



ISSN: 1935-9705 (Print) 1935-9713 (Online) Journal homepage: <https://www.tandfonline.com/loi/wglm20>

Empowering transgender youths: Promoting resilience through a group training program

Anna Lisa Amodeo, Simona Picariello, Paolo Valerio & Cristiano Scandurra

To cite this article: Anna Lisa Amodeo, Simona Picariello, Paolo Valerio & Cristiano Scandurra (2018) Empowering transgender youths: Promoting resilience through a group training program, Journal of Gay & Lesbian Mental Health, 22:1, 3-19, DOI: [10.1080/19359705.2017.1361880](https://doi.org/10.1080/19359705.2017.1361880)

To link to this article: <https://doi.org/10.1080/19359705.2017.1361880>



Published online: 21 Sep 2017.



Submit your article to this journal



Article views: 669



View related articles



View Crossmark data



Citing articles: 11 View citing articles



Empowering transgender youths: Promoting resilience through a group training program

Anna Lisa Amodeo, PhD^a, Simona Picariello, PhD^b, Paolo Valerio, MD^c,
and Cristiano Scandurra, PhD 

^aDepartment of Humanistic Studies, University of Naples Federico II, Napoli, Italy; ^bSInAPSi Center, University of Naples Federico II, Napoli, Italy; ^cDepartment of Neurosciences and Reproductive and Odontostomatological Sciences, University of Naples Federico II, Napoli, Italy

ABSTRACT

This study presents a training program developed with eight transgender youths who experienced transphobic episodes. Two focus groups were conducted and the 14-Item Resilience Scale was administered to evaluate training effectiveness in improving resilience. The intervention followed an empowerment, peer-group-based methodology. Three themes were identified: identity affirmation, self-acceptance, and group as support. A three-waves repeated measures ANOVA confirmed an increase in resilience levels. Suggestions for clinical practice and social policies are discussed.

ARTICLE HISTORY

Received 28 February 2017
Revised 25 May 2017
Accepted 27 July 2017

KEYWORDS

Empowerment;
group-training program;
resilience; transgender

Transgender people are often stigmatized and harassed, becoming victims of oppression and abuse because of social transphobia (e.g., Bradford, Reisner, Honnold, & Xavier, 2013; Scandurra, Amodeo, Valerio, Bochicchio, & Frost, 2017). Anti-transgender stigma may have strong negative impact on the mental health of transgender people, increasing the possibility of developing a high prevalence of poor mental health outcomes, such as depression, anxiety, posttraumatic stress disorder, and suicidality (e.g., Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Clements-Nolle, Marx, & Katz, 2006; Shipherd, Maguen, Skidmore, & Abramovitz, 2011).

Several studies (e.g., Reisner et al., 2015) have demonstrated that the transgender population experiences serious health disparities compared to cisgender people, such as being more likely to plan and commit suicide, or to suffer from much higher social stressors. These outcomes support the importance of implementing intervention programs to reinforce strategies to face these disparities, such as resilience strategies. Indeed, transgender persons are required to develop considerable resilience for coping with oppression (Bariola, Lyons, Leonard, Pitts, Badcock,

CONTACT Cristiano Scandurra, PhD  cristiano.scandurra@unina.it  SInAPSi Center, University of Naples Federico II, Via Giulio Cesare Cortese 29, Napoli 80133, Italy.

© 2018 Taylor & Francis Group, LLC

& Couch, 2016; Meyer, 2015; Singh, Hays, & Watson, 2011; Singh, Meng, & Hansen, 2014).

To our knowledge, in Italy, studies addressing the specific issue of transgender oppression and coping have not yet been reported, with the exception of an essay by Amodeo, Picariello, Scandurra, and Valerio (2015), which theoretically illustrated the role of peer groups in promoting resilience. To this end, our contribution provides results from an intervention conducted in southern Italy, and specifically in Naples, as part of the European project “Empowering LGT young people against violence: A P2P (peer-to-peer) model.” This project was co-founded by the European Commission within the Daphne III Program under the identification JUST/2011-2012/DAP/AG.

The intervention, using an empowerment-based methodological approach, was aimed at improving resilience in a small group of young Italian transgender persons. Zimmerman (2000) defines empowerment as the creation of a climate commanding people, sustaining their growth, and developing their self-esteem and identity. In contrast, resilience is a more individual characteristic focused on adaptation to risk factors, and expressed by the capacity of bouncing back from adversity (Rainone et al., 2017; Zimmerman, 2013). Thus, an empowerment-based methodological approach involves the active participation in the intervention, using techniques aimed at empowering resources already available to the individual or to the community, but which need to be emphasized and put into practice to achieve change. This approach reveals itself to be extremely useful to disadvantaged groups, helping them to develop power, reduce health disparities, and thus to develop resilience (Wallerstein, 2002). Therefore, empowerment constituted our theoretical and methodological frame of reference, while resilience represented the focus of our intervention.

Socio-political condition lived by Italian transgender people

The only Italian law that regulates gender reassignment surgery (GRS) is Law 164, “Norms in subject of sex attribution rectification.” This law was passed in 1982 and had not been updated or revised until 2015, when the Supreme Court of Appeal sentence n. 15138 was finally passed. The latter declares that GRS is not obligatory in order to obtain a change in the legal gender status. No structural changes, however, have been made to Law n. 164, according to which, until very recently, Italian transgender people undergoing surgical intervention to adjust their body to their perceived gender had to abide to outdated constraints and conditions, making this law an example of structural stigma (Hatzenbuehler & Link, 2014).

