

This article was downloaded by: [216.214.9.4]

On: 20 January 2012, At: 07:51

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of LGBT Youth

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wjly20>

Aspects of Psychological Resilience among Transgender Youth

Arnold H. Grossman^a, Anthony R. D'augelli^b & John A. Frank^a

^a Department of Applied Psychology, New York University, New York, New York, USA

^b College of Health and Human Development, Pennsylvania State University, University Park, Pennsylvania, USA

Available online: 08 Apr 2011

To cite this article: Arnold H. Grossman, Anthony R. D'augelli & John A. Frank (2011): Aspects of Psychological Resilience among Transgender Youth, *Journal of LGBT Youth*, 8:2, 103-115

To link to this article: <http://dx.doi.org/10.1080/19361653.2011.541347>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Aspects of Psychological Resilience among Transgender Youth

ARNOLD H. GROSSMAN

Department of Applied Psychology, New York University, New York, New York, USA

ANTHONY R. D'AUGELLI

*College of Health and Human Development, Pennsylvania State University,
University Park, Pennsylvania, USA*

JOHN A. FRANK

Department of Applied Psychology, New York University, New York, New York, USA

Fifty-five transgender youth described their gender development and some of the stressful life experiences related to their gender identity and gender expression. More than two-thirds of youth reported past verbal abuse by their parents or peers related to their gender identity and nonconformity, and approximately one-fifth to one-third reported past physical abuse. The more gender nonconforming the youth were, the more abuse they reported. Four aspects of psychological resilience were examined: a sense of personal mastery, self-esteem, perceived social support, and emotion-oriented coping. A regression model of the selected aspects of resilience accounted for 40%–55% of the variance in relation to depression, trauma symptoms, mental health symptoms, and internalizing and externalizing problems. Emotion-oriented coping was a significant predictor of negative mental health as determined by each of the mental health variables.

KEYWORDS *Gender, identity development, psychological resilience, transgender, youth*

Received 30 April 2010; revised 18 August 2010; accepted 25 November 2010.

The authors acknowledge the staff and volunteers of the agencies who cooperated in recruiting the participants; and also thank the study participants for contributing their information to the research study. This research was supported by the Research Challenge Fund of New York University.

Address correspondence to Dr. Arnold H. Grossman, Department of Applied Psychology, Steinhardt School of Culture, Education, and Human Development, New York University, 246 Greene Street, Suite 800, New York, NY 10003. E-mail: arnold.grossman@nyu.edu

Transgender youth frequently experience stigma, prejudice, discrimination, bullying, and victimization (APA Task Force on Gender Identity and Gender Variance, 2008; Grossman, 2005; Grossman & D'Augelli, 2006). These experiences occur as transgender youth contradict society's social structures that assume a binary classification of gender based on biological sex, gender, and the gender role expectations associated with them. The inconsistency between biological sex and gender identity and expression is generally not accepted by others because society expects people to conform to its social constructions (Gagne & Tewskbury, 1996). As Devor (2004) indicated, there are no socially acceptable intermediate sexes or socially acceptable intermediate genders in most social and cultural contexts. Therefore, many transgender youth become members of marginalized and vulnerable minority groups who tend to experience more psychosocial and mental health problems than other social groups (Lombardi, 2001). However, some transgender youth have psychological resilience that enables them to adapt positively when they encounter adverse experiences. The purpose of this study was to determine which psychological aspects, if any, predict psychological resilience among a selected group of self-identified transgender youth. As the researchers could not find previous research on this topic that would lead to posing hypotheses, research questions were developed that focused on constructing a model using traditional aspects of resilience. This study specifically questions: Does a model that includes self-esteem, a sense of personal mastery, perceived social support, and emotion-oriented coping predict aspects of psychological resilience among transgender youth experiencing stressful situations?

