

Transgender Emotional and Coping Processes: Facilitative and Avoidant Coping Throughout Gender Transitioning

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Abstract

Eighteen transgender-identified individuals participated in semi-structured interviews regarding emotional and coping processes throughout their gender transition. The authors used grounded theory to conceptualize and analyze the data. There were three distinct phases through which the participants described emotional and coping experiences: (a) pretransition, (b) during the transition, and (c) posttransition. Five separate themes emerged, including descriptions of coping mechanisms, emotional hardship, lack of support, positive social support, and affirmative emotional experiences. The authors developed a model to describe the role of coping mechanisms and support experienced throughout the transition process.

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As participants continued through their transitions, emotional hardships lessened and they used facilitative coping mechanisms that in turn led to affirmative emotional experiences. The results of this study are indicative of the importance of guiding transgender individuals through facilitative coping experiences and providing social support throughout the transition process. Implications for counselors and for future research are discussed.

Keywords

transgender, gender, LGBT, qualitative, social justice

Counseling psychologists have only recently begun to address transgender issues in the research literature. In the most recent edition of the *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients*, two chapters were devoted solely to counseling transgender individuals (see Korell & Lorah, 2007; Lev, 2007). Additionally, more articles focusing on counseling transgender clients have also emerged (e.g., Burdge, 2007; Carroll, Gilroy, & Ryan, 2002; Chen-Hayes, 2001), as has a special 2010 issue of counseling competencies with transgender clients in the *Journal of LGBT Issues in Counseling*. While it is exciting to see the field of counseling psychology take notice of the therapeutic process involved in working with transgender individuals, counselors are still far from understanding the spectrum of experiences within this community. Several articles have discussed “emotion work” (e.g., Pfeffer, 2010; Schrock, Holden, & Reid, 2004) or included anecdotal information about emotions involved in the transitioning process (e.g., Devor, 2004). However, specific literature addressing the coping processes for complex emotional experiences at different stages of the gender transitioning process does not exist. The purpose of this study is to address this gap within the literature.

Defining Terms

Before beginning any discussion of transgender issues, it is necessary to first define terms related to the transgender community. The terms *gender* and *sex* are often conflated in the research literature, but there are important differences that should be noted. *Sex*, also referred to as *biological sex* or *natal sex*, encompasses the physiological and biological aspects of a person (Lev, 2004), whereas *gender* refers to an individual’s social, cultural, and psychological characteristics that pertain to stereotypes, norms, traits, and roles of

men and women (Gilbert & Scher, 1999). Two concepts related to gender warrant further examination and definition: *gender identity* and *gender role*. *Gender identity* is an individual's sense of gender as it is privately experienced in one's behavior and self-awareness of being female, male, ambivalent, or at a defined point along a gender continuum; *gender role* is defined as the behaviors associated with a public expression of maleness, femaleness, or ambivalence (Brierley, 2000).

Whereas the majority of individuals experience congruence between their sex and gender identity, there exists a population of individuals for which this congruence does not occur. The umbrella term *transgender* is typically used to define this population. Transgender individuals may identify outside of society's traditional, dichotomous construction of gender, or these individuals may feel that the gender with which they identify does not match their natal sex. Many terms are included in the full spectrum of nontraditional gender identities: *female-to-male* (FTM) and *male-to-female* (MTF), *transsexual*, *cross-dresser*, *gender-bender*, *genderqueer*, and those generally disinterested in "passing" as a particular gender, among others. *Transsexual* is a term describing "people who believe that their physiological bodies do not represent their true sex" (Lev, 2004, p. 400). Transsexual individuals express their gender in a variety of ways, including doing nothing to change their biological sex, changing clothing, using hormone treatments, and choosing sex and/or gender reassignment surgery (Korell & Lorah, 2007). Transsexual individuals are commonly referred to as FTM or MTF transsexuals. *Cross-dresser* typically refers to an individual who dresses in clothing as an expression of femininity or masculinity when it is not socially aligned with biological sex (Ellis & Erikson, 2002). Drag queens (biological men who dress in women's clothing) and drag kings (biological women who dress in men's clothing) are occasionally placed in this category. *Gender variance* is an additional umbrella term, where gender is described on a continuum rather than as a dichotomous construct. Individuals who identify within this category may include individuals who reject the notion of gender completely by using gender-neutral pronouns or individuals who identify somewhere on the spectrum of the gender continuum. Terms for gender-variant individuals can include *genderqueer*, *gender trash*, and *gender-bender*, amongst others. *Genderqueer* is a term usually included within the umbrella of gender variance. Genderqueer individuals typically either reject gender or identify somewhere between (or as both) male and female on the gender spectrum, and they may or may not use gender-neutral pronouns.

We recognize that the term *transitioning* has traditionally been used to refer to transsexual individuals who undergo medical intervention (e.g., reassignment

surgery, hormones); once the medical interventions have been completed, the transsexual individual is usually considered to be “posttransition.” We use *transitioning* more inclusively throughout this article, based on the concept that the word *transition* literally means “to change.” Many transgender individuals, transsexual-identified or otherwise, choose to not have any medical interventions (see *Diagnosing Difference*; Ophelian, 2009). Therefore, throughout this article, we use *transition* to refer to the process all transgender individuals go through to identify as transgender. For the purposes of this study, only participants who self-identified as transgender participated in the interviews.

Transgender Identity Development

For many transgender individuals, gender identity must be negotiated more than once throughout a lifetime, and a recent body of literature has emerged to address these different experiences of gender identity formation. For example, Devor (2004) suggested a fourteen-stage model of transsexual identity development. The proposed stages were based on anecdotal experiences of working with transsexual individuals and ranged from anxiety and confusion to discovery, acceptance, and pride in one’s gender identity. Gagne, Tewksbury, and McGaughey (1997) reported qualitative accounts of male-to-female transsexual and cross-dressing individuals’ gender identification processes. These identity processes were described through narrative accounts in which four main themes were asserted: early transgendered experiences, coming out to oneself, coming out to others, and resolution of identity.

Although Devor’s (2004) model is a stage model and Gagne et al.’s (1997) model is presented in themes, their findings are similar. In both articles, transsexual/cross-dresser identity first begins in early childhood and is marked by experiences of discomfort related to natal sex and assigned gender as well as feelings of not fitting in with others. As individuals discover the term for what they are feeling—having a transgender identity—they begin to question their current gender identity and explore their true gender feelings. According to the authors of both studies, transgender individuals may be fearful of coming out to others due to the rejection they expect to receive from friends, family, and society at large. In the earlier stages of their identity development, negotiating simple and everyday tasks in public (e.g., going out to eat, using a public restroom, etc.) may be intimidating and cause anxiety in a transgender person who has come out publicly to others and who is currently transitioning.

As the active transitioning phase comes to a close, transsexual/cross-dressing individuals begin to accept their posttransition identities and move beyond the marked psychological distress of the transition period to a state of identity resolution and pride (Devor, 2004). Gagne et al. (1997), however, described the tension individuals may experience around the concept of "passing": "Within the transgender community, a desire to pass and blend into society sometimes introduced tensions and additional levels of hierarchy and structure" (p. 501). Indeed, even if individuals are able to accept their transgender identity, they may continue to experience distress related to not being acknowledged in their new gender identity.

An additional study on transsexual identity development was written in a narrative format explaining how transsexual and cross-dressing individuals experience their identities and the "true self" (Mason-Schrock, 1996). The author organized the identification with the true self in a linear fashion, where participants discussed childhood memories, cross-dressing stories, participation in sports, stories of denial, and self-mislabeling. Based on experiences shared in a support group as well as accounts of achieving the true self from other transgender individuals, the author provided the following ways in which this process occurred: modeling, guiding, affirming, and tactful blindness (e.g., looking the other way when a narrative had loose ends).

Emotional and Coping Experiences of Gender Transitioning

Although Devor (2004), Gagne et al. (1997), and Mason-Schrock (1996) briefly named several of the affirmative emotions associated with the latter stages of transgender identity development, much of their discussion regarding emotions during the transition process centered on psychological distress and anxiety. It appears that the focus on psychological distress may be caused by the discrimination experienced by those in the transgender community.

Transgender individuals are often highly visible in the communities in which they live; therefore, they are more vulnerable to experiences of violence and discrimination. There have been several studies that have examined such experiences of prejudice and discrimination by transgender individuals. Lombardi, Wilchins, Priesing, and Malouf (2001) reported that 59.9% of the 402 participants had experienced some form of discrimination during the course of their lifetimes, with nearly a quarter experiencing a violent incident. In a separate study by Clements-Nolle, Marx, and Katz (2006), 59% of the 515 transsexual participants reported an experience of forced sex or rape, 62% experienced a form of gender discrimination, 83% had been verbally

harassed because of their gender identity, and 36% had been physically harassed. More recently, the National Gay and Lesbian Task Force's (Grant et al., 2011) report on discrimination within the transgender community indicates that 90% of their sample reported workplace discrimination, 19% reported housing discrimination, 53% reported being verbally harassed in a place of public accommodation, and 22% reported police harassment. Grant et al. (2011) found that 63% of the 6,436 individuals who responded to the survey had experienced at least one type of discrimination, indicating that discrimination has increased in the past 10 years.

