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Online Group Psychotherapy to Increase Self-acceptance and Reduce Shame Among Transgender Migrants: An Observational Report

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ABSTRACT

Objective: Transgender and gender diverse (TGD) people experience higher levels of stigma, discrimination, and interpersonal violence due to their gender identity and/or expression, particularly TGD people with a migration background. This study aimed to conduct and evaluate group psychotherapy for TGD migrants to provide opportunities for exploring and developing interpersonal skills and relationships.

Method: The group therapy included five individuals who identified as TGD and originated from the Middle East. The TGD group therapy consisted of 12 weekly sessions of 90 minutes each and was facilitated by a psychiatrist. All sessions were conducted online and in Turkish. The sessions were guided by the group process and discussions.

Results: After completing 12 group therapy sessions, members of the group reported benefiting from observing and emulating others who shared their problem constellation. Through the interpersonal skills that they built up throughout the sessions, they became more open to share their feelings experiencing fewer social barriers, and reduced anxiety.

Conclusion: This observational study indicates the significance of offering group-based psychotherapy to enhance affirmation and social connection within gender minority groups and emphasizes the need to empirically evaluate the effectiveness of group psychotherapy with TGD individuals, with special attention to the unique needs of TGD migrants.

Keywords: Migrant, Transgender, Gender-diverse, Online Therapy, Group Therapy

INTRODUCTION

Transgender and gender diverse (TGD) people have a different gender identity and/or expression from the sex they were assigned at birth. They experience an incongruence between their gender identity and the sex assigned at birth which manifests as gender dysphoria for some TGD people (American Psychiatric Association 2013). TGD people face higher levels of stigma, discrimination, and interpersonal violence because of their gender identity and/or expression than cisgender people (Hendricks and Testa 2012, White Hughto et al. 2015), while frequently lacking the necessary social support from family, friends, and peers (Davey et al. 2014).

Experiences of stigma are amplified for TGD people of color, resulting in higher rates of depression and anxiety relative to white TGD people (Lefevor et al. 2019). In addition, TGD refugees experience increased discrimination and violence because they often come from countries that hold traditional values of gender and sexuality (Alessi et al. 2018). TGD refugees frequently face discrimination from other refugees, particularly cisgender heterosexuals, while leaving their country of origin and residing in migration camps. Consequently, they experience elevated levels of persecution, violence, abuse (including sexual abuse), death threats, suicides, and even homicides (Grungras et al. 2009). Consequently, it comes as no surprise that by the time TGD refugees arrive in their destination country, their mental health has significantly deteriorated (Fox et al. 2020).

Mental healthcare providers serving TGD migrants encounter the challenge of addressing the resulting trauma that can lead to subsequent mental health issues. Common psychopathologies observed in this population consist of post-traumatic stress

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disorder (PTSD), anxiety, depression, and suicidal ideation (Alessi et al. 2016). Individual psychotherapy can be used to treat these concerns. Furthermore, feelings around gender identity and expression can also be addressed in therapy, as TGD migrants may be halted in their social and physical transition for several reasons (e.g., lack of affirmative treatment or stigmatizing and unsafe social environments). Studies conducted among Western TGD people highlights the significance of an affirmative approach to medical treatment and social transition, as it considerably enhances the mental health and overall well-being of TGD adults (Hughto et al. 2020, Lelutiu-Weinberger et al. 2020, Murad et al. 2010)and adolescents (Fontanari et al. 2020, van der Miesen et al. 2020).

