Managing Change: Role of coaching psychology in gender transition

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This paper reports the results from the first group coaching course 'Managing Change' for male to female transsexuals. Gender transition is one of the most radical changes in one's life. Psychosocial adaptation and social integration in the new gender role is crucial for sustaining well-being. The focus of this course was to explore whether group coaching can increase the well-being of clients while going through gender transitions by setting a goal and planning step-by-step actions. Six participants attended the course, which took place on nine consecutive weeks with 120-minute sessions each week. Individual goals referred mainly to disclosure and social integration in the new role. Self-assessment on goal achievement over nine weeks showed significant progress. At the end of the course the participants reported increased confidence, a positive outlook on the future and social acceptance within the group. The results indicate that using coaching psychology may contribute to improving well-being and decreasing mental health issues in transsexuals (TS).

Keywords: *coaching psychology, goal, gender transition, transsexual.*

APPLIED COACHING PSYCHOLOGY aims to enhance life experience and increase well-being by adopting psychological theories (Palmer & Whybrow, 2007; Grant, 2007). It focuses on providing a structured framework to encourage individuals to explore their potential and deal with transitions and changes in life (Green et al., 2006). One of the most complex transitions in life is the transition from one gender role to another. Transsexuals are individuals for whom gender identity is different from their biological sex (as defined at birth) (DSM-IV, 1996). They usually undergo gender transition, a process which includes medical, social, emotional and cognitive readjustment to the new role (Cohen-Kettenis & Gooren, 1999). Cross gender behaviour can be present from as early as two years of age (Cohen-Kettenis & Pfäfflin, 2003). In school over half of transgender individuals experience bullying (Reed et al., 2008) and later on in life engage in some form of atypical behaviour, e.g. self-harm (Di Ceglie et al., 2002), suicide attempts and anxiety (Maguen et al., 2005). In a survey 35 per cent of transgender population reported anxiety and 44 per cent depression (Bockting, 2008).

Most often psychopathology is the consequence of social isolation, poor social integration and lack of overall social support which contribute to decreasing self esteem and self-efficacy or self-perceived abilities (Bandura & Schunk, 1981; Lombardi, 1999). Those individuals are reported four times more likely to use medical services (Kouzis & Eaton, 1998). Few studies investigate psychosocial adjustment of transsexuals to the new social role (De Cuypere et al., 2006; Maguen et al., 2005; Bockting, 2008) and no research or practical work has been reported on applying coaching psychology to this process. The aim of this paper is to report the results from group coaching and to explore the benefits of goal setting for male to female transsexuals (MtF) (Johnston, 2005). Goals are in one form or another present in most coaching frameworks (see Palmer & Whybrow, 2007). In designing the sessions we used the elements of cognitive-behavioural (Palmer & Szymanska, 2007; Green et al., 2006) and solution-based practice (Palmer, 2008). Previously Maguen et al. (2005) reported that group cognitive-behavioural therapy with goal setting decreased levels of anxiety and depression in

MtF transsexuals. Sharing issues related to personal safety, employment, housing, social support, family issues and parenting, medical issues, disclosures, passing and socialisation, body issues and intimate relationships was reported to be empowering and affirming for many group members (Maguen et al., 2005).

According to Standards of Care guidelines provided by the World Professional Association for Transgender Health (WPATH), it is recommended that a transsexual aiming for sex reassignment surgery lives in their desired gender role for at least a year before the surgery is considered (Bockting, 2008). A key parameter for effective real life experience is successful manifestation of their gender identity, i.e. to pass and be accepted in their new gender role. For successful passing, hormonal therapy and sex reassignment surgery (De Cuypere et al., 2006) should be combined with social and psychological adjustment (Fleming & Nathans, 1979). In a study on the psychosocial outcome of Belgian post operative transsexuals the results showed that better global presentation in the new role was associated with fewer mental health issues, higher ability to successfully establish relationships and a higher degree of employment (De Cuypere et al., 2006).

Well informed decisions and a well prepared transition plan with social support will increase integration, well-being and self efficacy. Therefore, coaching psychology with its essential aim of increasing well-being and encouraging individuals to explore their potential can have a vital role in facilitating the adjustment and serving as a protective variable for transgender persons.

