (e.g. Maaveerar Naal, Mullivaikkal/Tamil Genocide Day, Tamil Community Association Events) If yes, do you go with your family or bring your friends? If no, why do you not attend? What do you experience/feel when you attend those events? How do you learn about Tamil resistance or liberation culture? (e.g. family, social media, etc)?
5) What do you feel what you hear Eelam music, see symbols of Tamil resistance? Do you have any liberation cultural pieces in your household? (e.g. Tamil Tiger Flag, Picture of Prabhakaran, Iyyakam (war/resistance) CD's). If yes, did you grow up with this environment?
6) Do you think it's important you continue to engage with liberation culture? (e.g. attending events, talking to family friends/ promoting awareness) If yes or no, why? How do you feel about people in your generation doing this? Are you involved in any organizations that organize to create awareness, or promote liberation culture? (e.g. Tamil

Students Association in Universities). How do you feel in these spaces? (e.g. is your voice heard as a woman/[gender identity]).

7) How much does the Tamil resistance/liberation culture play a role in your life as a Tamil woman? How do you feel about liberation culture/movement as a 'woman'/[insert gender identity]? For example, when we talk about Birds of Prey (female fighters), what women did during the movement, fight for equality? How does this history make you feel now, in Canada? How do you feel now about the Tamil resistance living in Canada? (e.g. things you wish people knew, any complicated feelings, trauma etc).

Intergenerational trauma/ Community Trauma:

8) Does your family (specifically mother) share any stories of their experiences or trauma in Sri Lanka? What kind of stories do they share? When do they tend to tell you these stories? (e.g. when you help them cook etc) Did your mom (relative/friend that is a woman) specifically share stories that they thought was important for you as a 'woman'/[insert gender identity], or stories of sexual or gender-based violence?. If no, did you ask why they haven't spoken about their experiences? If yes, what did they say? If not, why haven't you asked?
9) How do you react when they tell their stories? Do you feel connected to those stories and experiences? Do you have an interest in knowing your mom/family/friend's life in Sri Lanka?
10) What have you learned about liberation culture (resistance), Tamil identity, or Tamil culture from your mom (or another family/friend that is a woman) and how has this affected you personally? How do you see yourself in Tamil culture/identity/liberation culture as a Tamil woman living in Canada? Do you think your position is influenced by the experiences of your mom (family/friend that is a woman? (e.g. you are angry/distressed because of what your family went through, no justice, etc).

Mental Health: Critique of Mental Health Services:

11) Did you ever find yourself struggling with your mental health? Are there any factors in your life that contribute to your mental health struggles? Do you console with your mental health problems with any of your family members? Why do you, why don't you? Who do you turn to talk about your mental health struggles? /How do you cope?
12 Did you ever try and get help about your mental health? How did you do that/Who did you go to? What type of treatment plans did they prescribe? If yes, did you find those services and resources help? Did you keep attending? If you did not keep attending, what did those services and resources may have missed to fully help you? What barriers kept you from attending? Did you family know about your mental health treatment? Why or Why not? What was their reaction? What type of treatment or care do you wish you could have received?

Appendix 6: Mental Health Resources Sheet
**** Please note that some services may be interrupted due to COVID-19****

CAMH: Quick Guide Mental Health Resources Service Toronto

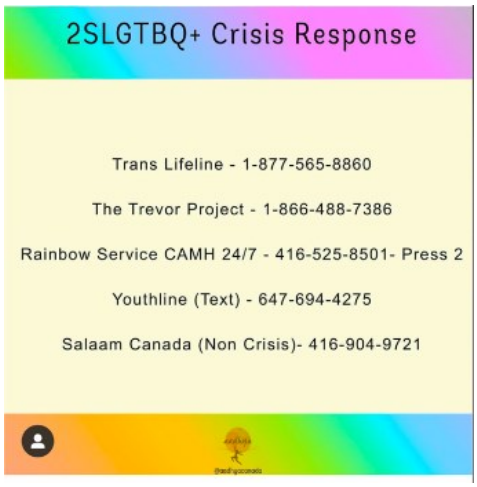
- https://toronto.cmha.ca/wp-content/uploads/2018/02/Mental_Health_Quick_Guide_2018.pdf

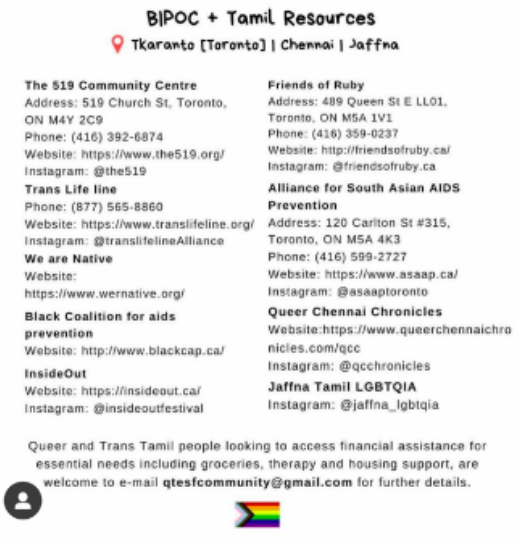
Connex Ontario:

- Toll Free #: 1-888-531-2600 Referral specialists are available 24/7 for information and referral support.
- Resource Link: https://www.connexontario.ca/links

24/7 Mental Health Crisis Lines & Support (Courtesy of Aadhya Canada)

2SLGBTQ+ Crisis Response (Courtesy of Aadhya Canada)





Mental Health Organizations for Tamils & South Asians

Aadhya Canada

- Instagram: @aadhyacanada
- Resources Link: https://linktr.ee/AadhyaCanada

South Asian's Women Center

- Instagram: @sawc_toronto
- http://www.sawc.org/programs-services/

Tamil Health Network
Instagram: @tamilhealthnetwork

Gender Based/Domestic Violence Organization for Tamils & South Asians
A.N.B.U (Abuse Never Becomes Us)

- Instagram: @abuseneverbecomesus
- Resources Link: https://linktr.ee/ANBU_

Tamil Youth Workers
Dilani (Provincial Youth Outreach Worker for at-risk TAMIL youth ages 12-21 in Scarborough)

- Call/text: 416-433-7459
- Dilani's instagram page with resources: @tamil.yow

COVID 19 Resources
COVID-19 Helpline for South Asians in the GTA: 647-846-2233, Toll Free # 1-866-300-3454
COVID Resources Available in Tamil:
https://drive.google.com/drive/folders/109D1Ctg1EfEPOSgNEUU__9AyihJi-YUo
City of Toronto Resources Page: https://www.toronto.ca/home/covid-19/covid-19-protect-yourself-others/covid-19-mental-health-resources/
Corona Virus Anxiety Workbook:
https://drive.google.com/file/d/1ioJSv1heNshejMQtgI9qwOUj_SxBDOCc/view

Mental Health Supports Available in Tamil During Covid-19

- Gerstein Crisis Centre: 416-929-5200 (Available 24/7)
- Toronto Seniors Helpline: 416-217-2077 (Mon-Fri 9am-8pm, Sat, Sun & Holidays: 9am-6pm)
- Distress Center of Greater Toronto: 416-408-4357 (Available 24/7), Text:45645 between 4pm and midnight.

Appendix 7: Consent Form (Immigrant/Refugee)
Consent Form: Tamil Woman who is an Immigrant/Refugee

Project title: Examining Navigating Mental Health as a Tamil Woman in Ontario

Lead researcher: Mitherayee Augustine, Dalhousie University
Email: mithey.augustine@dal.ca Phone: (902)-999-7606

Introduction
You are invited to take part in a research study being conducted by Mitherayee Augustine, an MA student in the Department of International Development Studies at Dalhousie University.

The study will include 24 Tamil women with Eelam/Sri Lankan Tamil ethnicity, who are over 18 years of age, who live in Ontario, have experienced problems related to mental health and are able to speak and understand English or Tamil. Please note that Tamil woman who are not 18 years of age and over, who do not have Eelam/Sri Lankan Tamil ethnicity, who do not live in Ontario, who have not experienced problems with their mental health, and who cannot speak English or Tamil are not eligible to participate in this study.

During the interview, you will be asked questions that will allow you to discuss your identity as an Eelam/Sri Lankan Tamil woman, experiences with liberation culture, experiences with intergenerational and community trauma, and experiences with your mental health over the years. You can either give responses in English or Tamil, which ever language you are comfortable speaking in.

Your participation in this study is voluntary and choosing whether or not to take part in this research is entirely your choice. The information below tells you what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

If you have questions about this study, please contact me, Mitherayee Augustine. You can ask me as many questions as you like. You can contact me at (902) 999-7606, or by email at mithey.augustine@dal.ca. If you have questions about the Ethics review process, you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca.

Purpose and Outline of the Research Study
This study will focus on Tamil women's experiences with engaging with Tamil liberation culture (Tamil resistance culture), community trauma/intergenerational trauma and how these issues have affected your experiences with mental health in Ontario. The study will also look at Tamil women's experiences with mental health treatments to better inform future mental health initiatives for Tamil women in Ontario. This will effectively help any mental programming initiatives for Eelam/Sri Lankan Tamil women, who may have distinct social, political and economic realities from the broader South Asian population.

Who Can Take Part in the Research Study?

You can take part in this study if you are of Eelam/Sri Lankan Tamil ethnicity, if you identify as a woman, you were born in Canada, you are over 18 years of age, you live in Ontario and have experienced problems related to mental health, you are able speak and understand English or Tamil

What You Will Be Asked to Do

As a participant in this study, you will be asked to participate in a phone interview, which will last no more than one hour. During the interview, you will be asked questions that will allow you to discuss how you experience Eelam/Sri Lankan Tamil identity, liberation culture, community/intergenerational trauma, and how these issues relate to your experiences with mental health as a Tamil woman living in Ontario. You will also be asked your previous experiences with navigating mental health services in Ontario and how you think treatments or programs can be better.

Possible Benefits, Risks and Discomforts

Possible Benefits: While this study will not benefit your personally, indirectly, all participants in this study will allow the researcher to gain a better understanding of how liberation culture, community/ intergenerational trauma and Tamil identity may play an important role when understanding Tamil women's mental health. In addition, your participation will provide better knowledge on how services can be developed to better suit Eelam/Sri Lankan Tamil mental health programs for women.