The first condition is that these individuals could not change their name before GRS. Secondly, it was hard for them to maintain a previous heterosexual marriage after GRS, because, in Italy, same-sex marriage was not yet recognized. Italy recognized same-sex civil unions (law n. 76/2016) in June 2016. As this is a very recent development, we do not yet know what changes this will cause in the perception of transgender people living in Italy, as well as in the jurisprudence related to

the impossibility of maintaining a previous marriage. In any case, until now, we can affirm that these people have experienced great structural stigma. We believe that changes in stigma are slow and difficult, and that Italian institutions are still structurally prejudiced against transgender individuals.

These data highlight the extent to which transphobia is a social emergency in Italy and elsewhere, requiring the adoption of more supportive social policies aimed at significantly reducing risks derived from gender nonconformity and institutional bias (Amodeo, Vitelli, Scandurra, Picariello, & Valerio, 2015; Prunas, Clerici, Gentile, Muccino, Veneroni, & Zoia, 2015; Scandurra, Amodeo, Bochicchio, Valerio, and Frost, 2017; Scandurra, Braucci, Bochicchio, Valerio, & Amodeo, *in press*; Scandurra, Mezza, Bochicchio, Valerio, & Amodeo, 2017; Scandurra, Picariello, Valerio, Amodeo, 2017).

Resilience strategies and peer group in transgender population

Transgender people may experience high levels of social stigma and violence against which they can develop functional psychological strategies to counter the negative effects of transgender oppression (e.g., Breslow, Brewster, Velez, Wong, Geiger, & Soderstrom, 2015; Zeeman, Aranda, Sherriff, & Cocking, 2017). Along with these, adaptive strategies have been studied in lesbian, gay, and bisexual (LGB) people through the minority stress model (e.g., Meyer, 2003). Resilience is one of the personal adaptive strategies that people may use to moderate the effects of stress and to promote social adjustment, eliciting an individual's inner resources (Harvey, 2007). It can also be seen as the individual's ability to negotiate with the social context, to generate access to necessary resources, and to overcome difficulties (Luthar, Cicchetti, & Becker, 2000). Empirical evidence exists that this is also true for transgender people. Indeed, some authors (Singh et al., 2011, 2014; Testa, Jimenez, & Rankin, 2014) reported that a bond with transgender peer groups can play a fundamental role in establishing positive identity, and in improving resilience strategies. For instance, Singh and colleagues (2011) explored resilience strategies in transgender persons in a qualitative study, finding that resilience involves both individual traits and social characteristics. Among these, they pinpointed the connectedness to transgender communities, which seems to be effective in reducing negative outcomes of societal and internalized transphobia. Furthermore, they also highlighted that empowerment programs conducted with an affirmative approach by health professionals can help transgender people to develop and/or to improve functional resilience strategies.

The current study

The current study presents a training program developed in southern Italy, specifically in the city of Naples, with a small group of Italian transgender youths who had experienced episodes of transgender violence and stigma. The intervention

was carried out through an empowerment, peer-group-based methodology, and through both qualitative and quantitative methods. The main hypothesis was that an intervention based on such methodology is able to improve subjective levels of resilience. Our main objectives were to provide mental health professionals working with transgender people with possible therapeutic options, and to propose an intervention model as a good practice.

Method

Procedures

The training program, *Positive action—Promoting change*, was realized within the first phase of the project. The training was a longitudinal mixed-methods intervention that took place simultaneously in Madrid (Spain), Dublin (Ireland), Ljubljana (Slovenia), and in Turin and Naples (Italy). In this article, only the outcomes achieved in Naples will be discussed. The current research group is part of a long-standing clinical service for transgender people. For this reason, our team was identified by the partners of the project as one which would have dealt exclusively with transgender people. This is the reason why data presented here are limited to those collected in Naples, as otherwise they would not have been perfectly comparable to those from other countries, where the training was conducted with LGB people.

The general organization of the training program was developed after extensive discussions with all project partners, both during a dedicated two-day meeting and online. The diverse competencies and professionals engaged by the various partners—psychologists, anthropologists, social workers, sociologists—and their expertise in the field of LGBT studies allowed the development of a complex training program based on good practices aimed at empowering participants. We paid particular attention to the cultural and contextual specificities; thus, each group had the task of following a pre-structured and shared grid, but partners had the chance to use the most suitable empowering techniques for their specific contexts. During the meetings, partners agreed on a training program based on three full days, with a follow-up session at three months post-training. The training was thus implemented over three eight-hour days, and in our case was conducted by two psychologists and two observers taking notes. The first day was aimed at addressing issues related to identity and heterosexism, the second day to socio-political issues and minority stress, and the third day to resilience and empowerment. Within this focused grid, each project partner was free to include empowering techniques considered as the most suitable to achieve the main aim, which was to empower participants and increase their resilience levels. As clinical psychologists, we chose to use three widely applied empowering techniques.

The structured program was advertised through local LGBT associations, which were asked to recruit transgender people between the ages of 18 and 35. These people were invited to a meeting for the presentation of the training. Furthermore, on the

same occasion, a preliminary screening to exclude severe psychiatric mental disorders and to evaluate the type of violence experienced was performed with the participants' informed consent. Specifically, the screening contained questions about perceived wellbeing (e.g., "All things considered, how satisfied are you with your life as a whole nowadays?"), symptoms of depression (e.g., "Have you ever had a spell of feeling down or depressed?"), and suicidal thoughts (one question: "Have you ever seriously thought of ending your own life?"). Participants were asked only for their email address to be used by the researchers if they were included in the training. All of the participants attending the meeting were recruited, as the screening showed no severe psychiatric mental disorders. There was no attrition over the course of the study.