Such experiences of violence and discrimination have been linked to negative effects on well-being (Fischer & Bolton Holz, 2007; D. R. Williams, Neighbors, & Jackson, 2003; D. R. Williams & Williams-Morris, 2000). In a compelling study by Clements-Nolle et al., (2006), nearly half of the transgender youth surveyed had attempted suicide. The authors determined that in addition to individual risk factors (e.g., depression, substance use, younger age, history of sexual trauma), societal risk factors (e.g., experiences of gender-based discrimination, victimization) were significantly associated with suicidality. In a study conducted by Bockting, Huang, Ding, Robinson, and Rosser (2005), findings indicate that 47% of 181 transgender college students reported considering or attempting suicide in the past year. Clements-Nolle et al. (2006) and Bockting et al. (2005) both provided overwhelming evidence to the existence of extreme negative emotions and experiences—namely considering or attempting suicide. In addition to discussions of suicidality, a broad range of literature has also focused on several different aspects of the emotional experiences of transgender individuals. For example, Pfeffer (2010) discussed of how “emotion work” is negotiated in romantic partnerships for transgender individuals and Schrock et al. (2004) analyzed “emotion work” within transgender support groups. However, the processes through which individuals begin to feel and make sense of these emotions remain unclear, thus a more thorough examination into the processes unique to transgender individuals' experiences is warranted.

In addition to the literature on the emotional processes of transgender individuals, a recent body of literature has also begun to emerge addressing the role of coping in the familial experiences of transgender youth (Wren, 2002) and on tempering psychological distress related to the adoption of an MTF transsexual identity (Sanchez & Vilain, 2009). Sanchez and Vilain (2009) found that higher levels of collective self-esteem—or positive feelings related to one's social identity group—were associated with lower levels of psychological distress. However, beyond the avoidant coping behaviors described

by Clements-Nolle et al. (2006) and Bockting et al. (2005) and the limited discussion of facilitative coping methods by Wren (2002) and Sanchez and Vilain (2009), no article to date synthesizes the various facilitative and avoidant coping styles adopted by transgender individuals during their transition process.

Indeed, while there has been increased attention to the prevalence of psychological distress in transgender populations (e.g., Bockting et al., 2005; Clements-Nolle et al., 2006), there continues to be a dearth of literature related to the affirmative emotions experienced by transgender individuals regarding their transgender identity. As counseling psychologists, we must consider the whole of the individuals with whom we work. It is easy to focus on the negative aspects of being transgender, given the prevalence of these experiences, but we cannot limit ourselves to the discussion of only one side of an individual's experience. More literature is needed to address the powerful and positive aspects—or “feelings of *euphoria*” as described by Devor (2004, p. 63)—of transitioning.

Social Support During Gender Transition

In addition to the scant research related to the coping and emotional processes of transgender individuals during their transition, little is known regarding the effects of social support during the transition process. We know that all individuals have a strong need for social support due to its impact on both emotional and physical health (Bowlby, 1969; Leary, Tambor, Terdal, & Downs, 1995), but gender also plays a role in how an individual seeks out and uses social support. Women are more likely than men are to use social support, and women are also more likely to view social support as more important (Dwyer & Cummings, 2001; Wohlgemuth & Betz, 1991). Perhaps these key gender differences are due to men's socialization experiences, whereby searching for social support may be viewed as stereotypically feminine (Blazina, 2001).

These gender differences in social support are important to note because individuals in Western society undergo a process of gender socialization from birth (Gilbert & Scher, 1999). For those persons who experience incongruence with the gender to which they were socialized as a young child, it is critical to understand the extent to which gender socialization may or may not play a role in social support during transitioning. As little research to date examines transgender individuals' experiences of social support during transitioning, it is unclear whether such gender differences can still be observed or whether a different model altogether exists of social support that encompasses

more than a dichotomous conceptualization of gender. This study sought to explore the role of social support as it relates to the emotional and coping processes of transgender individuals during gender transitioning.

This Study

This study was designed to explore the emotional experiences of transgender individuals during the transition process. Emotions have been addressed briefly in existing research literature, but this study provides a deeper examination into both the affirming aspects and hardships of the emotional processes of transgender individuals. Previous research described aspects of psychological distress experienced by transsexual individuals (e.g., Clements-Nolle et al., 2006); however, we sought to understand the complexity of psychological well-being by asking transgender individuals about their emotional experiences throughout their transition process. In addition, as prior literature has established that psychological distress occurs for many transgender individuals, we endeavored to gain information about the coping processes used so as to inform practitioners on how to facilitate working toward psychological well-being for this population.

Method

Participants

A total of 19 individuals participated in this qualitative study; however, only the results of 18 of the individuals will be discussed in this article (because of a technical malfunction with the recording of one interview). The participants in this study were 13 male-to-female transsexuals (MTF), two female-to-male transsexuals (FTM), two genderqueer individuals, and one (biologically) male cross-dresser. The participants' ages ranged from 20 to 67 years ($M = 45.17$, $SD = 11.51$). Reported sexual orientations included lesbian ($n = 6$), bisexual ($n = 6$), heterosexual ($n = 3$), queer ($n = 2$), questioning ($n = 1$), asexual ($n = 1$), and pansexual ($n = 1$). The majority of the sample identified as White ($n = 14$) and the remaining individuals identified as both White and Native American ($n = 4$). For the purposes of describing participants within the study, all participants have been given pseudonyms. Additionally, names of others in participants' lives are changed in the text. See Table 1 for specific data on each participant.

Table 1. Demographic Information

Participant	Age	Race	Transgender identity	Sexual orientation	Education level	Industry
Rachel	52	White/Native American	MTF	Pansexual	High school	Computer technician
Tina	47	White	MTF	Bisexual ("straight female with open mind")	Some college	Computer technician
Kate	46	White	MTF	Bisexual	High school	Farming
Gina	67	White	MTF	Lesbian	High school	Car industry
Rebecca	53	White/Native American	MTF	Straight	Bachelor's degree	Retail
Nathan	41	White	Male cross-dresser	Straight	Master's degree	Librarian
Alex	27	White	Genderqueer	Queer	Completing graduate degree	Student/librarian
Erin	46	White	MTF	Lesbian	Completing associate's degree	Student
Julie	46	White	MTF	Straight	Bachelor's degree	Computer technician
Jody	44	White	MTF	Lesbian	Bachelor's degree	Janitorial Work
Amy	46	White	MTF	Mostly asexual	Master's degree	Corrections/social work/janitorial work
Robin	20	White	Genderqueer	Queer	Completing undergraduate degree	Student
Finn	27	White/Native American	FTM	Bisexual/queer	Completing graduate degree	Student/Certified Nursing Assistant
Nina	62	White	MTF	Questioning	Bachelor's degree	Teacher
Haley	49	White	MTF	Bisexual	Some college	Going to trade school/building maintenance
Brittany	52	White	MTF	Bisexual	Bachelor's degree	Technician
Carla	44	White	MTF	Bisexual	Bachelor's degree	Technician
Mark	44	White/Native American	FTM	Lesbian	Bachelor's degree	Computer technician

MTF = male-to-female transsexual; FTM = female-to-male transsexual.

Researchers

Six researchers contributed to the method and analysis for this study. At the time of data collection and analysis, all of the researchers for this study were female-bodied and female-identified; five out of six of the authors are queer-identified. The first author is an assistant professor in counseling psychology. Her main research focus is learning about the emotional and coping processes for LGBT individuals so as to help therapists to become more multiculturally competent in their interventions. The second author is a doctoral student in developmental psychology. She focuses on identity processes and transitions as well as sexual fluidity within her program of research. The third author is a doctoral student in counseling psychology, currently developing a line of research focusing on the experiences of prejudice and discrimination and their effect on the mental health and well-being of minority persons. The fourth author is an associate professor in counseling psychology with a focus on vocational psychology, social justice, and minority populations. The fifth and sixth authors were receiving their masters' degrees in counseling at the time of data analysis.

To fully understand the perspective from which this study was designed and implemented, we feel it is important to first discuss the basic assumptions and biases of the authors. None of the authors were engaged in research with transgender individuals prior to conducting this study. We were unsure of how the process would unfold, if the participants would trust us, and if we would even be able to recruit participants who would be interested in being interviewed for research purposes. We were surprised by the number of individuals who showed interest in participating, especially because we did not offer any type of incentive for participation. We entered the interview process with the assumption that the interviews would be emotionally jarring, and we were ready to provide referrals should the participants reveal information indicating a need for professional support. We assumed that, based on media portrayals and anecdotal evidence, many of the participants would describe experiences of suicidality. We held the assumption that contextual factors (e.g., personal relationships, institutions, socialization, and other individuals) would largely influence the emotional experiences described by the participants. Also, we assumed that minority stress theory (Meyer, 1995) would be applicable to the participants in this study; we expected that participants' expectations of experiences of rejection and discrimination would impact mental health. Minority stress theory also posits that social support can act as a buffer for negative emotional

experiences; we assumed that these concepts would be related but did not make any assumptions about the direction of the relationships or how our own theory would emerge from the data in this study. The last assumption we identified was that some individuals in this sample might indicate that their current gender identity was not positively affecting their emotional state and that, while we assumed that most of the participants would be content with their transgender identity, some might also wish to return to their previous gender identification.

