Opening Doors, Season 2, Episode 3

Vince Medrano: Revealing Intersectional Identity through Art

Narrator: Welcome to Opening Doors, a podcast about accessibility in arts and civic life. Brought to you by the Seattle Cultural Accessibility Consortium and Jack Straw Cultural Center.

For our second season, we continue to amplify the voices of outstanding individuals with disabilities of all kinds. Here's your host Elizabeth Ralston, an accessibility consultant and founder of the Seattle Cultural Accessibility Consortium.

Elizabeth Ralston: Hello, this is Elizabeth Ralston, I am a white woman with short wavy silver hair, and I'm wearing a blue coat, sitting on a sort of quasi-leather sofa, and I'm here today with Vince Medrano. Vince has a bachelor's degree in psychology and is currently a master of social work student at the University of Washington.

He spent eight and a half years working in mental health research in universities in Arizona and Wisconsin. His own experience with navigating the world as a queer Mexican trans guy with mental illness informs his work. His goal is to work in translational research in the field of schizophrenia spectrum disorders, with a focus on advocacy, intersectionality, early intervention, well-being, and community integration.

In his spare time, Vince like to chat with friends, make art and hang out with his cat named Booger. And you may hear Booger during the course of this conversation.

So hello Vince and welcome. So glad to speak with you today.

Vince Medrano: Thank you so much for having me on the podcast, Elizabeth.

And thank you for introducing Booger as well.

So I am a short Mexican trans guy, I'm light skinned, I have short dark brown hair, and I'm currently sitting in front of a plain light gray wall.

ER: Yes. And, and I'm also sitting in front of a plain brown wall. So our environments are not so exciting today, right?

VM: Exactly

ER: So, I'm really glad to talk with you today about your journey, and you told me about the Trans Day of Visibility which happened actually not too long ago. Can you tell me a little bit about your path on this journey, especially what you did for that day not too long ago.

VM: So I came out as trans, and I call myself a trans guy, but if we're getting specific it's more trans masculine non-binary. I use he/him pronouns, and I came out at the end of 2019. And for 2020 it was gonna be my first Trans Day of Visibility after coming out.

And the way I sort of process a lot of, you know, the events that are happening around me or within me, is I, you know, do art. So I either paint or draw it out, or some sort of doodling. And that's what I did last year. I sort of was coming to terms with like, you know: here I am, Mexican and trans and having an upbringing where queer and trans identities in, you know, Mexican communities, at least in my community, weren't always so accepted.

So it was a way for me to sort of coalesce those things into a way that, like, I was able to express myself finally. You know, I was almost 28 when I came out so it'd been a long time coming for me to finally be able to express myself, and what I did for last year's trans day of visibility was, I was thinking, what can I do with like the Mexican culture, and like trans, like the trans flag specifically.

I was thinking about the colors. And Mexican culture is so lively it's so colorful, you know like we have rich vibrant colors. And I was thinking about bailé folklorico, which is a type of traditional Mexican dance. And you have like these beautiful flowing skirts with colors and these head pieces, and sombreros. And it's wonderful, so I decided to do that. Do like a couple dancing but wearing like Mexican folklorico clothes but with trans flag colors, sort of my own spin on it. And I remember I did like five versions of this drawing until it was just right.

And it was actually—it's kind of awesome because the drawing ended up with a family that I'm friends with who have a trans son, and he's part Mexican so it was special that it ended up there.

ER: That sounds so amazing, I would love to see that when it's finished. And I can imagine how vibrant the colors must be and what a healing process that is to, you know, express oneself, whether it's through art or writing or some kind of physical expression, so that is just fantastic.

Can you tell me more about how far back did your mental health journey begin, and walk me through what happened during that time and—from there.

VM: So I didn't start mental health treatment until I was 21.

But my mental health struggles started way before that, probably like over a decade before that when you know as a child I was already sort of feeling, you know, sad and anxious, and you know eventually that turned into paranoia and I was later diagnosed as Schizoaffective Bipolar Type.

So it was a long time before I actually started my official mental health journey in the like mental health treatment system, but prior to that, I'd known already that I needed to seek help at one point. But what kept me from seeking help was the stigma around mental health treatment, my own fears.