ON BEING TRANSGENDER and GENDER VARIANT

Terms used in this article have been defined differently in the scientific literature; in order to communicate accurately, the authors are defining the way in which the terms are used in this study. *Transgender* is an umbrella term used to describe people whose self-identification or gender expression transcends society's constructed established gender categories or who do not conform to the culturally defined norms of their biological sex (Green, 2004; Sears, 2005). People who identify as *transgender* or *gender variant* live all or a substantial portion of their lives expressing or presenting a gender identity (i.e., emanating from an internal sense of gender) that is other than their assigned birth sex. The term transgender is inclusive of individuals who identify as *transsexuals* (i.e., identify with a gender other than their birth sex), *cross-dressers* (i.e., wear clothes or act to communicate gender patterns and interests usually associated with a gender other than their birth sex), and *gender blenders* (i.e., present ambiguous gender expressions). Furthermore, people who identify as transgender act in ways that are consistent with their

internal sense of being male, female, or of indeterminate sex (Stoller, 1968); and using that *gender identity*, they enact *gender roles* as well as behaviors, attitudes, and personalities other than those that society designates as typical of the male or female social roles commensurate with their assigned birth sex (Ruble, Martin, & Berenbaum, 2006). When such a disconnection occurs between peoples' biological sex and their gender identities, an uncomfortable *gender dysphoria* can arise. Whereas society legitimates two genders, gender identities tend to vary along a continuum from hyper-masculine to hyper-feminine; therefore, there are many gender identities, e.g., transmen (FTM), transwomen (MTF), trannybois, tranndykes, genderqueer, and two spirit. In this article, the words *female* and *male* are used to describe birth or biological sex, and the words *girl* and *boy* or *woman* and *man* are used to describe gender.

PSYCHOLOGICAL RESIENCE

From a psychological perspective, resilience is the capacity to cope with adversity, stress, and other negative events as well as the capacity to avoid psychological problems while experiencing difficult circumstances (Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000). A central process in building resilience is the development of coping skills, processes, and styles. In other words, when adversity occurs an appraisal of the significance of the stressor or threatening event takes place and coping responses are triggered to focus on the adversity or on the emotions it generates. The responses can also be socially focused, such as seeking support from others (Antonovsky, 1979; Lazarus, 1966). Next, actual coping efforts aimed at regulating the problem take place to restore the balance that was upset by the adversity and affected the individual's psychological well-being (Lazarus & Cohen, 1977). In the present study, four potential aspects of psychological resilience among transgender youth were selected: a sense of personal mastery, self-esteem, perceived social support, and emotion-oriented coping. It was projected that this model would predict lower aspects of mental health problems among transgender youth.

METHOD

Data for this article were taken from a study of the personal and contextual factors influencing transgender youths' development, aged 15 to 21. In the current report, the investigators focused on examining measures of mental health problems and their relationship to designated aspects of psychological resiliency. These were guided by two research questions: (1) Are there correlations between scores of mental health measures and scores on measures of

psychological resilience among transgender youth? (2) Does a model of aspects of psychological resilience assist in predicting mental health problems among transgender youth?

The assessment procedure was an interview which focused on the experiences of transgender youth as well as a battery of standard measures that assessed various aspects of adjustment and mental health. The protocol was based on a previous one used in a study of lesbian, gay, and bisexual (LGB) youth (D'Augelli & Grossman, 2006). The earlier protocol was modified based on findings from focus groups with transgender youth and the advice of a planning and evaluation group of transgender youth, adults, and professionals who had worked with transgender youth (Grossman & D'Augelli, 2006). Because seeking parental consent could put the youth at risk for exposing their gender identity or may lead to harm, parental consent was waived. However, a youth advocate was available to discuss questions about the study or the youths' participation in the study. The research procedures were approved by the institutional review boards on research with human subjects of New York University and Pennsylvania State University.

Data are based on a convenience sample of male-to-female (MTF; i.e., individuals whose birth sex is male, whose gender identity is female, or who behave in ways traditionally associated with females) and female-to-male (FTM; i.e., individuals whose birth sex is female, whose gender identity is male, or who behave in ways traditionally associated with males) transgender youth. Because transgender youth are a hidden population, it was not possible to recruit a representative sample. The participants were recruited from programs of two social and recreation services agencies which provide services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in New York City. Using snowball sampling techniques, participants referred other transgender youth to the study. Youth were offered a \$30 incentive to participate. The authors recognize that these recruitment techniques limit the generalizability of the results and that findings may not be characteristic of all transgender youth between the ages of 15 to 21. Additionally, generalizability is not possible due to other research limitations, including the use of a convenience sample, the youth self-identified as MTF and FTM transgender youth, and the youth had access to a community organization serving LGBTQ youth or knew someone who did. Also, all data were based on youths' self-reports, which have intrinsic limitations.