Interview Protocol

The primary instrument for this study was a semistructured interview that was rooted in grounded theory methodology. There is a dearth of research on how emotional and coping experiences change throughout the transition process of transgender individuals. We chose to use a grounded theory methodology because a primary goal was to develop theory (Charmaz, 2006). We chose to begin each interview with three open-ended questions that asked the participants to describe their transgender identity. The purpose of asking these open-ended questions was to ground the interview in a shared understanding of how the participants identified and to ease into the subsequent questions for the interview. The results from these three open ended questions are described elsewhere (see Katz-Wise, Budge, & Schneider, under review). We then asked participants to recall and describe their worst emotional experiences, phrasing the question such that the responses did not need to solely relate to their transgender identity. Participants were also asked questions about how they coped with their worst emotional experiences and the types of social support they used during this time. We anticipated that some participants would describe experiences unrelated to their transgender identity, but all participants related their worst emotional experience to experiences surrounding gender identity. We also asked questions about the types of relationships participants had since transitioning to learn more about their social support structure. Finally, participants were asked to describe their best emotional experience, again without specifying that this experience relate to their transgender identity. Probing questions were also asked for each primary interview question to clarify or expand on information provided by the participants. The protocol questions were modified as needed based on participants' transgender identities and how they wished to be defined and addressed throughout the interview. Protocol questions are included in the appendix.

Procedure

Participants were recruited via e-mails sent to LGBT centers that host transgender support groups (both community and university) within two metropolitan cities in the Midwest. The first two authors attended support groups in both cities both to describe the purpose of the study and to build trust with the individuals who decided to participate in the study. All of the interviews were conducted in person, usually in the researchers' private offices or in private rooms at the local LGBT community centers in each city. Prior to the interviews, participants were e-mailed consent forms to review beforehand, and each participant was given a consent form in person. On the consent forms, participants were told that they would be asked questions regarding their identity process, to talk about their emotions related to their experiences, and to discuss how they dealt with these specific experiences. Interviewers described the consent form in detail, providing answers to the questions that were asked regarding the interview process and answering any other questions about the study that arose.

Because participants were recruited mainly from e-mails and support groups from LGBT community centers, there may have been convergence with some of the participants' stories. Rachel, Tina, Kate, Gina, Rebecca, Nathan, and Julie were all regular participants in a support group in one city; Finn, Nina, Haley, Brittany, and Carla were regular participants in a support group in another city. Jody, Amy, and Mark responded to e-mails sent to their respective LGBT community centers, and it is unclear how well they may have known any of the participants from the support groups. Erin, Alex, and Robin responded to e-mails sent out to college LGBT centers (all three attended different educational institutions), and most likely they did not know each other at all.

Five of the six authors conducted interviews for this study. The first author conducted 10 of the 18 interviews and provided all the training for the other interviewers. The first author conducted the first interview and transcribed the interview for training purposes. Once the first interview was finished, the other four interviewers read through the interview transcript and discussed the process of the first interview. Additionally, the four additional interviewers received training regarding the purposes of grounded theory methodology so as to understand the theoretical orientation through which the interviews were conducted. The interviewers set up an additional meeting with the first author to receive feedback on the first interview and to use this feedback on subsequent interviews. Typical feedback given to the interviewers included a discussion of how to appropriately ask probing questions and how to clarify

questions if the participant were to ask for more specific information about the questions. The other interviewers conducted between 1 and 4 interviews each. Interviews lasted between 90 and 180 minutes, with 90 minutes being the average length. Participants were asked to discuss each question for as long as they desired. After the interviews were conducted, the authors transcribed them verbatim.

Data Analysis

The data were analyzed using grounded theory methodology. Grounded theory was chosen for this particular study because its purposes are to describe processes and to work from the ground up (Charmaz, 2006). Because so little is known about the emotional and coping processes for transgender individuals, we felt this particular methodology was the best fit given the goals of this study.

We chose to adopt Charmaz's (2006) approach to grounded theory because it encourages researchers to include institutional and contextual factors within their analysis. Many transgender persons have experienced marginalization and discrimination (Grant et al. 2011; Lombardi et al., 2001), so we were interested in using an analytical approach that included contextual factors. As recommended by Charmaz, we analyzed the data in three phases while taking these factors into account. In the first phase of the analysis, we used line-by-line coding, in which four research team members individually parceled out the meaning from each sentence of the transcript into short sentences that ignored extra words or aspects that were not relevant to the study. After each of the four researchers had completed their line-by-line codes individually, the team came together and each line was coded by consensus, during which each team member approved the code; if the line-by-line code was not initially agreed upon, we would discuss the code until we agreed. The coding for each transcript typically took 2 to 4 hours to complete individually, and the consensus coding typically took 4 to 6 hours to complete.

After coming to consensus on the line-by-line codes, the four researchers incorporated the line-by-line codes into the second phase: focused coding. In the analysis of the first interview, team members individually placed all of the line-by-line codes into higher order categories that each person created. In the subsequent interviews, in addition to the creation of new higher order categories, the higher order categories derived from previous interviews were used to inform the process of coding. We used constant comparison of the data by placing each new interview's line-by-line codes into prior higher-order categories. By interviews 16 and 17, only one or two higher order

categories were added to the pool of categories, and no new higher order categories were added for interview 18; thus, we concluded the amount of new categories that might emerge from additional interviews would be slight.

After all 18 interviews both had been line-by-line coded and had undergone focused coding, we entered the last phase of the analysis process: theoretical coding. In this phase, we compiled all the line-by-line codes and higher order codes from each of the interviews to determine the more robust higher order categories. Additionally, because we had a large number of higher order categories, we wanted to place these higher order categories into more meaningful themes to inform our theoretical model. As in the previous phases of analysis, the team members completed these tasks individually and then came together for consensus to determine the meaningful themes. After these themes had been devised, each member of the team drew a theoretical model individually and described their model to the team as a whole. From these four individual models, we theorized one major model (see Discussion). From start to finish, the analysis took a year and a half to complete. When one of the research team members graduated from a degree program, an additional team member was added to maintain balance on the analysis team.

To ensure validity, we employed several different methods: consensus coding, triangulation, and recruiting an auditor to review our work. Although Charmaz (2006) and other grounded theory methodologists do not require consensus coding, we believe it is one way to check assumptions within a group, to keep biases at a minimum (or at least acknowledge them within the process), and to ensure that essential pieces of data are not missed. Hill et al. (2005) indicated that consensus is an imperative part of qualitative research because it takes into account all research team members' viewpoints and requires a common understanding of the data while allowing individual team members' viewpoints to be upheld. In addition, consensus coding stems from feminist and multicultural approaches to psychological research, whereby a diversity of opinions are upheld, honored, and protected (E. N. Williams & Barber, 2004). Another method of rigor used within the process was triangulation. Typically, triangulation involves the use of other data points or the consultation of previous research. Due to the dearth of research and available data regarding the emotional and coping processes for transgender individuals, we used documentary films and memoirs of transgender individuals to inform whether our findings were similar to or different from others' shared experiences. The documentary films (e.g., *Southern Comfort*; Davis & Adams, 2001) and memoirs (e.g., *She's Not There*; Boylan, 2003) were watched and read by the team members and discussed so as to determine if there were any major divergences from what we found in our data and what

emerged from the films and memoirs. Last, we recruited an auditor with experience in qualitative methods. She was chosen for both her expertise in research methods as well as her exposure to research regarding transgender populations. She was asked to assess the relevance of the participants' line-by-line codes to the higher order categories as well as the labels used for the higher order categories. The auditor's feedback was incorporated into the final results, such as splitting several categories (e.g., suicidal ideation/attempts into cognitive and behavioral categories), combining certain categories (e.g., suppression of identity and denial of identity into one category), and renaming categories that were colloquial or ill fitting. Table 2 provides an overview of themes and categories that emerged from the interviews.

Results

One of the aims of grounded theory analysis is to describe the process through which individuals understand their experiences, so the results of this study are organized around the experiences described by the participants. As the data were being analyzed, it became clear that there were three distinct phases through which the participants experienced their emotional and coping experiences: (a) pretransition, (b) during the transition, and (c) posttransition (see Figure 1). Five separate major themes emerged; descriptions of coping mechanisms, emotional hardship, lack of support, positive social support, and affirmative emotional experiences. With the exception of coping, each of these themes was comprised of higher order categories derived from the focused coding process. Coping, while also comprised of the higher order categories, was further broken up into four separate types of coping: avoidant cognitions, avoidant behaviors, facilitative cognitions, and facilitative behaviors. Because these themes are described within a process, not all of the themes are present at each phase of the transition. As a result, some themes were more prominent than others.

Pretransition Phase

The pretransition phase was marked by participants' discussing their emotional and coping experiences prior to beginning their gender transition process. At this point in the process, participants had not yet come out as transgender to others and were in the beginning stages of understanding and grappling with their gender identity. Participants described their emotional experiences and coping mechanisms in this phase as being overwhelmingly difficult and complex. Although five themes emerged for the overall model,

Table 2. Themes and Higher Order Categories

Affirmative emotional experiences	Emotional hardship
Specific affirmative emotions ^{2,3}	Specific negative emotions ^{1,2,3}
Linking hormones and emotions ^{2,3}	Lack of control ^{1,2}
Best time emotionally ³	Hopeless future ^{1,2,3}
Hopes for future ³	Worst time emotionally ²
Transition is worth it ³	Negative feelings toward assigned sex ²
	Suffering loss ²
Avoidant coping	Facilitative coping
Cognitions	Cognitions
Denial of identity ¹	Self-sufficiency ²
Negative metaphors ^{1,2,3}	Spirituality ^{2,3}
Suicidal ideation ^{1,2,3}	Responsibility to others ²
Gender dissonance ^{2,3}	Positive metaphors ²
Deal with it ^{2,3}	Positive reframing ³
	Hindsight ³
	Luck ³
	Adjustment ³
	Transition changes life outlook ³
	Transition changes perception of self ³
	True to self ³
	Letting go ³
	Importance of support ³
Behaviors	Behaviors
Hiding ¹	Seeking social support ^{2,3}
Substance use ^{1,2,3}	Seeking professional support ^{2,3}
Suicide attempts ^{1,2,3}	Acting "as if" ²
Getting away ²	Engaging in hobbies ^{2,3}
	Using humor ^{2,3}
	Activism ³
	Education of others ³
	Helping others ³
Experiences of positive social support and lack of support	
Family ^{2,3}	Partner ^{2,3}
Friends ^{2,3}	Helping professionals ^{2,3}
At work ^{2,3}	

1 = pretransition; 2 = during the transition; and 3 = posttransition.

