Using Gender Role Conflict Theory in Counseling Male-to-Female Transgender Individuals

Stephen R. Wester, Tracy A. McDonough, Maureen White, David L. Vogel, and Lareena Taylor

Ignoring gender socialization while counseling transgender clients neglects a significant aspect of the transgender experience. To address this, the authors review the literature on gender role conflict (GRC) theory as it pertains to the transgender experience of biological males whose authentic self is female. They explore the main types of distress experienced by transgender individuals, detail the therapeutic process using a GRC theory perspective, specify how GRC applies to transgender individuals, and suggest ways to work with this population.

Very few individuals have ever questioned if their body matches their mind in terms of gender simply because the two are consistent with one another. Transgender individuals, conversely, are those who experience a mismatch between their biological sex and their psychological awareness of gender, feeling more comfortable in the identity of the other gender. It is not that they are sexually aroused by this identification with the other gender, but that it just feels authentic with respect to their true sense of themselves. Thus, being transgender is independent of one’s sexual orientation in that some transgender individuals are attracted to members of the same sex and others are attracted to members of the other sex.

Being transgender is not an experience of the majority culture, and for this reason, many mental health care providers lack the education and experience to serve this population. Several documents, such as the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (American Psychological Association, 2003), the Multicultural Counseling Competencies and Standards (Sue, Arredondo, & McDavis, 1992), and recent practice guidelines released by organizations such as the American Counseling Association (2005) and the American Psychological Association (2000), make clear the importance of being competent to serve populations other than the majority culture by providing culturally appropriate treatment options. Indeed, the sixth version of the Harry Benjamin Standards of Care (SOC) for Gender Identity Disorders (Harry Benjamin International Gender Dysphoria Association, 2001) specifically calls for counselors to be aware of both the issues surrounding transgender clients and the treatment options for this population. Unfortunately, the lack of literature focusing on the provision of services to transgender individuals leaves counselors with limited resources to draw on in serving this population.

We believe that gender role conflict (GRC) theory (O’Neil, Helms, Gable, David, & Wrightsman, 1986; see also O’Neil, Good, & Holmes, 1995) provides an innovative framework for addressing this lack of an extant literature in this area. GRC occurs when an individual experiences negative consequences resulting from the competition between rigid, sexist, or overly restrictive gender roles and incompatible situational demands. In applying GRC theory in counseling, the focus is on the situational constraints placed on people by their socialized gender role while allowing for an understanding of the experience of distress without blaming individuals for their situation (e.g., Wester, 2008). Thus, counseling based on GRC theory addresses the gender role messages learned from society, how these messages can be used to understand the client’s experiences, and how the client can move beyond that societal teaching to live life on his or her own terms.

In proposing GRC theory as an aid in working with transgender individuals, we recognize two issues. First, some might consider it controversial to apply a theory based on gender to counseling transgender individuals—a retrograde throwback to an earlier era in which gender was bifurcated into strict categories of male and female, and those who deviated from those categories were automatically labeled as pathological. However, we believe that the reality of the societal gender mandate (e.g., Levant, 2001) means that the concept of gender and its associated conflicts needs to be included in work with gender-variant individuals. Second, we recognize that most counselors are likely to have limited experience with transgender clients. In the current article, we review the body of literature on GRC theory, link it to the experiences of transgender persons to illustrate how GRC theory is uniquely suited to gaining an understanding of certain aspects of the
transgender experience, and also detail our suggestions for incorporating GRC theory into the process of counseling.

GRC

Four overall patterns of male GRC have been identified in Western cultures (O’Neil et al., 1995), each giving voice to the specific aspects of the socialized traditional male role that are deemed problematic in certain situations (see Brooks & Good, 2001a, b, and O’Neil, Good, & Holmes, 1995, for reviews). The first pattern, success, power, and competition (SPC), addresses the traditional male role's focus on personal achievement and individual success. The second pattern, restricted emotionality (RE), is the degree to which many are taught to be cautious in the overt verbal expression of emotions and feelings. The third pattern, restricted affectionate behavior between men (RABBM), is how some men are socialized to have difficulties expressing their affections for other men. Finally, conflict between work and family relationships (CBWFR) is the degree to which people struggle with balancing work and family relations.