Participants

The participants were 31 MTF and 24 FTM youth between the ages of 15 and 21. The respective mean ages of the two groups were 17.5 ($SD = 1.6$) and 19.5 ($SD = 1.6$), a significant difference, $t(53) = 4.55, p < .001$. Ethnically, 22 were of Hispanic heritage and 33 were not. With regard to race, 41 identified

as White, 7 as Black/African American, 3, more than one race, 2 American Indian, and 1 did not provide information on race. Twenty MTF and 21 FTM youth identified as White. Twenty-nine youth were attending school, with 22 in college and 7 in high school. Three graduated from high school, 21 completed various high school grades, and 2 did not report their levels of education as they could not identify them because of repeated interruptions in their education due to periods of prolonged absences from school.

Four-fifths (44) of the youth came from two-parent households. Approximately three-fourths (42) of the youth were reared by their biological mothers, 6 by their grandmothers, and 1 by an adoptive mother. There were no differences between MTF and FTM youth regarding those raised by mothers and grandmothers. Of the remaining youth, six were raised by their biological fathers, one by a stepfather, and two by other family members. This study classifies and refers to the adult females as “mothers” and the adult males as “fathers.”

Assessment

The participants responded to interview questions on a variety of topics including the demographic characteristics reported above. Questions related to other topics pertinent to this report were: ages at which participants reached sexual-oriented and gender-oriented developmental milestones, e.g., age first called “tomboy” or “sissy”; age first self-identified as transgender; age first told someone that the person was transgender; self-rating of gender conforming and non-conforming expression on a nine-point continuum, i.e., 1 = *extremely feminine* to 9 = *extremely masculine* (note: items were reverse scored for MTF participants, and higher scores meant more gender non-conformity), participant ratings of their parents’ initial and current reactions to sexual-oriented and gender-oriented identities and behaviors on a four-point scale, i.e., 1 = *very positive* to 4 = *very negative*, number of experiences with verbal, physical and/or sexual abuse by parents and by peers related to gender identity and/or expression.

In addition to responding to the interview questions, the participants completed the following battery of standard mental health measures: [Note: some of the items in the measures were reversed scored.]

DEPRESSION

The Beck Depression Inventory (BDI-II; Beck, Steer, & Brown, 1996) consists of 21 items designed to measure depression. Participants are asked to rate characteristics such as “sadness,” “loss of pleasure,” and “loss of energy” with each characteristic followed by four statements (ranging in value from 1 to 4), e.g., “I do not feel sad;” to “I am so sad or unhappy that I can’t stand

it.” Mean scores were used with higher scores reflecting greater degrees of depression. The alpha coefficient was .90.

INTERNALIZING AND EXTERNALIZING PROBLEMS

The Youth Self-Report (YSR; Achenbach & Rescoria, 2001) consists of problem scales that form continuous measures of eight dimensions of psychological functioning. The eight scales consist of 112 items (e.g., “I have a hot temper”), each of which is rated on a 3-point scale based on its existence in the past six months, i.e., *not true, somewhat or sometimes true, very true or often true*. In addition to the eight dimensions, 80 items of the YSR are grouped to measure internalizing (60 items) or externalizing (20 items) problems of psychological functioning. Mean scores were used with higher scores reflecting greater degrees of internalizing and externalizing problems. The alpha coefficient for both the externalizing and internalizing problem sub-scales was .89.