Access to mental health therapies and gender-affirming care is critical for TGD individuals. Prior to the COVID-19 pandemic, the rate of mental health problems, particularly depression, anxiety, and suicide risk among TGD individuals was significantly higher than in heterosexual and cisgender populations (Hidalgo et al. 2019, Yüksel et al. 2017). The COVID-19 pandemic was often associated with an increased level of distress, depressive and anxiety symptoms in the general population due to unpredicted circumstances, lacking social support and socioeconomic outcomes (Manchia et al. 2022) along with the neuropsychiatric effects of COVID-19 infection (Dinakaran et al. 2020). Individuals and populations at high risk of psychological distress or resilience for the stressful environment have been affected more than the general population by the detrimental effects of the COVID-19 pandemic. Like other vulnerable groups such as elderly, healthcare workers and children, healthcare access to gender-affirming services and mental well-being of TGD individuals have deteriorated during the COVID-19 pandemic (Koehler et al. 2021, Szücs et al. 2021). According to Meyer's minority stress theory, culturally defined norms and social stigma have inimical effects on the mental health of minority groups (Meyer et al. 2015). Therefore, the COVID-19 pandemic enhanced stress for TGD individuals. External stressors such as discrimination, victimization, rejection, and non-affirmation towards TGD individuals may also disrupt self-view, which may be turned into increasing self-blaming, social avoidance, experiencing non-affirmation and internalized stigmatization among their own or toward other gender minority groups.

Group psychotherapy for TGD people is considered a promising treatment modality that capitalizes on the inherent resilience of TGD communities (Heck 2017, Heck et al. 2015, Mills et al. 2019). Many psychologists report being unfamiliar with the challenges faced by this population. Training programs provide minimal exposure to transgender issues by way of coursework and practicum experiences, and many barriers prevent transgender persons from accessing quality mental health care. The provision of group psychotherapy services in psychology training clinics may help reduce barriers to treatment, but there is little literature to guide professionals interested in facilitating such a group. The limited studies investigating group psychotherapy for TGD population show promising results. A study conducted in the United States demonstrated that group therapy with trans women with co-morbid PTSD and substance use disorders is promising (Empson et al. 2017). Further, several randomized controlled trials and meta-analyses demonstrate the efficacy of group psychotherapy for a range of mental health issues that disproportionately affect TGD people (Lo Coco et al. 2019, Okumura and Ichikura 2014, Wersebe et al. 2013, Yüksel et al. 2000). Group psychotherapy also allows TGD persons to explore and develop interpersonal skills and relationships, which is vital considering the high levels of isolation typically experienced by TGD people, particularly TGD migrants (Fox et al. 2020). In addition, group psychotherapies often include several non-specific therapeutic factors that promote authenticity, personal growth, and identity exploration (Yalom and Leszcz 2020). However, research on the effectiveness of group psychotherapy for TGD persons is limited, particularly for TGD with a migration background. Therefore, this observational study aims to evaluate the effectiveness of a therapy group focused on TGD migrants. This article provides psychologists with a description of an experiential/process psychotherapy group for transgender clients that was offered at a university training clinic. Logistical aspects of forming the group are reviewed. Prominent themes that emerged over the course of three 12-session groups are discussed. Considerations for other professionals and training clinics interested in offering similar groups are also provided.

METHODS

Transgender Therapy Group: Description

TGD group therapy consisted of 12 weekly sessions, of 90 minutes each, which were facilitated by a psychiatrist. All 12 sessions were held online, during the COVID-19 lockdown. After the COVID-19 lockdown the group met twice in person as a follow-up, 1 and 6 months after the last online session. The sessions were guided by the experiential framework of Yalom and Leszcz (2020), which includes existential, interpersonal, and emotion-focused interventions. The group process and discussions guided the intervention selection. There were no themes selected in advance for discussion. The initial sessions focused on developing trust, personal goals, and group cohesion. The following sessions primarily attended to in-the-moment interpersonal processes with the aim of facilitating individual members' goals. The concluding sessions focused on a reflection of the process and goals achieved, with an orientation towards integration and future plans.

Group Member Recruitment and Characteristics

Members of the therapy group were recruited from the LGBTQ (lesbian, gay, bisexual, trans, queer) transcultural outpatient

clinic at Parnassia Group Psychiatric Institute in Amsterdam. They were referred to the therapist after announcement of the group therapy. Recruitment was restricted to Turkish speaking adult (≥18 years of age) TGD individuals, who remained constant across sessions. Individuals that were unable to attend online and with acute suicidality were excluded. Five people were enrolled in group therapy; three of them were previous patients of the therapist, and two were new. Group members suffered from anxiety disorders, including panic disorder, or depressive disorder, PTSD, or comorbidity of these psychopathologies as diagnosed according to DSM-5 criteria (American Psychiatric Association 2013). All members identified as migrants originating from the Middle East (Armenian, Kurdish, Turkish and Syrian). One group member migrated 20 years ago, four members migrated around four years ago. The sex assigned at birth was female for one member, who identifies as trans man, with the remaining four group members were assigned male at birth and identify as trans women. The group members were aged between 35 and 52 years. In terms of education, two people had completed high school and three had completed college. All five members were unemployed. Four members were single and one was in a relationship.

