

Fostering Resilience: Developing Strengths-oriented Practices for Transgender Youth

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The purpose of this paper was to examine the concept of resilience in the face of minority stress. I will demonstrate how this concept can be applied in strengths-oriented social work practice with transgender youth. Transgender affirming models are used in counseling; however, the majority of counseling practice still focuses on pathology and diagnosis (Singh, Hays & Watson, 2011). I will review current literature on resilience-focused practice, minority stress, transgender oppression, resilience strategies, and barriers to resilience among transgender youth. I will then summarize key points and present two cases illustrating the grave challenges faced by transgender youth. The first is a case of a young person whose resilience was not supported, and who fell victim to the overwhelming societal barriers she faced. The second is that of a young woman whose resilience was fostered and supported, allowing her to triumph over adversity. Finally, in the context of these two examples, I will discuss the themes of resilience as they impact transgender youth and suggest ideas for successful social work practice.

REVIEW OF LITERATURE

Recent trends in policy, research, and clinical practice have been moving away from risk-oriented practice, focusing instead on resilience strategies. This shift is, in part, motivated by a desire to emphasize positive strengths rather than focusing on negative, maladaptive outcomes. The goal has become to foster success instead of treating failure (Rutter, 2012). Resilience is a process that is developed throughout life and fostered before, during, and after hardships or other adverse experiences (Rutter, 2012).

Research on resilience often focuses on the ways that specific processes mitigate the impact of stress (Meyer, 2015). Considering the extensive variance in individual response to risk, resilience must be seen as an interactive concept. The presence of resilience is surmised by the difference in outcomes in individuals exposed to the same threat (Rutter, 2012). Resilience in individuals has been found to be correlated with positive outcomes. Resilience, however, cannot be viewed as a directly measurable, fixed trait (Rutter, 2012). Instead, resilience can be fostered by controlled exposure to manageable challenges and stressors. Instead of conceptualizing resilience as the achievement of more advanced functioning, resilience points to the process of achieving and maintaining a functional life in the face of adversity. Whenever a risk is broadly defined, it is important to identify particular aspects that may create hardship or foster resilience (Rutter, 2013).

Walsh (2010) discusses the work of Dennis Saleeby on strengths-oriented practice—a practice whose focus is on assessing clients based on their capacities, talents, competencies, possibilities, visions, values, and hopes (Saleeby 2002 as cited in Walsh, 2010). This approach emphasizes resilience, specifically the skills, abilities, knowledge, and insight that individuals may acquire in the struggle to overcome adversity (Walsh, 2010).

Resilience is essential in understanding minority stress. Lesbian, gay, bisexual, and transgender (LGBT) people are vulnerable to minority stress based on the premise that the prejudice and stigma specific to LGBT people result in population-specific stressors which cause negative physical and mental health outcomes (Meyer, 2015). Meyer cites multiple studies showing that both internal and external minority stressors impact the health of transgender and gender non-conforming people. External stressors include life events, chronic strains, everyday discrimination, and micro-aggressions. Even anticipated events that did not take place cause stress. Internalized stressors include internalized transphobia, expectation of rejection or discrimination, felt stigma, and concealment of gender identity (Meyer, 2015).

Transgender and gender non-conforming people experience discrimination, ridicule, and abuse in their families, schools, workplaces, and health care facilities. Discrimination leads to a range of outcomes from unemployment and homelessness to untreated illness and death (Grant, et al, 2011). A survey conducted by the National Center for Transgender

Equality and the National Gay and Lesbian Task Force (2011) identified the types of abuses and hardships experienced by transgender and gender non-conforming people. For example, 76 percent of participants reported enduring abuse and having difficulty finding sensitive providers. The survey also found examples of the participant's resilience. For example, while fewer 18- to 24-year-olds in this sample were in school, 22 percent of the study participants who had left school returned later. Despite extensive reports of workplace discrimination, 78 percent of participants reported improved work performance and feeling more comfortable following transitioning. Finally, although 19 percent of participants had (at one time or another) been denied a home or apartment due to their gender identity, 94 percent reported being currently housed (Grant, et al., 2011).

Singh, et al. (2004) published a phenomenological study identifying common themes of resilience and threats to resilience in transgender youth. The five themes of resilience were: (a) ability to self-define and theorize one's gender, (b) proactive agency and access to supportive educational systems, (c) connection to a trans-affirming community, (d) reframing of mental health challenges, and (e) navigation of relationships with family and friends (Singh, et al., 2014). The ability to self-define and theorize one's gender refers to the freedom and capability to use one's own words and ideas to define gender identity and expression. Participants in this study reported diverse venues for building a vocabulary to fit their individual identity, including counseling, journaling, and trans activism. The authors also found that, while conversational self-theorizing with supportive, trans-affirming people enhanced resilience, self-theorizing in isolation did not (Singh, et al., 2014). Proactive agency and access to supportive educational systems that support resilience are vital to trans youth. Proactive agency allows individuals to determine if a situation can be resolved through self-advocacy, or if a secondary plan needs to be in place based on the likelihood of self-advocacy failing. Educational systems with trans-affirming services, supportive counselors, professors, or mentors, were reported to increase a sense of support and connectedness (Singh, et al., 2014) among transgender youth. Singh, et al. reported the importance that participants ascribed to connecting to a trans-affirming community and building relationships within it. Many participants reported experiencing tokenism and other negative experiences in lesbian, gay, bisexual, and queer groups; however, despite these negative experiences, participants emphasized the importance of the trans-affirming community in

