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IDENTITY AND PEER GROUP IN TRANSGENDER PEOPLE: SOME REFLECTIONS FROM AN ITALIAN EXPERIENCE

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Abstract

This paper addresses from a theoretical point of view the issue of the development of transgender identity and the role that peer groups play in this complex process. A brief review on core identity literature is provided, principally dealing with some models on transgender identity construction. These substantially highlight how transgender people usually go through different and contrasting stages before reaching a definite and firm transgender identity. The function of the others in the definition of self is central, as possibility for being recognized and valued.

In particular, major argumentations about the healthy and protective effects of peer groups' affiliation for transgender people's are presented. Peer groups, indeed, can foster self-disclosure, improvement of inner and social resources can provide a valid support and thus promotes general psychosocial well-being. Some clinical and intervention implications are discussed.

Cuvinte cheie: *identitate, transsexuali, anturaj, identitate de grup, rezultatele din domeniul sănătății.*

Keywords: *transgender identity, peer group, group identity, health outcomes.*

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1. INTRODUCTION

The deep and intimate feeling of being male or female is not always congruent with the individual's anatomical sex and some people experience some discordance between gender identity and sex assigned at birth on the basis of anatomical features. To indicate this identity condition, many terms exist. In Anglo-Saxon Countries, *transgender* is generally used as an umbrella term to indicate all those people living such a discordance, though not perceiving the need to undergo surgical interventions and/or hormonal treatments aimed at adapting their body to the perceived gender. Differently from transgender people, a *transsexual* person has undergone surgical interventions and/or hormonal treatments to modify sexual and anatomical features in line with perceived gender. Actually, gender variance is much more complex and it is not possible to trace definitely so distinct borders. Throughout the paper, except where specified, we will use *transgender* as umbrella term.

Many researches in the field of transgenderism (e.g. Bockting et al., 2013; Kenagy, 2005; Xavier, 2000) have studied different kinds of stigma and violence and their effects on mental health of transgender people: these, indeed, have constantly to face very high levels of stigma and discrimination because of their gender non conformity. Hill & Willoughby (2005) assert that the reasons of anti-transgender violence have to be traced in the action of genderism, which, similarly to sexism and heterosexism, consists in an "ideology that reinforces the negative evaluation of gender non-conformity or an incongruence between sex and gender. […] a cultural belief that perpetuates negative judgments of people who do not present as a stereotypical man or woman" (p. 534). Genderism is pervasive and acts in every institution, starting from families, schools and workplaces. Thus, transgender people face social stigma at different levels, not being often able to find a support even in birth family (Factor & Rothblum, 2007; Koken, Bimbi, & Parsons, 2009). Thus, one of the main sources of support and identity recognition seems to be peer groups and/or transgender communities (Mizok & Lewis, 2008), especially for young transgender people. On these bases, two trainings addressed to young transgender people – aged from 18 to 30 years – who had been victims of violence were carried out in Naples and within the project "Empowering LGT young people against violence: a P2P model" (http://peerlgt.eu/) co-financed by EU within Daphne III Programme (2013-15). The main objective of the trainings

was to empower these young people, helping them to reinforce their resilience strategies and to cope with stigma and violence in a functional way. We built a peer group which worked as an activator of very intense emotional dynamics, able to stimulate strong internal changes related in particular to the possibility of perceiving themselves in a different and more adaptive way. During trainings, transgender people were able to confront each other, to share experiences and self-narratives and to mirror each other, creating the idea of not being alone in this complex process of identity development. The opportunity to closely observe the construction of a peer group, its dynamics and activating power in triggering the change, represent the premises of the following reflections, whose aim is to show from a theoretical point of view the strong relationship between identity construction – in particular transgender identity – and peer groups.

2. INDIVIDUAL AND RELATIONAL NATURE OF IDENTITY

From a cognitive point of view, identity answers to the simple question: "Who am I?" and refers to a conundrum of dimensions and factors, which are reciprocally interconnected and gives individuals a constant and more or less integrated sense of self. Indeed, as already stated by Erikson (1950), individuals' identity develops throughout the whole life cycle (though being a main task in adolescence) and is a flexible and changeable outcome of integration processes between multiple factors, or rather i*dentity synthesis*. On the contrary, *identity diffusion* occurs when it is difficult to find a constant "self" across the variable self-representations formed in different contexts (Côté & Levine, 2002). In this sense, and in authors' perspective, identity is intended as a *bridging* (or *umbrella*) *construct*, which overcomes the confusion existing in literature about the meaning of the term "identity". Indeed, it has been used with different meanings, and integrating these various meanings has rarely been attempted (Vignoles, Schwartz, & Luyckx, 2011).