Group Therapist Characteristics

The group meetings were facilitated by a Turkish-speaking cis-gender female psychiatrist experienced in migrant TGD mental health. The therapist regularly prompted the members to reflect on and discuss how her identity as a cis-gender woman impacted their therapeutic relationship. This allowed the members and the therapist to become more aware of how their beliefs around gender affected the group process. It also created the necessary space for members and the therapist to reflect on how the therapist's identity impacted the therapeutic processes of self-revelation and group cohesion. For example, when a group member showed a non-accepting response to the therapists' identity as a cis-gender woman, the therapist needed to process this to remain in full acceptance towards the group member and group cohesion.

Initial Consultation and Consent

Group members provided written and verbal informed consent to be part of the evaluation study. Members were informed that the group work could be used for research purposes, including the possibility of publication of the group therapy content. The study did not require the permission of an ethical committee due to its observational and low interference nature. The therapist met with each member individually for an initial consultation meeting to outline the forthcoming process and to address expectations and concerns. The therapist assessed each member regarding potential challenges they might encounter, within or outside the group process, which could interfere with their participation. In the case of potential challenges, additional information was collected and the potential implications of these challenges for the member and the group was discussed. Finally, the therapist prompted each member to reflect on their previous experiences with groups, specifically to note their interpersonal strengths and weaknesses as well as to identify how past experiences might influence their position and engagement within the forthcoming group therapy. An agreement on no socialization outside the group was made to prevent attrition. This was continued till the termination of the therapy.

RESULTS

Process

Prior to the therapy sessions, the therapist informed the group members about the structure of the sessions, norms of trust, privacy and the importance of being on time. They were explained that there would be weekly meetings at a set time and day and with a fixed duration of 90 minutes for twelve weeks, without exceptions. Group members were able to maintain this attitude throughout, so no further coaxing was needed. Self-disclosure was explicitly explained to each member individually before the group-sessions began. Moreover, group members were informed that the therapist would apply a passive role, to hold space rather than intervene, and allow the members to console each other. At the beginning of the sessions there were always a period of silence. The group's creation of a safe environment allowed for both support and confrontation. The confrontation started in the last five to six sessions. For instance, when some members did not consider one of the members to be a "she" despite the fact that this member identified as a trans woman. The confrontation was friendly and positive. Due to the limited number of group members, time, and cultural dynamics, this confrontation was not addressed further by the therapist.

The initial sessions of the group therapy focused on building interpersonal relationships. Psychoeducation was also provided to clarify and attune the group process. The 'here-and-now' approach was explained and emphasized as an essential means of promoting progress. The safe and secure atmosphere provided in the group encouraged members to be self-disclosing. Hereafter, the goals of individual group members were identified. The group members were challenged by their differences within the group in defining gender and identifying as a man or woman. None of them identified as non-binary or other gender. Acknowledging and accepting these differences were essential for improvement and restoration of group member's well-being. To facilitate this process, the therapist helped members by differentiating and integrating their differences, which promoted recognition and reduced feelings of loneliness and guilt. During all sessions, the atmosphere was full of appreciation, respect and

support. At the end of the 12th session group members were interviewed on the effects of the therapy by the therapist.

Therapeutic Factors

The evaluation of processes that contributed to the improvement of the group members' symptom reduction and perceived mental health was based on clinical observations by the therapist are discussed below.