Since the development of the GRC construct, research has demonstrated that higher levels of the SPC, RE, RABBM, and CBWFR patterns positively correlate with depression (Good & Mintz, 1990), anxiety (Sharpe & Heppner, 1991), sexual aggression (Levant & Brooks, 1997), use of maladaptive psychological defenses (Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998), relationship difficulties (Fischer & Good, 1995; Mahalik, 1996), and overall physiological distress (Shepard, 1994). Additionally, the GRC construct negatively correlates with self-esteem (Sharpe & Heppner, 1991), marital satisfaction (Campbell & Snow, 1992), likelihood of seeking psychological help (Good, Dell, & Mintz, 1989; Robertson & Fitzgerald, 1992), and emotional expressiveness (O’Neil et al., 1986; Stillson, O’Neil, & Owen, 1991).

All boys struggle to find a balance between socialization, the demands of their life, and their own preference for emotional expression. Individuals struggling with their gender identity, however, often find themselves intensely drawn to engage in behaviors that violate the socialized male role—especially as they become increasingly aware that they are female despite being born in a biologically male body. This places such individuals at risk for both GRC-related distresses and rejection by society for violating their biologically assigned gender role. As such, adhering to the socialized male gender role becomes untenable; this situation produces both internal conflict, as the individual denies his true existence, and external conflict, as society reacts to the violation of the expectations placed on him.

The Counseling Process Using a GRC Approach

Because empirical research on transgender individuals is rather sparse (for an exception, see White, Wester, & McDonough, 2006), we want to build on the work of Lev (2004) regarding the transitional process experienced by transgender people, articulating the goals of each stage as it relates to GRC. We believe that the strength of the gender role mandate is most salient in the case of male-to-female transgender persons; thus, it is this group that we are discussing. Although we present this as a stage model, it is neither progressive—individuals may not experience the process in this exact order, nor inclusive—not all transgender individuals will experience these stages. Indeed, characteristics of some stages, such as accepting one's own transgenderism, permeate the entire model. Our model is, however, developmental in that many clients will often begin at one point and move toward another point.

Stage 1: Awareness

As the first stage in the transformation process, “awareness is the coming into consciousness of the internal sense of feeling different and the realization that indeed one may be different” (Lev, 2004, p. 235). Stated another way, at this stage, transgender individuals are developing an understanding that they do not fit societal expectations for their biological gender role but that this lack of fit goes deeper than mere behaviors.

Often, individuals in this stage have a history of attempting to suppress their transgender feelings, either through therapy, religious affiliation, or overidentification with their gender of origin. Consistent with the SPC pattern, they might hold a traditional job and engage in activities that provide evidence of their adherence to their gender role standards. Unfortunately, this scenario produces the intense symptoms of conflict characteristic of GRC. In the end, it is common to find transgender clients who are in the awareness stage caught in a vicious cycle: they engage in behaviors that they feel should reduce distress but that, instead, increase it exponentially.

The challenge to a counselor when working with individuals in the awareness stage is twofold. First, there is the issue of differential diagnosis. Is the client merely seeking permission to expand his gender role behavioral repertoire, or does he meet diagnostic criteria for gender identity disorder? Second, if the counselor confirms the latter, he or she must work to find balance between what the client might report wanting (e.g., a cure or to be normal) and the provision of information about other options relating to gender. At this point, an exploration of the roots underlying the person's conflict as well as a discussion of other options that the client might engage in are important. In all likelihood, the two more common GRC patterns for male-to-female transgender individuals in the awareness stage might be RE and RABBM. From a GRC theory perspective, rather than focusing solely on specific behaviors, therapists would instead work to normalize the individual client's sense of himself and explore the situational causes of his distress as it has stemmed from society's reactions.

Empathy, then, becomes critical in the case of transgender individuals because they may perceive the counselor as being
part of an overall culture that rejects them and their gender variation. Indeed, many gender-variant individuals want to engage the therapist solely as a means to secure the permission to engage in hormonal and/or surgical treatments. Finally, given the excitement often reported by transgender individuals as they begin this transition process after so much denial, a sense of self-centeredness is understandable. Counselors should be aware of these potential outcomes, as well as of the possibility that their own cultural background would have an impact on their perceptions of gender-variant individuals, and take steps to address such feelings.

