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Counseling Transgender Trauma Survivors

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Despite historical milestones aimed toward increasing societal acceptance of oppressed populations, transgender persons continue to experience high degrees of marginalization in multiple facets of daily living (Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling [ALGBTIC], 2009; Patton & Reicherzer, 2010). The myriad life challenges that this community faces may appear overwhelming for counselors who support the human rights endeavors of gender identity and expression, but are uncertain of how to proceed in counseling practice with transgender persons (Carroll, Gilroy, & Ryan, 2002). In spite of the multiple lived challenges that members of this community may experience, transgender persons have expressed that their greatest desire in seeking counseling is simply to feel listened to and supported. Using a grounded theory design to examine transgender experiences in counseling, Reicherzer (2006) identified that this desire was found to be of greater significance than the counselor's practice of a particular set of skills, techniques, or active interventions. This practice-based article will present the cases of "Nicole" and "Maricela" (aliases), who have graciously agreed to have their stories shared for the purpose of informing counseling practice. Two of the authors (Stacey and Jason) will describe their counseling journeys with these women, highlighting important lessons learned in responding to client stories of extreme opprobrium that are associated with social pain and trauma.

Literature Review

Transphobia, “the irrational fear and hatred of all those who transgress, violate, or blur the dominant gender categories in a given society” (ALGBTIC, 2009, p. 1) is a social malady that permeates vocational (Gordon, 2009), familial (Patton, 2009), and multiple other social interactions in which transgender persons engage (Reicherzer, 2005). When interfacing in positions of particularly lessened sociopolitical authority, such as immigrating to the U.S. or within the penal system, transgender persons are particularly vulnerable to rape and torture (Anderson, 2010), even at the hands of law enforcement (Rickert, 2010). In spite of specific legislation that has been put in place to protect marginalized persons, such as the Fair Housing Act of 1968, transgender persons still face discrimination in the denial of acceptance into new housing, as well as discrimination by landlords and other tenants at the properties in which they already reside (Esses, 2009).

A lack of governmental protection, coupled with a challenging social climate that in many cases has bred intolerance and violence, acts to enforce oppression of the transgender community (Ekins & King, 2001; Feinberg, 1996; Reicherzer, 2005). In turn, this has created a cultural context in which hate crimes persist as a common threat for transgender persons. The National Coalition of Anti-Violence Programs estimated that each month there are approximately 20 hate crimes acted out against transgender individuals (Thomas, 2004). Of note, this average accounts for the United States only. In addition, numerous acts of violence go unreported for various reasons. Kidd and Witten (2008) found that out of 86 transgender persons responding to the TranScience Longitudinal Aging Research Study survey, 60 had reported some act of abuse having occurred before the age of 18. So, approximately three-quarters of this sample’s participants had experienced hate crimes.

Several researchers, practitioners, and authors have identified that transgender persons have survived the social trauma extending from the profound exclusion that they experience in daily living (Patton, 2009; Reicherzer, 2006; Wilchins, 2004). To explore the traumatic implications of social exclusion, Eisenberger, Lieberman, and Williams (2003) conducted a neuroimaging study in which participants played an electronic ball-tossing game while their brain responses to exclusion from the game were monitored. Functional Magnetic Resonance Imaging (fMRI) results indicated that the anterior cingulate cortex (ACC) was more active during exclusion than inclusion, correlating positively with self-reported distress at being excluded ($r=.88$). Eisenberger and Lieberman (2004) used the evidence from this neuroimaging study in the development of a theoretical model of the physiological effects caused by social separation, called Social Pain/Physical Pain Overlap Theory (SPOT). SPOT’s premise is that both physical and social pain are experienced in the same brain region, the ACC. In association with this, the authors noted that an experience of social pain increases perception of physical pain and vice versa. Given the body of literature (Patton, 2009; Reicherzer, 2006; Wilchins, 2004) that demonstrates social exclusion in the lives of transgender persons, it is logical to conclude that SPOT holds relevance in conceptualizing social trauma in work with the transgender community.