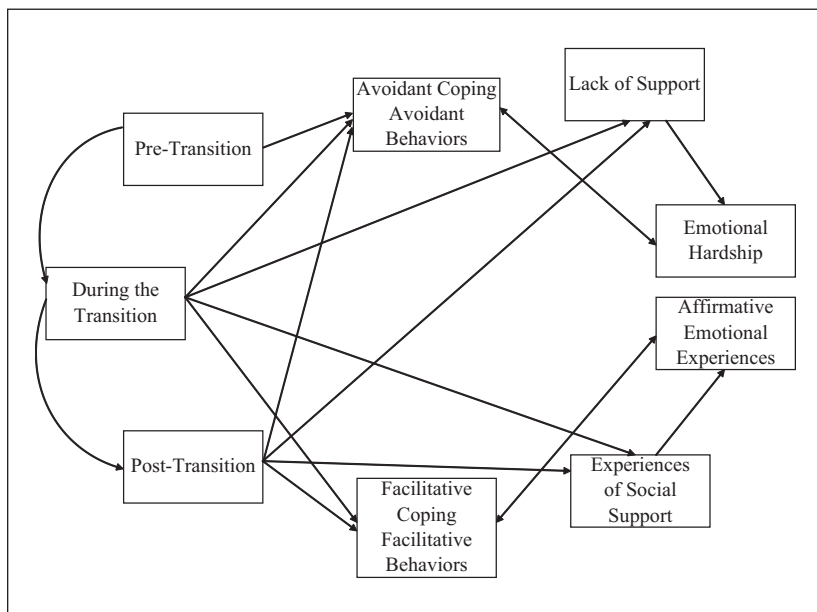


Figure 1. Model of Emotional and Coping Processes

emotional hardships and avoidant cognitions and behaviors were the most dominant.

Experiences of emotional hardship. When describing their pretransition emotions, there was a pervasive sense of devastation that participants felt regarding their transgender identity. There were three higher order categories within the theme of emotional hardship: specific negative emotions, lack of control, and hopeless future. Each participant indicated there were very specific emotional experiences tied to the beginning of their identity process. Participants described their emotions as follows: depression, suicidal ideation, misery, sadness, tearful, discomfort, self-doubt, insecurity, loss, loneliness, apprehension, pain, anxiety, trauma, confusion, humiliation, shame, guilt, disheartened, worthlessness, failure, exhaustion, frustration, anger, hurt, detachment, hopelessness, uncaring, fear, scared, terrified, and disgust. Rachel, a 52-year-old transsexual woman described her emotional state in the pretransition phase: “I was miserable with life in general and I couldn’t quite pinpoint why, but I knew I didn’t feel right about who I was.” Tina, a 47-year-old transsexual woman, echoed this experience: “As a guy, I was very emotionally detached, very emotionally flat. I pretty much kept to myself, didn’t

really have any friends for pretty much all of my life. . . . I was a pretty miserable man, I was very unhappy.”

Along with providing specific emotions experienced during the pretransition phase, the participants also described feeling a lack of control over the process. This sense of emotional lack of control made it difficult for participants to cope throughout their process. During this phase, participants felt it was inevitable that they would give into their desire to change their identity. Although coping was deemed a separate category within this phase, it was the inability to cope that led to feeling out of control. Alex (a 27-year-old gender-queer individual) described this experience:

[The gender confusion] made me really angry and just frustrated and scared, but what I was going through with this gender stuff, it was just like my life was falling apart and going out of control. . . . I felt like there had to be a logical explanation for what was going on, and so the challenging thing for me was with my gender and working with my gender identity was just having to let go with a logical structure and that was really hard.

Participants also described an overpowering sense of hopelessness about ever being able to identify as the gender they chose. This hopelessness typically centered on the prospect of a bleak future. The decision to transition was illustrated as a difficult choice for participants; they anticipated experiencing discrimination, intense rejection from loved ones, and loss of financial stability from potentially losing a job if they were to transition. On the other hand, if they did not transition, the future also looked bleak—because it meant living in a body that was incongruent with their emotional experience. Haley, a 49-year-old transsexual woman, described her experience of feeling as though her future was going to be full of loneliness unless she transitioned:

I was sitting at New Years Eve in 1998. . . . And I’m thinking, I’m sitting here watching it alone again for the eighteenth million time, and when was the last time I had a relationship going? . . . I thought, this is never going to change, and I looked down the tube the other way. And I’m going to be an old, alone, lonely old man. And unless you do something radical, I mean, when you have a history of doing something and you see a future of doing the same thing.

Avoidant cognitions—coping. The emotional experience described by all of the participants in the pretransition phase negatively affected their lives. As a result, avoidant coping mechanisms dominated this phase. Many of the avoidant coping mechanisms described by participants were cognitive in nature, such as the thought processes used to avoid the intense emotional hardship associated with exploring potentially adopting a transgender identity. In this theme, three higher order categories were described: denial of identity, suicidal ideation, and use of negative metaphors.

It was common for the participants in this study to describe a complete denial of their transgender identity. This was typically described as an unconscious effort to avoid what they feared most: having an identity that would not be accepted. Kate, a 46-year-old transsexual woman, stated, “The only way I could deal with everything was to shove it in that closet and close the door. By that I mean out of my conscious, it would be my subconscious, but I couldn’t even access anything.” Erin, a 46-year-old transsexual woman, indicated,

But I did . . . binge and purge, which was to buy clothes and dresses in private, in secret. “In the closet” so to speak. And then get disgusted and frustrated and go back into denial and get rid of everything and try to be what society said.

Nathan, a 41-year-old male cross-dresser, described suppressing his cross-dressing by focusing on the death of his grandparents rather than his gender identity. Finn, a 27-year-old transsexual man, described his experiences of suppressing his thoughts of transitioning from female to male:

In the back of my head I had these thoughts. Like, I just wish this or maybe if I was just a guy. I started thinking things that I never really, pushed in too much. . . . I didn’t want to deal with them. . . . I just kept trying to push it to the back of my mind.

Participants described using metaphors as coping mechanisms while they were in the pretransition phase. Each participant used specific, different metaphors, but their overall purpose was to avoid the transition process. Participants indicated this allowed them to continue thinking about their true gender identity without having to take action to change aspects of their pre-transition identity. For example, Alex stated,

I just figured I wasn't going to be around very long. . . . It was just something where I couldn't see where I could fit into this picture . . . to just have a complete lack of what life after 22 or 25 was going to be was really weird. It was just this black hole.

Finally, participants reported experiencing suicidal ideation in the pretransition phase. The descriptions provided by those participants who experienced suicidal ideation at this time mirrored a more intense feeling of hopelessness than was described when participants discussed their experiences of emotional hardship. Tina stated, "If I didn't transition I would be dead right now." Kate described her experiences before beginning her transition:

Everything was so painful. And so I don't know that there is any incident as far as that goes in particular there. It was just stuff that built up. As far as once that door was opened, there was many times after that where I was very suicidal.

Avoidant behaviors—coping. The participants in this study indicated that they used many different types of behaviors to cope with their emotional process. Similar to the avoidant cognitions theme previously discussed, coping behaviors were also typically avoidant. Three separate higher order categories emerged from this theme: hiding, substance use, and suicide attempts.

Hiding was described similarly to denial of identity, though hiding captured behavioral manifestations rather than a cognitive process. To alleviate the emotional pressure of suppressing one's gender identity, participants acted in ways that felt more congruent with their gender identity (e.g., dressing in clothing that was more socially aligned with their desired gender, binding breasts). However, the shame, fear, and worry about physical safety involved in this process led to hiding these behavioral manifestations of their gender identity from others as well as from themselves. Brittany, a 52-year-old transsexual woman, indicated,

I knew I liked to dress [in women's clothing] at home. I knew I felt that way and I would go out and sneak to get my sister's clothes that were lying around, you know for guys that's not cool to be doing this.

Using substances was described as a coping mechanism in this phase. Substance use was portrayed as a way to avoid the negative emotions that were tied to their gender identity. Rebecca, a 53 year-old transsexual woman, described her understanding of the underlying cause of her alcoholism:

I've been lately realizing how the gender thing, the transgendered thing, has been underlying some of that [alcoholism]. . . . I always felt askewed [*sic*], always underneath everything. . . . I just thought it's depression, it's the alcohol, it's the way I am, other people seem to be a lot happier than me, I don't understand it. So now, it will be what, two years that I've been full-time Rebecca, and now it's like, could have had a V8, it was gender all along.

The last category described by participants included suicide attempts. Those who attempted suicide prior to beginning their transition described these attempts as being due to unknown feelings of isolation and feeling that there was something inherently "wrong" with them that would not go away. Gina, a 67-year-old transsexual woman, stated,

I actually shot myself one time, when I was 17 years old, so that was not too good a time. Did I shoot myself to kill myself? No, I don't think so. If I was going to shoot myself to kill myself, I would have shot myself in the head instead of in the stomach, but it still was a cry for help, it was a cry for help.

