REVIEW ARTICLE

• 2025 Article No: 54

Turkish Journal of Psychiatry (2025) **36**:427–438
https://doi.org/10.5080/u27670

Group Therapies for Gender Minority Stress: Systematic Review and Affirmative Cognitive Behavioral Group Therapy Process Presentation

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ABSTRACT

Gender minority stress refers to the form of stress experienced by individuals who identify as trans or within the spectrum of gender diversity due to discriminatory discourses and actions in society. This type of stress can negatively affect both mental and physical health and may even result in the loss of one's most fundamental right—the right to life. Therefore, it is crucial for professionals to remain sensitive to gender minority stress when working clinically with this population. This article aims to raise awareness among mental health professionals about gender minority stress and to provide a practical example of an intervention in this area. To this end, group therapy models addressing gender minority stress were reviewed through a systematic literature search. In addition, the experiences of eight individuals who participated in a group therapy designed and facilitated by the authors using an affirmative cognitive behavioral approach were shared. The findings indicate that the most prominent intervention models in the literature targeting gender minority stress are based on cognitive behavioral group therapy. Furthermore, it was observed that members who participated in the group therapy developed psychosocial empowerment through gaining awareness, solidarity, and cognitive and behavioral skills related to self-regulation.

Keywords: Cognitive behavioral therapy, gender identity, group therapy

INTRODUCTION

Individuals whose gender does not align with the sex assigned to them at birth based on their physical characteristics, and who identify themselves within the spectrum of trans and gender diversity (trans+)[1], are among the marginalized groups in society. Prejudice, stigmatization, and discrimination experienced based on gender identity compel this group to live in a more stressful social environment. Meyer (2003) defines this form of stress, encountered by groups that are situated lower in the societal hierarchy due to their sexual and gender identities, as "minority stress," which consists of both distal and proximal stressors. Minority stress is a persistent, widespread, and distinct form of stress that originates not from an individual's identity or personal characteristics, but from social and structural sources. Distal stressors include stigma, discrimination, rejection, deprivation of rights, victimization, and the lack of affirmation and recognition experienced on the basis of gender identity. "Internalized stigma" refers to the adoption of societal prejudices by individuals in societies where gender is viewed as binary and where gender identities and expressions that do not conform to the assigned sex at birth are excluded (e.g., cisnormative ideologies). In such contexts, individuals develop negative beliefs about both themselves and their communities (Hatzenbuehler and

[1]Although not a widely used term in the Turkish literature, in this article it is used as an abbreviation for individuals who identify as trans and gender diverse.

How to cite: Başar K, Pak H, Eren KC. (2025) Group Therapies for Gender Minority Stress: Systematic Review and Affirmative Cognitive Behavioral Group Therapy Process Presentation. *Turk Psikiyatri Derg* **36**:427–438. https://doi.org/10.5080/u27670

Received: 13.01.2025, **Accepted:** 05.05.2025, **Available Online Date:** 06.07.2025

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Pachankis 2016). Through this process, negative thoughts, emotions, and behaviors regarding one's own gender identity emerge and are considered proximal stressors. This condition may lead individuals to expect continuous discrimination and to engage in intense efforts to conceal their identities. In addition to the general stressors encountered in society, exposure to chronic and unique minority stress increases individuals' overall stress burden and can adversely affect both physical and mental health (Hatzenbuehler and Pachankis 2016).

Meyer (2003) initially developed the minority stress model in the context of homophobic experiences related to sexual orientation. Hendricks and Testa (2012) demonstrated that "gender minority stress" is also associated with discriminatory emotions, thoughts, and attitudes toward gender diversity, as well as with transphobia. Among trans+ individuals, certain mental health issues are observed at higher rates compared to the general population, in relation to gender minority stress (Helsen et al. 2022, Moe et al. 2023). These issues include depression, anxiety, and elevated levels of stress (Mezza et al. 2024). In this group, both suicide and non-suicidal self-injurious behavior are also reported with higher prevalence than in the general population (Aparicio-García et al. 2018, Surace et al. 2021, Bränström et al. 2022, de Lange et al. 2022). In coping with minority stress and enhancing psychological resilience, factors such as hope (Meyer 2003, Moe et al. 2023), sense of community belonging (Barr et al. 2016), pride in one's identity, social support (Başar and Öz 2016; Başar et al. 2016), and peer contact (Tüzün et al. 2022) are considered significant protective factors (Perrin et al. 2019). In this context, group therapies that encompass these protective elements are considered an effective approach in working with trans+ individuals.