MENTAL HEALTH PROBLEMS

The Brief Symptom Inventory (BSI; Derogatis, 1993) was used to assess mental health problems. It asks about the occurrence of 53 symptoms (e.g., “suddenly scared for no reason”) in the past week on a 5-point scale ranging from *not at all* to *extremely*. The BSI produces a summary score, the Global Severity Index (GSI), which is an overall indicator of mental health problems with higher scores reflecting more mental health problems. The alpha coefficient for the GSI was .97.

TRAUMA SYMPTOMS

The Trauma Symptom Checklist (TSC-40; Briere & Runtz, 1989) asks respondents to rate various symptoms (e.g., “nightmares,” “uncontrollable crying”) on a 4-point scale from *never* through *often*. Mean scores were used with higher scores reflecting more trauma symptoms. This scale had an alpha coefficient of .92.

COPING SKILLS

The Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999) consisting of 48 items was used to measure three types of coping strategies used by the respondents, i.e., task-oriented, emotion-oriented, and avoidance-oriented; 16 items per scale with each item rated on a 4-point scale from *not at all* to *very much*. Respective sample items are: “I think

about how I solved similar problems,” “Become very upset,” and “Go to a party.” Mean scores were used, and higher scores on each scale indicate the ranking of coping style from primary to tertiary. The alpha coefficient for each scale was .89, .89, .83, respectively.

PERCEIVED SUPPORT

The Multidimensional Scale of Social Support (Zimet et al., 1988) was used to assess the youths' views of their social support from family and friends. It is a 14-item scale (sample item: “I can count on my friends when things go wrong.”) that asks respondents to rate the items from *strongly disagree* to *strongly agree*. Mean scores were used with higher scores reflecting a greater degree of perceived social support. The alpha coefficient was .80.

PERSONAL MASTERY

The Mastery Scale (Pearlin et al., 1981) was used to assess the extent to which respondents generally feel as though they manifest personal mastery over important life outcomes. It consists of eight items which are measured on a 4-point scale from *strongly agree* to *strongly disagree* (sample item: “Sometimes I feel that I am being pushed around in life.”). Mean scores were used with higher scores reflecting a greater sense of personal mastery. The coefficient alpha was .70.

SELF-ESTEEM

The Rosenberg Self-Esteem Inventory (RSEI; Rosenberg, 1979) was used to assess current self-esteem (sample item: “On the whole, I am satisfied with myself.”). The RSEI is a 10-item scale that asks youth to respond on a 4-point scale with from *strongly agree* through *strongly disagree*. Mean scores were used with higher scores reflecting a greater sense of self-esteem. The alpha coefficient was .85.

RESULTS

Descriptive Statistics

All of the participants indicated that they “felt different from others” when they were growing up; the mean age of those reported by members of the FTM and MTF groups was 8. Two-thirds of the members of both groups also reported being told they were different from others in early childhood. All but one FTM youth was called a “tomboy,” and almost two-thirds (15) were told to stop acting like a tomboy by their parents. Four-fifths (25) of the MTF

youth were called “sissy” and three fourths (23) were told to stop acting like a sissy by their parents. The FTM youth first considered themselves to be transgender at a mean age of 15, and they first told someone else that they were transgender at a mean age of 17. The MTF youth first considered themselves to be transgender at a mean age of 13 and they first told someone else that they were transgender at a mean age of 14. More than 50% (13) of the FTM youth had parents who thought the youth needed counseling regarding their sexual orientation or gender expression, whereas 71% (22) of the MTF youth had parents who thought their children needed counseling for these reasons. Parents suggested the need for counseling for the FTM youth two years before they disclosed their transgender identities; and for the MTF youth, it was three years before they disclosed their identities.

Gender nonconforming expression, as indicated by self-reported dressing other than expected gender role expression of one's birth sex, occurred to a greater extent among MTF youth than FTM youth. At the time of the study, a greater percentage of MTF youth (81%) than FTM (71%) dressed as other than their birth sex most of the time. Of those whose gender presentation was different than their birth sex, 65% of the MTF and 42% of the FTM dressed as such all of the time.