Risks: All risk in this study are minimal. For this study you will be asked to discuss how your experience with engaging with liberation culture, your identity as an Eelam/Sri Lankan Tamil woman and your experiences with community/intergenerational trauma, affect your mental health personally. This means that the interview may touch on some sensitive subjects that may make you feel upset, angry, or feel other negative emotions.

The lead researcher is an Eelam Tamil woman and is aware of sensitive and potentially triggering contexts of civil war and genocide. Mitherayee will take steps to avoid situations that may cause potential negative reactions and will stop the interview or not pressure you to answer any questions that you do not want to answer. When Mitherayee writes the study report, she will keep your information private by using a fake name for you in the report and by not mentioning any identifying information that can trace your information back to you. She will be careful not to reveal and information that would let people know that you participated in this study when she includes quotations from your interview in the report.

Compensation / Reimbursement

To thank you for your valued time, you will be provided with a $20 electronic gift card.

How your information will be protected:

Privacy: Mitherayee Augustine will be the only person having access to all the interview data and will be the only one to know the full identity of all participants in the study. The study will be recruiting two study personnel who are responsible for transcribing and translating the interview responses. These study personnel will sign an "oath of confidentiality" form to ensure that your responses are protected and not shared. The study personnel will not know your identity, as your recording file will be sent under a pseudonym (fake name).

A hard copy of your signed consent form will be stored in a locked drawer in Mitherayee Augustine's workspace. Your interview data (audio, receipts, consent forms) will be kept in her workspace on an external hard drive and deleted/destroyed after 3 years. The interview transcript may be kept indefinitely, but only if you agree that it can be used for future studies. Mitherayee Augustine will keep backup copies of de-identified interview transcripts on a secure external hard drive that is password protected and only she has access to. All the interview files will also be encrypted.

You should also know that quotes from your interview may be used in analysis and presentation of data, and that under no circumstances will your identity be revealed in these quotes.

Confidentiality: University staff who may come into contact with this information (office administrators, computer technicians, etc.) have an obligation to keep all research information private

Anonymity: If quotations from your interview are used in reports on the research findings, you will be given a pseudonym or a fake name. In addition, information that could identify you will be removed or changed to protect your privacy. None of the results or findings of this study will reveal your identity. Only de-identifiable information will be made available in the final thesis dissertation, future academic journals, presentations, papers or academic conferences.

Limits to confidentiality:

The lead researcher will not disclose any information about your participation except as required by law and my professional obligations. If you inform me about abuse or neglect of a child, or an adult in need of protection, I am required by law to contact authorities.

If You Decide to Stop Participating

Your participation in this study is completely voluntary and you can withdraw from the study during its initial stages, including during the interview scheduling process; during the interview; and before the data are analyzed. The time limit to withdraw your data from the study is one month and you can do so by contacting the lead researcher Mitherayee Augustine. You can also decide if you want any of the information you discussed during the interview to be removed or if you will allow Mitherayee Augustine to use that information.

How to Obtain Results

We will provide you with an infographic and short summary of the group's results and study's research objectives when the study is finished. No individual results will be provided. If you choose to receive your transcripts, you will need to provide your personal and private email to Mitherayee Augustine on the signature page of this form so you can receive the transcript.
The findings from this study will be shared in several ways: 1) sharing the final study report with the study participants 2) delivering one or more presentations on the study findings to future conferences concerning Tamil women's health or South Asian women's health 3) delivering public lectures to students and faculty at Dalhousie, as well as the general public; 4) sharing study findings at academic conferences; and 5) publishing in journals.

Use of my transcript in future studies
Your interview transcript and documents might be re-read and re-analyzed to help Mitherayee Augustine develop future studies, which will also be focused on understanding the mental health issues of Tamil women in Ontario. If your interview transcript and documents are used for future studies, Mitherayee Augustine will ensure that only de-identifiable information will be shared for those studies. If you agree that your interview transcript can be used by Mitherayee for further studies, it will be retained indefinitely. She will keep backup copies of de-identified interviews in secure external hard drive that only she will have access to, which will be password protected and locked in her workspace. If you do not consent to the use of your interview transcript in future studies, it will be deleted/destroyed after the final report for this study is completed and released.

Questions
You can contact Mitherayee Augustine to ask any further details about your participation in the study. Mitherayee can be contacted at mithey.augustine@dal.ca or (902)-999-7606. And, if you have any concerns about the ethical procedures of this study, you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca.

Signature Page
Project Title: Examining Navigating Mental Health as a Tamil Woman in Ontario
Lead Researcher: Mitherayee Augustine, International Development Studies, Dalhousie University

Understanding the consent process
I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction.
Yes ____ No_____

I understand that I have been asked to take part in one 60-minute interview to be conducted over the telephone.
Yes ____ No_____

I understand that only the lead researcher will be listening during the interview on the other side of the phone call.
Yes ____ No_____

Consent to participate in the study
I agree that my participation is voluntary, and I understand that I am free to withdraw from the study at any time, before the data are analyzed.