In order to guarantee the privacy of all participants, according to the Italian law 196/2003, collected data were stored in a database accessible only to the principal investigator (PI), the first author of the current article. The PI shared data only with researchers of the current work in order to analyze them. In accordance with Italian law and the ethical principles of the Italian Association of Psychology (AIP), a second informed consent was obtained from participants before starting the program. Pseudonyms are utilized in order to protect participant confidentiality. The European Commission gave permission to carry out the program as the project was co-funded within the Daphne III Program.

Techniques

The following techniques were employed to empower participants.

Roulette of identities

The "roulette of identities" (Vasquez del Aguila, 2000) is an experiential activity, based on the intersectionality perspective. A volunteer participant is seated in the center of a group and randomly draws seven sticky labels from seven boxes. Labels correspond to gender, sexual, social, or racial categories, such as transgender, gay, poor, black, etc. The volunteer places all labels on his/her body and writes a story in first person about an imaginary person who lives this particular identity intersection. Simultaneously, other participants invent a story in third person, then read it to the group. In doing so, it is possible to disassemble social categories and foster awareness of diversity, non-discrimination, and equality while uncovering stereotypes and prejudices relating to identity categories. This technique was used in different training contexts, such as with police (Vasquez del Aguila & Franey, 2013) and first responders working to prevent sexual and gender-based violence (Amodeo, Picariello, & Scandurra, 2014). This empowering technique was chosen as the most suitable to address the first training day themes (identity and heterosexism), as it allows participants to experience the effects of coexisting different minority identities, re-evaluating their privileges (such as being White, wealthy, etc.), and feeling a greater sense of empowerment.

Sharing of transphobic experiences

All participants were invited to reflect on their own experiences related to transphobic prejudices and share them with other participants, seeking common solutions. In turn, a participant volunteered to tell the group about a personal episode of stigmatization. When the volunteer finished the story, the other participants were invited to ask questions to clarify their ideas about the experience, and to discuss solutions and alternative strategies. This technique was aimed at working on problem solving and personal and group empowerment. This empowering technique is a form of storytelling adapted to transgender people. Storytelling is used in many training and educational contexts (e.g., Srivastava & Francis, 2006). This technique was chosen as the most suitable to address the second training day themes (socio-political issues and minority stress), as it allows participants to have a chance to share personal discriminatory episodes that caused stress and discomfort. Sharing these stories with the group and receiving support increased the sense of empowerment, especially as each participant was able to re-evaluate his/her subjective point of view about the discriminatory experience, reflecting on the alternatives for coping with the event and not feeling alone.

Social dreaming matrix

Social dreaming matrix (Lawrence, 2007) is a methodology that uses the dreams of groups to facilitate and develop self-awareness, and to help understand both social and institutional backgrounds. As suggested by the name itself, dreams contribute to better understanding dreamers' social and institutional reality, rather than the dreamers' "inner world." As a consequence, dreams are connected to one another and interpreted as revealing the undreamed and the unexpected within institutional or group life. Dreams are not interpreted at the individual level but are connected, allowing the group to reveal the undreamed and the unexpected within institutional or group life. The conductor is called a *host*. The host and participants are seated in a snowflake pattern: the chairs are located around a center, but turned in different directions. The host begins the matrix with these words: "The primary task is to associate one's own or another's dreams to make links and to find connections. Who has the first dream?" After the matrix, the host opens a discussion with participants in which thoughts and emotions are shared. This technique is usually used within training contexts to analyze and monitor the social and emotional climate of the group and to bond participants through a strong emotional experience. For instance, Amodeo, Picariello, and Scandurra (2014), similar to the Roulette of Identities, used this technique in training addressed to first responders working with victims of sexual and gender-based violence. Furthermore, this technique allows an increase in the sense of empowerment, as participants feel able to share deep anxieties and be supported by peers.

Participants

Seven male-to-female transgender people and one genderqueer person (female gender assigned at birth) participated in the training. The mean age was 28.5 (SD =

5.85). Five people declared their sexual orientation as straight, one queer, and one lesbian. All of the participants were Italian. Three participants had a professional qualification, four had completed high school, and one had a postgraduate degree. Considering participants' employment, two people were employed, four were unemployed, and two were students.

No transgender men took part in the training program. Possibly, this was due to the fact that Neapolitan associations for transgender rights mainly deal with transgender women. Indeed, Naples represents the largest Italian center of transgender women (Zito & Valerio, 2013). This restriction can represent an important limitation of this work, as greater gender diversity would undoubtedly lead the group to address other themes beyond those identified.

Measures

Qualitative and quantitative tools were administered in order to evaluate the development of and changes in resilience strategies, and to test the effectiveness of the training sessions. Data collection occurred at the beginning of the training (T1), at the end (T2), and at a three-month follow-up (T3). The following measures were used.