A greater percentage of mothers (78%) knew of the participants' gender identity than their fathers (49%). The mean age at which participants told their mothers and fathers was 15, with the more gender nonconforming youth telling ($r = .49, p < .01$) or being asked ($r = .61, p < .01$) by their parents at younger ages. Additionally, the more gender nonconforming the youth were the more parental verbal abuse ($r = .39, p < .01$) and physical abuse ($r = .41, p < .01$) they experienced. When asked about their mothers' and fathers' first reactions to their being transgender, 54.5% classified their mothers' first reaction as *negative* or *very negative*, and 62.9% classified their fathers' first reaction similarly. At the time of the study, approximately three years from the mean age of disclosure, 50% of the youth continued to identify their mothers' reactions as *negative* or *very negative*, and 44.4% of the youth classified their fathers' reactions similarly.

In reporting about victimization by their peers, 71% (17) of the FTM youth reported experiencing past verbal abuse (e.g., called names, teased, or threatened with being hurt), 17% (4) reported past physical abuse, and 0% reported past sexual abuse. Of the MTF youth, 87% (27) reported experiencing past verbal abuse, 36% (11) past physical abuse, and 16% (5) past sexual abuse.

Predicting Aspects of Psychological Resilience

Multiple regression analyses were conducted to determine if a model consisting of self-esteem, a sense of personal mastery, perceived social support,

TABLE 1 Summary of Simultaneous Regression Analysis for Variables Predicting Psychological Resilience among Transgender Youth ($N = 55$)

| Dependent variable | | | | |
|-------------------------------|--------------|-------|------------|--------------------|
| Predictor | β Adj. | R^2 | $F(4, 54)$ | Model Significance |
| Mental health problems | | | | |
| -Personal mastery | -.25 | .44 | 11.67 | $p < .001$ |
| -Self-esteem | -.24 | | | |
| -Social support | -.17 | | | |
| -Emotional coping | .31* | | | |
| Trauma Symptoms | | | | |
| -Personal mastery | -.32* | .40 | 10.10 | $p < .001$ |
| -Self-esteem | -.20 | | | |
| -Social support | -.07 | | | |
| -Emotional coping | .29* | | | |
| Depression | | | | |
| -Personal mastery | -.42** | .40 | 10.10 | $p < .001$ |
| -Self-esteem | -.17 | | | |
| -Social support | -.27** | | | |
| -Emotional coping | .22* | | | |
| Externalizing Problems | | | | |
| -Personal mastery | -.17 | .40 | 9.92 | $p < .001$ |
| -Self-esteem | -.21 | | | |
| -Social support | -.17 | | | |
| -Emotional coping | .38** | | | |
| Internalizing Problems | | | | |
| -Personal mastery | -.17 | .55 | 17.31 | $p < .001$ |
| -Self-esteem | -.17 | | | |
| -Social support | -.35** | | | |
| -Emotional coping | .39** | | | |

$p < .05$ * $p < .001$ **.

and emotion-oriented coping (as aspects of psychological resilience) were effective in predicting positive and/or negative mental health outcomes among transgender youth experiencing stressful situations. The findings are included in Table 1. Overall, we found that the model predicted 40%–55% of the variance in predicting psychological resilience in relation to depression, trauma symptoms, mental health symptoms, and internalizing and externalizing problems. A significant predictor of negative mental health, as determined by each dependent variable, was the use of emotion-oriented coping as the primary style of coping.

DISCUSSION

All youth encounter the challenges of anticipating and constructing many identities during adolescence. The major issue for youth, including high-school or college students and school dropouts, is to anticipate their occupational, social, and personal futures and to embark on activities to make these

anticipations become future realities within their cultural and social contexts (Guichard, 2009). For transgender youth, biological females or males who feel psychologically different from their birth sex, these self-constructions are compounded as they confront issues of sex, gender, and sexual orientation along with the minority status and its associated stereotypes, stigma, prejudice, and discrimination (APA Task Force on Gender Identity and Gender Variance, 2008). The present study examined a model consisting of variables normally associated with psychological resilience, i.e., self-esteem, a sense of personal mastery, perceived social support, and emotion-oriented coping, to determine whether or not they predict resilience among transgender youth.