**Stage 2: Seeking Information**

Whereas the awareness stage involved exploration of gender variance within individuals, the seeking information stage involves this same exploration outside the individuals (e.g., Lev, 2004). From a GRC theory perspective, however, an aspect that needs to be explored at this stage is the potential consequence associated with the increased visibility inherent in the information seeking process. This is not to say that counselors should discourage their clients from developing their identity. Rather, GRC counseling suggests that counselors work with clients to understand and anticipate the potentially negative reactions they will face from society at large and often from specific individuals in their social sphere. The excitement stemming from finally beginning the transitional process after so many years of shame and denial often leads clients to make decisions without thinking through the interpersonal, financial, and potentially legal consequences (Lev, 2004). Gaining a realistic awareness of these consequences, as well as placing them in the social context that spawned them, allows the client to begin both to deal with them and to move beyond them without being pathologized.

**Stage 3: Exploration**

The exploration stage involves transgender individuals’ exploration of the meaning their gender identity has in their life. Partly the adoption of a label and partly the assimilation of an authentic sense of self (e.g., Brown & Rounsley, 1996), exploration usually involves the resolution of gender dysphoria and an increasing comfort with themselves as an individual. In effect, at the end of this stage, people understand that they are transgendered, are comfortable with it, and have begun to reshape their life in recognition of it. In many ways, it is similar to Erikson’s (e.g., 1968, 1982) fifth stage of development, given that transgender individuals, like the adolescents in Erikson’s theory, begin to develop their own sense of internalized identity and, over time, develop confidence that others can see them as they see themselves. Our application of GRC theory to the admittedly limited literature addressing male-to-female transgender individuals suggests that this stage is a composite of three steps: identity, incorporation, and transitional options.

**Identity.** At this step, it is common to see the client reject all things associated with his biologically assigned gender role and begin the reverse of what is often seen at the beginning of therapy by engaging in a type of hyperendorsement of his psychological gender. On a concrete level, the beginning of the transition process can be awkward and uncomfortable for transgender individuals who do not have the years of socialization to which a biological female would be subject. Therefore, the male-to-female (MtF) transgender person, for example, goes through a second adolescence of socializing himself as a female, which can include narrow and stereotypic female behaviors and a denial of all that is considered the reverse. Issues stemming from all four patterns of male GRC might increase at this point, as the desire to move beyond the socialized male gender role conflicts with the strength of that socialization. Indeed, this is to be expected because, in part, the MtF transgender person’s sense of femininity developed through the perspective of his socialized male gaze. GRC theory counseling normalizes this and helps the client to understand that it is the social ideal that fails the client, as opposed to the client failing to live up to the ideal.

An additional challenge in working at this step is again the reactions of others. Clients often see themselves as neither male nor female at this stage, in effect, feeling one way but looking another way. This is especially the case for transgender clients who have begun the psychological transition but have yet to avail themselves of hormones, hair treatments, or other physical therapies. Society would see them as male and expect certain behavior patterns, while also punishing deviations from those expectations. Indeed, in the case of MtF transgender individuals, because they were born male and have often been raised within the sphere of male privilege, they may not be aware of these demands and the consequences of violating them. On one hand, they might either ignore or be unaware of the dangers faced by women living within a sexist society. Issues of rape, assault, and violence against women are not part of their awareness, hence they take no steps to protect themselves. Second, they do not think that issues of hate crimes and discrimination-based violence can apply to them; most were socialized as men, thinking they could protect themselves.

**Incorporation.** Because the literature on counseling transgender individuals has begun a movement away from gender labels, it rarely discusses the need for such clients to develop an amalgamation of characteristics. GRC theory suggests, however, that because of the strength behind society’s behavioral mandate for gender role behaviors, it is important for counselors and MtF transgender clients to recognize the need for an incorporation of the male aspects of self into the woman they are becoming. Clients and counselors can work together to explore the various transgender identities and determine with which of these the client is most comfortable. Some will prefer only to dress a certain way, and only in certain safe environments. Still others will be considering the surgical and hormonal options. Sorting through and understanding the nature of these choices is the hallmark activity of this stage.
To address this, we recommend group therapy because it can be a place for MtF transgender individuals of various stages and identities to join together and, in effect, to use their shared experiences as a means for unity (e.g., Brooks, 1998).