When trans+ individuals seek medical support related to the gender affirmation process (GAP) in order to acquire physical and social characteristics aligned with their gender identity, they often encounter barriers to access (Berrian et al. 2024). Among the obstacles to both the affirmation process and general mental health support, the limited number of trained and experienced professionals, as well as the scarcity of institutions providing such services, rank among the most significant issues (Safer et al. 2017, Renner et al. 2021, Skuban-Eiseler et al. 2023). This article aims to raise awareness among clinicians working in mental health settings about the importance of addressing gender minority stress when providing services to trans+ individuals, and to offer a model for practice. To this end, this article will first provide a systematic review of the literature on group therapy models developed to address gender minority stress. Following that, a group therapy process planned and implemented by the authors from an affirmative cognitive-behavioral perspective will be presented, along with the eight group members who continued treatment.

GROUP THERAPIES ADDRESSING GENDER MINORITY STRESS

Unlike past therapeutic practices in which sexual and gender diversity were pathologized within diagnostic systems, the affirmative psychotherapy approach prioritizes supporting, empowering, and addressing the needs of individuals by respecting their expressions of sexual orientation and gender identity, and by being aware of the psychosocial stressors experienced by minority groups (American Psychological Association 2015, Başar 2025). Although affirmative therapies for trans+ individuals vary significantly in terms of scope, method, and duration, they are increasingly focusing on the health disparities experienced by this group and the underlying social structures that contribute to these disparities (Singh and Dickey 2017). By conceptualizing minority stress and integrating it into research and clinical practice, psychotherapies have aimed to address individuals' coping strategies in response to stressors, their cognitive, emotional, and behavioral reactions, and the rigid and maladaptive patterns that may result. Among various psychotherapy approaches, cognitive-behavioral-based models have drawn particular attention (Exposito-Campos et al. 2023). According to Burger and Pachankis (2024), among affirmative approaches, cognitive-behavioral psychotherapies stand out because they frame minority stress not as a result of personal deficiencies but as stemming from broader social structures. This allows individuals to develop coping strategies that improve daily functioning and foster cognitive flexibility. In other words, in addition to the principle of affirming gender identity that is central to other affirmative therapeutic approaches, cognitive-behavioral therapies prioritize fostering awareness of the societal roots of gender identity-based oppression and discrimination, and equipping clients with cognitive and behavioral skills based on this awareness.

Affirmative psychotherapies that incorporate elements addressing minority stress have been developed and studied for their effectiveness in different populations: some specifically targeting sexual orientation minority groups, others focusing on gender identity minority groups, and some addressing all sexual and gender minority individuals collectively (Pachankis et al. 2019, Pachankis et al. 2020, Pachankis et al. 2022). In individual affirmative cognitive-behavioral psychotherapy interventions targeting minority stress, higher exposure to structural discrimination and higher levels of internalized stigma have been found to be associated with treatment outcomes (Pachankis et al. 2023, Yi et al. 2024). Recently, leveraging the advantage of increased accessibility, telemedicine-based psychotherapy models have

been developed and their effectiveness has been reported (Craig et al. 2021, Pachankis et al. 2023, Nieder et al. 2024, Yi et al. 2024).

Affirmative psychotherapies for individuals who identify as trans or gender diverse can be implemented in both individual and group formats. Heck (2017) identified several reasons why group therapies may be preferred among trans+ individuals: their effectiveness is comparable to individual therapy; they offer opportunities to build satisfying interpersonal relationships, especially in groups experiencing isolation; they contain additional therapeutic factors specific to the group format; and they are more cost-effective. Although the benefits of group therapy are not exclusive to cognitive-behavioral approaches (Mastropaolo et al. 2020), cognitive-behavioral group therapy models are particularly well-suited for evaluating not only treatment effectiveness but also potential mediators and moderators of therapeutic outcomes (Burger and Pachankis 2024).

Although group therapy interventions specifically designed for trans+ individuals with varying scopes, therapeutic goals, and components have been reported (Yüksel et al. 2000, Özgen et al. 2024), over the past decade, the literature on group psychotherapy has predominantly focused on interventions addressing minority stress.

Literature Review Method

To evaluate group therapy models developed for gender minority stress, the relevant literature was reviewed using a systematic approach in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) guidelines (Liberati et al. 2009). The databases used included Web of Science, Scopus, PubMed, and the Turkish Psychiatry Index. The search terms were defined as follows: "gender diverse" OR "gender dysphoria" OR "transsexual" OR "transgender" AND "gender minority stress" OR "minority stress" AND "group therapy" OR "group therapies." The search was conducted retrospectively up to February 28, 2025. Case studies, protocol papers, and original research articles were included, whereas reviews, books, and book chapters were excluded. The keyword-based search yielded 22 studies (Web of Science = 8, Scopus = 10, PubMed = 3, Turkish Psychiatry Index = 1). An additional five studies were identified through other sources. After removing nine duplicates, 18 studies remained for screening. Following full-text evaluation, 13 articles were deemed to meet the inclusion criteria. Among these, two were review articles and one was a book chapter. Additionally, the full text of one study could not be accessed. As a result of these exclusions, this article includes an evaluation of nine studies focused on group therapy models addressing gender minority stress (Craig and Austin 2016, Austin et al. 2018, Poquiz et al. 2022, Pipkin et al. 2022, Ouellette et al. 2023, Sessions et al. 2023, Hatchard et al. 2024, Chinsen et al. 2024a, Chinsen et al. 2024b) (see Figure 1).