Focus groups

Two semi-structured focus groups were conducted at T2 and T3 to qualitatively assess training effectiveness, resilience, and personal and group achievements. Each focus group lasted one and a half hours and was conducted by two clinical psychologists. Some of the pre-structured questions were: "Think back to ABC of the program and how this has prompted you to think/feel/see differently," or "Has your response to social spaces changed in any way during the course of your participation in the program?" To understand long-term efficacy, the two focus groups were structured identically, even though other questions were raised during the focus—for example, "which coping strategies did you use to face with an episode of violence?" or "do you think your coping strategies have changed after this training?" The responses, collected and analyzed in Italian, were then translated by an English native speaker, maintaining the idiomatic and emotional nuances of the language.

14-item resilience scale

The 14-item resilience scale (RS-14; Wagnild & Young, 1993; Italian version by Gianesini, 2009) was administered in T1, T2, and T3 to assess participants' level of resilience. Respondents indicated to what extent they agreed with statements such as "I usually manage one way or another." Possible responses ranged from "Strongly Disagree" to "Strongly Agree" on a 7-point Likert scale, with higher scores indicating higher levels of resilience. Cronbach's alphas of the RS-14 were .87 for the T1, .95 for the T2, and .86 for the T3.

Data analysis

All narratives from the focus group transcripts were recorded with the informed consent of participants and analyzed using constant comparison analysis (Glaser, 1992). This type of analysis, which does not require the usage of a software, originated within grounded theory. All narratives were treated from an inductive position, in which each interaction of the discourse was considered potentially meaningful (Oberhuber & Krzyzanowski, 2008). According to Strauss and Corbin (1998), the analysis consists of three phases. In the first phase (i.e., open coding), data are chunked into small units, to which researchers attribute a code or descriptor. In the second phase (i.e., axial coding), descriptors are grouped into categories, and in the third one (i.e., selecting coding), researchers identify core themes expressing the content of each category. We treated the three narratives as separate, repeating all analysis phases for each group separately. This analysis was considered the most appropriate approach because, as stated by Onwuegbuzie, Dickinson, Leech, and Zoran (2009), it is useful to employ when multiple focus groups exist within the same study. This analytic approach, indeed, allows investigators to evaluate saturation within and across groups.

Reliability and validity were fostered through the comparison of the analyses performed by three independent researchers, who then discussed possible divergence until agreement was achieved. Indeed, this procedure met the requirements of the crystallization method (Ellingson, 2008), taking into account different voices and points of view, as well as letting the data speak and accepting the partiality of understanding.

A repeated measures ANOVA was used for the quantitative data to compare participants' resilience levels at T1, T2, and T3.

Results

Common themes from the focus groups

Thanks to the constant comparison analysis, three common themes were identified: *identity affirmation*, *self-acceptance*, and *group as support*. These seem to be closely interrelated and even overlapping in some aspects, even if it is possible to treat each of them separately.

Identity affirmation

The first theme refers to the possibility of integrating one's own transgender identity into social roles and relationships, disclosing trans identity to others. Identity affirmation parallels the concept of *gender affirmation* (e.g., Bockting, Knudson, & Goldberg, 2006; Melendez & Pinto, 2007). Identity affirmation refers to the social recognition and support received from others for the expression of gender

identity. Feeling recognized by others actually allows individuals to live and demonstrate their own transgender identity with increased confidence and self-esteem. Identity affirmation thus may allow a functional coping strategy in the face of discrimination related to transgender identity. To this end, Jennifer, a male-to-female (MtF) participant in the T2, shared:

I went to the post office dressed as a woman. I had been taking hormones for three months and when I handed over my identity card to the teller, he said "Please, call your brother, this isn't you on the document." He didn't want to give me the money and then he asked me, "are you a woman or a man?" and I answered, jokingly, "what do you think from my voice? I'm a trans woman!" I didn't let him upset me, even though there were lots of people around. "Here is my I.D. card. I am doing a transition, now can I have what I need?" He then started to compliment me and ask for my number, but I told him I was just there to withdraw some money and I didn't have time to waste. The people behind me said, "Brava! Brava! ('Well said!') It all depends on you and how you face the situation!

From the narratives, identity affirmation may be pursued through the integration of the self-image and the adjustment of one's body to that image. Indeed, some participants were already in medical and/or social transition and the training allowed them to accept their changes, facilitating a progressive redefinition of identity. Of course, the body is the interface between the individual and the environment, where one can experiment with one's transgender identity. This experimentation cannot usually take place intimately and does not allow for a period to work through identity uncertainties without external intervention, because the body's changes might be immediately visible to others. To this end, Jennifer, a MtF participant from T3, said, "I feel more confident. When I began the training I had just started a beautician's course. Now I have achieved a more feminine appearance in all aspects. No one has problems with me at work, quite the opposite!" Also Mary, another MtF participant from T3, shared:

One participant criticized me for my masculine appearance, because she thinks a trans woman should have a more feminine appearance. That's why I like the theme of passing, because I don't have a typical feminine appearance and people criticize me and hassle me. Now, however, I feel more confident in expressing my identity however I like.

Moreover, identity affirmation seems to be fostered through political activism, which pushes the participant toward coming out, and supports the desire of contributing to social change. For example, Lisa, a genderqueer participant from T3, said:

I started actively collaborating with Arcigay [an Italian LGBT association] and being more operational in my area. My town is small and people are very narrow-minded, but I organized a sensitization campaign called "Coming out: free to be." It was a great satisfaction, a victory.