Yes_____. No_____

I agree that my interview will be audio-recorded, which is required for me to participate

Yes ____ No_____

I agree that my interview data may be used in future studies conducted by Mitherayee Augustine without identifying me, and that this is not a requirement of my participation.

Yes ____ No_____

_____ _____ _____"
Name Signature Date

The use of quotations from my interview
I confirm I have completed the interview and agree that excerpts may be directly quoted without my name may be used.

Yes ____ No_____

Re: Contacting me after the interview is completed
I agree to receive a copy of the short summary of group results when the study is finished.
Yes ____ No_____

My personal and private email is:
_____

I prefer to receive a copy of my interview transcript
Yes ____ No_____

My personal and private email is:
_____

I prefer to receive the interview transcript and the report by regular mail at:

_____

_____

_____ _____

Appendix 8: Consent Form (Born in Canada)
Consent Form Tamil Woman Born in Canada
CONSENT FORM

Project title: Examining Navigating Mental Health as a Tamil Woman in Ontario

Lead researcher: Mitherayee Augustine, Dalhousie University
Email: mithey.augustine@dal.ca Phone: (902)-999-7606

Introduction
You are invited to take part in a research study being conducted by Mitherayee Augustine, an MA student in the Department of International Development Studies at Dalhousie University.

The study will include 24 Tamil women with Eelam/Sri Lankan Tamil ethnicity, who are over 18 years of age, who live in Ontario, have experienced problems related to mental health and are able to speak and understand English or Tamil. Please note that Tamil woman who are not 18 years of age and over, who do not have Eelam/Sri Lankan Tamil ethnicity, who do not live in Ontario, who have not experienced problems with their mental health, and who cannot speak English or Tamil are not eligible to participate in this study.

During the interview, you will be asked questions that will allow you to discuss your identity as an Eelam/Sri Lankan Tamil woman, experiences with liberation culture, experiences with intergenerational and community trauma, and experiences with your mental health over the years. You can either give responses in English or Tamil, which ever language you are comfortable speaking in.

Your participation in this study is voluntary and choosing whether or not to take part in this research is entirely your choice. The information below tells you what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

If you have questions about this study, please contact me, Mitherayee Augustine. You can ask me as many questions as you like. You can contact me at (902) 999-7606, or by email at mithey.augustine@dal.ca. If you have questions about the Ethics review process, you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca.

Purpose and Outline of the Research Study
This study will focus on Tamil women's experiences with engaging with Tamil liberation culture (Tamil resistance culture), community trauma/intergenerational trauma and how these issues have affected your experiences with mental health in Ontario. The study will also look at Tamil women's experiences with mental health treatments to better inform future mental health initiatives for Tamil women in Ontario. This will effectively help any mental programming initiatives for Eelam/Sri Lankan Tamil women, who may have distinct social, political and economic realities from the broader South Asian population.

Who Can Take Part in the Research Study?
You can take part in this study if you are of Eelam/Sri Lankan Tamil ethnicity, if you identify as a woman, you were born in Canada, you are over 18 years of age, you live in Ontario and have experienced problems related to mental health, you are able speak and understand English or Tamil

What You Will Be Asked to Do
As a participant in this study, you will be asked to participate in a phone interview, which will last no more than one hour. During the interview, you will be asked questions that will allow you to discuss how you experience Eelam/Sri Lankan Tamil identity, liberation culture, community/intergenerational trauma, and how these issues relate to your experiences with mental health as a Tamil woman living in Ontario. You will also be asked your previous experiences with navigating mental health services in Ontario and how you think treatments or programs can be better.

Possible Benefits, Risks and Discomforts
Possible Benefits: While this study will not benefit your personally, indirectly, all participants in this study will allow the researcher to gain a better understanding of how liberation culture, community/ intergenerational trauma and Tamil identity may play an important role when understanding Tamil women's mental health. In addition, your participation will provide better knowledge on how services can be developed to better suit Eelam/Sri Lankan Tamil mental health programs for women.

Risks: All risk in this study are minimal. For this study you will be asked to discuss how your experience with engaging with liberation culture, your identity as an Eelam/Sri Lankan Tamil woman and your experiences with community/intergenerational trauma, affect your mental health personally. This means that the interview may touch on some sensitive subjects that may make you feel upset, angry, or feel other negative emotions.

The lead researcher is an Eelam Tamil woman and is aware of sensitive and potentially triggering contexts of civil war and genocide. Mitherayee will take steps to avoid situations that may cause potential negative reactions and will stop the interview or not pressure you to answer any questions that you do not want to answer. When Mitherayee writes the study report, she will keep your information private by using a fake name for you in the report and by not mentioning any identifying information that can trace your information back to you. She will be careful not to reveal and information that would let people know that you participated in this study when she includes quotations from your interview in the report.

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The lead researcher will not disclose any information about your participation except as required by law and my professional obligations. If you inform me about abuse or neglect of a child, or an adult in need of protection, I am required by law to contact authorities.