Counseling professionals have made organized efforts to enhance clinical services and advocacy for marginalized populations (Arredondo et al., 1996; Lewis, Arnold,

House, & Toporek, 2003) including now the transgender community (ALGBTIC, 2009). Very few counselors, however, have experience working with transgender clients (Lev, 2004).

Counseling practice with the transgender community is being supported by a small but emerging body of evidence. Whereas clinical examples of mental health practice with transgender clients have existed throughout the medicalization of transgender phenomena (Meyerowitz, 2002), these have primarily centered on pathology. This has even been true of the most recent studies (Poxon, 2000; Rachlin, 2002; Reicherzer, 2006), which have tended to emphasize issues related to the DSM IV-TR (APA, 2000) diagnosis of Gender Identity Disorder (GID), in which a persistent sense of discomfort in one's birth-assigned sex is accompanied by a strong desire to live in what's considered the opposite sex. Two notable exceptions that describe clinical practice include Patton and Reicherzer's (2010) practice-based article that demonstrated relational-cultural theory in the case of a trauma survivor whom they aliased "Kate," and the constructivist work that Carroll, Gilroy, and Ryan (2002) used to affirm the identity of their transgender client "Terry."

Carroll, Gilroy, and Ryan's (2002) presented the case of Terry, a counseling client from one of the authors' (Gilroy's) practice. Not uncharacteristically for transgender clients, Terry presented a long history of social isolation and rejection in response to her gender nonconforming behaviors. Her concerns clustered around experiences of withdrawal and difficulty establishing a positive social network, and she was diagnosed with major depressive disorder shortly after beginning her counseling journey. Recognizing that severe marginalization was foundational for Terry's symptoms of depression, Gilroy used a constructivist approach that allowed Terry to develop a narrative that included personal advocacy efforts. This consisted of supporting the client to shift her narrative to one that included self-advocacy. In doing so, Terry was engaged in a process of retelling her story so that it moved from one of disempowerment to one of mobilized social action that, in turn, lessened her symptoms of isolation in that she was "ushering in a new era of gender freedom" (Carroll, Gilroy, & Ryan, 2002, p. 137).

Patton and Reicherzer's (2010) case presentation of Kate provided a clinical context for relational-cultural theory in addressing trauma that was related to Kate's history of childhood mistreatment in response to her gender nonconforming behaviors, and her present livelihood as a sex-worker. Kate originally presented for counseling exclusively in an effort to be assessed for Gender Identity Disorder, but as her relationship developed in her counseling experience with one of the authors (Patton) she identified trauma that related to the violent history through which she had lived. Patton and Reicherzer identified both the critical function of empowering a client's decision-making in revealing a story that might delay the assessment process, as well as methods for supporting the client's vulnerability within the context of assessing GID. These authors identified that, because the diagnosis is medically required by physicians before prescribing hormone replacement therapies, transgender clients who are seeking counseling exclusively for the purpose of procuring a letter confirming this diagnosis often tend to present a "best foot forward" (Patton & Reicherzer, 2010, p. 225). As such, emphasis was placed in using the counseling process as one of empowering the transition by healing trauma before moving forward with medical changes. These authors stressed the value of a counselor's ability to be genuine and vulnerable in response to the client's

gender journey as part of an engaged effort to invest the client in counseling work that addresses trauma and other concerns. In spite of the promise of these developing clinical stories in work with transgender clients, there is still very limited information that informs counseling services for this community. This practice-based article will seek to fill this gap, using two cases that illustrate unique forms of trauma that transgender clients often experience. This description will highlight issues of social pain for each of these persons to demonstrate the lived experience of social trauma that results from transgender oppression. In each of the cases that follows, a description will be provided to present the client's main concerns that relate to social trauma, the counselor's goals and case conceptualizations as these developed over the courses of counseling, end results of the counseling relationships, and lessons learned for the counselors in concluding the cases.

