Gender Identity and Personal Agency

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Abstract

Over the years, research has reiterated the unique difficulties faced by those within the transgender community, including increased risk for verbal and physical abuse, depression, substance abuse, and suicidality compared to cisgender members of society (Westmacott & Edmondstone, 2020). Although mainstream Western culture is growing in inclusivity and understanding for transgender individuals, psychological literature regarding the correlation between various gender identities and personal agency nonetheless remains under-researched, leaving a large gap in practitioner understanding of transgender identities within and outside of therapeutic spaces (Yavuz, 2016). This paper articulates findings surrounding the intersectionality of transgender identities and personal agency, answering the questions: What are the experience(s) of agency for gender variant and transgender individuals? Furthermore, how can psychologists increase personal agency for gender diverse and transgender communities? Through secondary research, this paper identified specific protective factors for transgender individuals, cognised what agency individuals in this community currently poses, and offers specific tools counsellors can implement to increase personal, proxy, and collective agency with their gender diverse clients.

Gender Identity and Personal Agency

"It is revolutionary for any trans person to choose to be seen and visible in a world that tells us we should not exist" (as cited in Jones, 2014, para. 1). For many, living outside of the binary "male" and "female" genders in Western society leads to numerous negative consequences. Research has educated readers on the multifaceted experiences often associated with the struggles and hardships shared within the transgender community (Carroll & Gilroy, 2002; Chang & Chung, 2015; Westmacott & Edmondstone, 2020). Much of this research speaks to the increased risks of depression, self-injury, discrimination, violence, suicidality, and social marginalization (Anzani et al., 2019; Asakura, 2017; Westmacott & Edmondstone, 2020) for those who identify as transgender relative to cisgender individuals (those whose sex assigned at birth is consistent with their gender identity) (Broussard & Warner, 2019).

As with most underrepresented and marginalized groups, misinformation and naiveite have unfortunately paved the pathway for professional understanding of this cultural group. Carroll and Gilroy (2002) reported that transgender individuals are less visible and have less of a presence in therapeutic settings than other traditional gender identities. While the transgender community has slowly become more visible, both in representation and therapeutic spaces, most depictions are pathological and medical in nature (Benson et al., 2018; McInroy & Craig, 2015). The medical model, which has been the primary source of therapist understanding, has unfortunately paved the way for increased experiences of transgender mistreatments, such as misgendering, denial of services, and verbal abuse relative to cisgender individuals (Kattari et al., 2020).

Since there are many myths and misunderstandings regarding gender identity and gender expression, it is imperative to offer definitions for terms used throughout this paper. Clinicians

are also implored to understand that such definitions are not fixed or linear, but rather ever-evolving on community and individual levels (Kattari et al., 2020). The acronym LGBTQ2S+ describes individuals who identify as lesbian, gay, bisexual, transgender, queer, and two-spirit (Bingham et al., 2019). Transgender individuals self-identify with a gender different from their assigned sex at birth (Johns et al., 2018). Included within this umbrella term are many subgroups: male to female, female to male, genderqueer (individuals who do not identify with gender labels), androgyne (individuals who do not identify as either male or female or who identify as in between genders), gender nonconforming (individuals who do not act, dress, or identify with the roles society ascribes to genders), and intersex (individuals born with physical characteristics both male and female) among others. Those who identify as transgender may describe their gender identity as fluid and either use one of the descriptions mentioned above or yet another, as there are many labels regarding gender identity and gender expression. Subsequently, self-identification with such definitions is an incredibly personal experience, and although an individual may not subscribe to any particular definition(s), identification with the label transgender remains authentic regardless of particular description or interpretation (Chang & Chung, 2015).

Although there has been an increase in transgender visibility and insight over the last two decades, psychological literature relating to counselling various gender identities remains under-researched (Benson et al., 2018; Yavuz, 2016). Increased breadth and depth of research regarding transgender issues have been difficult to ascertain due to population-level studies focusing on small samples that fail to differentiate between transgender and non-transgender identities (Lombardi & Banik, 2016). Additionally, it is common for scholars to focus solely on pathological and medical aspects of an individual's experience (Benson et al., 2018). To

effectively understand the vocabulary, representations, and personal impact(s) transgender people experience, research must begin to center around such themes. In this paper, I strive to fill the gap in this topic.

This paper's research included reviewing literature for a historical understanding of transgender issues, common experiences in and outside therapeutic settings, factors related to individual agency, and current psychological support for transgender individuals. With research criteria, including Western societies, adults, youth, and individual encounters with gender identity, I hope to ascertain whether there is a relationship between transgender identity and personal agency.

Self-Positioning Statement

Beliefs shape and mould one's thoughts, attitudes, and experiences throughout life, often serving as a supportive anchor to lean and depend on when in troubled waters. Whether personal beliefs are collectivist or individualistic, optimistic or pessimistic, or rooted in reality or fantasy, these beliefs guide career, relationship, and personal encounters. The cornerstone of my belief structure is respect for oneself and one's neighbour. My upbringing focused on respect for all humanity, including offering my voice for those whose cries for help and acceptance remain ignored, especially as a privileged, White, cisgender woman. Swan and Cabellos (2020) emphasized the importance of incorporating social justice advocacy strategies and interventions into therapy counselling and education. Furthermore, social justice counselling must reflect upon

> the impact of oppression, privilege, and discrimination on the mental health of the
> individual to establish equitable distribution of power and resources through social justice
> advocacy to ensure that all individuals have the resources and the tools for a 'good life'.
> (Swan & Cabellos, 2020, pp. 156-157)

Part of my draw in researching the topic of transgender experiences is to empower voices outside of mainstream society to advocate for themselves and, when necessary, to advocate for a historically vulnerable and marginalized population, both professionally and personally. As mentioned earlier, research has historically held a unilateral viewpoint, namely medical models of labelling and pathology, of those with diverse gender identities until recent decades. Consequently, there are numerous gaps in understanding and support for transgender individuals. Through this paper, I hope to add to a body of literature that benefits those who identify outside of traditional gender roles.

In addition to the lack of research, there remains a layer of societal ignorance that resists more progressive gender identity views. For me, this societal ignorance was evident within the small rural Albertan town I called home and embedded itself in the Evangelical Christian tradition of my upbringing.

Being raised in a conservative agricultural community allowed me to live carefree as a child and teenager. I was able to attend high school and formulate relationships in a tight-knit and protected setting. My parents offered me the freedom to explore various activities because they trusted the community to care for and support one another should the need arise. Conversely, small towns can also be a harrowing space for those who do not share the same conservative beliefs and identities. Unfortunately, prejudice can mask itself as traditional values in communities.

I was raised in an Evangelical Christian household; as such, many of my past and current belief structures stem from the Biblical worldview of which I was taught. This religion has manifested in both my nuclear and extended families ascribing to "loving others well" as a lifelong mission. Although this serves as a positive aspect of the Evangelical Christian tradition

that I am part of, I am vastly aware that I am attached to a religion that historically has stood in opposition to LGBTQ2S+ affirmation.

Currently, many Christian denominations struggle to affirm transgender identities, often unaware of the discrimination perpetuated and leaving individuals without a space for a spiritual community. Research has found that many transgender people are timid to actively engage in faith cultures that have historically been incompatible with nonconforming gender identities (Benson et al., 2018).

Recent literature has observed correlations between personal experiences of marginalization or inclusion to feelings of connectedness or isolation in religious groups (Swan & Cabellos, 2020). Moreover, research has found that for many, religious rituals and spiritual experiences increase the quality of life and are found to reduce stress, serve as support network(s), and nurture feelings of community (Benson et al., 2018).

It was not until I established close relationships within the LGBTQ2S+ community that I was better able to understand how normalized and prevalent pathologizing thinking is of non-traditional gender minorities. Through friendships with extraordinary individuals, I was gently encouraged to evaluate the conservative belief structures common to the Christian faith, my faith. I believe myself to be an ally, a

> member of dominant social groups (e.g. men, White people, heterosexual individuals)
> who work to end the systems of oppression that give them privilege and power over
> others. In regards to the LGBT populations, an ally is a cisgender heterosexual person
> who recognizes the impact of discrimination on LGBT groups, aligns themselves with
> political and social groups that challenge systematic oppression, and serves the needs of

sexual and gender diverse populations through social action and activism. (Jones &

Brewster, 2017, p. 680)

However, unlearning certain aspects of the religion of my upbringing and incorporating spiritual

truths that uplift all individuals is a difficult process to undergo.

As a result of lifechanging circumstances, I was forced to revisit and deconstruct several

facets of my beliefs. At the age of 26, I lost my husband in a tragic accident and found myself

unexpectedly widowed. For years, I felt the weight of the "widow" label follow me into each

social setting and community I walked into. Those closest to me questioned how to relate to me

and most were unable to, as I embodied all of the fears and anxieties relating to loss. I was

unconsciously "othered" by my social and spiritual communities and left to the fringe to

independently navigate a new spirituality, a new belief system, and a new life.

Although painful and, at times, extremely isolating, this process has given me deep-

rooted convictions about the treatment of individuals, especially those in minority communities.

Where privilege often allows the majority to turn away from hurting individuals and carry on, I

desire that this paper, my professional career, and personal actions may turn in and provide

validation for others who have experienced being on the fringe.

By reflecting on my position relative to this paper, I consider research and exploring

diversity vital in integrating my belief structures, academic knowledge, personal experiences,

and spirituality.

Literature Review

While cisgender individuals typically do not differentiate between their sex and gender

identity, it is essential to note that transgender individuals view gender as personal identity and

sex as their anatomy (Lombardi & Banik, 2016). For many, reminding oneself of this critical

distinction affords a better understanding of the layers embedded in gender identity formation while reading literature on the subject. Although literature focusing on transgender experiences has seen a notable rise over recent years (Perez-Brumer et al., 2020), research is clear that an awareness of various gender identities does not quantify understanding or acceptance.