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How to Obtain Results

We will provide you with an infographic and short summary of the group's results and study's research objectives when the study is finished. No individual results will be provided. If you choose to receive your transcripts, you will need to provide your personal and private email to Mitherayee Augustine on the signature page of this form so you can receive the transcript.
The findings from this study will be shared in several ways: 1) sharing the final study report with the study participants 2) delivering one or more presentations on the study findings to future conferences concerning Tamil women's health or South Asian women's health 3) delivering public lectures to students and faculty at Dalhousie, as well as the general public; 4) sharing study findings at academic conferences; and 5) publishing in journals.

Use of my transcript in future studies
Your interview transcript and documents might be re-read and re-analyzed to help Mitherayee Augustine develop future studies, which will also be focused on understanding the mental health issues of Tamil women in Ontario. If your interview transcript and documents are used for future studies, Mitherayee Augustine will ensure that only de-identifiable information will be shared for those studies. If you agree that your interview transcript can be used by Mitherayee for further studies, it will be retained indefinitely. She will keep backup copies of de-identified interviews in secure external hard drive that only she will have access to, which will be password protected and locked in her workspace. If you do not consent to the use of your interview transcript in future studies, it will be deleted/destroyed after the final report for this study is completed and released.

Questions
You can contact Mitherayee Augustine to ask any further details about your participation in the study. Mitherayee can be contacted at mithey.augustine@dal.ca or (902)-999-7606. And, if you have any concerns about the ethical procedures of this study, you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca.

Signature Page
Project Title: Examining Navigating Mental Health as a Tamil Woman in Ontario
Lead Researcher: Mitherayee Augustine, International Development Studies, Dalhousie University

Understanding the consent process
I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction.
Yes ____ No_____

I understand that I have been asked to take part in one 60-minute interview to be conducted over the telephone.
Yes ____ No_____

I understand that only the lead researcher will be listening during the interview on the other side of the phone call.
Yes ____ No_____

Consent to participate in the study
I agree that my participation is voluntary, and I understand that I am free to withdraw from the study at any time, before the data are analyzed.

Yes_____. No_____

I agree that my interview will be audio-recorded, which is required for me to participate

Yes ____ No_____

I agree that my interview data may be used in future studies conducted by Mitherayee Augustine without identifying me, and that this is not a requirement of my participation.

Yes ____ No_____

_____	_____	_____"
Name	Signature	Date

The use of quotations from my interview
I confirm I have completed the interview and agree that excerpts may be directly quoted without my name may be used.

Yes ____ No_____

Re: Contacting me after the interview is completed
I agree to receive a copy of the short summary of group results when the study is finished.
Yes ____ No_____

My personal and private email is:
_____

I prefer to receive a copy of my interview transcript
Yes ____ No_____

My personal and private email is:
_____

I prefer to receive the interview transcript and the report by regular mail at:

_____

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_____ _____

Appendix 9: Verbal Consent Script (Immigrant/Refugee)

Verbal Consent Script (Immigrant/ Refugee)

Introduction

The study will include 24 Tamil women with Eelam/Sri Lankan Tamil ethnicity, who are over 18 years of age, who live in Ontario, have experienced problems related to mental health and are able to speak and understand English or Tamil. Please note that Tamil woman who are not 18 years of age and over, who do not have Eelam/Sri Lankan Tamil ethnicity, who do not live in Ontario, who have not experienced problems with their mental health, and who cannot speak English or Tamil are not eligible to participate in this study.

During the one-hour phone interview, you will be asked questions that will allow you to discuss your identity as an Eelam/Sri Lankan Tamil woman, experiences with liberation culture, experiences with intergenerational and community trauma, and experiences with your mental health over the years. You can either give responses in English or Tamil, which ever language you are comfortable speaking in.

Your participation in this study is voluntary and choosing whether or not to take part in this research is entirely your choice. The information below tells you what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

If you have questions about this study, please contact me, Mitherayee Augustine. You can ask me as many questions as you like. You can contact me at (902) 999-7606, or by email at mithey.augustine@dal.ca. If you have questions about the Ethics review process, you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca

Who Can Take Part in the Research Study?

You can take part in this study if you are of Eelam/Sri Lankan Tamil ethnicity, if you are an immigrant or refugee, if you identify as a woman, you are over 18 years of age, you live in Ontario and have experienced problems related to mental health, you are able speak and understand English or Tamil

Purpose and Outline of the Research Study

This study will focus on Tamil women's experiences with engaging with Tamil liberation culture (Tamil resistance culture), community traumas and how these issues have affected your experiences with Tamil women's mental health in Ontario. The study will also look at Tamil women's experiences with mental health treatments to better inform future mental health initiatives for Tamil women in Ontario. This will help with any mental health programming initiatives for Tamil women.

What You Will Be Asked to Do

As a participant in this study, you will be asked to participate in a phone interview, which will last no more than one hour. During the interview, you will be asked questions that will allow you to discuss how you experience Eelam/Sri Lankan Tamil identity, liberation culture,

community/intergenerational trauma, and how these issues relate to your experiences with mental health as a Tamil woman living in Ontario. You will also be asked your previous experiences with navigating mental health services in Ontario and how you think treatments or programs can be better.