building resilience. Participants also reported reframing mental health challenges to help them navigate gender identity in hostile situations. Participants reported that successful navigation of mental health distress better equipped them for handling other types of distress (Singh, et al., 2014).

The ability to navigate relationships with family and friends also was vital to building resilience. Supportive families were reported as being a source of resilience. Although families vary in degrees of acceptance, even inconsistent messages of support provide a source of resilience (Singh, et al., 2014). Some individuals having faced extreme hardship function successfully, and a few manage to use those hardships to strengthen their resolve (Rutter, 2012).

The following threats to resilience among transgender youth were identified in a study by Singh, et al. (2014), and, as such, help us understand the importance of supportive factors in a trans youth's life. The specific threats included:

- (1) The refusal of adults to acknowledge or accept a young trans person's identity;
- (2) The dismissal of a young person's identity as a phase or something that could be corrected in therapy;
- (3) The denial of services and discrimination by health care providers;
- (4) Emotional and social isolation, whether self-imposed due to fear of discrimination, or resulting from disclosure of trans identity;
- (5) Employment discrimination during the hiring process or when disclosing trans identity in the workplace;
- (6) Limited access to financial resources, often occurring due to the expense of social and medical transitioning.

Gender policing characterized by admonitions and threats, violence from strangers, and invalidating experiences with family and friends trying to change them (Singh, et al., 2014).

Leelah

Leelah Alcorn was born Joshua Ryan Alcorn in Kings Mills, Ohio, on Nov. 15, 1997. She committed suicide at age 17 on Dec. 28, 2014 in Lebanon, Ohio, by jumping in front of a semi-truck (Mohney, 2014). Details about Leelah's life and suicide were made public from an in-depth

suicide note, which appeared on her online blog in the days following her suicide.

Leelah's parents, Doug and Carla, raised her and her three younger siblings in the highly conservative Northeast Church of Christ (Law, 2015). Leelah knew early on that she was different. In her suicide note, she reported that, since the age of four, she felt like a girl trapped in a boy's body (Alcorn, 2014). Leelah described her journey to self-awareness in her suicide note. She wrote that at age 14, she first heard about people who had the same experience she was having, and she cried out of happiness. She wrote that she could understand who she was (Alcorn, 2014).

Before coming out as transgender, Leelah came out as gay in school. The reaction from her peers was positive but her parents were angry and, as a result, they took her out of public school, stopped her from using her computer or telephone, and stopped all access to social media (Alcorn, 2014). Her mother, based on her strong religious beliefs, sent Leelah to Christian therapists who viewed her gender identity as wrong and sought to reform her. They did not address her depression (Mohney, 2014). The therapist told Leelah that she was being selfish (Alcorn, 2014).

Isolated, rejected, and hopeless, Leelah prepared to jump off a bridge shortly before her death. She called a trans suicide hotline that day. A few days later, Leelah wrote her online suicide note and took her own life. Her mother found a handwritten note on her pillow later, it said simply that she could not go on (Kellaway, 2015). Leelah's online note ended with a plea for her death to mean something. She emphasized that she hoped her death would be understood as sending a message that society needs to find a way to be more accepting and tolerant of trans people (Alcorn, 2014).

Nicole

Nicole Maines was born in Orono, Maine, an identical twin to her brother Jonah. Her parents, Wayne and Kelly, originally named her Wyatt. They were thrilled to have twin boys, but very early on noticed something different about one of their children. At age 4, Nicole asked her mother when she would get to be a girl. She told her father that she hated her penis and asked him when she could get rid of it (English, 2011). Nicole always loved traditionally female toys and clothes, asking to be a princess for Halloween and insisting on a Barbie birthday cake (English, 2011).

At first, Nicole's parents thought their child was confused and tried to get her interested in traditionally male activities, something her mother still

feels guilty about. Kelly recalled, even though they worked hard to get Nicole to conform, she would find a way to make herself look like a girl (English, 2011). Once they understood that her behavior was telling them that she was really a girl, Nicole's parents did everything they could to make both of their children's lives healthy and whole. Kelly then did extensive research on transgender people and found groundbreaking health care providers for her child. In the fourth grade, Nicole began using her new name in school, and a year later, her parents brought her to court to have it changed legally (English, 2011).