Self-recognition and acceptance

The second theme deals with self-recognition and acceptance as a transgender person. This theme refers to an inner and more subjective dimension than

identity affirmation, which differs by having clearer social and relational outcomes. While identity affirmation refers to the ability to show oneself as transgender, self-recognition and acceptance refer to the confidence in feeling transgender inside. Indeed, being able to give oneself a clear identity label seems to be very important for self-acceptance and for coping with internalized transphobia. Lisa, a genderqueer participant from T2, explained:

Another term which affected me is gender variance. This is something very close to my feelings. I examined the concept of genderqueer and I made it my own. This definition refers to something which is not simply male or female, I feel the need for another category. I finally found a name for myself.

Similarly, during the T3, she shared,

I wondered: “So who am I? What category am I in? Is there one to identify me? Or am I condemned to stay hanging between being a man, a woman, or I don’t know what?” Talking about the nuances within identification categories made me reflect a lot. Then I reflected on self-acceptance: I had to achieve it and now! I’ve felt much more comfortable since I understood I am genderqueer.

Self-recognition and acceptance also mean feeling freer to express one’s own identity and having greater self-awareness. This also allows for one’s resilience strategies to help others. For example, Rose, a MtF participant, during the T2, shared:

This training has helped me a lot. Two dreams affected me the most, because they reminded me of something I wished for as a child. I wanted to die and be reborn, because I couldn’t stand the situation and I thought I would never be able to make it. But over time I realized I didn’t want to die.

This aspect is very close to the dimension of identity affirmation, with which we referred to the social expression of one’s transgender identity as means of affirming it. Nevertheless, when talking about the freedom to express one’s identity as part of *self-recognition*, we mean the internal awareness, more than one’s external behavior.

Group as support

Finally, the third theme represents the recognition of trans group connectedness as a strong source of resilience. The group can be seen as a form of familial support, making the participant feel more stable and increasing his or her personal strength and resilience. As Jennifer, a MtF participant shared in the T3, “when we told each other about our dreams, I understood that we experience a common discomfort. Seeing it as something in common with all of us made me feel less alone.” Also, Mary shared in the T3, “in the beginning I didn’t have any specific expectations; I just hoped to find a place where there was no discrimination. I can say I found a home, a family!”

This theme was also represented through the desire to maintain connections with one another after the end of the training. To this end, Rose, a MtF participant in the T3, shared,

Table 1. Pre-test (T1), post-test (T2), and three-month follow-up (T3) differences in Resilience Scale (RS-14) in the training participants ($N = 8$).

RS-14	MS(SD)	95%CI	df	Error	Comparisons	p
T1	5.70(.88)	4.970, 6.441	2	6	T1 < T2 T1 < T3	.429 .026
T2	6.21(.79)	5.533, 6.875	2	6	T2 > T1 T2 > T3	.429 .226
T3	6.62(.37)	6.316, 6.934	2	6	T3 > T1 T3 > T2	.026 .226

Note. MS = Mean Square, SD = Standard Deviation, df = degrees of freedom.
Statistics for the model were $F(1.612, 11.283) = 6.390, p = .018, \eta_p^2 = .477$.

Now I feel more confident. What's more, I made friends with some of the girls and we meet up outside the group. Now I take part with them in Arcigay [an Italian LGBT association] activities. I would like if it could be this way again and again. This gives me great strength!

The need of some participants to take part in some form of activism within local LGBT associations can be seen as a collective-level action that, according to Singh and McKleroy (2011), might reduce the negative effects of minority stress.

Assessing resilience improvement

A repeated measures ANOVA with a Greenhouse-Geisser correction was used to verify whether differences existed between mean scores on the RS-14 as a result of the training sessions (Table 1). Data confirm that the post-hoc tests using the Bonferroni correction showed that the resilience levels increased slightly from T1 to T2, but this was not statistically significant. Similarly, the difference between T2 and T3 was not significant, even though there was a further increase in resilience. However, there was a significant difference in resilience levels between T1 and T3.

Discussion

In this small group of Italian transgender youths, resilience is expressed in terms of strategies useful for coping with difficulties. This is consistent with most of the literature on resilience and minority identity (Bonanno, 2004; Luthar et al., 2000; Masten, 2001). The specific nature of resilience developed by transgender people can be identified with the ability to define one's own gender identity and to generate the subjective sense of having a specific gender identity, thus self-recognizing and accepting one's own trans identity.

Body seems to be in the foreground. The body is the symbolic and material place where the transgender identity manifests itself to others (Vitelli, 2015). It is the main field for conflicts between interior feelings and wanting, and socio-cultural requests. It is also the meeting point for the way others see us and the way we see ourselves (Harter, 2012). In this sense, the gaze of others constitutes a source of reassurance and recognition, or assumes a persecutory connotation, especially when the transgender identity is still in development. Thus, it is fundamental to highlight that resilience in transgender people develops in the interface between individual and social dimensions. This issue seems to recall Devor's concepts (2004) of

mirroring—or rather, to be supported in the ways we see ourselves—and *witnessing*, or being seen by others for who one is. The *witnessing* implies that the Other is different from us and looks at us “from a distance,” outside of the categories we use for self-definition; for this reason, it is very similar to the theme of *identity affirmation* from our focus groups. The *mirroring*, on the other hand, implies a reflection in and through people who are similar to us and share with us the same identity categories, similar to the dimension of our *group support*. These functions can act as reinforcement for one another, and thus for transgender identity. Devor (2004) pinpoints that both functions have an important role in the confirmation of the subjective sense of self. Especially for the *mirroring* function, we see close ties to resilience. Indeed, for our small sample, the peer group exercised a strong drive for relational dynamics, able to activate the mirroring with others who are similar to oneself. In the group, an important sense of being connected developed. This offered participants the opportunity to share their own distress, helping group members to find some common coping strategies. Thus, the group can also assume protective functions, which transgender people often do not find within their own families (Carroll, Gilroy, & Ryan, 2002).