History

Gender identity has been studied for decades. Researchers such as Bem (1981) and Spence (1993) are noted contributors to the literature surrounding gender identity and formation, namely in male and female understanding. However, recent publications have broadened the scope of gender identity research and brought forth models to incorporate more inclusive measures such as social categories, gender aligning with emotion, and gender identity constructed through group membership (Eagly & Wood, 2017; Schmader & Block, 2015; Wood & Eagly, 2015).

Although masculine and feminine traits have been studied, both from psychological and sociocultural viewpoints, research has yet to identify concrete measurements for male and female constructs (Hoffman, 2001). As recently as the 1970s, psychological researchers viewed gender studies from a strict binary tradition, including labelling individuals as either masculine or feminine. The 1980s posed a turning point for gender research. Scholars came to realize that individuals could possess both male and female characteristics. The work of Bem (1981) and Spence (1993), namely the creation of the Bem Sex-Role Inventory and Personal Attributes Questionnaire, allowed the psychological community to view gender as a spectrum and set the foundation to "dramatically change the way researchers approached the study of gender" (Hoffman, 2001, p. 478).

More recently, it was proposed that male and female conceptualization can be understood in terms of gender identity rather than the traits, behaviours, and roles typically ascribed to males and females. Even though this ideology was not widely accepted at the time, researchers have come to realize the importance of Spence's (1993) longstanding work and contribution to gender studies. In her work, Spence argued that individuals find their means of assessing propensity toward either a male or female gender. Furthermore, Hoffman (2001) understood gender identity to be maintained by one's unconscious reliance on personal definitions of male or female rather than gender characteristics possessed.

While psychological literature has published works regarding gender, research has only begun to include various forms of non-traditional gender identities. According to researchers, there is still a great need to further research gender identity (Hoffman, 2001; Rad et al., 2019). Even though some may advocate for a more binary tradition of gender, the fact remains that there is still vast interest in this area and that many are defining gender for themselves (Rad et al., 2019). Rather than avoiding the complexities that arise when integrating oneself in this topic, it is argued that the psychological community might concentrate on and acknowledge the experiences of those who do not find comfort in the binary tradition of gender identity (Hoffman, 2011; Rad et al., 2019; Wood & Eagly, 2015). Now, more than ever, there is a recognizable need to identify the everyday struggles and experiences common to transgender individuals.

Diagnostic Inclusion

A relevant topic that has been discussed regarding sexual identity is the inclusion of gender-variant identities, such as gender dysphoria, within the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association [APA], 2013). Numerous articles have explored the impact of non-traditional gender identities being considered

mental disorders throughout history (Chang & Chung, 2015; Hoffman, 2001; Lev, 2006; Meyer, 2003; Schulz, 2018). The inclusion of gender-diverse identities within the *DSM-5* (APA, 2013) has created and left a stigma with healthcare and mental health professionals who work with transgender individuals (Chang & Chung, 2015).

For many years, diverse gender identities were seen as deviant. Through this understanding, those with non-traditional gender identities who sought mental health support were labelled with mental illness like gender identity disorder and transvestic fetishism. The labelling of transgender individuals with such "illnesses" has spurred much controversy over the last years. Conversations regarding what labels are helpful for gender diverse individuals have aided some to reconsider such methods and ignited an ethical debate regarding the necessity of a disorder in the *DSM-5* (APA, 2013) to access medical treatments (Lev, 2006). Unfortunately, the study and mental health practices for the LGBTQ2S+ community have been affected by the labelling of homosexuality as a mental disorder in the 1960s and 1970s. At this time, two oppositional sides countered one another, stating that homosexuality should be declassified as a mental illness contrasted against the conservative stance of maintaining the mental disorder (Meyer, 2003).

Through the classification of gay and lesbian as a mental disorder, other communities within the LGBTQ2S+ umbrella underwent similar circumstances of complicit labelling. Thus, some clinicians have concluded that those within the LGBTQ2S+ community have higher mental disorder rates than heterosexual and cisgender people. This stance has created greater difficulties for transgender individuals to shake the stigma of their gender identity as equating to mental illness (Meyer, 2003). Labelling transgender as a mental illness can be detrimental to individuals'

mental health because of the social discrimination regularly endured due to this pathological language (Schulz, 2018).

Similarly, the diagnostic model understands transgender individuals' experience to be rooted in discomfort and distress while simultaneously reinforcing the binary tradition (Schulz, 2018). Anzani et al. (2019) found that 18% of survey participants claimed that mental health professionals tried to "stop them from being transgender" (p. 259). Research has also found that candidness regarding transgender identity elevates the risk of discrimination in healthcare and social service environments, creating fear of prejudice for transgender individuals to access such supports (Anzani et al., 2019; Scheim et al., 2017). For instance, Ontario residents surveyed in 2017 reported that 17.2% of members of the transgender community did not have a regular family doctor due to avoidance or lack of access—further limiting access to hormone, surgical, and specialized services (Scheim et al., 2017).

Through the medical model, individuals who wish to pursue gender transition are required to consult with mental health professionals and meet the diagnostic criteria for gender dysphoria as per the *DSM-5* (APA, 2013). Transitioning is a lengthy process involving physical, legal, psychological, and social exploration. For each individual, the process is highly personal and riddled with complexities regarding when and how to transition, access to services, financial capabilities, and the need to meet diagnostic criteria (Schulz, 2018). Schulz (2018) identifies a new model that may help lessen the burden for those seeking to transition.

Models of Care

Previous editions of the *DSM-5* (APA, 2013) have edified the previous gender identity disorder diagnosis to gender dysphoria. This new diagnosis, which centers on the feelings of distress resulting from gender identity, would hopefully carry less stigmatization for those who

identify outside of traditional gender identities. Although this is an example of developments made to care for and treat individuals with respect, those within the transgender and gender diverse community continue to regularly experience covert and overt forms of discrimination (Chang & Chung, 2015). Several organizations, such as the World Health Organization (WHO), that have acknowledged how the word dysphoria implies illness have sought to use the term gender incongruence as better fitting to describe gender-variant individuals (Eyssel et al., 2017; Sevelius et al., 2019).

Various models have been created with the hopes of increasing the quality of care and access to services for transgender individuals. Although created in different countries by various authors, the Informed Consent Model, Model of Gender-Affirmation, and Trans Healthcare, evoke similar findings in transgender care (Eyssel et al., 2017; Schulz, 2018; Sevelius et al., 2019). The three models above highlight a shift in the clinical understanding and approach for transgender individuals. Within these models, clinicians strive to minimize distress and create space for a personalized and informed understanding of transgender experiences in their practice. As discrimination and lack of access may prove as barriers to care (Puckett et al., 2018), these models allow space for clients to access medical support (e.g., hormone treatments and surgical procedures) without first completing a mental health evaluation or gaining a mental disorder label from a clinician. Allowing individuals to access supports for transition without a pathologizing label at the onset of treatment is one-way practitioners can begin to destigmatize the transgender population (Schulz, 2018; Sevelius et al., 2019).

Those wishing to transition are not required to seek professional mental health services through such frameworks, although speaking with a competent clinician is encouraged. A shift is created wherein professions do not diagnose, but instead offer support and gender affirmative

therapy to transgender individuals (Eyssel et al., 2017; Schulz, 2018). A notable finding from Eyssel et al. (2017) stated that 96.5% of transgender patients voiced a desire for "high decision-making power" (p. 1) in healthcare and therapeutic settings.

Another benefit of the Informed Consent Model specifically is that the model meets the requirements for the standards of care necessary to medically collaborate with transgender individuals and minimize expenses individuals would otherwise spend on numerous mental health appointments (Schulz, 2018). The Informed Consent Model, Model of Gender-Affirmation, and Trans Healthcare aim to de-pathologize those with gender-diverse identities, both within psychological and health services as well as within the broader culture, allowing for equal rights and free expression to be available to all (Eyssel et al., 2017; Schulz, 2018; Sevelius et al., 2019).

Microaggression

One means of research that seeks to understand the plight of gender identity minorities is microaggression theory. This framework aims to understand how subtle forms of daily interactions affect individuals with minority identities (Anzani et al., 2019). Chang and Chung (2015) asserted that microaggressions "[communicate] insensitivity, incivility, and animosity through nonverbal and verbal means of communication" (p. 219). In the past, research regarding microaggressions was solely focused on ethnic and racial minorities. However, recent scholars have found that LGBTQ2S+ experiences can be addressed using this framework as well (Anzani et al., 2019; Bariola et al., 2015; Chang & Chung, 2015).

Sue et al. (2007) identified three forms of microaggressions: micro-assaults (both verbal and nonverbal derogatory behaviour toward another), microinsults (degrading another's identity), and microinvalidations (refuting the thoughts, feelings, and experiences of another).

Transgender individuals are acutely aware of the discrimination and violence displayed against them regularly. The 2018 Survey of Safety in Public and Private Spaces found that transgender individuals are more likely to endure violence, encounter inappropriate behaviours directed towards them both in public and the workplace, as well as use drugs and alcohol in an effort to mitigate the microaggressions, violence, and abuse sustained relative to cisgender Canadians (Jaffray 2020). The impact of these microaggressions can lead to severe psychological consequences (Meyer, 2003). Relative to cisgender Canadians, those who identify as transgender report their mental health as poor or fair, experience more mental health diagnoses (s), and have increased instances of serious suicidality in their lifetimes (Jaffray, 2020).