What is worth highlighting is that people develop their identity in the constant interaction with the environment and the others. Furthermore, different aspects of identity have changeable salience depending on the contexts where individuals act. Social and discursive psychologists often view this phenomenon as the person possessing various different identities (Bamberg, 2004), whereas developmental psychologists are more likely to view the phenomenon in terms of situational fluctuations in the person's general sense of identity (Klimstra et al., 2010). As a

matter of fact, identity development and expression are strongly influenced by others' expectations and beliefs and by social and cultural frameworks since early childhood. It is fundamental the way how significant others see us and whether we feel recognized, valued and appreciated by them (Winnicott, 1971). In 1902 Cooley wrote about the *looking glass self*, affirming that people shape their self-concept on the basis of their understanding of how others perceive them. For him, society is a knitting and interdependence of selves.

Family is the primary relational context where children are socialized and receive feedback from parents and other relatives (Scabini & Manzi, 2011; Steinberg, 2011). It has been showed by some research that children grown up in constantly conflicting family may fail to integrate their various relationship experiences into a coherent self (Donahue et al., 1993). In some cases, adults impose psychological control (parental intrusiveness, guilt induction, love withdrawal, etc.), which interferes with the possibility for children to acquire independence and autonomy, and develop a healthy self and personal identity (Barber & Harmon, 2002; Noom, Deković, & Meeus, 2001; Smetana & Daddis, 2002; Zimmer-Gembeck & Collins, 2003). Later in adolescence, youth need again others' feedback to collect information about who they are and to perceive their identities as interpersonally valid (Jeammet, 2009). *Self-verification* processes (Swann, 1983) allow individuals to create a social reality, which confirms their self-conceptions.

3. TRANSGENDER IDENTITIES: AN OVERVIEW OF SOME THEORETICAL MODELS

Transgender identity encompasses many and different types of identity (IOM, 2011), as transgender people represent a diverse and heterogeneous population transcend and cross the socio-culturally imposed gender binary (Bockting, 1999). In this paragraph, some of the main theoretical models dealing with transgender identities are reported, showing the existence of specific developmental steps related to the construction of such identities.

As one of the first models, Bolin (1988) theorized a 4-steps model aimed at understanding identity of transsexual women. For the author transsexual women progressively pass from a confusion about gender and/or feelings of being much more similar to females than males, through the construction of a primary identity centered on transsexualism, to an identity as women, and finally to rejection of

transsexual identity perceiving themselves as "natural women". Similarly, Lewins (1995), for transsexual women, theorized a 6-steps model constituted by the following phases: 1) *Abiding anxiety* due to the distress experienced toward the assigned gender; 2) *Discovery* of transsexuality and recognition of a possible gender transition; 3) *Purging and delay* that such an identity belongs to the self; 4) *Acceptance* of the transsexual identity; 5) Pursuit of *surgical reassignment*; and 6) achievement of *invisibility* as individuals to whom male gender was originally assigned. Both Bolin's and Lewins' models strongly highlight the concept of invisibility following the surgical interventions as a desire of erasing one's own past. Yet, this point is somehow controversial because many post-operated transsexual people openly live with pride their own transsexual status, not feeling ashamed (Bornstein, 1994).

Regarding the construction of FtM transgender identity, or rather the identity of transgender men, a model very similar to the abovementioned ones has been developed by Baumbach and Turner (1992): from the initial anxiety and distress felt towards the assigned gender, transgender men might arrive to fantasize about being male and, then, reach the gender reassignment. Differently from the previous models, Baumbach and Turner (1992) recognize that for FtM people transitioning could mean also just taking hormones, and not necessarily completing a surgical path.