Possible Benefits, Risks and Discomforts
Possible Benefits: While this study will not benefit your personally, indirectly, all participants in this study will allow the researcher to gain a better understanding of how liberation culture, community/ intergenerational trauma and Tamil identity may play an important role when understanding Tamil women's mental health. In addition, your participation will provide better knowledge on how services can be developed to better suit Eelam/Sri Lankan Tamil mental health programs for women.

Risks: All risk in this study are minimal. For this study you will be asked to discuss how your experience with engaging with liberation culture, your identity as an Eelam/Sri Lankan Tamil woman and your experiences with community/intergenerational trauma, affect your mental health personally. This means that the interview may touch on some sensitive subjects that may make you feel upset, angry, or feel other negative emotions.

How your information will be protected:
Privacy: Mitherayee Augustine will be the only person having access to all the interview data and will be the only one to know the full identity of all participants in the study. Also, the study will be recruiting two study personnel who are responsible for transcribing and translating the interview responses. These study personnel will sign an "oath of confidentiality" form to ensure that your responses are protected and not shared. The study personnel will not know your identity, as your recording file will be sent under a pseudonym (fake name)"

A hard copy of your signed consent form will be stored in a locked drawer in Mitherayee Augustine's workspace. Your interview data (audio, receipts, consent forms) will be kept in her workspace on an external hard drive and deleted/destroyed after 3 years. The interview transcript may be kept indefinitely, but only if you agree that it can be used for future studies. Mitherayee Augustine will keep backup copies of de-identified interview transcripts on a secure external hard drive that is password protected and only she has access to. All the interview files will also be encrypted.

You should also know that quotes from your interview may be used in analysis and presentation of data, and that under no circumstances will your identity be revealed in these quotes.

Confidentiality: University staff who may come into contact with this information (office administrators, computer technicians, etc.) have an obligation to keep all research information private

Anonymity: If quotations from your interview are used in reports on the research findings, you will be given a pseudonym or fake name. In addition, information that could identify you will be removed or changed to protect your privacy. None of the results or findings of this study will reveal your identity. Only de-identifiable information will be made available in the final thesis

dissertation, future academic journals, presentations, papers or academic conferences.

Limits to confidentiality:

The lead researcher will not disclose any information about your participation except as required by law and my professional obligations. If you inform me about abuse or neglect of a child, or an adult in need of protection, I am required by law to contact authorities.

If You Decide to Stop Participating

Your participation in this study is completely voluntary and you can withdraw from the study during its initial stages, including during the interview scheduling process; during the interview; and before the data are analyzed. The time limit to withdraw your data from the study is one month and you can do so by contacting the lead researcher Mitherayee Augustine. You can also decide if you want any of the information you discussed during the interview to be removed or if you will allow Mitherayee Augustine to use that information.

How to Obtain Results

Mitherayee will provide you with an infographic and short summary of the group's results and study's research objectives when the study is finished. No individual results will be provided. If you choose to receive your transcripts, you will need to provide your personal and private email to Mitherayee Augustine, so you can receive the transcript.

The findings from this study will be shared in several ways: 1) sharing the final study report with the study participants 2) delivering one or more presentations on the study findings to future conferences concerning Tamil women's health, South Asian women's health 3) delivering public lectures to students and faculty at Dalhousie, as well as the general public; 4) sharing study findings at academic conferences; and 5) publishing in journals.

Use of my transcript in future studies

Your interview transcript and documents might be re-read and re-analyzed to help Mitherayee Augustine develop future studies, which will also be focused on understanding the mental health issues of Tamil women in Ontario. If your interview transcript and documents are used for future studies, Mitherayee Augustine will ensure that only de-identifiable information will be shared for those studies. If you agree that your interview transcript can be used by Mitherayee for further studies, it will be retained indefinitely. She will keep backup copies of de-identified interviews in secure external hard drive that only she will have access to, which will be password protected and locked in her workspace. If you do not consent to the use of your interview transcript in future studies, it will be deleted/destroyed after the final report for this study is completed and released.

Compensation / Reimbursement

To thank you for your valued time, you will be provided with a $20 electronic gift card.

Questions

You can contact Mitherayee Augustine to ask any further details about your participation in the study. Mitherayee can be contacted at mithey.augustine@dal.ca
or (902)-999-7606. And, if you have any concerns about the ethical procedures of this study,

you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca

Obtaining Verbal Consent

Project Title: Examining Navigating Mental Health as a Tamil Woman in Ontario

Lead Researcher: Mitherayee Augustine, International Development Studies, Dalhousie University

Understanding the consent process

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction.

Yes ____ No_____

I understand that I have been asked to take part in one 60-minute interview to be conducted over the telephone.

Yes ____ No_____

I understand that only the lead researcher will be listening during the interview on the other side of the phone call.

Yes ____ No_____

Consent to participate in the study

I agree that my participation is voluntary, and I understand that I am free to withdraw from the study at any time, before the data are analyzed.

Yes_____. No_____

I agree that my interview will be audio-recorded, which is required for me to participate

Yes ____ No_____

I agree that my interview data may be used in future studies conducted by Mitherayee Augustine without identifying me, and that this is not a requirement of my participation.