The themes which have been presented separately can, therefore, be seen as parallel and interrelated dimensions of a single process of the transgender identity development, which occurs in the intersection between individual, social, and relational levels. In fact, self-awareness (*self-recognition and acceptance*) is certainly an outcome of individual interior growth, but it cannot be separated from external influences. We are affected by messages that others give us about ourselves, but we also influence others through the way we present ourselves (*self-affirmation*). The negotiation between our self-image and that coming from others is a constantly active dynamic, in which those we consider similar to us—our peers—play a fundamental role (Newman & Newman, 2001). Indeed, they feed the more social aspects of our identity and help us to reinforce our self-image (*group-support*). As stated by Carroll and colleagues (2002), family as a primary support network is often inaccessible to transgender people. For this reason, one of the main support sources is represented by peers or by the transgender community.

However, gender and identity affirmation process does not concern only transgender people, but it can play a central role for all persons belonging to any gender minority group. Notwithstanding, we strongly believe that, in the case of transgender people, this process is even more substantial because the trans person frequently belongs to more than one social minority (i.e., socio-economic, ethnic, sexual, etc.) and should be considered through the intersectionality perspective.

As a consequence, themes emerging from the study indicate that transgender people can take advantage of both internal and external resources to increase their resilience strategies and empowerment. A group training, thus, can represent a powerful method for fostering these phenomena. Such practice could be considered as an important strategy to be adopted in transgender health protocols, social policy, and transferable also to other transgender subpopulations. In addition, this practice may easily be transferred to diverse socio-cultural contexts and interestingly provide

opportunity to compare results across groups. In light of the fact that no non-Italian transgender individuals were present in this study, and that in other countries, especially in the United States, there is a higher level of intercultural diversity compared to Italy, researchers from other nations should pay great attention to the ethnic/racial background of their participants.

Finally, results obtained in the current study should be read as a stimulus to consider the need of allocating national and international funds for specific policies addressed to the well-being of sexual and gender minorities.

Implications for providers/clinicians

Themes about resilience that we identified from the focus groups also have important implications for psychological counseling. First of all, the presence of clinical psychologists, who paid attention to intra-psychic and relational dimensions related to transgender identity and to resilience strategies, allowed participants to feel recognized in their abilities. This mirroring made it possible for participants to disclose very intimate matters. If a transgender client perceives a positive mirroring from the clinician, he/she could also feel more recognized in his/her identity and could transfer this achievement into social relationships.

In addition, since group training experiences can be viewed as peer support groups which allow participants to share experiences and to develop the experience of not being alone, they should have a standard role in clinical activity. We believe, indeed, that group work can allow a profound elaboration of subjective experiences related to both identity aspects and stigma, fostering processes highlighted in the previous themes (Amodeo, Picariello, Valerio, Bochicchio, & Scandurra, 2017). Indeed, with and within the group, some dynamics are activated that facilitate both identity affirmation and self-recognition, thanks to mirroring and cross-identifications processes.

Limitations

The main limitation of the study is the limited number of meetings, as well as the lack of a longer-term impact evaluation. To overcome this limitation, future research could aim at implementing longer-lasting training with more waves of measurement.

Secondly, we must mention the **lack of a control group**, which could have given higher reliability to the results obtained regarding the impact of this program on resilience. Future research should consider involving an unstructured support group in three-day sessions to ensure that the change in resilience levels are due to the specific training program.

Thirdly, the **number of participants is quite limited** and almost exclusively comprised of Italian MtF individuals. A study using the same methodology could be replicated with a larger number of participants and with a group of FtM people, as well as with diverse ethnic groups of transgender people.

However, it is important to bear in mind that transgender people represent a population that is difficult to reach. Economic rewards could help in recruiting participants, as well as the construction of a more stable network among services to which transgender people would have greater access.

Conclusions

The present study might be considered an exploration into the interconnected dimensions of resilience in a specific sample of transgender people who were victims of discrimination and, at the same time, an identification of a methodology capable of acting on those dimensions. Our reflections drawn from this experience lead us to suggest that similar initiatives will provide benefit to a wider and more diversified number of people if institutions promote and solidly support these programs. Gaining such awareness on the part of lawmakers and politicians could lead to long-lasting and strong effects, thanks to similar initiatives.

Furthermore, the results of this study suggest that resilience in the transgender population is a protective factor against the mental health consequences of stigmatization. Stigma is never just an individual phenomenon. On the contrary, as we demonstrated in the introduction to this article, there can be extremely high levels of structural stigma experienced from transgender people. This information should lead to the activation of specific social policies aimed at promoting progressive cultural change based on equal opportunities and equality.

Funding

This work was supported by the Daphne Programme of the European Commission (JUST/2011/DAP/AG/3059).

Disclosure

The authors declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

ORCID

Cristiano Scandurra, PhD  <http://orcid.org/0000-0003-1790-3997>

References

- Amodeo, A. L., Picariello, S., & Scandurra, C. (2014). Working with victims of sexual and gender harassment: An integrated training methodology for first responders. In A. L. Amodeo & P. Valerio (Eds.), *Hermes: Linking network to fight sexual and gender stigma* (pp. 137–144). Napoli, Italy: Liguori.
- Amodeo, A. L., Picariello, S., Scandurra, C., & Valerio, P. (2015). Identity and peer group in transgender people: Some reflections from an Italian experience. *Romanian Journal of Experimental Applied Psychology*, 6(2), 21–35.