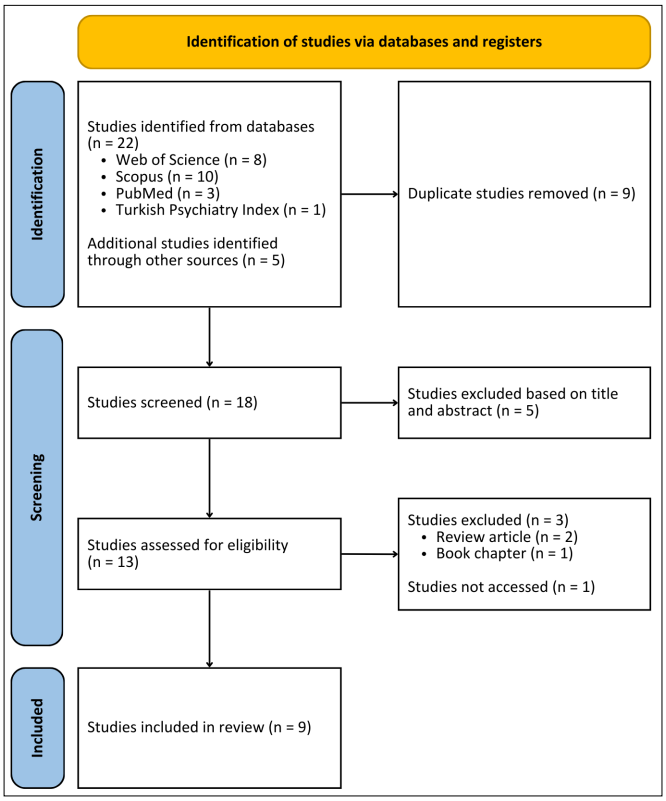

Figure 1. PRISMA Flow Diagram

Findings

The Affirmative Cognitive Behavioral Coping Skills Group Intervention (AFFIRM) (Craig and Austin 2016) is a pioneering model in the literature focused on group therapy addressing gender minority stress. This model was developed based on the authors' clinical experience, participant-based research, and feedback (Austin and Craig 2015) with the aim of enhancing coping skills and reducing depression levels among youth who identify as lesbian, gay, bisexual, transgender, intersex, or express other forms of identity diversity (LGBTI+). The intervention seeks to help individuals better understand and regulate their cognition (self-awareness, identifying risks), mood (linking thoughts and feelings), and behaviors (recognizing strengths and coping strategies). This structured eight-session model is an in-person group intervention grounded in the principles of affirmative cognitive behavioral therapy. An online version of this model (AFFIRM Online) has also been developed (Craig et al. 2021). In the first session, group rules, expectations, and goals are discussed, and participants are introduced to the program, cognitive behavioral therapy (CBT), and the concept of minority stress. Subsequent sessions cover the following topics respectively: (2) the impact of homo/transphobic attitudes and behaviors on stress; (3) how

thoughts affect emotions; (4) using thoughts to change emotions; (5) how activities influence mood; (6) planning to cope with harmful thoughts and negative emotions; (7) the impact of minority stress and homo/transphobia on social relationships; and (8) developing safe, supportive, and identity-affirming social relationships. A pilot study was conducted to evaluate the feasibility of implementing this model. The AFFIRM model was applied across three different group therapy settings facilitated by two therapists and included ten Canadian LGBTI+ youth aged between 15 and 18 (Craig and Austin 2016). Findings from the eight transgender participants aged 16–18 were presented in detail in a separate article, along with recommendations for trans-affirmative practice (Austin et al. 2018). This article reported decreased levels of depression among the eight transgender members. Furthermore, these participants indicated that the program was meaningful to their lives, helped them learn coping and problem-solving skills, and that the therapists were supportive and helpful. They also expressed satisfaction with the program and reported they would recommend it to others.