During the Transition

This phase was marked by the participants' coming out as transgender to themselves and others and beginning to live as their desired gender. In this phase, emotional experiences and coping mechanisms were described as a mix of both affirming and difficult experiences. Although only two themes were present in the pretransition phase (avoidant coping and emotional hardship), all five themes (e.g., coping mechanisms, emotional hardship, lack of support, experiences of social support, and affirmative emotional experiences) emerged in this phase. Even though affirmative emotions and facilitative coping mechanisms emerged in this phase, emotional hardship continued to be the most dominant theme.

Experiences of emotional hardship. Three emotional hardship categories (e.g., specific negative emotions, lack of control, and hopeless future) that were present in the pretransition phase were also present in the transition phase. However, during the transition, these emotions were experienced differently. For example, because this specific phase marks when participants begin coming out to others and making extensive gender changes (e.g., wearing different clothing in public, changing their names, taking hormones), emotional hardship was tied to the concern that they would not be supported

by others, or their actual experiences of not receiving support from loved ones and friends or at work (see Figure 1). Although lack of support is directly related to emotional hardship, the two themes are conceptually separate. In describing both the pretransition and transition phases, participants tended to discuss specific emotions, although emotions identified in the latter phase were more negative in nature.

In the pretransition phase, the lack of control previously described referred to a sense of the inevitability of transitioning. However, lack of control during the transition was described differently. In this phase, participants described their sense of lack of control as being related to how others would interact with them after beginning to transition. Whereas in the previous phase participants discussed their feelings of lack of control regarding what would happen once they began their transition, in this phase participants related their feelings of lack of control to actually experiencing rejection and discrimination. This felt sense of lack of control is indicative of how strongly contextual factors, such as interactions with others, can affect emotional hardship for transgender individuals.

Just as with lack of control, hopeless future also took on a different tone during the transition. Prior to beginning their transition, participants described feeling hopeless both about how they would be treated after beginning to transition and about feeling that it would be impossible to transition. In this phase, participants described a sense of hopelessness related to others' negative reactions; participants described feeling as though their fears had been confirmed, that they would not receive social support from many of their loved ones. Julie, a 46-year-old transsexual woman, described her feelings that her future was hopeless, which also manifested as suicidal ideation:

I was in this thin-walled apartment, free to do what I wanted and my transition was just then beginning, but the dysphoria was horrible. I would sit up until three or four in the morning or wake up and drink endless cups of coffee and chain-smoke and think about killing myself and the suicidal thoughts would come to me at rapid fire: Bang! Bang! Bang! Like fifty times a day or more. Kill yourself! Kill yourself! Kill yourself! And I was unhappy that people weren't happy for me and I saw a future again of a sequence of small apartments, with nobody there for you. Just until you die.

While the above three higher order categories were present in the pretransition phase, there were three additional categories that arose during the transition: worst time emotionally, negative feelings toward assigned sex, and

suffering loss. The first category arose from the interview protocol, where we specifically asked participants to describe their worst time emotionally. Participants in the study described their most difficult emotional time as being during the transition. These experiences ranged based on the context; for example, experiencing sexual assault or feeling the need to detransition because of an inability to gain employment. Mark, a 44-year-old transsexual man, indicated,

I will tell you the one time that I was at my worst emotionally had to do with being trans. . . . I had an injury at home falling off of the ladder. . . . So I managed to finally flip myself over so I could get my cell phone out of my pocket so I could call 911 so they could get the ambulance there and they finally showed up. . . . At the time my license said that I was male and I looked male and everything attached looked male, but they kept on referring to me as “she.” And I was like, “Hello! I am the person laying down here in pain, how about listening to what I’m telling you?” That was the first time I really felt like a nonperson. Period.

Erin explained her worst time emotionally:

The worst part. Um, that would be the first time that I tried to transition. . . . I was attacked and sexually assaulted by these guys. . . . Manic depression, suicide attempts, it was my fault. I caused it. . . . It was a living hell. To hear a male voice and I’d literally cringe in absolute terror. To be startled by somebody and find yourself curled up in a corner in tears, to be afraid for your life everyday. To be, to feel so empty you didn’t care to live.

Avoidant cognitions—coping. Five categories were described as cognitive avoidant coping mechanisms during the transition: gender dissonance, negative metaphors, deal with it, loss of ability to cope, and suicidal ideation. Although none of the participants used the specific phrase “gender dissonance” when describing this coping mechanism, we deemed this description most fitting for the explanation given by the participants. What we have thus labeled seemed to occur when participants described their transition process as splitting themselves in two: a male self and a female self. Participants made sense of this splitting by thinking of their old male or female persona as fighting with their new gender persona; these personas were described as yelling and screaming, similar to how individuals who experience negative

self-talk may describe nonpsychotic voices. Participants indicated that they tried to ignore this internal struggle, though it proved to be difficult for each individual who described experiencing this phenomenon. Julie described her experience:

I called myself a creature. And I would say “don’t call yourself a creature,” but then I would say, “I am a creature,” because at the time, my personality was still very male and all of my memories were male, and I’d grown up socializing very much male . . . when I turned into this strange looking, strange walking and talking, strangely dressed man. . . . Each time my left brain would interject, I would back off. I would say “this is too good to be true, it’s too good to be true you. I’m unworthy. You’re too darn male” and all these other things.

An additional cognition that was described in this phase was the use of metaphors, which were used to indicate the emotional difficulty associated with beginning to transition. Haley used metaphors throughout her entire interview. Regarding this particular part of her transition she indicated,

I got very suicidal for a while. . . . I was a poorly glued together piece of sculpture that was walking around from day to day, picking up the loose pieces when I met Finn and the fact that, somebody would want to hang out with me at that point was kind of like, “Why would you ever hang out with me?” And, [he] helped glue me back a whole lot better.

Participants also discussed the category we called “deal with it,” in which they felt as though they had to put up with the process. Although this also involved some reframing of their emotions, it appears that participants’ dealing with it meant they felt they had to experience the negative aspects of the process. Amy, a 46-year-old transsexual woman, stated,

When you’re trans person and you’ve had to make the decision to transition, you have to give up everything you own and your whole world collapses you can really get used to the pain. It’s something that’s always there, you know, it’s always there. It’s something that you have to function through, I deal with it every day.

As evidenced in several of the quotes in this section, suicidal ideation was very present in this phase and was noted more frequently than in the

pretransition phase (e.g., over half of the participants described ideation, including plan and intent). In the pretransition phase, a quarter of the participants described their ideation as either being unaware of why they felt suicidal or feeling that the ideation might have been a “nagging” feeling. However, in this phase, participants who described suicidal ideation indicated that it was directly tied to the beginning of their transition process. Brittany indicated that her ideation began when others began distancing themselves from her:

I’d come out and being open as a cross-dresser with my friends. I just separated with my wife, and all my friends started pulling away. I would call them and they wouldn’t answer and things were getting hectic at work, I just realized how rough it was going to be and it just all started hitting me at once and that was the point where . . . I was ready to end [my life].

Avoidant behaviors—coping. Just as in the pretransition phase, participants described continuing to use substances, and some reported having attempted suicide to cope during the transition. In addition, they described getting away as a behavioral coping mechanism. In the pretransition phase, more individuals used substances (one third of the participants) than attempted suicide (one quarter of the participants). In this phase, one third of the participants described attempting suicide, and one quarter of the participants described using substances. This is an interesting finding; based on the data collected in this study, it can be inferred that participants engaged in substance use to more passively avoid identifying as transgender. However, suicide attempts (regardless of the individual’s true intended outcome of that attempt) are indicative of a more aggressive and permanent form of avoidance. While in the pretransition phase, participants worried about how others would react to their transition. In contrast, when beginning the transition phase, participants were faced with having to confront their fears. However, participants felt this confrontation was too much to bear and thus avoided it by using substances or attempting suicide. Rachel indicated that her suicide attempt was a way to eliminate the male part of herself:

I was getting pretty down and the low point of it all was three years ago in August and I tried committing suicide; fortunately, I didn’t succeed. Actually, that was a turning point and was symbolic because I killed off that other guy.

She described feeling miserable as a man and worried she would be seen as a "circus freak." For Rachel, this was a symbolic turning point for her, as she was able to evaluate her life and see that she could live as a woman.

Participants also described the concept of wanting to get away as a way to avoid their emotions and/or relationships with others. For example, Kate described dealing with her family by moving away, and Robin (a 20-year-old genderqueer individual) reported going on an abrupt trip to Europe for the summer to avoid thinking about gender identity and the reactions of others to the gender transition.

Lack of support. During the transition, participants began to speak about the type of support they had received after coming out to others. In the previous phase, participants described feeling worried about how others would react to their identity, but in this phase they spoke about specific experiences of support. In this phase, participants continued to describe emotional hardship as being at the forefront of their emotional process, due in large part to the lack of support participants described in every realm in their lives. One type of support that was lacking was from romantic partners. Julie described coming out to her spouse:

Two months after my epiphany [of being a transsexual], my wife had thrown me out of my house, my own house, and I was living in an apartment but still going to work and trying to keep the secret that can't be kept. . . . And I'm very, very sad at the pain that I have caused my spouse. We were supposed to go hand in hand to the grave. We had a good marriage. She got hit by the cosmic two-by-four. I guess I'm the one who did that. I didn't mean to. I was naïve enough to believe that because she loved me, she would be supportive.