A rich and complex model has been developed by Devor (2004); who theorized a 14-stage model of transsexual identity. This model has been thought in particular for transsexual people, or rather those people who undergo surgical intervention to adapt their own body to the perceived gender. Nevertheless, it is also applicable to transgender people and is not necessarily true for the overall trans population. Devor (2004, p. 42) highlights that "each person is unique" and that people "experience their world in their own idiosyncratic way", namely the model is not predetermined. Indeed, some people might feel to satisfactorily stop at a particular phase, instead of going until the end of the path. Devor (2004) affirms that the formation of transsexual or transgender identity is entirely crossed by two fundamental functions: being seen for what we are (*witnessing*) and being mirrored in the same way we see ourselves (*mirroring*). Similarly to the abovementioned concept of the *looking glass self* (Cooley, 1902), these functions have the role of validating and confirming the sense of self. If these processes are dysfunctional, the most damaging outcomes can be psychosis or suicide attempts.

Devor's model (2004) include 14 steps, as follows:

- *Abiding anxiety*. Constituted by a sense of abiding anxiety towards the one's own gender and sex, from either the very earliest memories, or later in life. Over time, this anxiety is connected to social relationships, in particular to the gender-typed ones.
- *Identity confusion about originally assigned gender and sex*. Individuals become almost completely aware of living in a wrong body. Typically, parents, teachers and significant others will try to disabuse children of such idea, bringing children to hide – but not to quit – their thoughts and feelings.
- *Identity comparisons about originally assigned gender and sex*. Individuals begin to evaluate benefits and consequences of exploring other gender identities or roles, to test one's own adherence to a gender different from the one assigned at birth.
- *Discovery of transsexualism or transgenderism*. For the majority, this discovery represents the opportunity of meeting a mirror where it is possible to look at themselves. Some people serenely accept their transsexualism or transgenderism and will pass quickly through the following 4 steps. On the contrary, some others may have to face another cycle of identity confusion.
- *Identity confusion about transsexualism or transgenderism*. Many transsexual or transgender people do not immediately attribute this identity to themselves, experiencing identity confusion. So, they begin a questioning path.
- *Identity comparisons about transsexualism and transgenderism*. Other transsexual or transgender people can function as reference points in the mirroring process. If these comparisons work positively, the process of de-identification from the gender assigned at birth will start.
- *Tolerance of transsexual or transgender identity*. This step implies that people accept their transsexual or transgender identity. Transsexual or transgender identity here becomes more relevant than the other ones.
- *Delay before acceptance of transsexual or transgender identity*. Many people who accept themselves as transsexual or transgender entry a period of delay until they are able to find stronger certainties to confirm this

identity as the solution to their distresses. In this phase, some people act "reality tests".

- *Acceptance of transsexual or transgender identity*. In this step, people feel comfortable with their own identity, and usually begin to come out.
- *Delay before transition*. This stage is characterized by a reinforcement of the own transgender identity and by a full de-identification with the gender assigned at birth. Transsexual or transgender people begin to present themselves following the perceived gender.
- *Transition*. This stage is characterized by a set of actions aimed at modifying anatomical features of one's own body and/or personal traits associated to gender assigned at birth. Here, the mirroring and witnessing processes become very important.
- *Acceptance of post-transition gender/sex identity*. Transsexual people feel to completely belong to the perceived gender. Anxieties decrease, as long as "feelings of gender *dysphoria* are supplanted by feelings of gender *euphoria*" (Devor, 2004, p. 63).
- *Integration*. Transsexual people harmoniously live their change and transition, developing social integration and being able to pass for a person belonging to the subjectively perceived gender. Often, some transsexual people could feel necessary to dissociate themselves from transgender community.
- *Pride*. It is intended both in personal and political sense, or rather the feelings of pride toward one's own identity and the opportunity to become an activist claiming rights.

Devor's model has two main limits: the absence of empirical validation and its greater applicability to transsexual people than transgender ones. To this end, Reilly (2007), in a qualitative study conducted with MtF transgender people aged 40 and over, observed that all participants had passed from the stage 1 to 5. On the contrary, Wright (2011) affirms that all transgender people can experience stages from 1 to 9. Substantially, the authors criticize the further stages dealing with transition path, as well as those related to integration and pride. These critiques represent a symbol of the difficulties to theorize a homogeneous identity development model. Indeed, identity derives from a complex and non additive interconnections of multiple dimensions, and also transsexual identity is just one of the possible and infinite identity outcomes, with numerous nucances:

"crossdresser", "transgenderist", "bigender", "drag queen", "drag king" (Bockting (1999) or "gender blender", "gender bender", "gender outlaw", "genderqueer", "queer" (Carrol, Gilroy, & Ryan, 2002).