Yes ____ No_____

The use of quotations from my interview

I confirm I have completed the interview and agree that excerpts may be directly quoted without my name may be used.

Yes ____ No_____

Re Contacting me after the interview is completed

I agree to receive a copy of the short summary of group results when the study is finished.

Yes ____ No_____

My personal and private email is:

_____

I prefer to receive a copy of my interview transcript
Yes ____ No_____

My personal and private email is:

_____

I prefer to receive the interview transcript and the report by regular mail at:

_____

_____

Appendix 10: Verbal Consent Script (Born in Canada)

Verbal Consent Script (Born in Canada)

Introduction

The study will include 24 Tamil women with Eelam/Sri Lankan Tamil ethnicity, who are over 18 years of age, who live in Ontario, have experienced problems related to mental health and are able to speak and understand English or Tamil. Please note that Tamil woman who are not 18 years of age and over, who do not have Eelam/Sri Lankan Tamil ethnicity, who do not live in Ontario, who have not experienced problems with their mental health, and who cannot speak English or Tamil are not eligible to participate in this study.

During the one hour phone interview, you will be asked questions that will allow you to discuss your identity as an Eelam/Sri Lankan Tamil woman, experiences with liberation culture, experiences with intergenerational and community trauma, and experiences with your mental health over the years. You can either give responses in English or Tamil, which ever language you are comfortable speaking in.

Your participation in this study is voluntary and choosing whether or not to take part in this research is entirely your choice. The information below tells you what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

If you have questions about this study, please contact me, Mitherayee Augustine. You can ask me as many questions as you like. You can contact me at (902) 999-7606, or by email at mithey.augustine@dal.ca. If you have questions about the Ethics review process, you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca

Who Can Take Part in the Research Study?

You can take part in this study if you are of Eelam/Sri Lankan Tamil ethnicity, if you identify as a woman, you were born in Canada, you are over 18 years of age, you live in Ontario and have experienced problems related to mental health, you are able speak and understand English or Tamil

Purpose and Outline of the Research Study

This study will focus on Tamil women's experiences with engaging with Tamil liberation culture (Tamil resistance culture), community traumas and how these issues have affected your experiences with Tamil women's mental health in Ontario. The study will also look at Tamil women's experiences with mental health treatments to better inform future mental health initiatives for Tamil women in Ontario. This will help with any mental health programming initiatives for Tamil women.

What You Will Be Asked to Do

As a participant in this study, you will be asked to participate in a phone interview, which will last no more than one hour. During the interview, you will be asked questions that will allow you to discuss how you experience Eelam/Sri Lankan Tamil identity, liberation culture, community/intergenerational trauma, and how these issues relate to your experiences with mental health as a Tamil woman living in Ontario. You will also be asked your previous

experiences with navigating mental health services in Ontario and how you think treatments or programs can be better.

Possible Benefits, Risks and Discomforts
Possible Benefits: While this study will not benefit your personally, indirectly, all participants in this study will allow the researcher to gain a better understanding of how liberation culture, community/ intergenerational trauma and Tamil identity may play an important role when understanding Tamil women's mental health. In addition, your participation will provide better knowledge on how services can be developed to better suit Eelam/Sri Lankan Tamil mental health programs for women.

Risks: All risk in this study are minimal. For this study you will be asked to discuss how your experience with engaging with liberation culture, your identity as an Eelam/Sri Lankan Tamil woman and your experiences with community/intergenerational trauma, affect your mental health personally. This means that the interview may touch on some sensitive subjects that may make you feel upset, angry, or feel other negative emotions.

How your information will be protected:
Privacy: Mitherayee Augustine will be the only person having access to all the interview data and will be the only one to know the full identity of all participants in the study. Also, the study will be recruiting two study personnel who are responsible for transcribing and translating the interview responses. These study personnel will sign an "oath of confidentiality" form to ensure that your responses are protected and not shared. The study personnel will not know your identity, as your recording file will be sent under a pseudonym (fake name)"

A hard copy of your signed consent form will be stored in a locked drawer in Mitherayee Augustine's workspace. Your interview data (audio, receipts, consent forms) will be kept in her workspace on an external hard drive and deleted/destroyed after 3 years. The interview transcript may be kept indefinitely, but only if you agree that it can be used for future studies. Mitherayee Augustine will keep backup copies of de-identified interview transcripts on a secure external hard drive that is password protected and only she has access to. All the interview files will also be encrypted.

You should also know that quotes from your interview may be used in analysis and presentation of data, and that under no circumstances will your identity be revealed in these quotes.

Confidentiality: University staff who may come into contact with this information (office administrators, computer technicians, etc.) have an obligation to keep all research information private

Anonymity: If quotations from your interview are used in reports on the research findings, you will be given a pseudonym or fake name. In addition, information that could identify you will be removed or changed to protect your privacy. None of the results or findings of this study will reveal your identity. Only de-identifiable information will be made available in the final thesis dissertation, future academic journals, presentations, papers or academic conferences.

Limits to confidentiality:

The lead researcher will not disclose any information about your participation except as required by law and my professional obligations. If you inform me about abuse or neglect of a child, or an adult in need of protection, I am required by law to contact authorities.