Participants also described how their family members (e.g., parents, siblings, and children) had difficulty providing them with support. Jody, a 44-year-old transsexual woman, described her experience of her sister's telling her parents that Jody was transsexual:

Being outed to my parents was not easy. They were, they had a really rough time with it. They're very devout Catholics. I should say not very devout Catholics, but devout Catholics. And they gave me, they sent me e-mail after e-mail for awhile, trying to discourage me from going out in public dressed, that kind of stuff. And Mom [brought up] Matthew Shepherd, laying on a fence to die, stuff like that.

Rebecca described her estrangement from her children, and that as a person who is visually transgender, this may have affected the type of support she received from family members:

My kids are estranged from me and that hurts, and this time of year [around Thanksgiving and the winter holidays], of course, it hurts more, but I have to let them deal with this on their own terms, I think. The really hard part about all this unfortunately somebody gets hurt. . . . But this [transsexual identity] has a visual component to it . . . and there's no way you can't do it, girls like I do or guys like me, I assume, without hurting, and it's the family that get it.

Affirmative emotional experiences. Until this point, the descriptions participants used to recount their emotional and coping experiences have been dominated by themes of emotional hardship. However, categories that formed affirmative emotional experiences also began to arise during the transition. Although participants tended to express negative emotions as well as describe these emotions in great detail, the majority (three quarters) of the participants also described themselves as “happy” or “joyful” in this phase. Carla, a 44-year-old transsexual woman, indicated that she felt happy she did not need to hide her true self:

It's not like a one instance type thing, it's like for that, in that one moment in time, because you know you've been out and it's like people are just accepting you as your true self [unclear] as a woman. And you don't have any of the strife or the kind of [unclear], and you're like, this is cool, and you're pretty happy with yourself. I think you're happier just being true to yourself you know. Living charades is the hard part.

In addition to the listing of affirmative emotions, participants connected taking hormones with experiencing affirmative emotions. All but two of the participants elected to take hormones; Finn was planning on beginning testosterone sometime in the near future at the time of his interview, and Robin was unsure about beginning to take testosterone. Tina indicated the difference she saw after beginning hormones:

Well it would be within the last year, without a doubt. And just part of in general the past year that I've been on hormones when I've been at

my best emotionally. Learning how to cope with them. . . . We hired a woman [at work], and we have really connected, you know she totally accepts me as a woman, she accepts me as her girlfriend and we just have this really, you know we can share, we can bare our souls to each other. So that emotional honesty I find so wonderful. And being able to be open with people emotionally is still something that I marvel at. It's still something that is new to me.

Facilitative cognitions—coping. Participants described relying on specific coping mechanisms that facilitated greater well-being during transitioning. During this phase, participants described feelings of affirmative emotions, which in turn led to an increased use of facilitative coping mechanisms. In addition, this relationship appears to be bidirectional; facilitative coping mechanisms also appeared to impact feeling affirmative emotions. Participants described four facilitative cognitions as coping mechanisms: self-sufficiency, use of metaphors, responsibility to others, and spirituality. Participants who described self-sufficiency indicated that it was helpful for them to know that they could follow through with their transition process; they had the self-efficacy to do it on their own. It was common for participants in the pretransition phase to feel as though transitioning would be an impossible task; however, at this phase, participants indicated a sense of self-sufficiency such that they felt they could transition.

Participants also described metaphors that helped them make sense of their transition process. For example, Nathan described being able to identify as a cross-dresser as a big “weight” off of his shoulders. Participants indicated that the pretransition phase was like holding a beach ball under water and letting it rise to the surface; in other words, feeling the pressure of pretending to be someone they were not and allowing that pressure to diminish. Nina, a 62-year-old transsexual woman, indicated that, while presenting as her male self, it was like wearing a mask:

I feel much more happy and myself when I'm presenting as female than when I'm presenting as male. I've come to realize that the male has been a mask for me for my whole life, and so I'm enjoying removing the mask now and then, and feeling kind of home.

Participants also described that having a responsibility to others helped them cope with difficult times, especially when experiencing suicidality. Haley provided the following way she coped: “Account for a family that

would miss you. That gets you through the hard times too . . . because that would hurt and destroy another person.”

Spirituality was also described as an important coping mechanism for participants. Although some religions were depicted as being not accepting of transgender individuals, for the most part it was helpful for participants who engaged in spirituality to understand that a higher power was leading them through the process and that there was an explanation for their transgender identity. Rebecca described her spiritual experience as follows:

There’s a very close connection between an exponential explosion of my spiritual life and living full-time. I used to think I needed to try and figure it out, but now I just go with it more and more . . . there’s some connection with finding out who I really was, what my true gender is and pursuing that, and opening spiritual doors that were still closed. . . . [My previous spirituality] was wonderful, great, good, felt like it was moving in the right direction, but basically, compared to what it is today, it’s like I didn’t know a human being could be this joyful.

Facilitative behaviors—coping. In addition to facilitative cognitions, participants described facilitative behaviors that helped them cope during their transition. Five separate categories emerged within this theme: seeking social support, seeking professional support, acting “as if,” engaging in hobbies, and using humor. One of the behaviors that the participants described as being particularly facilitative in helping them cope with their transition was seeking out social support and finding resources. Robin stated,

The first thing that comes to mind is when I . . . first came up here and saw the incredibly gender diverse community and really started reading a lot of stuff and understanding that there’s scholarly work on what I’ve been going through and it’s just, it’s far more established than I thought it would be and it was just like, it’s been really good to find the education that I haven’t been able to.

An additional facilitative coping behavior expressed by participants was seeking professional treatment for different aspects of their transition. Seeing a therapist was one type of treatment participants used to help cope with the emotional hardship that emerged throughout the process. Therapists were noted as being instrumental in this phase, though participants also reflected on the difficulties of finding a therapist with whom they wanted to work. This

process was more challenging than it might be for nontransgender persons because of the limited number of therapists with expertise in transgender issues. Participants also described seeking medical treatment, such as hormones or surgery, to cope with the process of transitioning. Brittany indicated,

After I started going to counseling at (name of clinic), they started the first gender group. . . . I did a search on the Internet for transgender issues because originally I wasn't going there to help me cope with being transgendered, I just thought I was a cross-dresser, and that's not transgender is it [sarcastic tone]? So you don't know anything, right? . . . I knew that if I went to a counselor, I wanted to go to someone that was aware of gender issues.

An additional category described by participants was acting "as if." This category was given this title based on a cognitive therapy strategy (Beck, Rush, Shaw, & Emery, 1987). Participants indicated that they would act confident or pretend to be in a certain state of mind to overcome insecurities or worries about how they would be perceived. For example, Tina described her experiences of acting "as if" by stating, "There are days when I just don't feel like I look good, but I have to put on a confident face regardless and get out into the world. I can't just hide, which can be stressful."

Participants also described several other coping mechanisms, such as engaging in hobbies and using humor. Finn said that engaging in hobbies and activities were particularly helpful for him: "Singing in the choir helps, even though I don't think I'm the greatest singer . . . just doing it helps." Gina described a similar sentiment:

I try to channel my drive into different things, whether it was into my home, business, or farm . . . knowing that I wasn't going to get rid of it, because it was a habit of a lifetime, so I tried to channel it into being constructive.

Gina, along with other participants, also described her use of humor and laughter as a way to channel her emotional process.

Experiences of social support. Although emotional hardship and lack of support were prominent during the transition, participants also described experiences of social support and stated that these experiences were powerful. Even though negative reactions and overall lack of support were greater in this phase, the social support that participants described experiencing appeared to affect the participants greatly. For example, participants described their

supportive partners as having facilitated greater well-being and a more positive experience in their transition. Gina described her partner in the following way:

And [my partner] was truly a very, one of my best supporters. She said, "I fell in love with you for your tenderness, your compassion, and your sensitivity." She stood by me, even knowing that there was a possibility she might lose me. And also, I knew if I continued with the transition, that there was also a possibility that I could lose her in the end. Because, when I stopped to think about it, how would I feel if [she] came to me and says, I want to be a man? That'd be a hard one to swallow.

Beyond partners, participants also described the support from their transgender community as invaluable. Even in instances where every other person from participants' previous support networks had stopped supporting them, participants indicated that having the support of other transgender individuals made a difference in their emotional experiences. Most notably, it was typically other transgender individuals who helped when the participants were feeling suicidal or seriously planning a suicide attempt. Robin described the experience of moving to a new city from a city where community was less visible:

I feel a lot of it is having, like feeling like you're part of a community which you don't find at [name of city]. I think it's something I've definitely been looking forward to, entering somewhere that, just like the idea of having other genderqueer people around who are open, willing to talk about it, is just a really positive thing.

Posttransition Phase

The posttransition phase was marked by participants' describing a sense of comfort with their transgender identity. Although a conventional understanding of transitioning typically describes postoperative transsexuals as being fully transitioned, we conceptualized posttransitioning as an internal comfort with the participant's identity and emotional process. All but two participants (e.g., Nina and Finn) described being in the posttransition phase. The posttransition phase included all five themes (e.g., coping mechanisms, emotional hardship, lack of support, experiences of social support, and affirmative emotional experiences) that were present during the transition. However, there was a major emotional shift from the previous phase to the posttransition

phase—affirmative emotional experiences were more overarching (e.g., five categories), and negative emotional experiences were not as prominent (e.g., two categories). In fact, the avoidant coping mechanisms that were described in the previous two phases were rarely, if ever, present when participants discussed their coping in this final phase.