The Minority Stress Model

As the impact of social stressors, stigmatization, and prejudice are found to correlate with more hostile home, work, school, and social environments, the increase of stressors has been linked with higher rates of psychological distress such as posttraumatic stress disorder, anxiety, depression, and internalized homophobia and transphobia (Bariola et al., 2015; Chang & Chung, 2015). Thus, it is unsurprising that psychiatric disorders have a higher proportion within the transgender community relevant to cisgender individuals (Meyer, 2003). Recognizing the discrepancy between gender minorities and others, Meyer's (2003) developed the minority stress model (MSM) as a means to capture the mental and physical disparities in sexual minority populations (Westmacott & Edmondstone, 2020).

Meyer's (2003) MSM conceptualized how social stress specific to the LGBTQ2S+ population affects mental health. Social stress suggests that circumstances within one's social environment, and not solely one's stress levels, can have harmful effects. Therefore, social stress may play a significant role in marginalized groups' overall stress levels (Meyer, 2003).

Within social stress are two subcategories: distal and proximal stress. *Distal* (external) stressors are firsthand experiences of harassment, hostility, or aggression against LGBTQ2S+ individuals based on their membership in the LGBTQ2S+ community (Westmacott & Edmondstone, 2020). Research has found that these distal stressors increase distress and adversely affect overall mental health (Scandurra et al., 2018). *Proximal* (internal) stress is the "fear of further victimization or discrimination and mistrust of others, internalized negative beliefs about one's identity, or internalized transphobia, and the stress of concealing one's identity" (Westmacott & Edmondstone, 2020, p. 4). Proximal stressors have obtained the least amount of attention within the academic community, creating even more of a necessity to study its effects on the transgender community (Scandurra et al., 2018). Meyer's (2003) MSM proves a strong foundation for further understanding of sexual and gender minority groups, such as institutional heterosexism (policies that discriminate against sexual and gender minorities) and "nonevent stress" (lack of positive events due to social stigmatization) (Frost, 2017, p. #). However, others have identified some critiques of the MSM.

First, there is criticism regarding which individuals are considered to be sexual or gender minorities, as definitions and identities are based on various understandings still sparking debate. Another critique of the MSM postulates that gender identity and sex assigned at birth are separate constructs and should be considered as such when researching and defining gender minorities. Lastly, gathering information and statistically reliable samples of different experiences within sexual and gender minority communities remains challenging as "no sampling frame exists for 'hidden populations'" (Frost, 2017, p. 466). These criticisms bring forth the complexities associated with the creation of minority stress frameworks and provide clear needs for future research.

Meyer's (2003) MSM helped researchers grasp a deeper understanding of ingroup relationships and their impact on individuals. This model has been expanded to include the experience of transgender individuals specifically (Bockting et al., 2013). Specifically relating to transgender stressors, discrimination, victimization, transphobia, and stigma are identified predictors for heightened pathology rates for the transgender population (Bariola et al., 2015). Although many transgender individuals learn to combat such negative experiences with learned resiliency, gender diverse individuals are still disproportionately exposed to psychological distress in response to their nonconforming gender identities. Therefore, psychology must continue to increase research and overall knowledge to effectively support those exposed to stressful experiences and help identify common and unique resiliency factors (Scandurra et al., 2018).

Resiliency and Protective Factors

Resiliency is commonly defined as the ability to adapt or bounce back following personal hardships (Bariola et al., 2015). Research surrounding shared protective factors and resiliency strategies by transgender individuals may prove an effective means to support gender diverse people (Scandurra et al., 2018). For individuals within the transgender community, navigating coming out to family and friends, involvement with activism, positive self-worth and self-acceptance, willingness to help other community members, and pride in one's gender identity contribute greatly to the formation of resiliency (Goffnett & Paceley, 2020).

General findings in the literature acknowledge that the MSM can prove to be a helpful lens to understand both the hardships faced and explore shared resiliency factors within the transgender community (Scandurra et al., 2017). Support from one's family is thought to be the most influential protective factor of psychological stress for transgender individuals and resiliency to

be the main combatant to depression and suicidality (Bariola et al., 2015; Scandurra et al., 2017). Among family, research has identified other protective factors, such as individual, relationships, and community (Bockting et al., 2020; Goffnett & Paceley, 2020; Johns et al., 2018; Scandurra et al., 2017).

Individual Protective Factors

Overall, individual-level strategies, such as one's sense of identity, agency, and mastery, can help mitigate the minority stress often felt by transgender individuals (Scandurra et al., 2017). Other research has found (a) beliefs and perceptions, (b) skills and competencies, (c) perseverance, (d) positive perspectives, and (e) looking to the future as notable protective factors (Goffnett & Paceley, 2020; Johns et al., 2018). Practical application of such themes included continued gender identity formation regardless of external pressures to conform to traditional roles, the ability to maintain a positive outlook when faced with daily challenges, and acceptance that current hardships may be a temporary part of a larger life story (Goffnett & Paceley, 2020).

Regarding skills and competencies, four factors were identified: (a) personal mastery, (b) the ability to use the internet for information or support, (c) problem-solving skills, and (d) advocacy (Goffnett & Paceley, 2020; Johns et al., 2018). When individuals feel able to influence their life, they reported lower levels of depression and trauma symptomology (Johns et al., 2018). Similarly, exercising autonomy, such as being in control of the coming out process and personal narratives, is also a predictor of resiliency (Blockting et al., 2020; Cogan et al., 2020; Goffnett & Paceley, 2020). Advocacy skills have been helpful to stand up against harassment. The use of the internet and social media was identified to find resources, education, health information, and connection with other gender minorities (Johns et al., 2018).

Relationship Protective Factors

Relationship protective factors signify support—or the perception of support—for gender diverse individuals. Research has found that mental health risks are significantly reduced when supported by family or close friends (Cogan et al., 2020; Scandurra et al., 2017). Five protective relationship factors were discovered during Johns et al.'s (2018) study with transgender youth: (a) parents and families, (b) trusted adults, (c) peers, (d) generalized social support, and (e) romantic or sexual partners. The participants echoed an improved sense of self, mental health, and self-definition with both familial and social bonds.

Similarly, having trusted support in one's life correlates with three common protective factors: (a) supportive educators, (b) transgender role models, and (c) helpful service providers (Johns et al., 2018). Goffnett and Paceley (2020) reported that resiliency factors embedded in relationships are vital in creating and maintaining well-being for transgender people. Additionally, transgender individuals who had a broad friend network "reported fewer of the negative effects of depression, felt more comfortable opening up and discussing issues, and felt less isolated and lonely" (Johns et al., 2018, p. 292).

Participants in Johns et al.'s (2018) study who had relationships with transgender friends had an increased sense of self and were better able to locate resources and education within the transgender community. Lastly, some participants identified friends and peer support as a family of choice when their nuclear families were unsupportive. Participants with higher levels of generalized social support also recognized fewer depression symptoms and internalizing behaviours associated with more social supports (Johns et al., 2018). Although lacking in research, relationship protective factors could include involvement with supportive resources and activism agencies as well as being positive role models for other transgender individuals (Cogan et al., 2020).

Community Protective Factors

Community protective factors are accessible resources and supports that help mitigate minority stress (Goffnett & Paceley, 2020). Examples of community protective factors include (a) inclusive policies, (b) organizational resources, and (c) community visibility created to target the specific needs of identified groups (Goffnett & Paceley, 2020; Johns et al., 2018). Interestingly, perceived community support is found to aid in managing minority stress and increasing healthy coping strategies when distressed (Scandurra et al., 2017).

At the school level, organizational resources such as gay-straight alliances (GSAs), health services, and social advocacy were associated with less absenteeism for transgender students and assisted transgender students in developing self-advocacy skills (Johns et al., 2018). Johns et al. (2018) found that visible transgender members helped improve school climates and assist youth in their self-advocacy and resiliency skills. Opportunities for activism were found to be correlated with more education and knowledge regarding individual rights and feelings of empowerment (Johns et al., 2018).

Research has found that organizational resources for transgender people, such as trans-affirming connections, community-wide advocacy, and activism, are correlated with individual self-acceptance, the emergence of personal pride, and rich relationships within the transgender community. Furthermore, Goffnett and Paceley (2020) stated that visibility of other transgender individuals is an essential element for personal gender identity development.

Although community activism and visibility have been shown to be mitigating factors for gender minorities, there has also been recorded negative effects (Bockting et al., 2020; Cogan et al., 2020). Community activism is often a catalyst contagion for empowerment and freedom of self-identity and self-expression. Many transgender individuals report increased confidence to

come out, live authentically, and explore gender identity with freedom once others have done so. Often transgender people speak to activism as a calling, something that is unavoidable and necessary to engage with. However, engaging with others in the transgender community may also lead to fear, stress, and feeling overwhelmed as individuals learn more about their community's needs and the unrelenting stigma that persists in society (Bockting et al., 2020).

Agency Defined

Although individual, relationship, and community are established protective factors for transgender individuals, research has not been completed to find the correlations between protective factors and agency.

Whereas literature reinforces the impact society has on constructing individual gender identity, there is no clear link bridging together gender identity and personal agency. With research centring on individual agency, self-awareness could enhance one's preferences, goals, and ability to behave socially responsible (Jarymowicz & Szuster, 2016). Johns et al. (2018) have also discussed the need for further transgender research specifically to enhance individual well-being and the creation of treatment modalities for the transgender community.

Personal agency can be defined as "the sense we have of controlling or initiating our actions" (Polito et al., 2013, p. 684), and is understood to be comprised of "endowments, belief systems, self-regulatory capabilities and distributed structures and functions" (Bandura, 2001, p. 2). Alkire (2005) discussed agency as a form of freedom wherein individuals can act with respect to the goals that matter to them. According to Bandura (2001), agency is one's ability to "play a part in their self-development, adaptation, and self-renewal with changing times" (p. 2). Allowing one to create and maintain agency may mitigate risk factors for minority people

groups, such as transgender individuals. Agency can be viewed on individual, group, or democratic levels. Moreover, agency can be a central element of social change.