The findings indicated that three of the variables, i.e., higher self-esteem, a higher sense of personal mastery, and greater perceived social support, predicted positive mental health outcomes. Therefore, they appear to be components of a potential intervention to assist transgender youth in achieving the desired outcomes of their anticipated realities. However, emotion-oriented coping predicted negative mental health outcomes; consequently, the implications lead to the conclusion that enhancing task-oriented coping may be effective in assisting transgender youth in achieving their anticipated futures.

Interventions to enhance the future realities of transgender youth and interventions to enhance psychological resilience should begin when the youth are older children or young adolescents. In the present study, youth reported feeling different at an average age of 7.5; and the large majority of both FTM and MTF youth were not only called “tomboy” or “sissy” by their parents as older children, but they were also told to stop acting outside of their gender role expectations by their parents at the mean ages of 9 and 10, respectively, during the same time period. The FTM and MTF youth in the study also self-identified as transgender at mean ages of 15 and 14, respectively; and they disclosed that identity to someone else at mean ages of 17 and 14, respectively. The majority of those who disclosed their transgender identities reported that their parents’ first reactions to be *very negative* or *negative*; and although there were more positive reactions on the average of three years later (when the youth participated in the study), the majority of parental reactions remained *very negative* or *negative*. These reactions address the important need for psycho-education programs and other interventions with parents of transgender youth. As indicated by the findings of the study, it is especially important that another focus should be on designing strategies to help them support their transgender youth.

The study’s limitations are worth noting as they reduce the generalizability of the findings. Youth were recruited from one metropolitan geographical area; therefore, they may not be representative of all transgender youth. Additionally, the transgender youth in the present study may express their

transgender identity with more intensity than other such youth as indicated by their consent to participate in a study about transgender youth. Additionally, convenience samples, such as the one used in the present study, might attract more youth who are more affirming of their gender identity and expression or who are more distressed by the associated gender dysphoria than youth who chose not to participate. Another limitation of the present study is its cross-sectional nature, which makes causal conclusions difficult. Longitudinal data, following transgender youth from childhood through late adolescence, would be ideal as it would confirm the aspects of psychological resilience predicting better mental health outcomes, rather than negative psychological experiences. Additionally, checking on the experiences in childhood related to gender role behavior and parental reactions would increase the accuracy of the recalling and reporting of the past experiences. However, as the youth in the present study were not far removed from these important experiences in their lives, it is reasonable to assume that their reports are accurate.

In summary, the major objective of the present study was to examine a model of the aspects of psychological resilience among transgender youth, most of whom experience psychological and social stresses associated with their minority status related to their gender identity and nonconformity. The study also explored developmental trajectories of transgender youth so as to determine developmental risks associated with society's scripts and the elevated awareness of sexual and gender identities during late childhood and adolescence. The findings provide initial information for mental health professionals, allies, and parents of transgender youth on selected factors of psychological resilience. Self-esteem, a sense of personal mastery, and perceived social support accounted for 40%–55% of the variance in relation to depression, trauma symptoms, mental health symptoms, and internalizing and externalizing problems; whereas, the use of emotion-oriented coping as the primary style of coping was a significant predictor of negative mental health as determined by each of these mental health variables. Additional research is needed to investigate other aspects of psychological resilience among transgender youth and to pilot-test intervention studies based on practices that effectively lead to enhanced self-esteem, personal mastery, and perceived social support. Added research with larger samples that examines cultural and social contexts would provide important information for nuanced interpretations of how heterosexist stigma, internalized transphobia, religiosity, and socioeconomic status impact psychological resilience. Comparisons of racial and ethnic categories have been discouraged in the literature because they have limited explanatory power, and race is a conceptually limited and meaningless construct (Helms, Jernigan, & Mascher, 2005; Smedley & Smedley, 2005). A final objective was to move the field of transgender research forward by interpreting findings from a resilience perspective rather than from a risk perspective.