Another interesting model has been developed by Lev (2004), who in her book "Transgender Emergence" theorized a 6-stage model which involves a complex interaction between individual and social factors. Lev's model provides a general but flexible trajectory of MtF and FtM transgender and transsexual identities and therapeutic goals associated to each specific stage. Her 6 stages are:

- *Awareness*. Awareness refers to the consciousness of being different. Often, this consciousness is realized in very early childhood and felt as a gender dysphoria. The therapeutic goal should be to allow an exploration of personal thoughts and feelings, without making any decision.
- *Seeking information/reaching out*. This stage consists in the search for information about transgenderism, becoming educated and coming out to others and to themselves. The practitioner should assist the client in seeking right information and manage his/her impatience.
- *Disclosure to significant others*. This is one of the most difficult stages, because transgender people who come out can meet hostility and disapproval from family, partners and friends. The therapeutic task should support client's integration in the family and social system.
- *Exploration: Identity and self-labeling*. This stage includes resolution of gender dysphoria and the possibility of exploring different gender identities. Clinician should support the clients in their exploration of new gender roles and identities, helping them in considering different possible choices and their consequences.
- *Exploration: Transition issues/possible body modification*. This is the stage in which transgender people begin hormonal treatment, living full-time in the desired gender role. Clinicians should support clients in the transition path, monitoring progresses, without interfering in their choices.
- *Integration: Acceptance and post-transition issues*. Individuals are now fully integrated in their new identity choice, feeling comfortable with that. The only risk is to feel that transitioning has not given resolution to one's own problems and to get depressed. In this case, it is strongly advised to go back in therapy.

As it is possible to deduce, the field related to transgender identity modeling is incomplete and unsatisfactory. All the authors abovementioned agree on the

need to invest in this research field in order to develop theoretical models of identity development in non clinical populations, as well as develop longitudinal studies in this area.

4. PEER GROUPS AND IDENTITY

As argued in the previous paragraph, transgender people often experience rejection from their family, because their gender nonconformity is not accepted and understood (Carrol & Gilroy, 2002). For this reason, one of the main sources of support becomes peer groups (Mizock & Lewis, 2008). Peer groups play an important role in the general identity development, and even more in the case of transgender people because of the lack of support in other relational contexts. Indeed, adult life requires the acquisition of autonomy and independent functioning, but at the same time needs the ability to function and participate in group contexts, such as family, work, organization and community (Newman & Newman, 2001). Being member of a group means respecting and sharing common features, norms, values, interests and activities (Arnett, 1991). Group norms represent for adolescents, (and somehow for adults) identity markers to affirm their differentiation by parents (Brechwald & Prinstein, 2011; Brown, 1990; Davis, 2012). Furthermore, hanging out a peer group helps in self-disclosure (Buhrmester & Prager, 1995; Davis, 2012), thus facilitating the self-narration and the consolidation of one's own story and identity. This function seems to be particularly helpful for transgender people who could benefit from a disclosure of their gender identity and a reconstruction of their history consolidating their identity. In other words, friends contribute in self-presentational aspects of narrative identity.

Especially in adolescence, peer groups represent a *reference set* where adolescents can explore and test possible organizations of self and identity (Sherif & Sherif, 1964). This recalls the stages of exploration and identity comparisons theorized by Devor (2004) and Lev (2004). Thus, transgender youths could take advantage from sharing these experiences with peers.