It is also argued that agency has deep intrinsic value to individuals (Alkire, 2005). In a quantitative study of agency, Alkire (2005) describes how agency is related to one's well-being. Well-being, or "aspects of people's lives that they value and have reason to value" (Alkire, 2005, p. 223), can have numerous dimensions. Some identified are health, security, understanding, quality in work and leisure, friendship and affiliation, sense of peace, creativity, and spirituality.

Self-Efficacy Theory

To measure one's agency, a thorough understanding of various aspects and measurement scales is necessary. The self-efficacy theory postulates that agency has both internal and external spheres. For instance, if individuals recognize their capabilities in accomplishing specific tasks, there is a greater likelihood that individuals will assume such tasks. This theory proposes that three main self-efficacy tenants are personal, behavioural, and external forces (Alkire, 2005; Bandura, 2018). For transgender individuals, an increased self-efficacy has helped with safe sex practices, such as condom usage and negotiating sexual behaviours. If transgender individuals were able to increase their self-efficacy as part of their overall personal agency, research might be able to find other positive associations for this marginalized population.

The self-efficacy model also advances that one's perceived self-efficacy contains key determinants of motivation, level of exertion, and perseverance on any given undertaking. Another aspect of agency within this theory is by goal representations (e.g., capacity and forethought). Namely, this represents an individual's ability to anticipate the consequences of actions, goal setting, and management, along with plans to achieve desired outcomes (Alkire, 2005).

Social Modeling

Social modelling, according to Bandura (2018), may be another avenue of social agency attainment. Knowledge and competency growth through social modelling have been documented to increase one's view of self-efficacy. As he explains, "favourable outcomes instill positive outcome expectations; adverse ones serve as disincentives. Models are not only enablers but also motivators and inspirers through their hopes and aspirations" (p. 134). Moreover, Bandura found that social modelling contributes to the improvement of self-regulation abilities.

Interestingly, Westmacott and Edmondstone (2020) found that connection with other gender diverse individuals is related to higher resilience levels for transgender people. Additionally, research has confirmed that relationships with LGBTQ2S+ community members during early gender identity formation are linked with higher comfort levels with self compared with individuals who established community associations later in gender identity development (Westmacott & Edmondstone, 2020).

Connecting Agency with Transgender Experiences

Ideally, in combining agency literature with transgender experiences, a more in-depth understanding can be made regarding commonalties of agency established and maintained by transgender individuals. Gardner (2020) held that agency necessitates knowing one's internal experience. These internal experiences include personal elements such as thoughts, feelings, needs, preferred choices, and intentions. To further develop these elements connected with agency, exposure to the "recognition, validation, and encouragement of what comes from the inside out; that is, what emanates internally" (Gardner, 2020, p. 41) needs to occur for people, ideally frequently and from a young age.

The building blocks for agency named above are highly correlated with human connection. When individuals experience adverse events, trauma, or environments that do not accommodate the building blocks for personal agency, individuals instinctively learn to avoid these hurtful or diminishing experiences or people. Psychologists term this learned avoidance as defence or resistance. However, as Gardner (2020) elucidated, these adapted tendencies are learned at a price; "the very expressions of agency that created protection against threats to agency… become huge impediments to agency" (p. 42). As noted throughout this paper, many transgender individuals have endured microaggressions, discrimination, stigmatization, and violence which impacts overall mental health, depressive and posttraumatic symptomology, connection with friends and family, and suicidality (Anzani et al., 2019; Asakura, 2017; Bariola et al., 2015; Chang & Chung, 2015; Westmacott & Edmondstone, 2020).

Gardner (2020) asserted that those individuals who can find and execute adjustments following negative or traumatic experiences were recognized to maintain a personal sense of agency during other adverse events. Although not specific to the transgender community, this finding offers hope that those who are misunderstood, harassed, and socially isolated will be able to persevere and prevail through societal ignorance and create for themselves a greater sense of well-being and agency.

Implications for Counselling Psychology

Literature has continually identified that research is lacking for those in the transgender community. Voices such as Carroll and Gilroy (2002) highlighted the importance of specialized care for transgender individuals. Even so, more recent studies articulate the same need for increased breadth and depth of understanding transgender issues, for breaking down ideologies

that seek to pathologize transgender individuals, and for informative care and therapy for those in the transgender community (Benson et al., 2018; Holt et al., 2020; Johns et al., 2018).

Understanding Transgender Issues

Construction of Gender

As is often the case, it can be challenging to comprehend the struggles many transgender people face without recognizing the history and shared experiences faced by this population. In the past, gender was widely recognized as a binary "male" or "female." However, literature such as Butler's (1990) *Gender Trouble: Feminism and the Subversion of Identity* shifted the paradigm to think of gender in terms of social norms and constructs, rather than from a two-dimensional biological lens. Butler disputes that gender is inherently biologically determined, or an inherited identity in and of itself, but rather a set of socially constructed norms that are often presented and forced upon individuals to act accordingly.

Central to Butler's (1990) premise is acting according to one's assigned sex at birth leads itself to foster the narrative that the presentation of "male" or "female" is accepted as gender. This narrative further reinforces the storyline of binary sexes. This chronicle of how Western society has traditionally thought of and created gender and sex categories is one of the tenants that breeds intolerance for those who find themselves outside traditional gender schemas. As Morgenroth and Ryan (2018) stated, "they face clear negative consequences if they fail to do their gender right" (p. 1).

Standards of Care

Unfortunately, Butler's (1990) assertion was correct; there is ample research depicting the struggles and hardships shared by the transgender community in Western society. As a result, transgender individuals face discrimination, violence, social marginalization, and scarce trans-

affirmative mental and physical healthcare at disproportionate rates relative to the cisgender population (Carroll & Gilroy, 2002; Chang & Chung, 2015; Westmacott & Edmondstone, 2020).

Along with the discrimination faced by mainstream society, the medical and psychiatric fields have long been revered as gatekeepers by the transgender community. The Harry Benjamin International Gender Dysphoria Association (currently known as the World Professional Association for Transgender Health [WPATH]) originally produced standards of care for individuals who wish to transition, whether by hormone therapy, surgical methods, or both. When first established, individuals were required to engage in ongoing therapy and seek an official letter of recommendation for treatment, including a diagnosis such as gender dysphoria or gender identity disorder. Other requirements of the standards of care stipulated that clients live full time in their preferred gender "as a precondition for initiating hormone therapy and surgery" (Carroll & Gilroy, 2002, p. 237).

Over the years, the standards of care have been criticized for the restrictions placed on hormone and surgical interventions as well as the pathological lens through which it viewed transgender and gender-nonconforming individuals. Since the first publication in 1979, there have been many revisions that seek to address these often-harmful practices and bring recent information and best practices to light. Included in the current standards of care, published in 2012, is an acknowledgment that gender concerns do not necessitate diagnosis, recognition of various forms of support and therapy for individuals, allowance for clients to transition without living fulltime in their gender identity, and a call to clients and professionals to work collaboratively (WPATH, 2012).

Although the standards of care have been updated to reflect best practices and implement trans-affirmative therapy, there is a body of research that argues WPATH's (2012) standards of

care lack a trans-affirmative approach to therapy, including counsellors with transgender clients who are not aware of best practices for their clients. Instances of ill-informed practices include counsellors encouraging clients to remain in therapy for longer than necessary, employing a binary lens with clients, using pathologizing language and labels, and even engaging in conversion therapy (Campbell & Arkles, 2017; Chang et al., 2017; dickey & Singh, 2017; Holt et al., 2020).

The Transgender Movement

Many researchers have articulated the need for counsellors to educate themselves on the cultural history of their clients, particularly minorities. In doing so, counsellors not only enrich their skill base with diversity competencies but are better able to deepen their understanding of the struggles and experiences of those seeking support within the therapeutic space (Carroll et al., 2002; Sue et al., 2007).

Some major historical and political events pivotal to the transgender movement include the first documented American sex reassignment surgery for Christine Jorgensen, a World War II veteran in 1952. The 1960s saw the rise to much civil unrest due to police brutality and abuse of the LGBTQ2S+ community and other minority people groups, which lead to numerous protests and riots before the momentous Stonewall riot in 1969—an event that paved the way to what is now known as Pride month internationally. Following such historical events emerged activist groups, such as the Street Transvestite Action Revolutionaries (STAR), founded by Marsha P. Johnson and Sylvia Rivera, and the Transexual Action Organization (TAO), founded by Angela Douglas (Lewis, n.d.). These activist groups sought to offer support and refuge to the poor, socially ostracised, and outcast members of society; those of ethnic minorities, those with low

socioeconomic status, those who did sex work, and those who were part of the LGBTQ2S+ community (Lewis, n.d.).

After decades of activism, the first International Conference on Transgender Law and Employment Policy occurred in 1992. This conference sought to advocate for the legal and social rights of transgender people. In 1995, the First International Conference on Gender, Cross-Dressing and Sex Issues began. These conferences, like the historical events mentioned above, helped to create space for increased awareness and conversations to commence in academic and professional settings, such as the Intersex Society of North America, the formation of Transgendered Officers Protect and Serve, and Gender Political Action Committee, the original transgender and political fund for education (Carroll & Gilroy, 2002; Carroll et al., 2002).