- Amodeo, A. L., Picariello, S., Valerio, P., Bochicchio, V., & Scandurra, C. (2017). Group psychodynamic counselling with final-year undergraduates in clinical psychology: A clinical methodology to reinforce academic identity and psychological well-being. *Psychodynamic Practice*, 23(2), 161–180. doi:10.1080/14753634.2017.1308834.
- Amodeo, A. L., Vitelli, R., Scandurra, C., Picariello, S., & Valerio, P. (2015). Adult attachment and transgender identity in the Italian context: Clinical implications and suggestions for further research. *International Journal of Transgenderism*, 16(1), 49–61. <http://dx.doi.org/10.1080/15532739.2015.1022680>
- Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2016). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health*, 105(10), 2108–2116. <http://dx.doi.org/10.2105/AJPH.2015.302763>
- Bockting, W. O., Knudson, G., & Goldberg, J. M. (2006). Counseling and mental health care for transgender adults and loved ones. *International Journal of Transgenderism*, 9(3–4), 35–82. http://dx.doi.org/10.1300/J485v09n03_03
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943–951. <http://dx.doi.org/10.2105/AJPH.2013.301241>
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20–28. <http://dx.doi.org/10.1037/0003-066X.59.1.20>
- Bradford, J., Reisner, S. L., Honnold, J. A., & Xavier, J. (2013). Experiences of transgender-related discrimination and implications for health: Results from the Virginia Transgender Health Initiative Study. *American Journal of Public Health*, 103(10), 1820–1829. <http://dx.doi.org/10.2105/AJPH.2012.300796>
- Breslow, A. S., Brewster, M. E., Velez, B. L., Wong, S., Geiger, E., & Soderstrom, B. (2015). Resilience and collective action: Exploring buffers against minority stress for transgender individuals. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 253–265. <http://dx.doi.org/10.1037/sgd0000117>
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development*, 80(2), 131–138. <http://dx.doi.org/10.1002/j.1556-6678.2002.tb00175.x>
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53–69. http://dx.doi.org/10.1300/J082v51n03_04
- Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. *Journal of Gay and Lesbian Psychotherapy*, 8(1–2), 41–67. http://dx.doi.org/10.1300/J236v08n01_05
- Ellingson, L. L. (2008). *Engaging crystallization in qualitative research*. Thousand Oaks, CA: Sage.
- Gianesini, G. (2009). *Resilience as a relational construct: Theoretical and empirical evidences* (Unpublished Doctoral dissertation). Padova, Italy: Università degli Studi di Padova.
- Glaser, B. G. (1992). *Discovery of grounded theory*. Chicago, IL: Aldine.
- Harter, S. (2012). Emerging self-processes during childhood and adolescence. In M. R. Leary & J. P. Tangney (Eds.), *Handbook of self and identity* (2nd ed., pp. 680–715). New York, NY: Guilford Press.
- Harvey, M. R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research, and practice. *Journal of Aggression, Maltreatment & Trauma*, 14(1–2), 9–32. http://dx.doi.org/10.1300/J146v14n01_02

- Hatzenbuehler, M. L., & Link, B. G. (2014). Structural stigma and the health of lesbian, gay, and bisexual populations. *Current Directions in Psychological Science*, 23(2), 127–132. <http://dx.doi.org/10.1177/0963721414523775>
- Lawrence, W. G. (2007). *Infinite possibilities of social dreaming*. London, England: Karnac Books.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <http://dx.doi.org/10.1111/1467-8624.00164>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227–238. <http://dx.doi.org/10.1037/0003-066X.56.3.227>
- Melendez, R., & Pinto, R. (2007). “It’s really a hard life”: Love, gender and HIV risk among male-to-female transgender persons. *Culture, Health, and Sexuality*, 9(3), 233–245. <http://dx.doi.org/10.1080/13691050601065909>
- Meyer, I. H. (2003). Prejudice as stress: Conceptual and measurement problems. *American Journal of Public Health*, 93(2), 262–265. <http://dx.doi.org/10.2105/AJPH.93.2.262>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209–213. <http://dx.doi.org/10.1037/sgd0000132>
- Newman, B. M., & Newman, P. R. (2001). Group identity and alienation: Giving the we its due. *Journal of Youth and Adolescence*, 30(5), 515–538. <http://dx.doi.org/10.1023/A:1010480003929>
- Oberhuber, F., & Krzyzanowski, M. (2008). Discourse analysis and ethnography. In R. Wodak & M. Krzyzanowski (Eds.), *Qualitative discourse analysis in the social sciences* (pp. 182–203). Basingstoke, UK: Palgrave Macmillan.
- Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A qualitative framework for collecting and analyzing data in focus group research. *International Journal of Qualitative Methods*, 8(3), 1–21.
- Prunas, A., Clerici, C. A., Gentile, G., Muccino, E., Veneroni, L., & Zoia, R. (2015). Transphobic murders in Italy: An overview of homicides in Milan (Italy) in the last two decades (1993–2012). *Interpersonal Violence*, 30(16), 2872–2885. doi:[10.1177/0886260514554293](https://doi.org/10.1177/0886260514554293)
- Rainone, N., Chiodi, A., Lanzillo, R., Magri, V., Napolitano, N., Brescia Morra, V., Valerio, P., Freda, M. F. (2017). Affective disorders and Health-Related Quality of Life (HRQoL) in adolescents and young adults with Multiple Sclerosis (MS): The moderating role of resilience. *Quality of Life Research*, 26(3), 727–736. doi:[10.1007/s11136-016-1466-4](https://doi.org/10.1007/s11136-016-1466-4).
- Reisner, S. L., Veters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *Journal of Adolescent Health*, 56(3), 274–279. <http://dx.doi.org/10.1016/j.jadohealth.2014.10.264>
- Scandurra, C., Amodeo, A. L., Bochicchio, V., Valerio, P., & Frost, D. M. (2017). Psychometric characteristics of the Transgender Identity Survey in an Italian sample: A measure to assess positive and negative feelings towards transgender identity. *International Journal of Transgenderism*, 18(1), 53–65. <http://dx.doi.org/10.1080/15532739.2016.1241975>
- Scandurra, C., Amodeo, A. L., Valerio, P., Bochicchio, V., & Frost, D. M. (2017). Minority stress, resilience, and mental health: A study of Italian transgender people. *Journal of Social Issues*, 73(3), 564–586. doi:[10.1111/josi.12232](https://doi.org/10.1111/josi.12232)
- Scandurra, C., Braucci, O., Bochicchio, V., Valerio, P., & Amodeo, A. L. (*in press*). “Soccer is a matter of real men?” Sexist and homophobic attitudes in three Italian soccer teams differentiated by sexual orientation and gender identity. *International Journal of Sport and Exercise Psychology*. doi:[10.1080/1612197X.2017.1339728](https://doi.org/10.1080/1612197X.2017.1339728)
- Scandurra, C., Mezza, F., Bochicchio, V., Valerio, P., & Amodeo, A. L. (2017). La salute degli anziani LGBT dalla prospettiva del minority stress. Rassegna della letteratura e raccomandazioni di ricerca [LGBT elders health from the minority stress perspective. Literature review