Transitional options. This step involves a consolidation of choices, as well as the client’s decision about continuing the developmental process in a medical direction. Discussions about surgical procedures and hormonal options, as well as about the overall impact of making a permanent gender transition, dominate the therapeutic process. The challenge for GRC theory counseling at this step is for the counselor to allow the client to sort through these choices while remaining an objective source of information. For example, some clients may elect not to have body modification surgery. This means that they cannot technically receive the diagnostic label of gender identity disorder (American Psychiatric Association, 2000, pp. 532–538), and thus, in certain states or under certain provider plans, they may be ineligible for hormonal treatments. This sort of betwixt-and-between situation can be uncomfortable for both client and counselor; clients again feel the resentment and pain over their transition being impeded by the medical establishment, while counselors feel torn between their desire to assist their clients and their professional commitments.

Stage 4: Disclosure

As the name of this stage implies, disclosure refers to the act of informing others as to one’s transgender identity. Although it is important to consider the nature and quality of the client’s relationship with his family in determining the potential outcome of a disclosure, it is almost universally true that case disclosure of one’s emerging identity as a transgender person is a frightening prospect. This is made more so in the case of a transgender individual who faces sanction not only for being something society sees as abnormal (e.g., Carroll, Gilroy, & Ryan, 2002), but also for engaging in what could be called the most extreme violation of their socialized gender role expectations. Individuals fear rejection and abandonment, both by society and by those closest to them. Older individuals are terrified of losing their job, their spouse, and if there are children involved, contact with their family. It is a classic paradox; the very closeness and intimacy that drives them to consider disclosing is put at risk by any disclosure.

The challenge in counseling during this stage is to extend the therapeutic environment to include relationships with significant others. Negotiating this process can be difficult for the counselor because of the pain often felt by the families processing the impact of the disclosure, coupled with the inability of transgender individuals to incorporate the pain of others given that many of them are understandably focused on their own process of becoming. Reactions on the part of the family range from a recognition of the actual significance of certain behavioral choices over the years (e.g., “I knew it”) to intense feelings of anger and betrayal. Spouses often struggle with feeling as if they drove their partner to gender transition by not being attractive, sexual, or nice enough. Fears about the impact any choices will have on social standing (e.g., “what will the neighbors think?”) as well as financial standing are common, as are concerns about how the gender transition will affect the children. Children themselves often wrestle with how their friends treat them, now that their father has decided to become a woman. Depending on their age, children might be developmentally unable to understand the transitional process and react with fear, depression, and confusion.

Because of the importance of career and successful achievement to the socialized gender role expectations within the context of family relations, issues of SPC and CBWFR are often paramount. MtF transgender individuals may feel shame and anguish over violating their socialized expectations for fulfilling the male gender role related to caring for their family by succeeding in their chosen career, while at the same time experiencing positive feelings about moving through the transitional process. Indeed, some may decide to put their own transgender emergence on hold, especially if the consequences are too great or the children still young; this is a difficult decision, but one that must be respected by counselors, provided it is made with a valid understanding. Conversely, in response to pain over the situation, the family might attempt to exert pressure on the MtF transgender client to rescind his decision, give up those “abnormal” behaviors, and return home. Regarding the issue of career vulnerability, there is the risk of supervisors who are in a position to wield economic levers threatening MtF transgender individuals with loss of income associated with being dismissed if they do not cease their behaviors. The socialized import associated with the necessity for job success may produce some psychological distress in clients, in addition to the concrete issues associated with earning or procuring money for general needs and also to support the surgical transition options.

Although transference and countertransference are not irrelevant in previous stages of the transitional process of MtF transgender individuals, they become significant issues at this disclosure stage because it is at this point that counselors should resist the pull to side with either the transitioning client or the family in question. For example, counselors who are less aware of transgender-sensitive therapy might be tempted to side with the family and assist them to convince the client to abandon his desire and return home. In these cases, counselors educate clients as to the nature of their “illness” and provide techniques aimed at overcoming their transgender desires—a type of aversion therapy. Conversely, a counselor more interested in advancing the case of transgender acceptance within society at large might be tempted to downplay the concerns of the family as stemming solely from the ideals of a sexually repressive society. In these cases, the spouse is brought in under the guise of marital therapy but in the end is “educated” as to the proper acceptance of her husband’s decision. Care should be taken to avoid both of these efforts: “Good GRC intervention, and its focus on the situation rather than on
blaming the individual, can be especially useful in addressing both partners with equal regard—balancing the needs of the transgendered person’s internal pressure to transition with the spouse’s need to process the meaning of transgenderism in [their] life” (Lev, 2004, p. 253).