Installation of Hope

Research has shown that client's expectations correlate with subsequent therapeutic outcomes (Bloch et al. 1976). Bloch and colleagues (1976) suggest inducing and reinforcing positive expectations in three ways: by discussing the healing properties of the group and framing these in the context the member's difficulties, by repeatedly calling attention to the improvement of previous or present group members, and by nurturing and sharing a sense of confidence in one's own therapeutic effectiveness. During the preparation of this group, benefits of group therapy were discussed with each member personally and then within the group too. After four sessions, group members started commenting on each other's change and experiences which created more open space to share and talk confidently for them.

Universality

Particularly individuals who experience social isolation tend to assume that they alone struggle with certain potentially shameful or frightening problems, thoughts, and behaviors. Hearing other group members disclose similar situations and concerns creates relief, allowing for greater authenticity in communication and the experience that one is 'welcome to the human race'. The revealing of the member's own difficulties in such context creates the opportunity to experience acceptance from the other group members. Challenging discussions around race, sexual orientation and gender identity has been facilitated by the atmosphere that built of courage and trust within the group.

Imparting Information

Rather than psychoeducation and advising group members, in this study installation of hope was the main focus of dynamics/process to cope with social isolation, especially the isolation during the COVID-19 pandemic.

Altruism

Individuals may often feel worthless, as though they have nothing of value to give. Throughout the therapeutic process of group therapy, group members will inevitably give and receive from one another in the form of support, suggestions, reassurance, and share their own experiences. The process of giving empowers individual members by allowing them to demonstrate and develop their strengths, a mechanism emphasized in positive psychology. In our study, altruism was shown by all group members towards one member that was very emotional during the first couple of sessions. After they observed how the therapist asked how this group member felt, in a non-judgmental and caring manner, the group members started spontaneously checking-in with her over the next sessions. Altruism was a strong dynamic of the group for acceptance and influencing self-worth and shame.

The Corrective Recapitulation of the Primary Family Group

The authors liken the therapy group to a family, including parental figures and siblings who engage in strong emotions, revelations, and intimacy. Such a structure creates the opportunity for re-exposure to early familial conflicts which can then be addressed and repaired. The therapist took mother and father roles during the sessions and created an environment for questioning gender pronouns and becoming more aware of male and female aspects within a self. After a few sessions, group members started to call the group a family.

Development of Socialization Techniques

The group provided opportunities for the development of social skills through encouraging constructive feedback. One example was when a group member shared to have difficulty to speak in public. Other group members encouraged this member by giving positive, constructive comments. This example of group members giving advice to each other made all group members more aware of their capabilities in terms of social interactions, and that they can mean something to someone. This contributed to trust building within themselves and the group. This also allowed members to learn about their interpersonal skills and how this might be contributing to their experience of isolation and loneliness. Overall, through the interpersonal skills that they built up throughout the sessions, they became more open to share their feelings with less social barriers and anxiety.

Imitative Behavior

The authors suggest that groups members benefit from observing and imitating other group members who share their problem constellation. This is called vicarious or spectator therapy. Imitating others' behaviors allows individuals to become aware of which behaviors suit them and which do not. Group members had observed each other's expressions and behaviors, and then applied it later, as shown by the example of altruistic behavior.

Group Dynamics

Group dynamics can be influenced by many factors, such as ethnic background, interpersonal feelings, ego structure, education level and status of gender-affirming surgical procedures. Considering the migration background and

ethnic diversity of the group, difficulties arising from members' ethnic identities could be expected during the group therapy sessions. However, no difficulties or setback regarding the common cultural and ethnical background arose, instead there were feelings of acceptance, warmth and friendship among group members that increased over the course of sessions. The group members shared similar interpersonal feelings such as lack of trust, shame, isolation, loneliness, and rejection. They have been suffering from emotional pain due to a similar background of trauma. This similarity of suffering and sharing similar emotional distress enhanced cohesion and symptom relief as well as trust in each other. Differences in group dynamics appeared in terms of ego structure, education level and status of gender-affirming surgical procedures. Half of the group considered themselves introvert and the other half as extrovert. Interestingly, after a few sessions the group cohesion allowed space for everyone, diminishing the differences in ego structures. This occurred through mimicking behavior: the extraverts gave space to the introverts by inviting them to share their feelings and experiences. Members gained new perspectives to positively change their lives as their education levels differed. Differences in gender-affirming surgical procedures that group members have been through were openly discussed and resolved. This included a discussion about the right to name yourself a woman between two trans women, of whom one still had her male genitalia and one who had been through surgical procedures concerning her genitals. The discussion brought more cohesion as well as it broadened their perspectives. Especially, differences in gender identity helped to balance group dynamics and their perspectives.