From an opposite approach, some studies reported the negative effects of group affiliation, because often associated with higher rates of risk behaviors, (e.g. Kiesner, et al., 2002, such as substance abuse (Urberg, Degirmencioglu, & Pilgrim, 1997), unsafe sex practices (Henry et al., 2007), general delinquency (Kiesner et

al., 2002), and school drop-out (Cairns, Cairns, & Neckerman, 1989). These outcomes depend on the ability of groups to exercise an influence and pressure on individuals to conform to certain more or less explicit norms and conducts. Notwithstanding, more recently, it has been showed that people are differently permeable by such pressures. Specifically, the development of a firm and *synthesized* identity can protect youth from being overpowered by group pressures to risk behaviors (Dumas, Ellis, & Wolfe, 2012; Luyckx et al., 2013; Schwartz et al., 2015). It could mean that reinforcing the sense of transgender identity, making it more integrated, may prevent transgender people from being involved in risk behaviours, such as sex work activities as stated by Nemoto et al. (2004).

In any case, the feeling of belonging to one or more groups provides the individual with a feeling of being loved and cared for, esteemed, valued, and safe, buffering negative effects of psycho-social stress (Bukowski, Hoza, & Boivin, 1993; Laursen, Furman, & Mooney, 2006; Wilkinson, 2004; Brown, 2004). This has been recently confirmed by Bockting et al. (2013) in a study with a transgender sample, where family and peer support, such as identity pride, result to be protective factors moderating the relationship between social stigma and negative mental health outcomes.

5. CONCLUSIONS

From this brief discussion, it seems possible to establish, from a theoretical point of view, a close relationship between peer groups and transgender identity. Indeed, peer groups always function as reinforcement and sustainment in the processes of identity definition, and in the case of transgender people, this role appears even more important because of the continuous and recursive social stigma experienced by these people. Consequently, we believe that this is a key point in the work with transgender people, as it could represent a strong cornerstone on which professionals can pivot.

But how could help relationships professionals entry such a complex connection? What operating tools could professionals use to create or bolster such a dynamic? We find useful to answer this question making reference to two areas: that of training and that of clinic intervention.

As for the first one, it is our opinion that constructing an empowerment-based training group, constituted by young transgender people, could represent one of the

most powerful and efficient means to promote wellbeing and health. To this end, the abovementioned project "Empowering LGT young people against violence: a P2P model" can be considered a good training practice, applicable to different contexts, and capable of increasing and fostering personal resources, as well as able to develop a close group identity, which could facilitate the disclosure and sharing of emotions and positive thoughts towards transgender identity.

With regard to the clinical area of intervention, the group work itself, being it psychotherapeutic, of support, or of counselling, is a very powerful tool for efficient interventions. Indeed, recalling Devor's conceptualization about *mirroring* and *witnessing (*2004), a group made of transgender youth, and conducted by an expert professional, could facilitate and reinforce both these functions. Devor (2004), indeed, believe that it is important for transgender people to be reflected by peers (mirroring) and by someone different (witnessing). Thus, in a clinic group the conductor could function as a witness, and the peers as mirrors. As a consequence, in the group it could be experienced a re-releasing of the transgender identity development process, providing the chance of reconsidering, reshaping and reconstructing whole identity dimensions, which did not allow a full development of the self in the primary process.

In conclusion, we want to stress the need of concretely and innovatively thinking about social and health policies which could help the actuation of interventions based on the dimensions and argumentations addressed in this contribution.

REFERENCES

Arnett, J. (1991)**.** Heavy Metal Music and Reckless Behavior Among Adolescents. *Journal of Youth and Adolescence*, 20, 6. doi:10.1177/0044118X91023001004.

Bamberg, M. (2004). Narrative discourse and identities. In J.C. Meister, T. Kindt, W. Schernus, & M. Stein (Eds.), *Narratology beyond literary criticism* (pp. 213-237). Berlin & New York: Walter de Gruyter.

Barber, B.K., & Harmon, E.L. (2002). Violating the self: Parental psychological control of children and adolescents. In B.K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents* (pp. 15–52). Washington, DC: American Psychological Association.

Baumabach, J., & Tumer, L.A. (1992). Female gender disorder: A new model and clinical applications. In W.O. Bockting, & E. Coleman (Eds.), *Gender dysphoria: Interdisciplinary approaches in clinical management* (pp. 107-129). Binghamton, NY: The Haworth Press.

Bockting, W.O., Miner, M.H., Swinburne Romine, R.E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103 (5), 943-951.