REFERENCES

- Achenbach, T. M., & Rescoria, L. (2001). *Manual for the ASEBA school-age forms and profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.
- APA Task Force on Gender Identity and Gender Variance (2008). *Report of the Task Force on Gender Identity and Gender Variance*. Washington, DC: American Psychological Association.
- Antonovsky, A. (1979). *Health, stress, and coping*. San Francisco: Jossey-Bass.
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *BDI-II: Beck Depression Inventory (2nd ed.)*. San Antonio, TX: The Psychological Corporation.
- Briere, J., & Runtz, M. (1989). The Trauma Symptom Checklist: Early data on a new scale. *Journal of Interpersonal Violence, 4*, 151–163.
- D'Augelli, A. R. & Grossman, A. H. (2006). Researching lesbian, gay, and bisexual youth: Conceptual, practical and ethical considerations. *Journal of Gay & Lesbian Issues in Education, 3*(2/3), 35–56.
- Derogatis, L. R. (1993). *The Brief Symptom Inventory: Administration, scoring, and procedures manual*. Minneapolis: National Computer Systems.
- Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. *Journal of Gay and Lesbian Psychotherapy, 8*(1/2), 41–67.
- Endler, N. S., & Parker, J. D. A. (1999). *Coping Inventory for Stressful Situations (CISS): Manual (2nd ed.)*. Toronto, Canada: Multi-Health Systems.
- Gagne P., & Tewksbury, R. (1996). Hide in plain sight: Conformist pressures and the transgender community. Paper presented at the annual meetings of the society for the study of social problems. August, 1996, New York, NY.
- Green, J. (2004). *Becoming a visible man*. Nashville, TN: Vanderbilt University Press.
- Grossman, A. H. (2005). Lesbian, gay, bisexual, and transgender youth. In P. A. Witt & L. L. Caldwell (Eds.), *Recreation and youth development* (pp. 436–465). State College, PA: Venture.
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*(1), 111–128.
- Guichard, J. (2009). Social contexts, issues, research questions and interventions in the domain of vocational counseling. In S. Kratz & B. J. Ertelt (Eds.) (in press). *Professionalisierung berufliche Beratung—Professionalisation of Career Guidance*. Tübingen: dgvt-Verlag.
- Helms, J. E., Jernigan, M., & Mascher, J. (2005). The meaning of race in psychology and how to change it: A methodological perspective. *American Psychologist, 60*, 27–36.
- Lazarus, R. S. (1966). *Psychological stress and coping*. New York: McGraw-Hill.
- Lazarus, R. S., & Cohen, J. B. (1977). Environmental stress. In I. Altman & J. F. Wohlwill (Eds.), *Human behavior and environment* (Vol. 2). New York, NY: Plenum.
- Lombardi, E. (2001). Enhancing transgender health care. *American Journal of Public Health, 91*, 869–972.
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology, 12*, 857–885.

- Luthar, S. S., Chicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562.
- Pearlin, L. I., Lieberman, M. A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior, 22*, 337–356.
- Rosenberg, M. (1979). *Conceiving the self*. New York, NY: Basic Books.
- Ruble, D. N., Martin, C. L., & Berenbaum, S. A. (2006). Gender development. In W. Damon & R. M. Lerner (Series Eds.) and N. Eisenberg (Vol. Ed.). *Handbook of child psychology* (6th ed.), vol. 3: *Handbook of child psychology* (pp. 858–932). New York, NY: Wiley.
- Sears, J. T. (Ed.) (2005). *Gay, lesbian, and transgender issues in education: Programs, practices, policies, and practices*. New York, NY: Harrington Park Press.
- Smedley, A., & Smedley, B. D. (2005). Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race. *American Psychologist, 60*, 16–26.
- Stoller, R. (1968). *Sex and gender: On the development of masculinity and femininity*. New York, NY: Science House.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment, 52*, 30–41.

CONTRIBUTORS

Arnold H. Grossman is Professor in the Department of Applied Psychology, School of Culture, Education, and Human Development, at New York University.

Anthony R. D’Augelli, is Professor in the Department of Human Development and Family Studies, College of Health and Human Development, Pennsylvania State University.

John A. Frank is a doctoral student in the Department of Applied Psychology School of Culture, Education, and Human Development at New York University.