I was sort of afraid, partly due to my paranoia of, you know, seeking mental health. And, you know, it just wasn't something we did in my family. You know, very few people in my family—and when I say family, I mean like my extended family—very few people in my extended family have sought mental health treatment, it wasn't really spoken about in my schools, which was, you know, Mexican communities in you know southern Arizona. And they were definitely like under-resourced, so my education around mental health was poor, my, you know, stigma around mental health was high, and it just impacted my ability to just seek treatment.

So I finally did after I left my mom's home and I moved in with a partner and he encouraged me to really seek help. And that's when it started. But I would say that my interest in eventually seeking help sort of started when I discovered that help was available.

And that was when I was 17. I was having a series of panic attacks, it was, you know, a rough year, in terms of like everything going on, junior in high school. And I decided to Google anxiety

and like panic attacks and it was actually—I also Googled like, other mental disorders that I had learned about through a TV show. So that's sort of where my exposure to like official mental health treatment started. And that's actually when I decided to like, go into the mental health field eventually.

ER: Wow, that's quite a journey there. I mean, you talk a lot about stigma.

Can we unpack that a little bit because I feel like, especially in the mental health field, there's so much stigma, not just around schizophrenia, but around anxiety and depression, and it seems like it translates all over different cultures, even in America, even in Mexico, there's always a stigma around mental health. So can you unpack that for me a little bit more?

VM: Yeah. So I was sort of exposed to like, yeah, two different types of stigmas, you know, being somebody who grew up in the United States but was also very immersed in like my Mexican communities in southern Arizona, where there is a high concentration of Mexican folks. I sort of had the like stigma that we have in the United States around mental health treatment Already, wanting, you know—I would say like 50% of Americans, maybe seek—of white Americans—maybe seek mental health treatment, but, you know, once we get into more marginalized communities that number goes down.

So there's already that underlying stigma in this country. So, to couple it with cultural stigma around, you know in Mexican cultures and other Latinx cultures, there's the fear of “locura,” or like craziness, so that label. And also a sort of religious aspect to it in like, you know, going to God for health, for your mental health, instead of going to a therapist. I've heard it way too many times from people like God is my therapist, you know, and while that's very valid, it's still, for some people, they do need that professional help, where their religion can't be the only source of, you know, their mental health treatment, and it varies per person. And for me, I needed that professional help, you know.

And in addition to stigma in like, say, Mexican cultures or immigrant cultures, you also have other barriers, in addition to that stigma. So you have language barriers, financial barriers, educational barriers, which all of those you know do contribute to stigma—like lack of education and acceptance around mental health, and the American mental health system really adds to that stigma.

So it's—there's a lot of moving parts to what's like contributing to stigma and how it shows up. But at the end of the day, I think it's—the last time I checked it was like, you know, one in 10 Latinx adults seek mental health treatment, versus you know about 50% of white folks seek mental health treatment, which for, both parties, the numbers aren't great, regardless, you know, because of that stigma.

But yeah, intersection – huge part as well.

ER: Absolutely. And those numbers are probably underreported. I mean, intersectionality seems to really infuse itself in so many different parts of life, when it comes to mental health, when it comes to racial identity, when it comes to disability.

How does it relate to access and the arts?

If you're dealing with the stigma of mental health, and you are a person who is trans and you are from the Mexican community, how does that impact someone like you—and others—when they're trying to be a participant in the arts?

VM: Yeah, I think, let's sort of backtrack it a little. So I am, you know, from Mexican communities in southern Arizona that are, you know, decently low-income communities so that also impacts access to art. If schools are underfunded, you know the arts departments always suffer—like drama and, you know, art classes and music classes—those always suffer.

But arts was a huge protective factor for me. You know, I liked drawing, I liked painting, I was in choir in my church. I did have access to, you know, some arts even though our, you know, materials were not the greatest. I was able to get like lessons for violin for low income students. So that was available to me at least.

And I also had access to drama class in my school, so I did have access. Was it the best materials? Was the best supplies? Is the most sophisticated access? No. But I did have access regardless, which I think was a huge protective factor in my mental health.

And I think a huge issue comes when, you know, kids don't even have any access, because while my access wasn't the best, it was some sort of access. I was able to, you know, paint, I was able to access pencils and all of those things. And, you know, some kids, especially the more impoverished we go, the more, you know, marginalized those communities are, that access drops and that ability to have that protective factor, you know, to be able to express yourself in art, you know, when sometimes that's the only expression you have is a real issue.