Several articles speak to the importance of learning the past experiences of transgender individuals, both in a political and individual contexts, so that clinicians may better understand the background of a population that has historically been marginalized and oppressed in Western society (Budge & Moradi, 2018; Carroll et al., 2002; Chang & Chung, 2015; Holt et al., 2020). As Carroll et al. (2002) articulated, "the emergent transgender consciousness and political activism emanating from this community have important implications for the field of counselling" (p. 133). Therefore, rather than merely addressing gender dysphoria or other pathologies as in the past, clinicians are now implored to include and affirm transgender identities. For these writers, the "focus is not on transforming transgendered clients but rather transforming the cultural context in which they live" (Carroll et al., 2002, p. 133).

Practitioner Care

As discussed earlier, those within the transgender community are often at higher risk for discrimination, social marginalization, depression, self-injury, and violence (Anzani et al., 2019;

Asakura, 2017; Westmacott & Edmondstone, 2020). Reports, like the 2015 U.S. Transgender Survey, clearly state discrimination faced, such as health professionals trying to dissuade, convert, or otherwise stop clients from being transgender (Anzani et al., 2019). This data seems to reflect the stigmatization, which so profoundly affects those with non-traditional gender identities. Furthermore, these experiences reinforce the widely held societal narrative of discrimination, even within places that ought to be safe and protected. Unfortunately, the result of such negative experiences regularly inhibits transgender individuals from accessing supports in the mental and physical healthcare system (Anzani et al., 2019).

Regrettably, much of the knowledge and education surrounding transgender issues has not been documented from a sound theoretical and empirical research stance. As a result, counsellors are not equipped nor trained to support and meet the needs of their transgender clients (Carroll et al., 2002). In 2002, Carroll et al. implored practitioners, educators, and those working with transgender individuals in the field to become informed with the current and evolving definition of transgender from the community, the politicization of the transgender movement, clinical issues and interventions, and learnings from previous cases and progressions of therapy with transgender clients. Chang and Chung (2015) also discussed the imperative need for practitioners to examine their implicit and explicit biases, possible prejudices, familiarity with, and understanding of nonconforming gender identities. In doing so, counsellors may be able to provide an awareness and understanding of their client's experiences allowing for ethical and competent counselling practice.

Trans-Affirmative Therapy

In addition to the plea for counsellors to become familiar with their own biases regarding non-traditional gender identities, those in the counselling field may find that current

psychotherapy methods require adaption to best support the unique needs of transgender clients, such as trans-positive or trans-affirmative methodologies. These approaches involve counsellor validation of client gender identities and experiences, involve advocacy for the rights of transgender individuals, and maintain awareness of transgender history and issues faced (Chang & Chung, 2015).

Within this model, four main actions can be taken. First, space needs to be created for practitioners specializing in gender services to describe the needs, concerns, and essential aspects of clients' needs. Secondly, counsellors become conscious and attentive to the social power embedded within our lines of work, both to our clients and to the transgender community. Third, relationships need to be built with public and community organizations. Subsequently, partnerships are created where accepting and affirming approaches support youth, families, and individuals with nonconforming gender identities. Fourth, counsellors are asked to move away from pathologizing treatment methods of practice to a client-centred dialogue that "pays adequate attention to its ethical, intellectual, and emotional complexity" (Wren, 2019, p. 218) of the issues transgender individuals encounter.

Within this, a respectful conversation can take place, which emphasizes the coming together of individuals, families, alliances, support groups, academia, and physical and mental healthcare agencies. By building rapport and trust, a bridge can be made to help lessen the gap between various services, ethical considerations can be voiced, and attention can be placed on the needs of the transgender community (Wren, 2019).

Practitioners as Allies

Budge and Moradi (2018) speak to the gender power imbalances that are innately woven into Western culture. Through contextualizing gender through gender norms and hierarchies

intersected with other individual factors, such as race and class, gender can be referenced as a system of power. For example, Western societal norms dictate that women are disadvantaged compared to men and transgender individuals are disadvantaged compared to cisgender people. Therefore, gender identity is innately connected with power structures, such as persecution and privilege. This structural imbalance lays the foundation for discrimination, oppression, and marginalization with which the transgender community is often confronted.

It is within various realms of social justice, interactional, distributive, and procedural, that allied counsellors must familiarize themselves with and advocate in. In these three domains of social justice, Hailes et al. (2020) outline a method of advocacy for working with and for underprivileged clients: (a) counsellors are called to evaluate relational power dynamics critically; (b) counsellors are to modify and alleviate these unequal power dynamics; (c) counsellor focus on strengths-based methodology empowerment of clients; (d) counsellors dedicate time and energy for the empowerment of marginalized groups; (e) counsellors offer funding, resources, and labour for the betterment of marginalized communities and preventative measures; (f) counsellors build working relationships with the broader social systems in their community; and (g) counsellors spend time raising awareness about social justice issues and the impact of marginalization on individuals, families, and community well-being.

These guidelines offer counsellors the opportunity to stand with the oppressed. Hailes et al.'s (2020) outline offers ample methods for practitioners to support and promote social justice advocacy both in and out of their current work systems. Ultimately, counsellors are implored to join with marginalized communities and work collaboratively to promote social justice and equality for all.

Recommendations for Practice

Therapeutic work with transgender individuals is most beneficial when immersed in a trans-affirming framework. Within this framework, counsellors must be keenly aware of the stressors, intersectionality, identities, oppression, and impact societal norms can have on their transgender clients (Westmacott & Edmondstone, 2020). Other researchers mirror this stance, emphasizing an informed yet open attitude with clients, and continually acknowledging one's biases, understandings, and preconceived notions that may arise throughout work with gender nonconforming clients (Carroll et al., 2002; dickey & Singh, 2020; Westmacott & Edmondstone, 2020).

Therapist Posture

First, counsellors must maintain competency without pathologizing gender diverse clients (dickey & Singh, 2020). Practitioners are often reminded that understanding a transgender client's life story is central to recognizing the layers of complexity of what has brought them to therapy (Carroll et al., 2020; Westmacott & Edmondstone, 2020). Utilization of humanistic theoretical frameworks may help transgender clients combat minority stress. Such frameworks emphasize one's lived experience, validate the many ways in which people navigate personal existence, coping, and living, and give voice to the marginalized aspects of one's experience, person-centred relationships, and continued personal growth and learning (Westmacott & Edmondstone, 2020). Furthermore, counsellors must also appreciate that gender identity may not be the driving force for therapy attendance, but rather an intersectional factor in the client's life. Counsellor posture should emulate client comfort level; they should work collaboratively with their clients to appropriately discuss gender dynamics and power structures and express genuine interest in their client's experiences and exploration of power dynamics (Budge & Moradi, 2018).

Budge and Moradi (2018) recommended avoiding counsellor assumptions and instead approach client histories with a gentle curiosity. Along with this well-informed yet not all-knowing practitioner stance, three aspects of working with transgender individuals can be applied: (a) counsellor attitudes; (b) counsellor knowledge; and (c) counsellor skills. Counsellor attitudes involve an assessment of personal assumptions on gender, sexual orientation, and sexuality. This incorporates trans-affirming methodology, which is transgender positive and continually advocates for the political, social, and economic rights of transgender individuals. Simultaneously, this attitude will seek to educate others, both in and outside of practice, on such issues (Carroll et al., 2002).

A trans-affirmative posture includes implementing multiculturalism, advocacy, integration of the MSM, and resiliency into all work with the transgender population. Trans-affirming counselling is culturally sensitive to transgender clients' identities and experiences, both personally and at a societal level (dickey & Singh, 2020). This layer includes a reflexive position wherein practitioners recognize how they may impose and contribute to the binary understanding of gender that could inadvertently affect their transgender clients negatively. Understanding the history of how pathologizing psychological treatment has been for transgender individuals can also help improve counsellor attitudes. Additionally, discussing advocacy with clients, supporting individuals with coping mechanisms, helping clients find support networks, connecting individuals with community organizations, and working with clients to create empowering and social justice interventions are examples of a trans-affirmative posture in action (Budge & Moradi, 2018).

Counsellor knowledge, first and foremost, is rooted in the understanding of the political, historical, and psychological context of the transgender community as well as individual

experiences (Carroll et al., 2002). Practitioners are encouraged to have a posture of self-reflection and awareness of their personal views and beliefs surrounding gender. Without doing so, clients are at risk of experiencing further minority stress in the counselling space (dickey & Singh, 2020). Counsellors also need to research and implement evidence-based theoretical orientations while working with gender diverse clients in addition to incorporating trauma-informed practice and highlighting client resiliencies (Carroll et al., 2002; dickey & Singh, 2020; McGinley & Horne, 2020).

Counsellor skills include the above aspects, counsellor attitude and counsellor knowledge, and integration of adequate support for transgender clients. Increasing gender diverse competencies through formalized training and coursework, continued awareness of gender identities and personal bias, creating safe therapeutic spaces, acknowledgement of systematic minority stress, allowing clients to be the experts of their story, and advocacy, both personal and professional, are foundational aspects of counsellor skills (Carroll et al., 2002; McGinley & Horne, 2020).

Along with the therapeutic posture described above, clinicians working with gender diverse individuals must position themselves in transparency (dickey & Singh, 2020). Since many transgender people experience microaggressions, gatekeeping, and hostility with service providers, it is essential that counsellors include clients in the therapeutic process and offer decision-making power to their clients (Anzani et al., 2019; dickey & Singh, 2020; Wren, 2019).

Theoretical Orientations

It is crucial that therapists maintain relevant and evidence-based competencies while working with gender diverse clientele. Literature points to particular theoretical frameworks that are trans-affirmative, integrate minority stress, understand the intersectionality of identities, and

offer a holistic view of clients and their experiences (dickey & Singh, 2020; Westmacott & Edmondstone, 2020). The application of feminist theory, emotion-focused therapy (EFT), and trauma-informed practices are useful orientations for practitioners to implement (Bockting et al., 2020; dickey & Singh, 2020; Edwards et al., 2018).