Intersectionality emphasizes the need to focus on experiences arising from the intersection of identity-based forms of oppression and discrimination—such as those based on gender, ethnicity, race, and social class—rather than examining each identity separately (Crenshaw 1991). For example, gender identity-based oppression and discrimination constitute a significant source of stress for trans+ individuals. However, the stress experiences of a trans+ person who is not white cannot be fully explained through gender identity alone. This person experiences intersecting minority stress related to both their gender and racial identity, which may be further intensified by additional factors such as poverty, disability, or old age. From this perspective, Poquiz and colleagues (2022) developed a short-term, telehealth-based group therapy model that addresses gender identity and race-based minority stress through an intersectional lens. The model, titled *Supporting Pride, Activism, Resiliency, and Community* (SPARC), consists of five sessions with the following content: (1) experiences of racism and gender minority stress through external and internal factors, their effects on physical and mental health, the intersection of identities, and their relationship with discrimination; (2) racial identity development and socialization; (3) strategies for responding to and coping with racist and transphobic discourse in both face-to-face and digital environments; (4) historical and contemporary activism; and (5) building resilience through activism and community connection. In the first three sessions, participants are exposed to racist and transphobic social media content, and emotion regulation strategies are introduced to help manage the resulting distress. The goal is to enhance participants' coping and problem-solving skills when faced with such situations. In the fourth session, participants watch examples of activism on social media and other digital platforms, and the group discusses their potential roles in social justice. In the final session, participants are asked to identify a way to enhance their connection with community. The intervention was conducted by two clinical psychologists with six participants aged 15 to 22 living in the United States. While the participants expressed overall satisfaction with the group's structure, content, and telehealth delivery, they also reported a preference for a greater number of sessions and noted that they might have preferred an in-person format.

Transcending, developed by Ouellette and colleagues (2023), is a group-based, trauma-focused, cognitive-behavioral protocol consisting of twelve two-hour sessions. The model aims to enhance coping skills for managing gender minority stress, particularly when such stress leads to traumatic experiences, and to promote psychological resilience through these skills. The content of the sessions is organized as follows: (1) a psychoeducational introduction to minority stress and the debunking of gender identity-related myths (e.g., "this is a disease," "it's just a phase," "you're not a real woman/man"); (2) exploration of the cognitive-behavioral model in the context of minority stress; (3) introduction to cognitive restructuring; (4) identification of problematic beliefs and thoughts; (5) internalized trans-negativity; (6) negative expectations about the future; (7) restructuring of self- and other-related beliefs related to difficulties in disclosing gender identity; (8) modification of unhelpful behaviors; (9) open expression of gender identity in online and face-to-face settings; (10) enhancing self-confidence to foster empowerment; (11) development of problem-solving skills to overcome barriers; and (12) review of treatment gains (e.g., acceptance and skills) and planning for their maintenance. Before the first and after the final sessions, participants complete a written assignment in which they reflect on reactions from others to their gender identity and how these responses have shaped their personal beliefs, in order to assess their therapeutic process. Additionally, a gender identity affirmation exercise is conducted in session five, and exposure-based techniques are implemented during sessions eight, nine, and ten. In these sessions and as part of the assigned homework, participants engage in tasks that involve modifying their behaviors in public settings. According to the authors, these repeated exposures aim to reduce fear-based avoidance behaviors related to external stressors and to increase cognitive flexibility, which may weaken the association between internal stressors and reduced life satisfaction. To evaluate the model's effectiveness, Hatchard and colleagues (2024) conducted six group therapy interventions—three delivered online and three face-to-face. Each therapy group involved three therapists and five Canadian trans+ participants aged 17 to 25. Findings indicated reductions in internalized trans-negativity, negative

future expectations, concealment of gender identity, and anxiety, as well as increases in hope, pride in identity, and connection to community. Participants reported that they found the model effective for coping with minority stress and that they would recommend it to others.

Compassionate Mind Training (CMT) is a group therapy program developed for individuals with chronic difficulties who find self-compassion and self-acceptance challenging and/or intimidating and who experience high levels of shame and self-criticism (Gilbert and Procter 2006). Sessions and colleagues (2023) adapted CMT for trans+ individuals who experience similar thoughts and emotions through gender minority stress. This model consists of eight sessions: (1) discussion of group rules, the concept of compassion, and mindfulness; (2) evaluation of how trans discrimination and stigma pose barriers to compassion and instruction in using a soothing breathing rhythm; (3) exploration of the three flows of compassion; (4) discussion of safety strategies and implementation of techniques such as safe place imagery; (5) development of compassion-focused exercises addressing trans discrimination and internalized transphobia and introduction of the grounding technique; (6) engagement with compassionate inner dialogue by addressing confrontation, emotion regulation, and coping with internalized stigma narratives, and implementation of the compassionate friend imagery exercise; (7) creation of self-compassionate inner dialogue through letter writing to oneself and offering feedback to other group members; and (8) development of plans to sustain compassion and implementation of a group compassion exercise. This model was evaluated through two group therapy implementations conducted with 10–11 participants aged 18 to 73 living in the UK. Sessions were held weekly, online, for two hours, facilitated by three therapists and one supervisor. At both individual and group levels, participants showed increased scores in compassion toward themselves and others. Additionally, there was an increase in group-level feelings of pride and a decrease in feelings of alienation related to internalized trans-negativity. Pipkin and colleagues (2022) conducted semi-structured interviews with six trans individuals who participated in this group. Participants reported that the program was helpful in understanding their stigma experiences, that connecting with other trans people positively impacted self-acceptance—despite increasing some anxieties such as comparison and fear of being hurt—and that although online meetings had their challenges, the group was overall beneficial.