And I do believe that art saved me—both arts and other creative, you know ventures saved me because even though I didn't have treatment until I was an adult, I had my art, you know, I had, you know, the ability to just shut out life for you know an hour, a few hours and just draw, or just paint.

ER: Yes, and I've always said, you know with my public health lens, I'm always looking at them through that lens. And we know that the arts—if you're more involved in the arts, your mental health gets better. You feel less isolated. You feel like you are a part of something. And that's all—it sounds like that's all what you're saying is that, art saved you because it made you feel better, it made you feel creative, it made you feel like you could actually produce something, right? Not to speak for you but that's what I'm hearing. And you know we talked about therapy, and how you realized, "Oh wow, this is a great thing for me."

And can you tell me more about that?

VM: Yeah. So my initial career choice in the mental health field was going to be art therapy, and I got my bachelor's in psychology. And after that I was like thinking, "Do I want to go to art therapy school like to get my masters? Do I want to get my masters in psychology? What is it exactly that I want to focus on?"

Clearly, I ended up going the social work route given that I'm in, you know, an MSW program right now. But it definitely was a huge interest for years. I saw that my skill set was better utilized elsewhere. And there's also part of me that didn't want to mix art and career, you

know, in that specific way. I didn't want there to be art, career, plus mental health, and just you know everything sort of jumbled.

So part of it was I saw my skill set being needed elsewhere and part of it was I wanted to maintain it as like a me thing.

And I've never formally been in art therapy. I was like in an art therapy group when I was hospitalized in a psychiatric ward. And I really, I absolutely loved that. I even ended up volunteering in a creative expressions group with the National Alliance on Mental Illness, or NAMI.

But what it did for me was give me a way to sort of dump out my demons onto paper, you know. In the midst of psychosis, in the midst of mania or depression, it allowed me to just, you know, leave everything on paper, and get it out of my head where it was causing a lot of trouble.

So I think art therapy is really valuable, whether you know it's formal art therapy or just art done for therapeutic purposes at home, like I do.

So, yeah, super valuable. I, I really like that field.

ER: I think that as a social worker, you chose a great direction for your MSW because it allowed you to use your skill set in the way that you want to. However, it's going to allow you to bring your personal experience in art as a way of coaching or as a way of informing your work with others.

So, you know, I can so see it being part of your professional and your personal life, but I so see, I can understand why you wouldn't want to go into it as a profession because it really is a creative outlet for you. But you - don't minimize that skillset that you have, you know what I mean?

VM: Yeah, yeah definitely.

ER: I mean, so valuable, it really infuses everything, I think, in social work because you have to be creative in how you approach problem solving, so I'm excited for you. I think you're going to be great at what you do and I want to find out more from you how you're going to use your education as a social worker in the field of mental health and marginalized communities.

VM: So, I was initially going to go into clinical psychology, and it was sort of like somebody told me, you know—I was complaining about a clinical psych interview that I had for a program, and I was saying how it wasn't really what I wanted. And somebody was like, "I think social work is the way you want to go."

And that was in 2019 and I was like, "okay well you know look into it and I'll apply the next year." And then, the U Dub part-time program extended its deadline and I went with my gut and I applied. It was excellent; I moved to Seattle months later.

So I really learned about social work while in the program, you know, and learned more about social justice just because, you know, it was a gut feeling, it was a good choice that I did it. So I'm sort of exploring how I'm going to utilize social work as I'm in the program. And the way I sort of see it is, given my experiences, given my lived experiences, given my interest in mental

health, I think social work does a good job in allowing people with lived experiences to be in social work, and not stigmatize the fact that they have lived experiences. And it also trains us to be sensitive to things like intersecting identities, to socioeconomic status, to trauma, to all of these things that shape the person into who they are.

So I really like that training that I'm receiving both in school and in practicum to sort of, one: Allow me to see schizophrenia spectrum disorders from a more holistic sort of view. And my hope with my degree is that I work in a multidisciplinary team. I want to work with psychiatrists, I want to work with psychologists and other folks just because I don't think you can tackle a disorder from one discipline, you know. You've got to bring in, you know, the medical part, you gotta bring in the psychological part and all of these other areas. So I think social work will just allow me to bring my best foot forward to the table within this like multi-disciplinary team that I'm envisioning in my head. Who the team will be, I don't know. I'll find them down the line.