Advantages of having online group therapy outweighed disadvantages in terms of the group dynamics. Group members reported that being in their home environment during therapy made them feel safe and helped more, especially considering the extra isolation period of the COVID-19 pandemic. No need for transportation was another advantage, as it reduced costs, anxiety about social interactions and exposure to COVID-19. A major disadvantage of online group therapy was the lack of body language for interpreting interactions during the group process; however, empathy between group members remained intact. Another disadvantage of the online sessions was technical challenges, which caused one group member to be late for a few sessions.

DISCUSSION

This observational report represents the first online study on group therapy involving Turkish-speaking TGD individuals, to the best of our knowledge. Following 12 sessions of group therapy, members benefited from observing and imitating others who shared their problem constellation. By the interpersonal skills that they built up throughout the sessions, they became more open sharing their feelings experiencing fewer social barriers and reduced anxiety. Online group psychotherapy facilitated improved affirmation and social connection within gender minority groups.

Some limitations should be considered when interpreting the findings of this study. Due to the observational character of the study empirical measures and a control group were not included, and member's responses were solely accessed through the therapist's interpretation. Further research could build upon this initial study by incorporating a control group, larger sample sizes with more diverse cultural dynamics, measure psychological constructs of the participants with validated quantitative measures and include follow-up measures. Despite these limitations, this study is unique in evaluating group psychotherapy in TGD individuals, particularly TGD migrants, during times of extreme isolation caused by the COVID-19 pandemic which had increased feelings of loneliness and increased the connectedness within the group. This observational report emphasizes the need to empirically evaluate the effectiveness of (online) group psychotherapy with TGD individuals, with special attention to the unique needs of TGD migrants.

According to the minority stress theory, depending on the diversity of ethnic and cultural backgrounds, belief systems within therapy groups may influence group dynamics in directions of attachment or discrimination due to social isolation and internalized stigmatization. Therefore, bringing together individuals who share a similar cultural background and emotional distress may foster attachment and group cohesion. Establishing a sense of safety and engendering tolerance and cultivating cultural awareness are essential for fostering group cohesion and community, and can contribute to therapy adherence (Reading and Rubin, 2011), while also helping to prevent conflicts within the group. This emphasizes the importance of therapists being aware of ethnic and cultural differences and creating a safe space for group therapy, with the therapist playing a crucial role in this process.

Similarly, therapists conducting group psychotherapy for TGD individuals should remain aware of their own biases and countertransference responses to ensure effectiveness, as demonstrated by our study. This is especially important when working with migrants, as it requires an understanding of and respect for their cultural perspectives on mental health and psychotherapy (Reading and Rubin 2011). Group therapists should cultivate self-awareness regarding their own gender identities, beliefs about gender, cultural perspectives and life experiences as these factors can influence the dynamics of the group. Ongoing feedback should be elicited from the group members about how the gender identities and expressions of the therapists may be influencing the group dynamics.

As the COVID-19 pandemic has been linked to an increase in cases of depression and anxiety, particularly among populations with low resilience (Manchia et al. 2022). In addition to these mental health effects, there has been a decline in access to in-person healthcare services due to pandemic-related restrictions. Consequently, offering online therapy is now more relevant offering benefits such as lower costs and increased convenience for both clients and therapists. Numerous studies also suggest that online therapy is an effective method for self-expression, intimacy, and connection, with no significant disadvantages compared to in-person psychotherapy (Simpson et al. 2020, Wind et al. 2020, Craig et al. 2021). TGD populations have been more susceptible to mental health issues than heterosexual populations even before the COVID-19 pandemic. Therefore, it is crucial to implement comprehensive and integrative digital mental health care to enhance resilience amongst TGD individuals against psychological stressors during the COVID-19 pandemic and in future pandemics.

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