Chinsen and colleagues (2024a) conducted a qualitative study to develop a group therapy model for trans youth. This study consisted of three online workshops with eight Australian trans participants aged 15 to 21. Participants made recommendations on the structure, format, goals, and intervention content of group therapies for trans youth, and two themes emerged from these recommendations. The first, titled "connection to the trans community, positivity, and hope," emphasized building supportive, positive, and hopeful therapeutic spaces and recognizing diversity among trans individuals. The second theme, "adapting to diverse experiences, perspectives, and needs," included elements such as accessibility, flexibility, positive group dynamics, and a welcoming environment that facilitate participation. In light of these themes, the *Trans Adolescent Group ThErapy for Alleviating Minority stress* (TAG TEAM) model was developed—a group therapy program based on a cognitive behavioral approach that centers the needs and desires of trans youth and addresses gender minority stress. This six-session program includes weekly reviews of the previous session's learnings and homework, video screenings of trans adults related to the session's theme, and explanation of upcoming assignments. In the first session (1), group rules, program information, an introduction to gender minority stress, and cognitive behavioral therapy (CBT) are covered, and the session concludes with a group activity involving the creation of a stress-relief toy. The following four sessions explore: (2) relationships with the community, (3) discrimination and rejection, (4) internalized stigma and self-affirmation, and (5) pride-related topics such as rights, equality, and visibility. Each topic is addressed through empowering psychoeducation and CBT techniques. In the final session (6), participants write a letter to their "future self," reflect on the program, plan to integrate strategies into daily life, and say goodbye. Sessions are recommended to last two hours and be facilitated by one therapist, one supervisor, and one trans peer. Chinsen and colleagues (2024b) have published a protocol describing how the feasibility and effects of this model could be evaluated. However, the effectiveness of this model has not yet been assessed through any empirical study.

GROUP THERAPY PLANNING AND IMPLEMENTATION PROCESS

Scope, Components, and Process of Group Therapy

The group therapy was planned to be conducted based on the AFFIRM model (Austin and Craig 2015, Craig and Austin 2016, Austin et al. 2018), with one supervisor, two therapists, and ten trans+ young adult members aged 18 to 25. In the therapy group, a psychiatrist (KB) trained and experienced in CBT, with clinical experience in gender identity and GAP, served as the supervisor. A psychological counselor (KCE) and a doctoral candidate in social work (HP) served as therapists. The therapists did not take part in the assessment, follow-up, or decision-making processes related to GAP. The clinic's physical facilities were not used for the group. Thus, the group therapy was not associated with any demands or procedures related to GAP.

Table 1. Sociodemographic, Gender-Affirming Process Related Features of the Group Members, and Number of Sessions They Participated

Member	Age	Identity	SAB	Education	Occupation	Use of Chosen Name	Hormone therapy*	Surgery*	Number of Sessions Participated
M1	19	Trans man	F	High school	Self-employment	Yes	No	No	8
M2	21	Trans man	F	High school	University student	Yes	No	No	6
M3	25	Trans man	F	University	Teacher	Yes	No	No	4
M4	24	Trans woman	M	High school	University student	Yes	No	No	8
M5	20	Trans man	F	High school	Tutor	Yes	No	No	8
M6	19	Non-binary	F	High school	Unemployed	Yes	No	No	8
M7	22	Trans man	F	High school	University student	Yes	Yes	Yes	5
M8	21	Trans man	F	High school	University student	Yes	No	No	4

SAB: Sex assigned at birth; F: Female; M: Male
*Gender-affirming

The group therapy participation announcement was made within a psychiatry outpatient clinic at a public university hospital and through two LGBTQI+ solidarity associations. Initially, evaluation interviews were scheduled via phone with 23 applicants. During these interviews, the therapists (KCE, HP) assessed the candidates' health status (e.g., whether they were not in an acute phase of a mental or physical illness), their motivation to participate, and their suitability for group therapy. These assessments were reviewed in consultation with the supervisor (KB), and ten individuals were invited to join the study. Two of the invited candidates did not attend any sessions.

Sociodemographic information, details related to GAP, and the number of attended sessions for the eight participants, none of whom changed their gender in legal records, are presented in Table 1. Informed consent was obtained from all participants regarding the use of anonymized data collected in accordance with the Helsinki principles for scientific publications and sharing with peers for professional and educational purposes.