Bockting, W.O. (1999). From construction to context: Gender through the eyes of the transgendered. *SIECUS Report*, 28 (1), 211-224.

Bolin, A.E. (1988). *In search of Eve: Transsexual rites of passage*. South Hadley, MA: Bergin & Garvey Publishers, Inc.

Bornstein, K. (1994). *Gender Outlaw: On Men, Women and the Rest of Us*. New York: Routledge.

Brown, B.B. (1990). Peer groups and peer cultures. In Feldman, S.S., and Elliott, G.R. (eds.), *At the Threshold: The Developing Adolescent*. Harvard University Press, Cambridge, pp. 171–196.

Bukowski, W.M., Hoza, B., & Boivin, M. (1993). Popularity, friendship, and emotional adjustment during early adolescence. In B. Laursen (Ed.), *Close friendships in adolescence* (pp. 23–37). San Francisco, CA: Jossey-Bass.

Buhrmester, D., & Prager, K. (1995). Patterns and functions of self-disclosure during childhood and adolescence. In K.J. Rotenberg, & K.J. Rotenberg (Eds.), *Disclosure processes in children and adolescents*, (pp. 10–56). New York: Cambridge University Press.

Cairns, R.B., Cairns, B.D., & Neckerman, H.J. (1989). Early school dropout: configurations and determinants. Child Development, 60, 1437–1452. doi:10.2307/1130933.

Carroll, L., & Gilroy, L. (2002). Transgender issues in counselor preparation. *Counselor Education and Supervision*, 41, 233-244.

Cooley, C.H. (1902). *Human Nature and the Social Order*. New York : C. Scribner's sons.

Côté, J.E., Levine, C.G. (2002). *Identity, Formation, Agency, and Culture: A Social Psychological Synthesis.* Lawrence Erlbaum Associates.

Daddis, C. (2010). Adolescent peer crowds and patterns of belief in the boundaries of personal authority. Journal of Adolescence 33(5):699-708. doi: 10.1016/j.adolescence.2009.11.001.

Davis, K. (2012). Friendship 2.0: Adolescents' experiences of belonging and self-disclosure online. *Journal of Adolescence*, 35(6), 1527–1536. doi: 10.1016/j.adolescence.2012.02.013

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. Doi: 10.1300/J236v08n01_05

Donahue E.M., Robins R.W., Roberts B.W., & John O.P. (1993). The divided self: Concurrent and longitudinal effects of psychological adjustment and social roles on self-concept differentiation. *Journal of Personality and Social Psychology*. 64:834–846.

Dumas, T.M., Ellis, W.E., & Wolfe, D.A. (2012). Identity development as a buffer of adolescent risk behaviors in the context of peer group pressure and control. *Journal of Adolescence* 35, 917–927. doi:10.1016/j.adolescence.2011.12.012.

Erikson, E.H. (1950). *Childhood and Society*. New York:Norton.

Factor, R.J., & Rothblum, E.D. (2007). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT Health Research,* 3 (3), 11-30. doi:10.1080/15574090802092879.

Henry, D.B., Schoeny, M.E., Deptula, D.P., & Slavick, J.T. (2007). Peer selection and socialization effects on adolescent intercourse without a condom and attitudes about the cost of sex. *Child Development*, 78, 825–838. doi:10.1111/j.1467-8624.2007.01035.x.

Hill, D.B., & Willoughby, B.L.B. (2005). The development and validation of the Genderism and Transphobia Scale. *Sex Roles*, 53 (7/8), 531-544. doi:10.1007/ s11199- 005-7140-x.

IOM (Institute of Medicine) (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understand*. Washington DC: The National Academies Press.

Kenagy, G.P. (2005). Transgender health: Findings from two needs assessment studies in Philadelphia. *Health & Social Work*, 30 (1), 19-26. Doi: doi: 10.1093/hsw/30.1.19

Kiesner, J., Cadinu, M., Poulin, F., & Bucci, M. (2002). Group identification in early adolescence: its relation with peer adjustment and its moderator effect on peer influence. *Child Development*, 73, 196–208. doi:10.1111/1467-8624.00400.

Klimstra, T.A., Luyckx, K., (2010) Short-Term Fluctuations in Identity: Introducing a Micro-Level Approach to Identity Formation. *Journal of Personality and Social Psychology*, Vol. 99, No. 1, 191–202. Doi:10.1037/a0019584.