Individual Counselling

It is paramount that clinicians understand transgender people seek care for a variety of reasons, not solely gender identity affirmation, and not to assume gender identity is the primary reason for therapy (Budge & Moradi, 2018; Chang & Chung, 2015; dickey & Singh, 2020). According to dickey and Singh (2020), gender-diverse individuals attend therapy for similar reasons as cisgender individuals, such as workplace stressors, relationship conflict, depression, and anxiety. Furthermore, the treatment of such concerns should be the same as working with cisgender clients. Counsellors must ascertain how gender identity intersects with relational, individual, and community experiences as well as gently explore how transgender identity impacts daily experiences (dickey & Singh, 2020).

Interventions

Interventions that understand minority stress and target resiliencies are valuable for individuals in the transgender community (Goffnett & Paceley, 2020; Iacono, 2019; Westmacott & Edmondstone, 2020).

EFT is an experiential practice which aims to help clients learn emotional awareness, acknowledge and regulate emotions, and develop skills to change maladaptive emotions (Greenberg & Watson, 2006). "Two chair" work within EFT can aid clients in exploring self-criticisms surrounding challenges faced, such as internalized transphobia, fear of or expected rejection by others, and shame. Evidence suggests that EFT two chair interventions can

simultaneously alleviate self-criticism, anxiety, and depression and increase self-compassion (dickey & Singh, 2020; Shahar et al., 2012). Within this intervention, counsellors support clients by first bringing awareness of such stressors before asking them to speak to the stressor for 5 to 10 minutes, followed by the client changing chairs and speaking to themselves as the stressor for another 5 to 10 minutes (Shahar et al., 2012). This intervention provides space for clients to explore personal experiences of shame, fear, and anger from a different perspective and allow them to adapt to an increased understanding of identity and healthy coping mechanisms (Westmacott & Edmondstone, 2020).

Another intervention within EFT is self-soothing. This intervention is used when clients express unmet needs of validation and nurturing, inefficient skills to cope with stressors and intense emotions, and feelings of being "stuck" (Westmacott & Edmondstone, 2020, p. 9). In the session, clients are asked to imagine themselves as children, or the age when emotional distress first began. Then, counsellors encourage their client to imagine either their current selves, an older version of themselves, or a supportive attachment figure who is able to companion their younger self in times of need and provide comfort and nurturing. Therapists can then encourage the nurturing character to share feelings, attachment messages, and even mirror soothing behaviours, such as hugging self or asking the younger self to sit on the nurturer's lap (Goffnett & Paceley, 2020; Westmacott & Edmondstone, 2020).

Family Counselling

Before a discussion about family therapy ensues with the client, it should be acknowledged that "family" is a socially constructed term that does not necessarily refer to origins and biological parents and siblings, but can also refer to individuals with whom people choose to identify as family (Chrzastowski, 2011). Counsellor posture should be cognizant of the

implications of the term (including experiences of hurt) and, with permission and shared understanding, use this term to intentionally create space for clients to identify their family members.

As perceived family support is a noted contributor to resiliency formation of transgender persons, the relevance of family counselling cannot be overlooked (Austin, 2018; Cogan et al., 2020; Scandurra et al., 2017). Regrettably, the American Association for Marriage and Family Therapy has largely ignored LGBTQ2S+ competencies and standards of practice creating difficulty for practitioners to competently engage in family therapy with gender diverse individuals, furthering research gaps (Edwards et al., 2018). Furthermore, future research and studies must be conducted so that the counselling profession may truly support all members of society.

One model that helped further family therapy with transgender clients is an adaption, namely the addition of intersectional identities, of ecological systems theory (EST), which views human development as an ongoing relationship between an individual and all of the systems they are part of—the microsystem, mesosystem, macrosystem, and chronosystem (Edwards et al., 2018). Within each system of the model, practitioners can encourage family units to care for and support one another as the family learns to understand and embrace family member(s) with diverse gender identities (Edwards et al., 2018).

Interventions

There are many reactions to a child's non-traditional gender identity; some parents welcome exploring various genders, while others may grieve the loss of a son or daughter, while others are bound by conservative ideologies that reinforce a strict binary tradition (Austin, 2018). Upon first working with the family, counsellors should remain cognizant that families can both

and even simultaneously provide necessary support and respite for transgender children as well as hold hostility toward various expressions of gender identity, which can lead to further experiences of victimization and discrimination. Assessing for support is a vital component when first engaging with families.

Another meaningful intervention is providing psychoeducational information and materials to all family members. By doing so, providing trans-affirming care, building rapport, and assessing for knowledge and support is being established (Edwards et al., 2018). Additionally, counsellors may encourage attendance in online chat or therapy groups tailored specifically to the families' needs. With this, practitioners need to develop and maintain updated community resources to offer clients (Austin, 2018).

Group Counselling

While there are numerous, namely online, formal and informal groups for individuals and families who identify as gender nonconforming to attend, the absence of empirically validated methods and frameworks of group counselling for diverse populations, including non-traditional gender identities, currently prevails. Although there has been a call for further research and awareness in this area, a large literature and methodology gap still exists (dickey & Loewy, 2010; Heck, 2017). Until such frameworks are created, counsellors must lean on trans-affirmative approaches and adopt a person-centred therapist posture (as detailed earlier) in conjuncture with knowledge of standards of care, competencies in gender diverse populations, and integration of psychoeducation, coping strategies, and growing resiliencies (Heck, 2017).

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Fundamental Next Steps

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As stated above, one of the foundational aspects of supporting the transgender community is learning the history and experiences of transgender individuals. Carroll and Gilroy

(2002) recommend that along with a historical understanding, counsellors read stories, watch documentaries, and absorb films focusing on strong LGBTQ2S+ individuals and characters, such as *Stone Butch Blues: A Novel* (Fienberg, 1993), *Boys Don't Cry* (Peirce, 1999), *Paris is Burning* (Livingston, 1991), and *Disclosure: Trans Lives on Screen* (Feder, 2020).

Unfortunately, there is a significant gap in history that fundamentally does not recognize the LGBTQ2S+ community or their contributions to society. It is even more difficult to find academic accounts of important historical moments and accurate descriptions of transgender individuals throughout history. As much as possible, counsellors must seek out narratives within the transgender community to glean the realities faced by an oppressed and marginalized group. As such, more research must be cultivated regarding transgender experiences, past and present.

Even though the last several years have seen a noticeable increase in multicultural and diversity counselling, therapy methods for transgender individuals remain under-researched and under-taught to counsellors. Thus, another next step for future research must include continuing research that focuses on providing best therapy practices for transgender individuals, such as trans-affirming models (Anzani et al., 2019; Carroll et al., 2002). Instead of leaning on and adapting multicultural research to lead the way when working with transgender people, research should centre on transgender experiences and complexities as the focus.

By grounding research in and for transgender individuals, mental health professionals can offer empirically founded support to help clients navigate the complexities of living with non-traditional gender identities. Research regarding best practices for helping individuals come out to family and friends, processing gender identity, discovering authentic expressions of gender, differentiating (if required) gender identity from sexual orientation, and support with transition

and medical decisions would be immensely valuable for practitioners and clients alike (Schulz, 2018).

Research is also incredibly scarce for older clients who identify as transgender. The vast majority of studies reference to children, adolescents, and young adult experiences. Other age groups, such as older adults, are seldom referenced, if at all. With this, there is an entire population with little support or acknowledgement of existence. As there is no recognition of their presence, these groups may be even more marginalized in society.

Other research that would benefit the transgender community and improve counsellor practice is literature focusing on whole family change and development when a member identifies as transgender. There is some literature aimed at how families can support children and adolescents with gender identity development and transition (Miller & Davidson, 2019; WPATH, 2012; Wren, 2019). These articles call for an increase in shared development of identity formation, further understanding of difficulties faced by transgender youth and their parents, and to offer well-informed, ethical, age-appropriate, and valid support to individuals and their family units (Wren, 2019).

Additionally, there is a need for more counsellors to become familiar with a trans-affirmative therapeutic practice so that individuals, specifically those in rural areas who traditionally do not have resources for gender-nonconforming people, can access competent therapy without barriers. Further research is also necessary to discover the best methods for counsellor training and the distribution of relevant therapeutic practices and information (Holt et al., 2020).

There is also a need for more research to discover the best methods of standards of care for individuals who wish to transition. For instance, many counsellors are uncomfortable with

the letters of recommendation needed in many healthcare settings in order for individuals to access hormone therapy and transition surgeries. Since there is no consistent and widely used process for letters of recommendation, counsellors shy away from doing so, creating longer experiences in the physical and mental healthcare system for transgender people (Holt et al., 2020).

Lastly, more research is needed to explore how practitioners and organizations, both inside and outside transgender communities, can promote support and advocacy for transgender individuals. It is imperative that research articulates the needs and desires of the transgender community and not merely identify the needs of LGBTQ2S+ individuals as a whole since each community faces distinct issues and requires a complexity of care (Jones & Brewster, 2017).

Reflexive Statement

"I dare to dream of a world where people can dress, speak and behave how they want, free from mockery, derision, judgement, harassment, and danger. This is what I want. Who's with me?" (Dawson, 2017, p. 23). Dawson's (2017) words capture the longings of and for so many in the transgender community. As counsellors, we have a unique ability to stand with gender diverse individuals and advance trans-affirmative relationships.

 The intersection of systems of power and individual identities has been glaringly apparent in the research. The need for advocacy and allies is a consistent theme throughout literature focusing on transgender experiences. The constant and historical social ostracism faced by the transgender community is difficult to digest. I am often left in awe of the hope and resiliency this community displays in the face of societal misunderstanding and prejudice.