Stage 5: Integration
We divide this final stage into two distinct phases, acceptance and posttransitional resolution, that are characterized by the full integration of the transgender identity as determined by the client. Stated another way, it is the clients’ choice to dictate how far they want to take this integration—whether it is through surgery, medical intervention, or merely behavioral changes. For some individuals, for example, living as a woman without the biological alterations may be sufficient. Other individuals may choose hormones. The biggest challenge in GRC theory counseling at this point is to ensure that the client is comfortable with his choices, is cognizant of the consequences, and has taken steps to fully integrate those choices into a coherent whole.

Acceptance. In many ways, this phase can be considered the beginning of the end for transgender clients seeking to transition, in that they have not only become aware of and accepted both the masculine and the feminine aspects of themselves, but they have also become comfortable with both of these sets of characteristics. They have moved away from seeing their femininity through a socialized male gaze and are, instead, concerned with how they perceive themselves—a hallmark of successful GRC theory counseling (e.g., Wester, 2008). In effect, they have begun to define their own sense of biological sex as well as genderized role behaviors. They have resolved both the transitional process and the potential conflicts between their socialized male gender role and their psychologically female sense of self. Typically, at this point, they are living in a manner that suits them, rather than in a manner that suits society. One issue that might need to be addressed at this point is borrowed from studies on counseling bisexual men from a GRC theory perspective (e.g., Wester, 2008). Mattson (1987) focused his discussion on the degree to which the coming-out process for a bisexual man often entailed a significant grieving phase as he said goodbye to the heterosexist (yet pervasive) model of an ideal masculinity, including relationships, employment, behavioral styles, and attitudes. From the GRC theory perspective, therefore, it is the counselor’s task to reframe this process, a movement beyond sexist beliefs rather than a loss, and a desire to begin growing beyond the dominant cultural stereotypes.

Posttransitional resolution. As the name of this phase implies, the most common task at this point is termination—the client and the therapist saying goodbye to each other, to the therapeutic process, and to the developmental challenges that they have faced together over the past several sessions (e.g., Bugental, 1987). Indeed, on the basis of our experience, it is possible that some individuals may have been in treatment for many years; thus, termination often takes on a special significance and occurs over many months. Many clients at this stage engage the termination process willingly, even quietly. Therapy is seen in retrospect as a useful process, but at the same time one that reminds them of their previous identity. They feel complete and are looking forward to moving on with their life. At the same time, however, some clients do not engage the termination process. Some may revert to their previous gender, gender-related behaviors, or identity while at the same time experiencing posttransition depression. For example, one of our clients has been in the termination phase for many years; he often questions his identity as being either male or female and continually wrestles with the letting go of his formerly masculine self. Counseling, conducted from a GRC theory perspective, has allowed him to realize the strength of the socialized male gender role, as well as his subscription to it during his development. His reactions, and those of others during this stage, do not necessarily stem from regret, but often from a disappointment that the transition did not “fix” all of the problems in his life. Therapists should be aware of these possibilities and not necessarily expect termination with MtF transgender clients to occur as it does with other clients.

Conclusion
The overall goal of this article was to detail how GRC theory can be used to provide a framework for understanding and accepting the MtF transgender client’s distress within the context of a gendered society. We are not suggesting that counselors use GRC theory to pigeonhole clients into a discrete gender category—just the opposite. We are suggesting that GRC theory can help provide counselors with a more complex understanding of the client’s experiences that are gendered and how these experiences create distress for those who are already in conflict about their gender. At the same time, the complexity offered by GRC theory and its focus on the conflicts occurring when situational demands interact with socialized behaviors helps counselors develop an appreciation of this complexity in their clients. Just as the societal forces that clients struggle against are complex, so clients are complexly unique individuals and should be treated as such.

References
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