Starting in the fifth grade, Nicole came to school as a girl, had sleep overs with her friends, and used the girl's bathroom. The school community was welcoming and accepting of her identity until a boy started harassing her in school, calling her "faggot," and complaining to his grandfather that Nicole was using the girl's bathroom. The grandfather complained to the Orono School Committee with the support of the Christian Civic League of Maine. The superintendent then decided Nicole should use the school's staff bathroom and assigned an adult to follow her all day including to the bathroom to protect her against bullying. Nicole found this intrusive and stressful. The steps taken by the school board seemed to make it acceptable to publicly question Nicole's identity (English, 2011). As a result, Nicole and her family brought a civil suit and were awarded \$75,000 by a district court.

The actions taken by Nicole and her family have led to a greater acceptance of transgender rights. In 2011 and 2012, Nicole was the keynote speaker at the GLAAD gala banquet (Pisani, 2015). *Glamour* magazine editors named her to their list of 50 Phenomenal Women in 2014 (WCSH6 Portland, 2014). Her family received the Roger Baldwin Award, which is the Maine ACLU highest award for civil rights advocacy. In addition, in 2014, the Maine Supreme Judicial Court ruled that the school district had violated Nicole's rights. For the first time, the state's highest court explicitly stated that transgender people have the right to use bathrooms corresponding to the gender with which they identify. In June 2015, Nicole launched her acting career as a guest star on the USA channel show *Royal Pains* (Pisani, 2015). Nicole is now a first-year student at the University of Maine.

DISCUSSION

The themes of resilience are clearly illustrated in the lives of

Leelah and Nicole (Singh, Meng & Hansen, 2014). While Leelah was stifled in her ability to self-define her gender within her family and community, Nicole's parents and friends gave her the freedom and support to self-theorize and define herself. Leelah's proactive agency was severely restricted by the actions of her parents as they withdrew her from the public school. This action denied Leelah access to a potentially supportive educational system. In contrast, Nicole was empowered by her proactive agency as she fought for equal treatment and access within her school.

Leelah was denied access to a trans-affirming community, having been forced into isolation and allowed to attend church and visit Christian counselors only. She was isolated from potentially connecting with an online community as her parents denied her access to the internet and prohibited use of any communication devices. Not only did Nicole have trans-affirming communities, she had also been acknowledged and celebrated by state and national LGBT communities. Because her counselors did not address her mental health struggles, Leelah was unable to reframe her mental health challenges. Nicole's struggles made her stronger and more motivated. She received appropriate care from local counselors and had the best medical specialists available to work with transgender patients. Leelah was unable to navigate relationships with her family who neither accepted her nor her friends, and by whom she felt abandoned. Nicole maintained close and meaningful relationships with family and friends, especially her extraordinarily supportive parents and twin brother. These two young transgender women, similar in age and disposition, had shockingly disparate life outcomes. Nicole, her strength and resilience fostered by her parents, thrived. Leelah, tragically lost through the ignorance of the very people who loved her most, died a victim of insurmountable barriers.

Singh, et al. (2014) emphasized the importance of capturing a person's strengths. In his research on resilience, Rutter (2012) stresses the diversity of people's responses to risk and hardship. Understanding that some people are more resilient than others, the five themes of resilience discussed above can be used to build a more accessible model for strengths-oriented counseling for transgender youth. The magnitude of trans oppression, evidenced by the trans discrimination survey report, demonstrates the need for more competent and willing counselors in this field.

In order to prevent trans youth from falling victim to the barriers to resilience that Singh, et al. (2014) identified, more professionals

need to familiarize themselves with this issue. Trans people, courageous enough to seek counseling, are frequently unable to find practitioners willing to work with them. There may be many reasons for this:

- (1) The counselor's own prejudices and beliefs;
- (2) The counselor simply does not know how to provide support;
- (3) Counselors who are not comfortable with transgender clients as they fear that they will inadvertently express culturally insensitive ideas or attitudes toward them;
- (4) Counselors may be afraid to engage in a therapeutic journey with which they have no experience.

When practitioners agree to work with trans youth, they often neglect the human struggles of their client by focusing on a diagnosis or pathology. Building a model based on the strengths and resilience of transgender youth, practitioners may feel more comfortable engaging in therapeutic relationships with this at-risk population. By starting to engage in a therapeutic process with trans youth, counselors will come to understand where they can augment their own education and knowledge base to best serve their clients.

Finally, practitioners must have sufficient understanding of gender so their clients do not have to teach them about the basic premises of their identities. Listening to clients and accepting their definition of themselves as true and valid are vital. Our clients deserve the benefit of the doubt that they know who they are, and if they are not yet certain, that they are on their journey. We can use the five themes of resilience to help support and guide our clients along that journey, wherever it leads.

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