Often, the discrepancy is blatantly clear that my intersecting identities have sheltered my life experiences. While it can be easy as a White, cisgender, middle-class woman to embrace

guilt as a catalyst for social action and activism, by doing so, it is my experiences and my efforts that are highlighted, rather than those of the transgender community. It is much more beneficial to identify these feelings with intentionality and create meaningful relationships with individuals and organizations that evoke better experiences for gender nonconforming individuals.

As counsellors and allies, may we speak in spaces where disadvantaged people are unable, such as with other practitioners, in academic literature, and with personal family and friends. May we also provide opportunities and create environments where people are safe to share their stories. May we learn the history of LGBTQ2S+ activism and join in. May we welcome person-centred and trans-affirmative counselling practices into our workplaces. May we continue to research for the most ethical and empirically sound theoretical models for working with the transgender community.

Conclusion

Evidence of transgender individuals' marginalization is an all too common norm in Western culture (Johns et al., 2018). The overrepresentation of social marginalization, verbal and physical abuse, depression, substance abuse, and suicidality compared to cisgender members of society is well documented (Anzani et al., 2019; Asakura, 2017; Carroll & Gilroy, 2002; Chang & Chung, 2015). Furthering psychologist capacity for practical knowledge and intervention is essential, as with all oppressed groups and individuals.

As such, it is essential that counsellors acknowledge, understand, and seek education to remain competent while working with transgender individuals (Carroll et al., 2002). New research is necessary to highlight the genuine transgender experience (Jones & Brewster, 2017). Other important considerations include providing access to trans-affirming therapy, particularly

in rural areas, to further current and emergent literature, and to increase community and social support (Holt et al., 2020).

Although there is much work that needs to be done regarding transgender issues, awareness, and practitioner competencies, Western society has begun to recognize and affirm transgender identities within the counselling community (dickey & Singh, 2017; Wren, 2019). Advancements such as trans-affirming and trans-positive therapies, a more prominent online presence, and the revision of best practices and standards of care have helped increase awareness for transgender care (Carroll & Gilroy, 2002; Hope et al., 2020; Jones & Brewster, 2017).

Eagly and Wood (2017) acknowledged the need to study further the intersectionality of gender identity "to other group-based identities" (p. 731), to understand gender identities outside of the binary tradition, and to study the complexities associated with divergent gender stereotypes. The purpose of the paper was to bring to light some of the historical and recent literature regarding the common struggles and experiences of transgender individuals, as well as identify what aspects of agency may be built upon for the transgender community. Some connections were evident, namely, social modelling and self-efficacy models. These connections will serve as the foundational elements that will inform practitioner care and practice for diverse client populations.

References

Alkire, A. (2005). Subjective quantitative studies of human agency. *Social Indicators Research*, *74*(1), 217–260. https://doi.org/10.1007/s11205-005-6525-0

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Anzani, A., Morris, E. R., & Galupo, M. P. (2019). From absence of microaggressions to seeing authentic gender: Transgender clients' experiences with microaffirmations in therapy. *Journal of LGBT Issues in Counselling*, *13*(4), 258–275. https://doi.org/10.1080/15538605.2019.1662359

Asakura, K. (2017). Paving pathways through the pain: A grounded theory of resilience among lesbian, gay, bisexual, trans, and queer youth. *Journal of Research on Adolescence*, *27*(3), 521–536. https://doi.org/10.1111/jora.12291

Austin, A. (2018). Transgender and gender diverse children: Considerations for affirmative social work practice. *Child & Adolescent Social Work Journal*, *35*(1), 73–84. https://doi.org/10.1007/s10560-017-0507-3

Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, *52*(1), 1–26. https://doi.org/10.1146/annurev.psych.52.1.1

Bandura, A. (2018). Toward a psychology of human agency: Pathways and reflections. *Perspectives on Psychological Science*, *13*(2), 130–136. https://doi.org/10.177/1745691617699280

Bariola, E., Lyons, A., Leonard, W., Pitts, M., Badcock, P., & Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health*, *105*(10), 2108–2116.

Bem, S. L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review*, *88*(4), 354–364. https://doi.org/10.1037/0033-295X.88.4.354

Benson, K., Westerfield, E., & van Eeden-Moorefield, B. (2018). Transgender people's reflections on identity, faith, and Christian faith communities in the U.S. *Sexual and Relationship Therapy*, *33*(4), 395–420. https://doi.org/10.1080/14681994.2018.1472375

Bingham, B., Moniruzzaman, A., Patterson, M., Sareen, J., Distasio, J., O'Neil, J., & Somers, J. M. (2019). Gender differences among indigenous Canadians experiencing homelessness and mental illness. *BMC Psychology, 7*

doi:http://dx.doi.org.proxy.cityu.edu/10.1186/s40359-019-0331-y

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 U.S. transgender population. *American Journal of Public Health*, *103*(5), 943–951.

Bockting, W., Renato, B., LeBlanc, A., Singh, A., Mellman, W., Dolezal, C., & Anke, E. (2020). Sociopolitical change and transgender people's perceptions of vulnerability and resilience. *Sexuality Research & Social Policy*, *17*(1), 162–174. https://doi.org/10.1007/s13178-019-00381-5

Broussard, A., & Warner, H. (2019). Gender nonconformity is perceived differently for cisgender and transgender targets. *Sex Roles*, *80*(1), 409–428. https://doi.org/10.1007/s11199-018-0947-z

Budge, S. L., & Moradi, B. (2018). Attending to gender in psychotherapy: Understanding and incorporating systems of power. *Journal of Clinical Psychology*, *74*(11), 2014–2027. https://doi.org/10.1002/jclp.22686

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.

Campbell, L., & Arkles, G. (2017). Ethical and legal concerns for mental health professionals. In A. A. Singh & l. m. dickey (Eds.), *Trans-affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 95–118). American Psychological Association.

Carroll, L., & Gilroy, P. (2002). Transgender issues in counsellor preparation. *Counsellor Education and Supervision*, *41*(3), 233–242. https://doi.org/10.1002/j.1556-6978.2002.tb01286.x

Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling and Development*, *80*(2), 131–139. https://doi.org/10.1002/j.1556-6678.2002.tb00175.x

Chang, S., Singh, A. A., & Rossman, K. (2017). Gender and sexual orientation diversity within the TGNC community. In A. A. Singh & l. m. dickey (Eds.), *Trans-affirmative counseling and psychological practice with transgender and gender nonconforming clients* (pp. 19–40). American Psychological Association.

Chang, T. K., & Chung, B. (2015). Transgender microaggressions: Complexity of the heterogeneity of transgender identities. *Journal of LGBT Issues in Counselling*, *9*(3), 217–234. https://doi.org/10.1080/15538605.2015.1068146

Chrzastowski, S. K. (2011). A narrative perspective on genograms: Revisiting classical family therapy methods. *Clinical Child Psychology and Psychiatry*, *16*(4), 635–644. https://doi.org/10.1177/1359104511400966

Cogan, C. M., Scholl, J. A., Cole, H. E., & Davis, J. L. (2020). The moderating role of community resiliency on suicide risk in the transgender population. *Journal of LGBT Issues in Counseling*, *14*(1), 2–17. https://doi.org/10.1080/15538605.2020.1711291

Dawson, J. (2017). *The gender games: The problem with men and women…from someone who has been both*. Two Roads. https://read.amazon.ca/?asin=B0796S3NVG

dickey, l. m., & Loewy, M. I. (2010). Group work with transgender clients. *The Journal for Specialists in Group Work*, *35*(3), 236–245. https://doi.org/10.1080/01933922.2010.492904

dickey, l. m., & Singh, A. A. (2017). Finding a trans-affirmative provider: Challenges faced by trans and gender diverse psychologists and psychology trainees. *Journal of Clinical Psychology*, *73*(8), 938–944. https://doi.org/10.1002/jclp.22508

dickey, l. m., & Singh, A. A. (2020). Evidence-based relationship variables: Working with trans and gender nonbinary clients. *Practice Innovations*. Advance online publication. https://doi.org/10.1037/pri0000116

Eagly, A. H., & Wood, W. (2017). Janet Taylor Spence: Innovator in the study of gender. *Sex Roles*, *77*(11–12), 725–733. https://doi.org/10.1007/s11199-017-0835-y

Edwards, L., Goodwin, A., & Neumann, M. (2018). An ecological framework for transgender inclusive family therapy. *Contemporary Family Therapy*, *41*(3), 258–274. https://doi.org/10.1007/s10591-018-9480-z

Eyssel, J., Koehler, A., Dekker, A., Sehner, S., & Nieder, T. O. (2017). Needs and concerns of transgender individuals regarding interdisciplinary transgender healthcare: A non-clinical online survey. *PLOS ONE*, *12*(8), 1–26. https://doi.org/10.1371/journal.pone.0183014

Feder, S. (Director). (2020). *Disclosure: Trans lives on screen* [Film]. Field of Vision Bow and Arrow Entertainment Level Forward.

Fienberg, L. (1993). *Stone butch blues: A novel*. Firebrand.

Frost, D. M. (2017). The benefits and challenges of health disparities and social stress

frameworks for research on sexual and gender minority health. *Journal of Social Issues*,

73(3), 462–476. https://doi.org/10.1111/josi.12226

Gardner, J. R. (2020). Discussion of George Hagman's "Self-agency: Context and freedom in

psychoanalysis". *Psychoanalysis, Self and Context*, *15*(1), 40–46.

https://doi.org/10.1080/24720038.2019.1654480

Goffnett, J., & Paceley, M. S. (2020). Challenges, pride, and connection: A qualitative

exploration of advice transgender youth have for other transgender youth. *Journal of Gay

& Lesbian Social Services*, *32*(3), 328–353.

https://doi.org/10.1080/10538720.2020.1752874

Greenberg, L. S., & Watson, J. C. (2006). *Emotion-focused therapy for depression*. American

Psychological Association.