The Case of Nicole

"Nicole" was a 36-year-old White male-to-female transgender woman who presented for counseling with support needs around issues related to her gender transition. She had been in the community mental health system for several years, and was under psychiatric treatment for the diagnosis of schizoaffective disorder, bipolar type, with paranoid features. Having dressed in female clothing for many years and desiring counseling services to address concerns that the state mental health services were unprepared to provide, she had been referred to Stacey, then an intern, at a local lesbian, gay, bisexual, and transgender counseling center. She was able to see Nicole as a client at a very low sliding scale fee due to Nicole's impoverished living situation. Nicole paid her client fee from a fund she received through her church.

One of the most noteworthy observations about Nicole was her tenacity in getting to the counseling office. She had apparently taken the wrong bus, and had to cross a busy urban freeway in a business dress, stockings, and heels to get there. The client's efforts in dressing professionally for the first appointment suggested the importance she was placing on this visit.

As Nicole would soon reveal, she had only recently moved into a dorm style transitional housing center after spending most of her life in homelessness. Nicole further shared her history of extreme poverty in her family of origin, sexual abuse at the hands of her stepfather that began at age 3 and continued well into elementary school, profound (but apparently untreated) learning difficulties in school, and what can only be described as utter cruelty from the other children in response to Nicole's apparent poverty, learning abilities, and feminine gender expression. The social mistreatment in Nicole's life had not stopped when she dropped out of school in tenth grade, but was continuing in her present life. Frequently, Nicole would report to counseling with a story of outrageous mistreatment at the hands of someone on the bus, at the grocery store, or in her housing unit. In addition to accounts of daily barrages of verbal attacks, Nicole often reported having to duck bottles, rocks, and other objects thrown at her. One early observance that Stacey made about Nicole was of her resilience in the face of extremely challenging odds.

Nicole presented a difficult and somewhat overwhelming case. While her lived experience in identifying as female and her desire for support in furthering this aim were within Stacey's clinical experiences, goal-setting proved to be a particular challenge.

What was a workable solution for a transgender woman whose economic situation and ability level were such that her present social climate necessitated that she would live in very close proximity to people whose cruelty was fed by their own disenfranchisement? What possibilities did counseling hold that would help pave the way out of this life and into something that could sustain her ongoing journey, not only in regard to her gender, but in support of her entire being, which was obviously suffering in her current milieu?

Clarifying goals with Nicole was no easy task. When work would turn to specifying goals, as it often did in early sessions, she would say something about feeling lonely and not being understood because of being a transgender woman. Getting to a concrete plan for addressing loneliness, however, proved elusive. Attempts to discuss opportunities for positive social interactions with people who could support Nicole, for example, led her to tell tangential stories about trips to the grocery store, what she would wear to the church festival, and other details of her life that at the time seemed minute. The case was often challenging for Stacey, and a frequent discussion during supervision. Whereas the supervision team collectively had little experience with cases as challenging as Nicole's, the team did agree that a central organizing element of her life existed in her resilience in managing homelessness and extreme social opprobrium. This supported the initial assertions that Stacey had made in beginning work with Nicole. Stacey decided that the most effective strategy she could use in counseling was simply to listen and validate Nicole's experience, joining her in her stories of social mistreatment. Although it was not very clear what direction counseling was taking in the early stages of the relationship, both Nicole and Stacey grew in their trust of the relationship as a source of social resistance and growth.

As time progressed, in fact, a palpable shift began to occur. Nicole's stories began to coalesce around a narrative of self-advocacy. Early in the work, her stories of depleted and fruitless interactions with social service agencies had been consistent. As time progressed, a theme emerged in which Nicole was beginning to have more positive feedback about these dealings, culminating in her ability to negotiate with the city housing authority to be placed on a list for her own apartment. In addition, she shared positive experiences of addressing a man on the bus who had made an untoward comment to her by advising him of her need for respect as a fellow human being. Invited to identify her source of courage for taking this brave action, Nicole responded, "You know, our work together has given me the courage to do this. Seeing you, being here with you and talking about life, it's helping me so much." Within the counseling journey, she was feeling heard and respected in ways that she did not experience in her life.