The first session began with a warm-up exercise, followed by the introduction of group rules and the group contract, the identification of personal and group goals, and the distribution of journals for participants to record their feelings and experiences throughout the group therapy process. Essential concepts of CBT and minority stress were introduced. This was followed by a discussion of participants' stress experiences in daily life. In the second session, the effects of negative attitudes and behaviors toward trans+ individuals on stress were discussed. Gender-related discriminatory ideologies (e.g., cissexism) and the minority stress theory were addressed. Participants were then asked to identify situations in which they intensely experienced gender minority stress and describe their coping and resistance strategies. The session ended with this discussion. In the third session, the ABC model was used to explore how thoughts influence emotions and behaviors. A psychoeducational activity was first conducted to help distinguish between thoughts and emotions. In the second part of the session, participants practiced using a negative thought record form based on situations discussed earlier. Examples of thought-emotion-behavior records regarding situations that caused stress due to participants' gender identities are presented in Table 2.

The fourth and fifth sessions focused on changing emotional experiences by working with thoughts. Using the thought record form, cognitive distortions were identified, and alternative thoughts were addressed through the technique of cognitive restructuring. In the sixth session, behavioral alternatives were explored. Participants were asked to share behaviors that made them feel good, affirmed their identities, and provided support. At this point, the importance of community connections and sources of accessible information were discussed. Then, an exercise was conducted on identifying alternative behaviors that could promote positive feelings in situations involving gender minority stress. In the seventh session, CBT techniques such as breathing exercises and the "traffic light" technique were taught as strategies for coping with harmful thoughts and negative emotions. Participants then identified short-, medium-, and long-term goals based on their personal strengths to create life conditions that could reduce gender minority stress and promote well-being.

The final session began with a training on self-advocacy aimed at helping participants develop their skills in defending their rights. Additionally, an exercise was conducted to help participants identify sources of social support that could contribute to their well-being. After a short break, a closing session was held. This session focused on exploring participants' feelings about the group's termination, the extent to which individual and group goals were met, personal gains, and feedback regarding the implementation of the group

Table 2. Examples of Situation-Thought-Emotion-Behavior Records of Members on Gender Minority Stress

Member	Situation	Thought	Emotion (Degree)	Behavior
M1	Visibility of body parts associated with sex assigned at birth	"I will appear to others as the sex I was assigned at birth."	Sadness (70%)	Wearing a chest binder or clothes that conceal the body
M2	Hearing a feminine voice from the bus card reader device	"The driver won't understand me and I will argue with him."	Anger (80%)	Coughing to mask the device's voice while tapping the card
M3	Being misgendered by others in public	"Because of my appearance, if I say I'm a man, others will think I'm being deceptive."	Anxiety (80%)	Avoiding conversation with others
M4	Partner questioning one's gender in romantic relationships	"I will never be fully loved or accepted."	Shame (100%)	Avoiding close relationships with partner
M5	Using public restrooms	"Something bad will happen to me."	Fear (100%)	Looking down constantly to avoid eye contact with others in the restroom
M6	Family enforcing roles based on sex assigned at birth	"I should accept that my family will never understand me."	Sadness (80%)	Distancing oneself from the family
M7	Menstruating	"I will never be free from the sex I was assigned at birth."	Disgust (100%)	Smoking
M8	Buying gender-affirming clothes from a store	"Everyone in the store will stare at me."	Nervous (100%)	Avoiding eye contact with anyone

therapy. Ten weeks after the conclusion of the group therapy, six participants took part in individual follow-up interviews conducted online, each lasting approximately 20 minutes.

The sessions were held weekly between May 25 and July 20, 2023 (on Thursdays), from 6:30 p.m. to 8:30 p.m. Each session consisted of two parts with a 10-minute break in between. Sessions began with participants sharing their evaluations of the week (emotions, thoughts, and experiences) and a review of the previous session. They ended with a summary of the session and feedback from the participants. Supervision meetings, in average lasting 120 minutes, were held either in person or online after each session. During these supervisions, session content and therapeutic practices were reviewed, evaluations concerning individual members and the group as a whole were discussed, and the next session was planned.

The analysis of the group therapy process was carried out based on joint evaluations by the supervisor and therapists. These evaluations drew on the therapists' session notes, observations, and self-report measures administered to the participants (see Supplementary Material). Individual self-report scale scores from the initial, final, and follow-up sessions are presented in Supplementary Figure 1 and group medians are provided in Supplementary Table 1.