Koken, J.A., Bimbi, D.S., & Parsons, J.T. (2009). Experiences of familial acceptance–rejection among transwomen of color. *Journal of Family Psychology*, 23 (6), 853-860. doi:10.1037/a0017198

Laursen, B., Furman, W. & Mooney, K.S. (2006). Predicting interpersonal competence and self-worth from adolescent relationships and relationship networks: Variable-centered and person-centered perspectives, *Merrill-Palmer Quarterly*, 52, 572-600. Doi:10.1353/mpq.2006.0030

Lev, A.I. (2004). *Transgender emergence*. London, United Kingdom: Haworth Clinical Practice Press.

Lewins, F. (1995). *Transsexualism in society: A sociology of mate-to-female transsexuals*. South Melbourne, Australia: MacMillan.

Mizock, L., & Lewis, T.K. (2008). Trauma in transgender populations: Risk, resilience, and clinical care. *Journal of Emotional Abuse*, 8 (3), 335-354.

Noom, M.J., Dekovic´, M., & Meeus, W.H. (1999). Autonomy, attachment and psychosocial adjustment during adolescence: a double-edged sword? *Journal of Adolescence*, 22, 771–783. doi:10.1006/jado.1999.0269

Reilly, M. (2007). Influential factors in the coming out process of transgender individuals (Doctoral dissertation).

Scabini, E., & Manzi, C. (2011). Family processes and identity. In S.J. Schwartz, K. Luyckx, & V.L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 529–548). New York, NY: Springer.

Schwartz, S.J. (2001). The evolution of Eriksonian and neo-Eriksonian identity theory and research: A review and integration. *Identity: An International Journal of Theory and Research*, 1, 7-58. doi:10.1177/0022022114530495.

Schwartz, S.J., Hardy, S.A., Zamboanga, B.L., Meca, A., Watermand, A.S., Picariello, S., Luyckx, K., Crocetti, E., Kimh, S.Y., Brittiani, A.S., Roberts, S.E., Whitbourne, S.K., Ritchie, R.A., Brownm, E.J., Forthun, L.F. (2015) Identity in young adulthood: Links with mental health and risky behavior. *Journal of Applied Developmental Psychology.* 36 39–52. doi:10.1016/j.appdev.2014.10.001

Sherif, M., Sherif, C. W. (1965) The adolescent in his group in its setting: I. Theoretical Approach and Methodology Required (pp. 265-294) In Sherif, M. & Sherif, C. W. (Eds.). *Problems of Youth: Transition to Adulthood in a Changing World.* Chicago: Aldine.

Smetana, J.G, & Daddis, C. (2002). Domain-Specific Antecedents of Parental Psychological Control and Monitoring: The Role of Parenting Beliefs and Practices. Child Development, 73, 2, 563–580. doi: 0009-3920/2002/7302-0015

Steinberg, L. (2011). *Adolescence* (9th ed.). New York: The McGraw-Hill Companies, Inc.

Urberg, K.A., Degirmencioglu, S., & Pilgrim, C. (1997). Close friend and group influence on adolescent cigarette smoking and alcohol use. *Developmental Psychology*, 33, 834–844. doi:10.1037/0012-1649.33.5.834.

Vignoles, V.L., Schwartz, S.J., & Luyckx, K. (2011).Introduction: Toward an integrative view of identity. In S.J. Schwartz, K. Luyckx, V.L. Vignoles (Eds.), *Handbook of identity theory and research*, pp. 1-27. New York: Springer.

Wilkinson, R.B. (2010). Best friend attachment versus peer attachment in the prediction of adolescent psychological adjustment. Journal of Adolescence 33, 709–717. doi: 10.1016/j.adolescence.2009.10.013.

Winnicott, D. W. (1971) *Playing and Reality*. London: Routledge.

Wright, K.A. (2011). Transgender Identity Formation (Doctoral Dissertation). The Chicago School of Professional Psychology – Chicago.

Xavier, J. M. (2000). *The Washington transgender needs assessment survey*. Report avalaible from http://www.glaa.org/archive/2000/tgneedsassessment1112.shtml.