As optimistic as these changes were, Nicole was to have yet another traumatic experience befall her. A few weeks before she was set to move into her new apartment from the transitional living center, she was attacked and raped by the night manager at the center. She did not inform Stacey until her following session two weeks later, although she had informed the police who provided her with a rape kit at the time of the incident.

The rape trauma presented great clinical concern for Stacey over how this traumatic event would impact the momentum with which she was moving forward. We discussed the process she had undergone in reporting the instance to the police, and her experience with the rape kit. In this, Nicole proved surprising once again. With some structured exercises to help her counter nightmares about the incident, Nicole's resilience supported her movement, and she was able to integrate this traumatic experience rapidly

and with less intrusion than might be expected of a person who had less history in healthfully managing trauma. Further, the incident served to propel Nicole in her goals of independent housing.

As the weeks passed, Nicole moved into her own apartment. As was consistent in work with Nicole, counseling became focused around her sharing ideas about decorating schemes, things she was cooking for herself, and daily occurrences of that nature. As she settled into her new life, she demonstrated again that now-familiar resilience by sharing that she was thinking about pursuing her General Education Degree (GED). Her resilience was pushing her ability to take progressive risks. Counseling work responsively shifted to a focus on preparing for the classes she would be taking, getting school supplies together, and launching her GED preparatory classes.

After just over two years of work together, time with Nicole had come to a close when Stacey was leaving the agency. Not wishing to abandon her at a time when she was still needing support while completing her GED, she was referred to another internal counselor. In spite of the challenges that had presented in her early work, it was difficult for Stacey to leave the relationship during such an upwardly mobile time in Nicole's life. In the last session, in what would be the final surprise Nicole would give during her counseling journey with Stacey, she took her by the hands and shared with very deep conviction, "I want you to know how much you've meant to me, and what our time has been. I will always look up to you as a sister who helped me when I needed it."

Several months later, it was a great joy for Stacey to receive the invitation to attend Nicole's GED graduation ceremony along with her new counselor, and to support the new counselor in writing a letter of recommendation for Nicole to begin hormone replacement therapy. These and other positive changes in her supportive counseling work enabled Nicole to continue in school and to develop and sustain safe relationships. Nicole has since left the counseling practice and lives in another city.

Maturing in her counselor identity, Stacey has often reflected on her time with Nicole and what she learned about patience in counseling work. Particularly with trauma survivors, the emphasis is necessarily placed on giving the client the tools that she or he needs to bring forth the story when and how it needs to be told. Counselors who work with transgenders with histories as complex as Nicole's should be aware that the greatest service provided might simply be creating a space in which the person knows that she or he matters, and that the story being told is one that has an impact on the counselor. While Nicole spent much of her counseling sessions relating details that seemed small at the time to Stacey, it was clear that having a space in which to share her life was of great value for Nicole's ability to create personal change. Nicole's healing journey was facilitated by having Stacey as a witness to her trauma.

The Case of Maricela

Maricela's case presentation represents an interweaving of multifarious cultural, psychological, and interpersonal forces. These culminated in a lived experience of social pain and sometimes tenuous, but omnipresent, resiliency. Maricela was born male bodied into a single-parent household of low-to-middle socioeconomic standing in a developing South American country. Her language of origin was Spanish. At the time of the commencement of her counseling relationship with Jason, she was approximately 40

years old and living in a small city in the southern United States. She sought counseling for an assessment of Gender Identity Disorder in hopes of pursuing a hormone regimen as a process of body migration and gender congruence.