Findings Regarding the Group Therapy

Meeting a peer community—specifically, other trans+ individuals—for the first time in this therapy group, M1 frequently brought up topics such as body dissatisfaction, family relationships, and experiences with the medical gender affirmation process. Initially more reserved when engaging with the group, M1 gradually became more active and expressive. Struggling with thoughts like "not being man enough," M1 appeared to postpone certain desires—such as entering a romantic relationship, going to the gym, and starting university—due to these internalized beliefs. Participation in the group therapy appeared to support personal and relational growth. In the follow-up interview, M1 reported increased self-confidence ("Thanks to my first community experience, I now see myself as more confident and informed"), ongoing use of breathing exercises for self-regulation with the thought, "I focus on the fact that the problem isn't being trans," mutual support with group members around medical aspects of gender affirmation, and achieving a previously delayed goal by enrolling in a gym.

Avoiding self-disclosure to both the close social circle and therapists due to the belief that "no one would understand," M2 had previously sought psychological support through conversations with artificial intelligence tools. This therapy group became the first opportunity for M2 to share personal experiences with others. M2 expected to gain information about the medical affirmation process and to connect with other trans individuals through group participation. It was observed that engaging in the group and developing insights related to gender identity minority stress contributed to increased hope for the future, self-confidence, and self-advocacy. During one session, M2 expressed anxiety about the name change process. However, in the follow-up interview, it was shared that after joining the therapy group, M2 was able to speak with university professors to avoid being addressed by the assigned name, had initiated medical and legal procedures related to gender affirmation, continued to use breathing exercises during stress, and, with support from M1, had achieved the "mid-term goal" defined in therapy—undergoing a mastectomy.

Diagnosed with social anxiety disorder, M3 joined the group with the expectation of feeling better through the process. Stress related to family, body image, misgendering, and the need to conceal identity at the workplace were shared during the sessions. M3 participated with the least verbal disclosure in the group. In the follow-up interview, it was noted that after attending the therapy group, M3 had changed both city and job, developed greater awareness of minority stress, continued practicing alternative thought exercises, and attended events organized by trans solidarity groups. In sessions focused on gender identity minority stress, M3 expressed anxiety about using public restrooms and later shared that the men's bathroom had been used in the new city and workplace. The medical gender affirmation process was ongoing in the new setting.

M4 generally brought topics such as family, romantic relationships, and body image to the group. In the earlier weeks, increased awareness of gender identity minority stress appeared to trigger feelings of hopelessness and anger; however, in later sessions, this awareness seemed to support the development of hope and a more resilient stance. As the only trans woman in the therapy group, M4 shared feelings of isolation and occasionally worried about causing discomfort when talking about personal experiences—particularly emotions related to the body. The group therapy process was described as fostering greater self-confidence, a sense of support, and a more positive relationship with the body. In the follow-up interview, M4 stated that alternative thought exercises and breathing techniques were still being used during stressful moments. During one session, the statement "When I'm alone, I realize I don't want to change anything in my life. I want to build meaningful relationships" was shared. In the follow-up, it was noted that participation in events held by trans solidarity groups had continued, and efforts were being made to build stronger systems of social support. As expressed: "I've made more progress toward my own goals. I know reaching these goals on my journey won't happen all at once, but I think I've laid the technical foundation with the skills I've gained around managing minority stress."

M5, an immigrant trans man, generally focused on themes such as exploring gender identity, the relationship with a parent, and connection to the community during the therapy group. Although participation in the group was described as beneficial, an increase in symptoms of depression and anxiety was observed. This appeared to be linked to discussing topics such as diagnosis and medication use, experiences of gender-related oppression within the family, feelings of exclusion within the community based on race and gender identity (e.g., "not being trans enough"), and the emotional impact of hearing others' trauma narratives related to gender identity minority stress. M5 tended to withhold negative emotions during sessions. Joining the group was described as bringing feelings of happiness, excitement, and relief—"like I could finally breathe." It can be said that increased awareness of gender identity minority stress, along with the social bonds formed during group therapy, contributed to both personal and interpersonal growth. In the initial interview, the stated goal was "to make peace with being trans and the parts of myself that I haven't yet accepted." In the follow-up interview, M5 shared that after participating in the group, internalized transphobia had decreased, communication with the social circle had improved, and engagement with trans solidarity events had continued.

M6, the only non-binary participant in the group, joined the therapy process with the aim of gaining greater awareness around gender identity and building connections within the trans+ community. With diagnoses of attention-deficit/hyperactivity disorder (ADHD) and social anxiety disorder, M6 was often seen arriving early to the venue after weekly visits to a psychiatrist. Difficulties with concentration during sessions were occasionally reported, attributed to the effects of ongoing medication. Within the group, M6 primarily focused on family relationships. Frequent expressions of difficulty relating to personal experiences shared by others appeared to influence interactions with peers, and while close bonds formed among many members during and after the sessions, M6 was often observed spending time alone. There appeared to be a level of resistance to both self-disclosure and engaging with alternative ways of thinking and behaving. In the follow-up interview, M6 shared that participation in the group had contributed to a deeper understanding of gender identity. Plans to move to a new home and prepare for the university entrance exam were also set in motion. Breathing techniques learned during the sessions continued to be used under stress, and participation in events held by trans solidarity organizations was sustained. M6 emphasized that the group therapy experience had been particularly beneficial for developing socialization skills.