Based on the previous research (Bockting, 2008) we propose a four stage transition model relevant for coaching (Figure 1): Affirmation, Disclosure, Adjustment and Maintenance.

In the Affirmation phase the clients will be encouraged to explore and experiment with behaviours to establish which form of affirmation of gender identity suits them best. As the ultimate aim of this phase is to find out which gender role they feel most comfortable with, common goals will be related to finding community and an environment where they can relate and express their transgender identity. Transsexuals have a low degree of family support (Bockting, 2008) and it is, therefore, crucial to encourage seeking positive affirmation by expanding clients' social networks and improving their social skills in the new role. In the Disclosure phase coaching psychologists can facilitate the 'coming out' process, help develop and implement transition plans and assist clients to cope with psychosocial challenges in the real life experience (Bockting, 2008). An additional role of a coaching psychologist is to provide consultations and training for family members, workplace and school to facilitate the change. Transition in the workplace has been identified as one of the last but most important steps, which must be carefully planned and executed. The client, as well as the employer, should be coached through the process. Coaching in the Adjustment and Maintenance stages of transition can help the individual to adjust to their new role and feel socially accepted. Post-transition disclosure can be associated with fears of rejection and abandonment. Individuals who pass well as women are also more afraid of disclosure (Maguen et al., 2005). Therefore, discussing the benefits and barriers of disclosure, coaching for coping with anxieties and increasing self-confidence in career, sexual functioning and relationships will be relevant at these stages.

The following sections will describe the structure of the coaching course and report participants' goals. Their feedback will also be presented.

Methods

Design

The course ran for nine consecutive weeks and consisted of 120-minute weekly sessions (Table 1). The coaching psychologist led the group following a seven step problem solving

Figure 1: Four Stage Gender Transition Model.

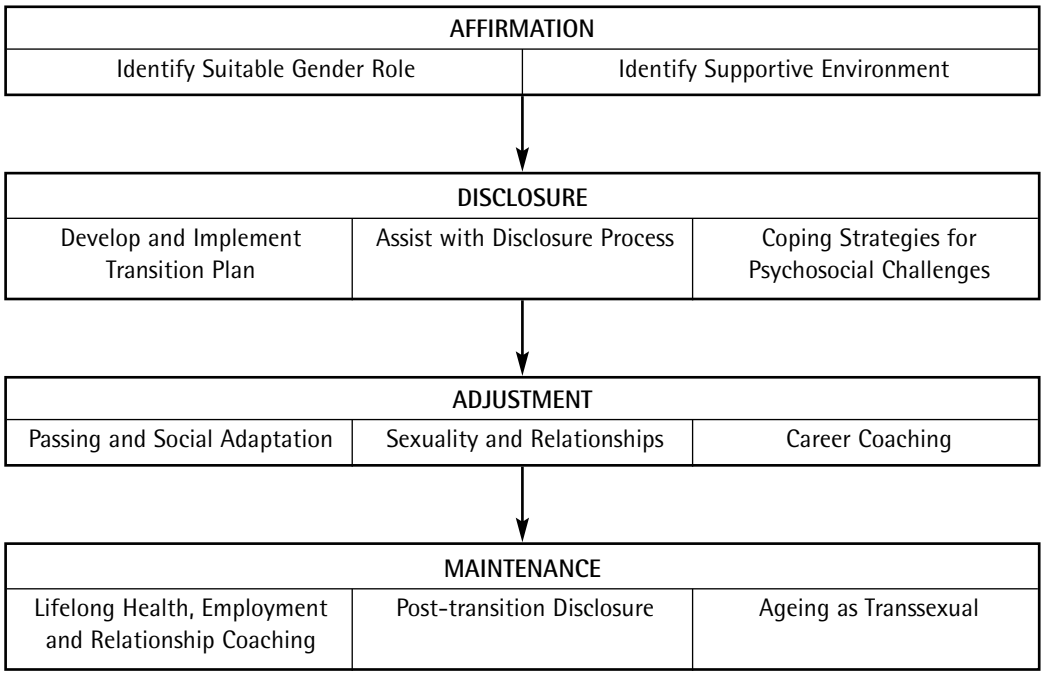

Table 1: Structure of 'Managing Change' course.