The first counseling session between Maricela and Jason invited her question, “Do you think the doctor will approve of me taking hormones with all of my medications?” Jason had just learned that Maricela was currently receiving treatment for a number of physical and psychological diagnoses; her question came in the context of her disclosure that she had been “severely depressed” for the last several years. Maricela was taking four different medications for the treatment of what her psychiatrist named as “exogenous depression” alone. This treatment regimen was coupled with pain, anti-inflammatory, and heart medications. Psychological treatment was being coordinated by the local chapter of Mental Health and Mental Retardation (MHMR) services. Her clinical social worker at MHMR had consulted with her psychiatrist, and they had agreed that she should seek additional, more specialized counseling services tailored to meet her needs related to gender.

Eventually, Maricela and Jason learned that her physical and psychological conditions did not preclude her from moving through her desired process of transitioning. They also discovered that underscoring her current life circumstance was a heretofore formally unacknowledged history of marginalization. Maricela at first had some difficulty discussing her early childhood experiences. When asked to recall her first memories, she explained that her life was so different now that she did not understand why it mattered. With time, though, she acknowledged that her childhood was filled with mixed messages about her “demeanor.”

As she shared her first memory, she asked that they close the blinds to the counseling room and switch the lamps to a lower setting. She wore a hat that she pulled down slightly, as if to further shield her eyes. When she spoke, her voice was softer and tentative. However, her recollection was vivid and colorful—she described sitting on the edge of her mother’s vanity while her mother put on makeup. She could hear her older sisters playing in the kitchen across the hallway; they were banging pots. Her mother was telling her a story about how she would be going dancing that evening. Maricela would have to stay home and mind her eldest sister. As Maricela recounted this, she smiled beneath her hat. Her mother let Maricela play with her hair as she put the finishing touches on her makeup.

Maricela intimated that she was glad to have remembered her mother in this way, because mostly, her mother had been crueler. Further discussion provided illumination of another memory. On a night that her mother was not home, Maricela’s middle sister caught her in her mother’s closet wearing one of her mother’s dresses. After teasing her, her sister told their mother about it. Her mother called her names, and while she was not physically punished, her mother’s words “stung like a bull whip.” She explained that after that day, she was persistently taunted and humiliated for acting like a girl. Jason took this opportunity to share some general information about social pain that helped illuminate her bull whip analogy. He explained that, in fact, it does hurt in much the same way as physical pain. This awareness was freeing for Maricela, as she thought aloud about how these kinds of verbal assaults must have the same effects as physical abuse. For her, this was validation of her present-day emotional response to thinking about her mother.

The exploration of this memory represented a dual shift. In Maricela's story, it had been the point at which life had become threatening; however, it now presented an opportunity for her and Jason to move more fully into the counseling relationship and for Maricela to find power in telling her life story. A natural pace soon developed, and focus on Maricela's survival strategies became a key piece in understanding how her current life circumstance had emerged.

Maricela's response to her mother's and sisters' mistreatment had been to become more academically involved. She had done very well in school, learning several languages along the way. She had worked through college, where she met a man to whom she was immediately attracted. While in college, she had been living as a boy because of the social climate, so when their relationship began to become romantic, she was forced to "accept a gay identity." All the while, she secretly dreamed that she could be with him as a woman.

In time, she would reveal that she had finished school and they moved to Europe, where they both found employment as teachers. During this time, she discovered that society in Europe was much more accepting of their relationship. As she had begun feeling comfort in her new life, she concurrently was becoming less willing to "live a lie." By degree, she had begun dressing in more gender neutral clothing, followed by increasingly feminine attire. Her boyfriend had boisterously expressed his discomfort with this. In turn, they quickly "grew apart." Jason noted that this had been a difficult period for Maricela. She was far away from what had been her home, and had ambivalent feelings of freedom to express herself with recrimination for doing so. She knew that as her inner experience emerged, her life was changing dramatically. Even as she was speaking about this period, she became visibly less comfortable, from a brighter, open affect to one that was tentative and remorseful. Jason called attention to the shift in Maricela's expressions and tone, to which she replied, "Yeah, I guess after all of these years I am still so full of hurt that he did not love me for me."