But yeah, so it's giving me a good insight into other factors that play into mental health recovery, and I hope to practice in the field for like four or five years and possibly move to Mexico at some point. After that, hoping to go to Ph.D. school. And after that, hoping to start my career so it's, you know, the MSW's sort of one of the things that I'm using to get to my eventual career goal, which is research. So that's, you know, research-informed practice and practice-informed research is such a big deal.

ER: That sounds like a great path, you know, a stepping stone leads to something else and I'm a strong believer that it's kind of like a jungle gym. You're not going to go from one step to the other step to the other step. You could go this way and then you could go up and then you could go this way so until you, you find something that really fits and I mean I love the fact that you said holistic, because I think that is so true for medical and mental health issues, you have to look at the whole picture. And I really hope that you will bring in the art therapy and art experience that you have, because I think that could really be a great part of the healing process as you described so eloquently.

So tell me quickly before we close, why do you want to move to Mexico, and what will you do?

VM: So it's a couple reasons. I discovered myself as a trans guy when I was in Wisconsin. I was in Madison, Wisconsin and then I was in Seattle, Washington—very, very white places. So my exposure to Mexican men right now is just kind of down and I'm just like, I want to, you know, be around the Mexican culture to get to know my trans identity a bit more. Sort of see like what is masculinity in my culture? What is femininity in my culture? What do I, you know, value? And what do I want to not have? Like toxic masculinity and machismo. Definitely don't want those. But it's sort of a way to get to know myself as a Mexican trans guy in Mexico.

And the other reason, and probably the number one reason, with that being, I want to get to know schizophrenia spectrum disorders within Mexican communities, in a country where they're not marginalized simply over the fact that they're Mexican. Come to the United States, Mexican folks, and other Latinx folks, they are marginalized in a continent where they're indigenous to. But they're marginalized, you know, due to their documentation status, language barriers, all of these other things. So regardless of whether somebody is a light-skinned

Mexican person, whether somebody is more dark-skinned, the way they're sort of treated is they're lumped into this marginalized community.

Versus my theory is that once we observe their mental health in a country where they're not marginalized simply for the fact that they're Mexican, they're marginalized for other reasons, you know, like we have other issues within that country: colorism, and you know, discrimination against indigenous people, and you know, their own set of, you know, socioeconomic factors and classes and all of these other things.

So I think it'd be really interesting to sort of get to know schizophrenia in Latinx and Mexican communities in a country where they're oppressed, where they're marginalized and get to know it in a place where they have difficulties for a whole set of different reasons and sort of see like a Venn diagram, like United States schizophrenia in Mexican people, schizophrenia in Mexican culture and sort of like, what are the differences? What are the commonalities?

So that's my reason.

ER: I think you have just highlighted or identified your Ph.D. thesis project.

VM: [laughs] I think so too.

ER: That would be fascinating. I think that would be very much needed, you know, a compare contrast, and you know, the fact that in Mexico you're reducing the marginalization by going to the country where the mental health issues are prevalent and comparing that to where someone lived in the United States and comparing them and say hey, look at this. I think that would be incredibly powerful.

I'm really excited for you and it was such a pleasure talking to you today, and I wish you the very best of luck.

Thank you so much Vince, this was great. Take care.

VM: All right, you too.

Narrator: Opening Doors is produced by the Seattle Cultural Accessibility Consortium and Jack Straw Cultural Center. This podcast was made possible by the Seattle Office of Arts and Culture, the Washington State Arts Commission, the National Endowment for the Arts, and individual donors, with in kind support from Jack Straw Cultural Center, Sound Theatre Company, Jennifer Rice Communications, and the Seattle Cultural Accessibility Consortium Steering Committee. Music performed by William Chapman Nyaho, produced through the Jack Straw Artist Support Program.

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Join us for our next episode featuring an interview with Tatiana Lee, an actress, international model, and activist born with Spina bifida.

Tatiana Lee: One of the things that I can say is, and I think I had to do this for myself, find something that you love. Find something that no matter what, if you feel hurt or not, you feel joy, and stick to that. And you will push for it, and you will become an advocate whether you thought you were or not.

Narrator: Hear the whole interview on the next episode of Opening Doors, available at soundcloud.com/openingdoorspod and wherever you get your podcasts.

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