Hailes, H. P., Ceccolini, C. J., Gutowski, E., & Liang, B. (2020). Ethical guidelines for social

justice in psychology. *Professional Psychology: Research and Practice*. Advance online

publication. https://doi.org/10.1037/pro0000291

Heck, N. C. (2017). Group psychotherapy with transgender and gender nonconforming adults:

Evidence-based practice applications. *Psychiatric Clinics of North America*, *40*(1), 157–

175. https://doi.org/10.1016/j.psc.2016.10.010

Hoffman, R. M. (2001). The measurement of masculinity and femininity: Historical perspective

and implications for counseling. *Journal of Counseling & Development*, *79*(4), 472–485.

https://doi.org/10.1002/j.1556-6676.2001.tb01995.x

Holt, N. R., Hope, D. A., Mocarski, R., Meyer, H., King, R., & Woodruff, N. (2020). The

provider perspective on behavioral health care for transgender and gender nonconforming

individuals in the central great plains: A qualitative study of approaches and needs. *American Journal of Orthopsychiatry*, *90*(1), 136–146. https://doi.org/10.1037/ort0000406

Iacono, G. (2019). An affirmative mindfulness approach for lesbian, gay, bisexual, transgender, and queer youth mental health. *Clinical Social Work Journal*, *47*(2), 156–166. https://doi.org/10.1007/s10615-018-0656-7

Jaffray, B. (2020). Experiences of violent victimization and unwanted sexual behaviours among gay, lesbian, bisexual and other sexual minority people, and the transgender population, in Canada, 2018. *Juristat: Canadian Centre for Justice Statistics,* 1-27.

Jarymowicz, M., & Szuster, A. (2016). Self-we-others schemata differentiation as a base for personal agency and social attitudes. *Frontiers in Psychology*, *7*(1), 1–4. https://doi.org/10.3389/fpsyg.2016.01227

Johns, M. M., Beltran, O., Armstrong, H. L., Jayne, P. E., & Barrios, L. C. (2018). Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *Journal of Primary Prevention*, *39*(3), 263–301. https://doi.org/10.1007/s10935-018-0508-9

Jones, K. N., & Brewster, M. E. (2017). From awareness to action: Examining predictors of lesbian, gay, bisexual, and transgender (LGBT) activism for heterosexual people. *American Journal of Orthopsychiatry*, *87*(6), 680–689. https://doi.org/10.1037/ort0000219

Jones, S. (2014). *Laverne Cox is the woman we've been waiting for*. BuzzFeed. https://www.buzzfeed.com/saeedjones/laverne-cox-is-the-woman-weve-been-waiting-for?utm_term=.jya2pB5Ro#.ec8gbGkZP

Kattari, S., Bakko, M., Hecht, H., & Kattari, L. (2020). Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults. *SSM - Population Health*, *10*, Article e100525. https://doi.org/10.1016/j.ssmph.2019.100525

Lev, A. L. (2006). Disordering gender identity. *Journal of Psychology & Human Sexuality*, *17*(3–4), 35–69. https://doi.org/10.1300/J056v17n03_03

Lewis, A. J. (n.d.). *Free our siblings, free ourselves: Historicizing trans activism in the U.S., 1952-1992*. Organization of American Historians. https://www.oah.org/tah/issues/2019/may/free-our-siblings-free-ourselves-historicizing-trans-activism-in-the-u.s-1952-1992/

Livingston, J. (Director). (1991). *Paris is burning* [Film]. Academy Entertainment.

Lombardi, E., & Banik, S. (2016). The utility of the two-step gender measure within trans and cis populations. *Sexuality Research & Social Policy*, *13*(3), 288–296. https://doi.org/10.1007/s13178-016-0220-6

McGinley, M., & Horne, S. G. (2020). An ethics of inclusion: Recommendations for LGBTQI research, practice, and training. *Psychology in Russia*, *13*(1), 54–69. https://doi.org/10.11621/pir.2020.0106

McInroy, L. B., & Craig, S. L. (2015). Transgender representation in offline and online media: LGBTQ youth perspectives. *Journal of Human Behavior in the Social Environment*, *25*(6), 606–617. https://doi.org/10.1080/10911359.2014.995392

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Miller, A., & Davidson, S. (2019). Co-ordinating meaning within a gender identity development service: What can the theory of the co-ordinated management of meaning offer clinicians working with young people, and their families, exploring their gender identities. *Clinical Child Psychology and Psychiatry*, *24*(2), 322–337. https://doi.org/10.1177/1359104519838313

Morgenroth, T., & Ryan, M. K. (2018). Gender trouble in social psychology: How can Butler's work inform experimental social psychologists' conceptualization of gender? *Frontiers in Psychology*, *9*(1320), 1–9. https://doi.org/10.3389/fpsyg.2018.01320

Peirce, K. (Director). (1999). *Boys don't cry* [Film]. Fox Searchlight Pictures.

Perez-Brumer, A., Silva-Santisteban, A., Salazar, X., Vilela, J., & Reisner, S. L. (2020). In search of "my true self": Transmasculine gender identity processes, stigma, and mental health in Peru. In N. Nakamura & C. H. Logie (Eds.), *LGBTQ mental health: International perspectives and experiences* (pp. 13–27). American Psychological Association.

Polito, V., Bariner, A. J., & Woody, E. Z. (2013). Developing the Sense of Agency Rating Scale (SOARS): An empirical measure of agency disruption in hypnosis. *Consciousness and Cognition*, *22*(3), 684–696. https://doi.org/10.1016/j.concog.2013.04.003

Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research & Social Policy*, *15*(1), 48–59. https://doi.org/10.1007/s13178-017-0295-8

Rad, M., Shackleford, C., Lee, K., & Jassin, K. (2019). Folk theories of gender and anti-transgender attitudes: Gender differences and policy preferences. *PLOS ONE*, *14*(12), 1–18. https://doi.org/10.1371/journal.pone.0226967

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), 563–585. https://doi.org/10.1111/josi.12232

Scandurra, C., Bochicchio, V., Amodeo, A. L., Esposito, C., Valerio, P., Maldonato, N. M.,
Bacchini, D., & Vitelli, R. (2018). Internalized transphobia, resilience, and mental health:
Applying the psychological mediation framework to Italian transgender individuals.
International Journal of Environmental Research and Public Health, *15*(3),1-19.
https://doi.org/10.3390/ijerph15030508

Scheim, A. I., Zong, X., Giblon, R., & Bauer, G. R. (2017). Disparities in access to family
physicians among transgender people in Ontario, Canada. *International Journal of
Transgenderism*, *18*(3), 343–352. https://doi.org/10.1080/15532739.2017.1323069

Schmader, T., & Block, K. (2015). Engendering identity: Toward a clearer conceptualization of
gender as a social identity. *Sex Roles*, *73*(11–12), 474–480.
https://doi.org/10.1007/s11199-015-0536-3

Schulz, S. L. (2018). The informed consent model of transgender care: An alternative to the
diagnosis of gender dysphoria. *Journal of Humanistic Psychology*, *58*(1), 72–92.
https://doi.org/10.1177/0022167817745217

Sevelius, J., Chakravarty, D., Neilands, T. B., Keatley, J., Shade, S. B., Johnson, M. O., &
Rebchook, G. (2019). Evidence for the model of gender affirmation: The role of gender
affirmation and healthcare empowerment in viral suppression among transgender women
of color living with HIV. *AIDS and Behavior*, 1–8. https://doi.org/10.1007/s10461-019-
02544-2

Shahar, B., Carlin, E., Engle, D., & Hegde, J. (2012). A pilot investigation of emotion-focused two-chair dialogue intervention for self-criticism. *Clinical Psychology & Psychotherapy*, *19*(6), 496–507. https://doi.org/10.1002/cpp.762

Spence, J. T. (1993). Gender-related traits and gender ideology: Evidence for a multifactorial theory. *Journal of Personality and Social Psychology*, *64*(4), 624–635. https://doi.org/10.1037/0022-3514.64.4.624

Sue, D. W., Capodilupo, C. M., Rotino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, *62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Swan, A. M., & Cabellos, P. (2020). Person-centered conceptualization of multiculturalism and social justice in counselling. *Person-Centered and Experiential Psychotherapies*, *19*(2), 154–167. https://doi.org/10.1080/14779757.2020.1717981

Westmacott, R., & Edmondstone, C. (2020). Working with transgender and gender diverse clients in emotion-focused therapy: Targeting minority stress. *Person-Centered and Experiential Psychotherapies*, 1–19. https://doi.org/10.1080/14779757.2020.1717986

Wood, W., & Eagly, A. H. (2015). Two traditions of research on gender identity. *Sex Roles*, *73*(11–12), 461–473. https://doi.org/10.1007/s11199-015-0480-2

The World Professional Association for Transgender Health. (2012). *Standards of care for the health of transsexual, transgender, and gender-nonconforming people.* https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_V7%20Full%20Book_English.pdf

Wren, B. (2019). Ethical issues arising in the provision of medical interventions for gender

    diverse children and adolescents. *Clinical Child Psychology and Psychiatry*, *24*(2), 203–

    222. https://doi.org/10.1177/1359104518822694

Yavuz, C. (2016). Gender variance and educational psychology: Implications for practice.

    Educational Psychology in Practice, *32*(4), 395–409.

    https://doi.org/10.1080/02667363.2016.1205475