Week	Participants' Activity Details
1	Introduction including problem identification and course plan.
2	Individual goal selection, keeping journal, implementation of the goal by planning actions.
3	Exploring alternatives by motivation imagery and restating the chosen goal considering the consequences.
4	Identification of individuals' core beliefs and values. Relevance for self-esteem and self-efficacy in relation to the chosen goal.
5	Working on listening skills and questioning using role playing with emphasis on positive experience (practice for real life situations). Revision of goal implementation by reflecting on progress with individual action plans.
6	Evaluation: How to focus and what distracts you. Addressing the fear of not passing.
7	Conflict management. Evaluation and revision of goal setting scale.
8	Discussion on the individual progress of the participants and on future actions related to the chosen goal.
9	Course evaluation and social event.

structured plan (Edgerton & Palmer, 2005) similar to other goal (Passmore, 2007) and solution (Edgerton & Palmer, 2005; Palmer & Szymanska, 2007; Palmer, 2008) based frameworks. Sessions included individual, pair and group work.

The participants did not fill in any pre-course questionnaires; however, at the end of the course they were asked to: (a) revise their goal scale and estimate their progress over nine weeks; and (b) fill in an evaluation questionnaire. The evaluation questionnaire was based on common expectations the participants had about the course. These were discussed and noted down during the first session.

Participants

Six participants started the course, and four of them attended all sessions. They voluntarily signed up for the course through an LGBT Centre for Health and Well-being. The participants were all pre-operative TS women age 17 to 58. Two of them had lived in their female role for two or more years and were receiving hormonal therapy. Four of them were at the very early stage of transition, mostly pre-hormonal treatment.

Results

Goal setting and evaluation of progression

In session 2, the participants (P) were asked to formulate a simple, realistic and achievable goal they wanted to work on over the course of nine weeks (Table 2). In session 3 the participants were encouraged to consider alternative options or to modify their goals, should they think that was necessary. Five out of six participants shared their goals. The first two participants focused on disclosure, while the last three set goals that reflected both adjustment and disclosure. These are indicators of the early stages of transition.

In session 7 the participants were asked to review their goals and mark the goal setting scale on two points (Table 3). The goal setting scale was a simple horizontal line starting with 0 (Goal not achieved at all) and ending with 10 (Goal fully achieved). The first mark was done retrospectively and represented participants in relation to their goal in week 2 and the second point represents where they were in week 7. Three out of six participants revisited their goals and the results show they have made significant progress in five weeks (t=4.583, p<0.05).

The Evaluation Questionnaire

Four out of six participants completed the evaluation questionnaire consisting of 11 closed questions with a 7-point rating scale and a number of open ended questions. In closed questions, 1 represents 'Not at all' and score 7 represents 'Very'. We calculated the mean values and standard deviation for all 11 questions (Table 4).

Table 2: Individual goals.

P1 To come out to my friend/boss. To be more focused and to learn about conflict resolution.
P2 To prepare information pack for family and work. To come out and improve confidence level. To plan, break down to simple steps and to focus. To increase social life.
P3 To be less anxious about interacting with other people. To improve my female appearance.
P4 To overcome social anxiety and go to a gig in a female role.
P5 To get a job while in a female role.

Table 3: Revising the goal setting scale and assessing progress.

P1
Goal: to come out to a friend/boss.
Week 2 of the course: Goal Setting scale: 1.
Explanation: Very unsure of his reaction. Didn't know how to tackle. Unsure of my own thinking.
Week 7 of the course: Goal Setting scale: 6.
Explanation: Now I am comfortable with myself – I feel I have reached a decision to transition. This has made me less anxious about coming out. I have made an info pack for the friend, which has my feelings and practical stuff in it. My own confidence has increased as well, which has allowed me to find myself.
P2
Goal: Create a 'coming out' information pack for relatives.
Week 2 of the course: Goal Setting scale: 1.
Explanation: No time to do it; unclear about content, technical problems with copying TV programmes; wanted to present a medical case; all information to possible questions.
Week 7 of the course: Goal Setting scale: 4.
Explanation: Feel disappointed with the progress. Some steps forward but not enough. Other goal took a high priority. This goal has succeeded to stage 10! positive steps forward. More confident with the content.
P3
Goal: To improve my appearance (and my feelings about my appearance).
Week 2 of the course: Goal Setting scale: 5.5.
Explanation: before the course began I was still very anxious about how I looked and in stressful situations in public would take refuge in an androgynous look.
Week 7 of the course: Goal Setting scale: 8.
Explanation: Now I feel as if a weight of anxiety has lifted from me and I feel so much happier and more relaxed and at ease with myself. I have more to discover but this feels like a joyful and fun exploration. This is working on 3 levels: I am understanding more about my past; enjoying the present in a fuller way; and happily anticipating the future.