Maricela and Jason worked to understand the present-day impact of these events over the course of the next several sessions. Throughout this period, Jason found that Maricela was becoming more and more able to tolerate discussing negative emotions. Gentle encouragers to "stay with it" were increasingly well-received. One day she came in and sat, saying the words, "son of a bitch." There was a humorous moment when Jason was unsure about whom she was speaking, but she continued with fervor, "He had me stuck there, and all he could do was make fun of me for wanting to wear makeup. I should have left him a lot earlier." Maricela's relationship with her boyfriend had transformed; she had felt dehumanized, belittled, and betrayed in much the same way as she had when her mother had ridiculed her years earlier. Abruptly, Maricela stopped speaking. Jason struggled to engage the silence that followed, resisting his natural urge to fill the empty space. "*Oh!* [emphasis added] You remember what you told me about pain? I wonder if that is part of why I was in the hospital so much then." Maricela had made the connection between a series of hospitalizations due to chronic pain and the pain of being humiliated. This pain was currently manifesting in her life as depression.

Maricela's realization represented a shift in the counseling relationship; now she was feeling more confident and had tapped into a previously unrecognized emotion—anger. As she acknowledged the period of increasingly hostile interactions between her boyfriend and herself, she began to experience a new level of motivation and power in

her present situation. She started taking job reentry classes and prepared her resume; she decided that as she began hormones, she would try to find a job and begin working again.

The zestful element to both the counseling relationship and Maricela's newfound energy to be more active presented an opportunity for an increased level of safety and disclosure. Maricela said as she and Jason were preparing to begin a session, "Okay, so I have not told you this until now, because I have been embarrassed. I used to teach college. I gave that up because I did not believe that someone like me (a transsexual) could be a professional." As Maricela told about moving to the US and struggling until finding an adjunct teaching position, she began to cry. She had been very fearful of the move, but had made it out of desperation when she realized that her relationship and job were not making her happy.

"Once again, I stopped dressing (as a woman), because I knew I had to give up on one dream to have another." Maricela and Jason shared a moment of silent reverence for the sacrifice she felt that she had to make; Jason struggled to be with the intimate silence, which was pregnant with remorse and an element of Maricela's self-recrimination. After processing Maricela's grief over having made this choice, she and Jason took a moment to review the events that had brought her to the U.S., but now with an effort to view them through a lens of survival. In recapping the events that she had detailed, Maricela acknowledged that she made many difficult choices that, at the time, had seemed like her only viable options. She expressed that she wanted to forgive herself for the self-blame she had held on to for many years; part of this was that she felt that she could now be angry at those who had marginalized her, rather than at herself for being marginalized.

Maricela concluded the telling of her lived-history with a story that included being told by her employer that she was not a good fit for the department for which she had worked. While he had not explicitly said so at the time, she now figured that it was more likely that he had begun noticing her increasingly gender nonconforming presentation, whereas by the end of her employment she had only felt comfortable wearing at least one visible article of women's clothing.

The culmination of self-doubting and recriminating thoughts that she had from being removed from her position had resulted in increasingly poignant depressive symptomology. In time, she had begun contemplating suicide, but had fortunately received care through MHMR before fully acting on this impulse. Medication management and regular medical visits had "helped some." Reflecting further, she stated, "Every time I tried to live a lie (as a man), I hurt myself a little bit more, and every time I failed." When asked to consider this in terms of her strengths, she reauthored, "I always come back to being my true self." Indeed, Maricela had entered counseling with the full intent to begin a course of hormone treatment and not postpone physically transitioning her body; although this move had come at a time when she was still experiencing a diagnosable level of depression, she had been adamant about her desire to move quickly through the process.