Affirmative emotional experiences. Participants in this study were far along in their transition and felt a sense of comfort with their transgender identity. Participants continued to describe specific affirmative emotions, and more than one third of participants linked their hormone use to these positive emotions. Most prominent in this theme was the participants' description of their best time emotionally. Participants indicated that their best time emotionally was where they currently were in life. They also described an overwhelming sense of peace and contentment with their transition process as well as their decision to change aspects of their gender. When asked about her best emotional time, Kate indicated,

Ironically, that has been the last two years. Even though I had those moments that were bad. . . . Everybody, they always say I glow, I shine. And yeah, basically the same, mostly in the last year, it's the happiest I've ever been now. It's just a matter of keep moving forward and hopefully things will keep getting better.

In addition to their best time emotionally, participants also described hope for their future and their feelings that their transition was worth it. When participants described their hopes for the future, they indicated that they were feeling excited about what lay ahead; they did not describe the type of hopelessness that was more typically present in the pretransition and transition phases. Also, participants described feeling that their transition process was worth the emotional pain they had experienced. For example, Haley stated, "It was an ugly path to get there, but it's well worth the cuts on my feet."

Facilitative cognitions—coping. Although several types of coping mechanisms in this final phase of the transition were described in the previous phase (e.g., spirituality), most of the coping mechanisms described in this phase were different from those of previous phases. The 12 categories that were present in this phase were spirituality, positive reframing, hindsight, luck, adjustment, responsibility to others, transition changes life outlook, transition changes perception of self, being true to oneself, letting go, acting "as if," and the importance of support. One of the most common categories in this theme was positive reframing. Rachel positively reframed her situation

by stating the following: "In a way, I'm glad I went through it because I can use it as a source of strength." Although Julie was currently experiencing depression and hopelessness at the time of the interview, it appeared that she used positive reframing to cope with transitioning:

And the future doesn't actually look very good. I do have my job, I've got more or less my health. . . . I've got the important things. When I look around me and I see people who have real problems than I shut up, you know, I'm not blind, I'm not paralyzed. I don't have multiple sclerosis or something, you know. I'm just a transsexual. I have my life and my emotions and my intelligence and my job and mobility, and I'm okay, mostly. I'm not happy.

An additional category was hindsight, in which participants described the importance of looking back on their experiences to understand what their process had been and how they were able to make meaning from it. Carla coped by looking back and realizing that her depression was based on her lack of understanding her gender identity: "Prior to that [taking hormones] I was on anti-depressants for like ten years, and just struggling with depression. Which now I can look back and say it was probably because my gender dysphoria."

Participants also reported feeling lucky. Alex stated that the use of hormones helped:

I really didn't expect to survive . . . some things don't have a place in the world, and exactly how hormones worked and made me feel this way, I don't know, I feel really lucky in that regard, but I feel really angry about how this problem is discussed with a lot of people.

Kate indicated,

I was rather lucky in a lot of respects. In two years, everything has changed for me and I have been able to easily transition. I know a lot of gals out there and guys, who have had tremendous problems.

Another way in which participants made sense of their transition process was by acknowledging their adjustment to the experiences of transitioning. Julie described her process of getting used to what it felt like to be a woman in public and that it took some time to adjust to the process:

The simple answer to transitioning is that it's the scariest, most difficult thing you're ever going to do, and that's going to go on for a while. And little by little, you find out you can still go to the grocery store, and you still do practically everything you wanted to before. And you get used to the guffaws and hard looks. And then after a while as you get better, more accomplished, that starts to fade away too.

Participants described several other categories, such as transition changes life outlook, transition changes perception of self, being true to oneself, and letting go. Julie reported that her life outlook and perception of self had changed by feeling that she was no longer such a "strange creature" and that others may not perceive her that way as well. Amy indicated that it was her "destiny" to be transgender and that transitioning has confirmed that she is being true to who she is. Regarding letting go, Alex indicated, "I just have this feeling you have to kind of let go and see what happens and that its out of my hands, in so far as things *are* happening."

Finally, participants described the importance of support as being particularly facilitative in this last phase of their transition process. While participants described specific types of support that we subsumed into higher order categories (such as lack of support or positive social support), this particular category pointed to the importance of that support in helping them cope with the process of transitioning.

Facilitative behaviors—*cop*ing. All of the facilitative behaviors that helped the participants cope with the last phase of the transition process focused on other individuals. The following facilitative behaviors were described by the participants: activism, educating others, helping others, seeking out social support, engaging in hobbies, seeking professional support, and using humor. Activism was described as the importance of giving back to the transgender community by participating in political activities that would positively affect other transgender individuals' lives.

Experiences of educating others were meaningful; if participants could describe their process to others, it served not only to benefit the participant but also to potentially benefit other transgender individuals as well. Helping others also appeared often as a category from participants in the posttransition phase. Participants discussed being helped by other transgender individuals when they were in the pretransition and during-the-transition phases; being someone who could help others within the transgender community provided a sense of pride, meaning, and having overcome obstacles. In addition to educating and being helped by others, participants also reported that engaging in hobbies, seeking professional support, and using humor were helpful

coping processes. These behaviors were similar to those used in the transition phase.

Finally, participants described seeking social support in this phase. Although seeking social support occurred often within the during the transition phase, in the posttransition phase it was described more as a desire to maintain social connections and feel more comfortable with seeking out social support, having been a learned skill described in the during the transition phase.

Experiences of emotional hardship. Descriptions of negative emotional experiences were less apparent when participants were in the posttransition phase. This theme was not absent, though affirmative emotional experiences were more pervasive in this theme than were negative emotional experiences. Participants continued to describe specific negative emotions, but these descriptions happened less often than in previous phases. Additionally, participants indicated continued hopelessness but they also described experiencing more affirmative emotions in the posttransition phase than in the previous two phases. Julie stated,

My emotions, I am discouraged that I'm stuck. I am discouraged that I'm still too damn male. I'm discouraged about the physical hurdles, drawbacks, impossibilities that will ever keep me from being accepted. I often have weak thoughts of suicide, but never do I really pursue them. I privately think that all transsexuals might kill themselves and some do. But I'm not there at least not yet. . . . When I look with a more realistic eye toward the future it's not so good.

Transgender Emotional Process Model

Based on the overall themes that emerged from the data, we created a model (see Figure 1). This model is based on rites of passage models in which a person changes a fundamental status or basic role (van Gennep, 1960). Previous rites of passage models have focused on transitioning from child to adult or from single to partnered; our model focuses on the transition from one gender to a different gender identity. The model depicts the pretransition phase, during which participants either suppressed or denied their transgender identity and experienced a great deal of emotional hardship. Based on this emotional hardship, participants typically used avoidant coping mechanisms in both thinking about and acting on their identities.

In the transition phase, participants had begun their transition and had come out to others, thus continuing to experience emotional difficulty based on their perceptions of a lack of support from family, friends, and significant

others. In this phase, participants described using avoidant coping mechanisms with increased experiences of emotional hardship. However, participants also described feeling affirmative emotions linked both to having social support and to using facilitative coping mechanisms.

As participants moved into the posttransition phase, they indicated that making it through the process was the most positive and rewarding experience they had ever had; therefore, they continued to use the facilitative coping mechanisms they had learned throughout their transition process. Participants continued to experience emotional hardship, though these experiences tended to be less prevalent in this last phase of their transition. Having more social support continued to be likened to experiencing more affirmative emotions, whereas feelings of a lack of support were connected to continued emotional hardship.

Discussion

The purpose of this study was to understand the emotional and coping processes of transgender individuals as they transition. Participants' stories were compelling, informative, and unique in their own ways, though several points of discussion are indicative of the impact of the gender transition on transgender individuals' emotional processes. One finding from this article is the degree of positivity participants described as a result of their transition process. Every participant in this sample indicated that they could not imagine their lives being any other way and that living as their "true selves" was worth all the emotional hardship endured throughout the process. This is an important finding, given that recent popular culture has focused on the phenomenon of "transgender regret" (see *USA Today* article by Friess, 2009). Although the media has focused on the idea that individuals who begin transitioning may eventually regret this decision, this was far from true in this study. In fact, participants indicated that their best time emotionally at any point in their lives pertained to their gender transition and the opportunity to be honest about who they are. Although this is the first qualitative study of its kind to ask transgender-identified individuals about their emotional and coping processes, several other studies have found that transsexual individuals do not regret their sexual reassignment surgery (e.g., Cohen-Kettenis & van Goozen, 1997; Imbimbo et al., 2009; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005). This finding sheds light on the importance of facilitating individuals' gender transition process so as to decrease the emotional hardship of staying in the closet regarding their

transgender identity. Several other studies have found similar phenomena with gay, lesbian, and bisexual individuals when they have come out (e.g., Moradi et al., 2010; Morris, Waldo, & Rothblum, 2001). Whereas gender transition is different from coming out as an LGB person, the concept of needing to hide one's identity due to fear of rejection or discrimination is similar.

Beyond the finding that the participants described an overarching feeling of happiness and comfort with their gender identities, this study indicates that social support plays a central role in the emotional experiences of transgender individuals. It is not a new finding that social support can serve as a buffer to mental health issues within the general population (Cohen & Wills, 1985) and within the LGB population (Friedman, Koeske, Silvestre, Korr, & Sites, 2006; Lackner et al., 1993; Wright & Perry, 2006), but prior to this study, the process of how transgender individuals experience, perceive, and use social support was unclear. In this study, the participants specifically discussed their emotional hardships as being directly linked to experiences of rejection and to a lack of social support, which in turn led participants to use avoidant coping mechanisms. The opposite was true for individuals who experienced social support; they described experiencing more affirmative emotional experiences and also used more facilitative coping mechanisms. The results also indicate that the more social support was experienced during the transition, the more able participants were to find social support and a sense of community posttransition. These are important findings because social support affects mental health (Cohen & Wills, 1998)—but prior to this study, research had not demonstrated how this happens.