In further feedback the participants identified goal setting, achieving clarification about transition and sharing experiences as the most enjoyable part of the course. The main benefits relevant for planning and executing the transition process were: self-reflection and identification of core values, self-acceptance, confidence, positive outlook on the future and confirmation of the rightness of their decision about transitioning. All participants emphasised the value of the positive and supportive atmosphere, which gave them confidence to overcome social anxiety.

The participants also expressed interest in further coaching to address practical issues, for example, name change, medical, documents, work transition, make up, voice coaching, assertiveness and conflict resolution training and fertility issues. They also suggested separate coaching for family and friends.

Discussion and conclusions

The goals set by the participants demonstrated two main areas of concern: disclosure and various aspects of social integration.

Table 4: Evaluation questions mean values.

Question	Mean
1. How clear was the structure of the course?	5.57
2. Has this course helped you to clarify issues connected to your transition?	7
3. Has this course contributed to clarify whether transition is the correct choice for you?	7
4. How much has this course helped you to develop an ability to clarify your own goals in relation to your transition?	6.25
5. Has this course helped you to be more focused in connection to your transition?	5.75
6. Has this course helped your to take steps towards completing your transition?	6
7. Has this course been helpful in how you see your near future?	6
8. Has this course helped you to come out or to inform other people about your transition?	5.5
9. How confident do you feel about presenting yourself in your female role after completion of the course?	6
10. How useful overall was this course for you?	7
11. Would you recommend this course to other TS Women?	7

Self-assessment of goal achievement showed significant progress in five weeks – from week 2 to week 7 (t=4.583, p<0.05). Group coaching sessions had a positive impact on gaining clarity about the decision to transition, and feeling happier and more confident about the future. These reflect the aims of coaching psychology: enhancing life experiences and well-being (Palmer & Whybrow, 2007; Grant, 2007) and deal with transitions and changes in life (Green et al., 2006).

The participants' feedback corresponds to findings by Maguen et al. (2005) who reported decreased anxiety and depression after group cognitive behavioural therapy. Our participants also emphasised the importance of social feedback, group acceptance and the opportunity to be mirrored and validated by individuals who were in a similar position. Social isolation and lack of social support are considered as main contributors to the development of mental health issues, lower self-esteem and self-efficacy in transgender population (Bandura & Schunk, 1981; Lombardi, 1999). Group coaching can, therefore, be particularly beneficial for individuals who feel isolated in their early stages of transition.

The choice of goals also reflected the early stages of transition: disclosure was indicated by 'to come out to my friend/boss' or 'prepare information pack for family/work'; adjustment was indicated by 'to be less anxious about interacting with other people', 'to overcome social anxiety' and 'get a job in a female role'. As a result it is suggested that coaching psychology practice could be an integrative part of the early stages of psychomedical treatment.

An exploratory nature of this first attempt to apply coaching psychology to the process of gender transition is reflected in small sample size and mostly qualitative data. Therefore, future research could use pre- and post-intervention measurements on general well-being, depression, suicidal thoughts and anxiety. As cognitve behavioural therapy (Maguen et al, 2005) and goal setting coaching has shown improvement in how the participants deal with disclosure and adjustment, it is recommended that cognitive behavioural approach is explored further in the future work. Apart from goal setting – thinking errors and thinking skills (Palmer & Szymanska, 2007) could provide the participants with tools to apply to new sit-

uations. The relationship between emotions, thoughts and behaviours could be addressed as most transsexuals perceive them as incongruent.

In conclusion, our exploratory results indicate that coaching psychology may improve the well-being of transsexuals and increase their psychological adjustment and social integration by assisting the clients to: (1) clarify whether transition is the right choice; (2) co-ordinate and execute transition plans and disclosure; and, finally (3) adjust to and maintain their new role. These may prevent occurrence of mental health problems and decrease the use of medical services.

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