The conclusion of the readiness assessment portion of Maricela's counseling led to a number of significant changes in her life. After Jason's recommendation and a medical evaluation, she began hormone therapy, with both estrogen and a testosterone blocker. As a result, she noticed physical changes within a number of months of treatment. She also had fewer depressive symptoms, which she attributed to being able to see the effects of the hormones in conjunction with our continued work; eventually, her

psychiatrist worked to taper her off of some of her medication. With each session, she seemed to be more motivated to make positive changes in her life.

Upon Maricela's decision to terminate counseling "for now," she and Jason reexamined the course of their work together. She recalled the ambivalent emotions she had experienced in preparing to share her story—knowing it would bring up things from her past. Maricela contrasted this with her current state of mind, "driven." When asked to attribute what had worked to make this possible, she acknowledged that a number of factors had been at play. The most powerful, she noted, were getting the psychiatric help she needed, along with the ability to share the most shameful aspects of her experience while simultaneously being asked to think about them in a new light.

Jason's experience with Maricela underscores the importance of acknowledging marginalization and social pain and how the survivors of these forces may come to think of themselves as unworthy of love and thus responsible for all of their problems. Additionally, Jason learned that mindful attentiveness, patience, and dedication to acknowledging strengths and resilience can help clients move out of shame and into action. Sometimes the most powerful thing a counselor can do is to create and hold a space for a client to tell her or his story. For a transgender or transsexual client like Maricela, who may have not been afforded a space to share her or his full story, this space can be filled with the new perspective of one who is on the path to becoming her or his true self.

Summary

Nicole's and Maricela's counseling journeys both ended in ways that indicated surprising, powerful positive change; they left with newfound verve. However, their stories also highlight the need for counselors to explore the impact of social trauma in transsexual clients' lives similarly to the work described by Carroll, Gilroy, and Ryan (2002) and Patton and Reicherzer (2010). Simultaneously, counselors must consider the importance of resiliency and a reevaluation of these clients' choices, given circumstances that include potential social, physical, and emotional pain.

Through the course of counseling Nicole experienced ridicule. Part of Stacey's work with Nicole was to create a space for exploration and change, while maintaining focus and momentum. Stacey found that while it was often difficult to orient Nicole toward specific counseling goals, her client truly benefitted from Stacey's efforts at engaged witnessing coupled with intention to accentuate Nicole's strength and tenacity.

Jason's work with Maricela brought many of the same foci and lessons. The space created by the counseling relationship allowed Maricela to make connections between relationships and interactions that were the sources of social pain, physical and emotional symptoms, and preceding and current life circumstances. Jason found that his efforts to respect silence (although at times, a struggle), support Maricela in reauthoring her story to incorporate her realizations and experience, help her reconsider issues of self-blame, and honor her profound ability to survive were paramount.

Implications for Counselors and Future Research

Counselors who work with transsexual clients should consider the impact of previous and ongoing social pain or trauma on their clients' presenting concerns. As evidenced by these cases, Carroll, Gilroy, and Ryan's (2002) case of Terry, and Patton and Reicherzer's (2010) case of Kate, transsexual women often share similar histories of severe marginalization from childhood and adolescence that continue on in adulthood. Thus, approaching counseling from a model for addressing social trauma is highly recommended. This clinical emphasis may offer clients a powerful opportunity to reevaluate their lived histories of social mistreatment, and from this, mobilization for change and self-forgiveness can emerge.

While the emerging body of practice-based literature offers insight into clinical practice with transsexual women, no case studies were found that specifically addressed counseling practice with transsexual men. This represents a dearth in the evidence-based literature. Additionally, research that specifically explores the unique phenomenological impact of social trauma in the lives of transsexuals could further advance treatment options for these persons. Furthermore, investigation into correlations between degrees of experienced social pain, depression, and demotivation may elucidate commonalities within this marginalized population. Finally, efficacy studies focused on whether clinical experience in addressing social pain in transsexual clients reduces psychopathological symptomology would help guide future practice.

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