When we as psychologists know more about the process of social support for transgender individuals, we also have more information about the types of behavioral and cognitive coping mechanisms used throughout the transition process. Sanchez and Vilain (2009) studied the impact of collective self-esteem as a coping mechanism for transsexual individuals experiencing psychological distress. They found that the more positively MTF transsexual individuals felt about their community, the less psychological distress participants experienced. These findings are similar to those of Sanchez and Vilain in that they indicate that social support and community do seem to buffer emotional hardships; this study also examined the coping experiences of other transgender individuals, and several facilitative and avoidant coping mechanisms emerged from the data. These are important findings, as this builds upon our understanding of how collective self-esteem can be an essential coping mechanism, though we now also know that facilitative coping

mechanisms (such as being an activist, educating others, using hindsight, self-sufficiency, spirituality, and seeking out social support) help transgender individuals make meaning of their emotional experiences.

It is critical to note the positive outcomes participants described in relation to their transition, such as the use of facilitative coping methods and the buffering effect of social support. However, descriptions of emotional hardships cannot be ignored. By outlining the positive experiences that arose for participants, we have endeavored to provide hope for transgender individuals and therapists that the transition process can be worthwhile. However, we believe that misrepresenting the experiences participants faced would be an injustice because this study clearly indicates that transitioning is a difficult and emotionally harrowing process. Participants described experiencing suicidal ideation and attempting suicide as well as feelings of hopelessness, rejection, loss, fear, depression, and anxiety. Critics of the dominant gender discourse indicate that it is rife with painting a picture that transgender individuals must experience a life full of suffering and pain (e.g., Detloff, 2006). Our hesitation in describing the actual experiences of the participants in this study lies in not wanting to perpetuate this stereotype. To be true to the data and to provide a holistic picture of participants' experiences, we report and describe participants' emotional hardship. However, it has not escaped us that data regarding emotional hardship could be used to further pathologize transgender individuals. Detloff (2006) argued that this dominant discourse indicates that there is a *de facto* rite of passage that negativity and distress are central to the transgender experience. The results of this study elucidate the prevalence of transgender individuals' emotional hardships, though the data indicate these emotions are not inherent in a transgender identity and are instead framed by contextual factors (e.g., experiencing rejection and discrimination.)

It is important to note how the current model contributes to the literature. Previous studies have discussed transition and/or identity processes (e.g., Devor, 2004; Gagne et al., 1997; Mason-Schrock, 1996) for transsexual (mostly MTF) individuals. The model presented in this article is different from any model in the current literature in several ways. First, the model embodies a rites-of-passage (van Gennep, 1960) explanation of what occurs for individuals who stand against traditional gender norms. This is the first model regarding transgender identity and transitioning that has taken this framework into account. van Gennep contends that a rite of passage is a cultural form of acknowledging a shifting of status, social position, or space that results in a transition from one state to another. He indicates that there are

three major stages to a rite of passage: (a) separation of the individual from their previous social state, (b) a period of transition in which the person is not in one state or another, and (c) a reintegration phase in which the individual is absorbed into a new state through various rites of incorporation. Typical rites of passage in the literature include transitions into puberty, adulthood, childbirth, and death. Although these situations are common within general society, often the transitions can be marked by sacredness, taboo, or stigma, mainly because of being in a state that escapes a binary (for example, going from childless to being a parent). A mark of a rite-of-passage model is the celebratory nature of transitioning from one phase to another; we believe this is one of the major contributions of the findings of this study and for this model. Participants celebrate their identities as they move along in their transition, despite the emotional hardship involved throughout the process.

In addition, the previous literature on transsexual identity development has focused exclusively on individuals who identify within the gender binary, whereas this model is inclusive of several different gender identities. Framing the results from this study as a rite of passage for many different persons identifying with other transgender identities can help therapists and transgender individuals to understand the in-depth nature of how emotional and coping processes change based on where the individual is within the transition. For example, therapists who recognize their clients to be at a pretransition phase of their transgender identity development may spend more time with their clients on internal identity processes as well as the specific emotions linked to coming to terms with a marginalized identity. Therapists who see clients during their transition phase may spend more time helping their clients cope with how people are reacting to their identities.

Limitations and Future Research

We begin this section by addressing the issue of transferability. We do not see a limitation in the transferability of qualitative research, though we recognize it may be difficult to generalize the information presented in this article to all transgender individuals. Instead, we believe that the findings from the 18 individuals in this study can inform practitioners as to the experiences of other transgender clients. In addition, one purpose of grounded theory methodology is to help explain the processes of certain phenomena (Creswell, 2007). Although the findings in this study may not directly transfer to the general transgender population, we have presented the emotional and coping processes used by participants to inform theory regarding this population.

An additional limitation for this study is that though this sample was heterogeneous in regards to transgender identity (MTF transsexual, FTM transsexual, genderqueer, and cross-dresser individuals), it was fairly homogenous regarding race. It may be that specific processes happen differently for particular transgender identities, though we were more interested in understanding the overall process for individuals who self-identify as transgender. In addition, because the majority (13 of 18) of the participants identified as MTF transsexuals, the results may be more representative of their experiences than for those who identify as FTM, genderqueer, cross-dressers, or other gender identities. Future research should focus on interviewing more specific groups of transgender individuals to determine if processes are unique to each identity group. In addition, future research should address potential differences and similarities related to race and focus on conducting quantitative studies with subsets of transgender populations to determine if there are between-group differences in emotional and coping processes, particularly regarding the use of social support.

A limitation of this study centers on participant recruitment. All but three (Alex, Robin, and Erin) of the participants in this study were recruited from LGBT community centers. This may be a limitation for this study in that the individuals who participated most likely had a buffer from alienation. Also, many of the participants knew each other and discussed their narratives with each other at length during support group meetings. It is possible that common themes from the data in this study may have emerged as a result of participants' having already discussed their experiences with each other in support group settings. For example, Gina, Rebecca, and Nathan used the example that their transgender identity was like a "beach ball held under water." We believe this may have been a common metaphor used during their support group meetings. Also, two sets of the participants were involved in romantic relationships with each other (Finn and Haley; Brittany and Carla), which may have also affected how participants chose to participate in the study and the manner in which they discussed their emotional processes.

Finally, we understand the limitations of studying individuals who must identify themselves within a particular group. The individuals who participated in this study were all "out" as transgender. This study may have looked very different if we had participants who were in the pretransition phase describing what it felt like in the moment, though it would be difficult to recruit participants in this phase. However, it would contribute greatly to the literature to find individuals who are wrestling with their gender identity to better understand their fears and the processes in which they are engaging before transitioning. In addition, conducting intervention research at this phase to help individuals seek social support and use facilitative coping

mechanisms would shed light on appropriate ways to use mental health treatments with this population based on where they are in the process of transitioning.

Conclusion

It is imperative that counseling psychologists begin to understand emotional and coping processes for transgender individuals. Most mental health practitioners will see at least one transgender client or a family member of a transgender person during their career (Korell & Lorah, 2007). It is essential, then, for counselors to assess what phase their client is at in their transition process to determine what facilitative coping mechanisms could be used as well as ways to incorporate and encourage social support. We believe it is helpful for counselors to acknowledge the positive aspects of transitioning for transgender individuals. In this study, all of the participants indicated that they did not regret their transition process and that it was the best emotional decision they had made. However, all participants in this study also experienced emotional hardship and difficulty coping with the rejection they experienced as a result of transitioning. Finally, social support appeared to buffer the effects of emotional hardship and was seen as a way for participants to more effectively use facilitative coping mechanisms. As a result, counselors should see themselves as part of their transgender clients' social support system to better help them throughout their transition process. Beyond counselors' roles with transgender clients, policies and action must occur to impact a greater understanding of transgender individuals' experiences. Changes on both the micro- and macro-levels are essential for awareness to begin to change the discrimination and negative experiences that affect transgender individuals throughout their transition process.

Appendix

Interview Protocol

First, I'd like to ask you a few questions about your background and how you define yourself. You were selected to participate in this study because you identify as transgender. Can you tell me what being transgender means to you?

Can you tell me about your first realization of knowing you were really (a man, woman, genderqueer, etc.)?

(continued)

Appendix (continued)

Can you tell me about what your transition has been like? (Probes: How were you perceived? What was hormone therapy like? How old were you? What was the decision process about surgery like? What made you make the ultimate decision to come out?)

What are some of the emotions you have about being transgendered?

Now I'd like you to think about the time in your life when you felt like you were at your worst emotionally. What was going on during that time? (Probes: What was it like for you? How long?)

What helped you to cope with these negative feelings?

What was your social life like during that time (Probes: family support, friends, romantic relationships)?

Overall, can you tell me how your family support has been throughout your lifetime? (Probes: How much family support did you have when you were younger? When you were transitioning? Now?)

Now I'd like you to think about the time in your life when you felt like you were at your best emotionally. What was going on during that time?

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Adriana Rodriguez is currently an AmeriCorps fellow at the National Alliance on Mental Illness Greater Milwaukee. While as a counseling master's student at the University of Wisconsin-Madison, she was very invested in working with LGBT populations, specifically Latina women who identify as LGBT.