If You Decide to Stop Participating

Your participation in this study is completely voluntary and you can withdraw from the study during its initial stages, including during the interview scheduling process; during the interview; and before the data are analyzed. The time limit to withdraw your data from the study is one month and you can do so by contacting the lead researcher Mitherayee Augustine. You can also decide if you want any of the information you discussed during the interview to be removed or if you will allow Mitherayee Augustine to use that information.

How to Obtain Results

Mitherayee will provide you with an infographic and short summary of the group's results and study's research objectives when the study is finished. No individual results will be provided. If you choose to receive your transcripts, you will need to provide your personal and private email to Mitherayee Augustine, so you can receive the transcript.

The findings from this study will be shared in several ways: 1) sharing the final study report with the study participants 2) delivering one or more presentations on the study findings to future conferences concerning Tamil women's health, South Asian women's health 3) delivering public lectures to students and faculty at Dalhousie, as well as the general public; 4) sharing study findings at academic conferences; and 5) publishing in journals.

Use of my transcript in future studies

Your interview transcript and documents might be re-read and re-analyzed to help Mitherayee Augustine develop future studies, which will also be focused on understanding the mental health issues of Tamil women in Ontario. If your interview transcript and documents are used for future studies, Mitherayee Augustine will ensure that only de-identifiable information will be shared for those studies. If you agree that your interview transcript can be used by Mitherayee for further studies, it will be retained indefinitely. She will keep backup copies of de-identified interviews in secure external hard drive that only she will have access to, which will be password protected and locked in her workspace. If you do not consent to the use of your interview transcript in future studies, it will be deleted/destroyed after the final report for this study is completed and released.

Compensation / Reimbursement

To thank you for your valued time, you will be provided with a $20 electronic gift card.

Questions

You can contact Mitherayee Augustine to ask any further details about your participation in the study. Mitherayee can be contacted at mithey.augustine@dal.ca
or (902)-999-7606. And, if you have any concerns about the ethical procedures of this study, you can contact the Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca

Obtaining Verbal Consent

Project Title: Examining Navigating Mental Health as a Tamil Woman in Ontario

Lead Researcher: Mitherayee Augustine, International Development Studies, Dalhousie University

Understanding the consent process

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction.

Yes ____ No_____

I understand that I have been asked to take part in one 60-minute interview to be conducted over the telephone.

Yes ____ No_____

I understand that only the lead researcher will be listening during the interview on the other side of the phone call.

Yes ____ No_____

Consent to participate in the study

I agree that my participation is voluntary, and I understand that I am free to withdraw from the study at any time, before the data are analyzed.

Yes_____. No_____

I agree that my interview will be audio-recorded, which is required for me to participate

Yes ____ No_____

I agree that my interview data may be used in future studies conducted by Mitherayee Augustine without identifying me, and that this is not a requirement of my participation.

Yes ____ No_____

The use of quotations from my interview

I confirm I have completed the interview and agree that excerpts may be directly quoted without my name may be used.

Yes ____ No_____

Re Contacting me after the interview is completed

I agree to receive a copy of the short summary of group results when the study is finished.

Yes ____ No_____

My personal and private email is:

_____

I prefer to receive a copy of my interview transcript
Yes ____ No_____

My personal and private email is:

_____

I prefer to receive the interview transcript and the report by regular mail at:

_____

_____

Appendix 11: Recruitment Email

Dear Participant,

I am interested in recruiting you as a participant for a study that I, Mitherayee Augustine, am conducting from the Dalhousie International Development Studies Department called: **Examining Navigating Mental Health as a Tamil woman in Ontario.**

The main purpose of this study is to learn about the how Eelam/Sri Lankan Tamil identity, liberation culture, community and intergenerational trauma, play a role in individual mental health for Tamil women. The information from the study will be used to better inform mental health initiatives specifically addressing Eelam/Sri Lankan Tamil women's realities. The study will include 24 Tamil women with Eelam/Sri Lankan Tamil ethnicity, who are over 18, who live in Ontario, who have experienced problems related to mental health, who are able to speak and understand English or Tamil.

Each participant will be asked to participate in an audio taped 60-minute phone interview with Mitherayee Augustine. Please note that your participation in this study is completely voluntary. You will be provided a $20 electronic gift card for your participation in this study. The main objectives of this study are: 1) explore Tamil "liberation culture" that may be resisted in diasporic contexts, yet informs Tamil women of their identity and historical, community and intergenerational trauma 2) to reveal how experiences of intergenerational trauma in the Tamil community is informed and influenced through liberation culture, 3) to learn about Tamil women's experiences with their mental health and the mental health system and how they can be further accommodated within South Asian oriented treatments.

I, Mitherayee Augustine, the lead researcher will respect your privacy in this study and will not include your name in the final study report. For example, I will remove information in the typed-up information from your interview that lets people know that you participated in this study. No identifiable information at all in any written report of this study, will link your participation to this study. If you are interested in speaking with me about this study, please send me an email and we can make plans to speak on the phone: mithey.augustine@dal.ca

You can also reach me at 902-999-7606 to learn more about this study, or have any further questions.

Sincerely,

Mitherayee Augustine
Lead Researcher