- & research recommendations]. *Psicologia della Salute*, 2, 70–96. doi:10.3280/PDS2017-002004
- Scandurra, C., Picariello, S., Valerio, P., Amodeo, A. L. (2017). Sexism, homophobia and transphobia in a sample of Italian pre-service teachers: The role of socio-demographic features. *Journal of Education for Teaching*, 43(2), 245–261. <http://dx.doi.org/10.1080/02607476.2017.1286794>
- Shipherd, J. C., Maguen, S., Skidmore, W. C., & Abramovitz, S. M. (2011). Potentially traumatic events in a transgender sample: Frequency and associated symptoms. *Traumatology*, 17(2), 56–67. <http://dx.doi.org/10.1177/1534765610395614>
- Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development*, 89(1), 20–27. <http://dx.doi.org/10.1002/j.1556-6678.2011.tb00057.x>
- Singh, A., & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology*, 17(2), 34–44. <http://dx.doi.org/10.1177/1534765610369261>
- Singh, A. A., Meng, S. E., & Hansen, A. W. (2014). "I am my own gender": Resilience strategies of trans youth. *Journal of Counseling & Development*, 92(2), 208–218. <http://dx.doi.org/10.1002/j.1556-6676.2014.00150.x>
- Srivastava, S. & Francis, M. (2006). The problem of "authentic experience": Storytelling in anti-racist and anti-homophobic education. *Critical Sociology*, 32(2–3), 275–307. <http://dx.doi.org/10.1163/156916306777835330>
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- Testa, R. J., Jimenez, C. L., & Rankin, S. (2014). Risk and resilience during transgender identity development: The effects of awareness and engagement with other transgender people on affect. *Journal of Gay & Lesbian Mental Health*, 18(1), 31–46. <http://dx.doi.org/10.1080/19359705.2013.805177>
- Vasquez del Aguila, E. (2000). *The roulette of identities: Experiential module in systems of gender, class, race, generation, and sexual identity*. Lima, Peru: IES.
- Vasquez del Aguila, E., & Franey, P. (2013). *Supporting LGBT communities: Police toolkit*. UCD School of Social Justice, G-Force, and the European Gay Police Association. Retrieved from <http://researchrepository.ucd.ie/handle/10197/4819>
- Vitelli, R. (2015). Adult male-to-female transsexualism: A clinical existential-phenomenological inquiry. *Journal of Phenomenological Psychology*, 46(1), 33–68. doi:10.1163/15691624-12341284
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*, 1(2), 165–178.
- Wallerstein, N. (2002). Empowerment to reduce health disparities. *Scandinavian Journal of Public Health*, 30(59), 72–77. <http://dx.doi.org/10.1177/14034948020300031201>
- Zeeman, L., Aranda, K., Sherriff, N., & Cocking, C. (2017). Promoting resilience and emotional well-being of transgender young people: Research at the intersections of gender and sexuality. *Journal of Youth Studies*, 20(3), 382–397. <http://dx.doi.org/10.1080/13676261.2016.1232481>
- Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 43–63). New York, NY: Springer.
- Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. *Health Education & Behavior*, 40(4), 381–383. <http://dx.doi.org/10.1177/1090198113493782>
- Zito, E., & Valerio, P. (2013). *Genere: Femminielli: Esplorazioni antropologiche e psicologiche [Gender: Femminielli: Anthropological and psychological explorations]*. Napoli, Italy: Libreria Dante & Descartes.