M7, the only participant in the group actively engaged in organizations advocating for trans+ rights, frequently shared experiences related to both gender affirmation processes (GAP) and activism. Personal narratives were often presented through generalized or intellectualized expressions; however, these contributions offered valuable insights into the psychosocially empowering potential of advocacy and community involvement. Coping strategies described by M7 included the use of alcohol and cigarettes in response to body dissatisfaction and experiences of exclusion. Suicidal thoughts were also disclosed during the sessions. Reflecting on the impact of the group process, M7 stated, "I feel like I have the right to take up space," indicating a strengthened sense of self-confidence influenced by increased awareness of gender identity minority stress. M7 did not participate in the final evaluation or follow-up sessions.

M8, who was at an early stage of the coming-out process, expressed an initial expectation of using the therapy group to share feelings related to disclosing this identity to family members and navigating gender affirmation. M8 also hoped to benefit from others' experiences on these topics. Contributions during sessions primarily focused on feelings of inadequacy within a romantic relationship and body-related dissatisfaction. Participation ended after the fourth session. When this was brought up in the group, the remaining members expressed curiosity, concern, sadness, and a sense of incompleteness. Therapists were unable to re-establish contact, but it was later learned that M8 had relocated to another city due to familial and financial circumstances.

When evaluating the process at the group level, it was observed that the therapy group had positive effects on the expectations defined by the members—such as socializing, forming new friendships and solidarity-based relationships, learning from individual and group experiences, gaining awareness about their gender identities, and developing coping and self-advocacy skills for the psychosocial difficulties experienced due to their gender identity. From a CBT-based perspective, a general evaluation of the group indicates that the automatic thoughts that emerged in situations causing stress due to gender identity were linked to schemas of defectiveness (e.g., dissatisfaction with physical appearance), unworthiness (e.g., feeling not "trans enough"), and emotional deprivation (e.g., a strong belief in being unlovable). Psychoeducation-based practices focusing on the relationship between these automatic thoughts and the distal and proximal sources of gender minority stress were used to foster awareness of the societal structures rooted in oppression and discrimination that shape these thoughts. As a result, members began to make connections between their automatic thoughts and these societal dynamics. With this awareness, they were observed to develop alternative thoughts that supported their ability to cope with gender minority stress—for example, "I can build a chosen family where I will receive love and acceptance," "I can defend myself when something bad happens," and "I can have my own unique norms related to my gender identity, different from those of society or even my community."

It was also observed that members developed solidarity-based relationships through forming connections with each other and with the broader community, and by offering mutual support on various issues. In other words, by participating in the therapy group, members experienced a safe, accepting, and supportive social environment at a micro level—one that empowered them and contrasted with the disempowering, oppressive, and unsafe social contexts they previously encountered. During and after the therapy process, members were observed to develop stronger relationships both with one another and with the community. They socialized between and after sessions and continued to support each other in areas of need. For example, M3, M4, M5, and M7 were members who already had connections with other trans+ individuals and were actively engaged with the activities of solidarity organizations. In contrast, M1, M2, and M6 came across other trans+ individuals face-to-face for the first time through this therapy program, having had no prior in-person community engagement. It was also noted that members attempted to include one another in both their online and in-person social circles throughout the therapy process. For instance, M1 introduced the others to a mutual aid WhatsApp group with trans membership, facilitating their inclusion in that space.

Although the group size did not allow for statistical comparison, improvements in areas such as sense of belonging, hope, use of social support, and planning were observed during the therapy process, and these changes were found to be partially maintained at follow-up (see Supplementary Figure 1 and Supplementary Table 1). Symptoms of depression, anxiety, and stress—though not at a clinical level—showed highly heterogeneous patterns across members. Components proposed to be related to the effects of group therapy (Tasca et al. 2016) were discussed in the final session. It was found that members generally perceived the group to be effective in terms of social learning, secure emotional expression, instillation of hope, and awareness of relational impact. It can be said that the group developed a sense of cohesion throughout the implementation process. However, closer bonds and solidarity were more frequently observed among transmasculine members, whereas transfeminine and non-binary members tended to remain more withdrawn within the group. In follow-up interviews, it was seen that some members who became close during the therapy process continued and even deepened these relationships over time.

Throughout all stages of the group therapy (member selection, implementation, and follow-up), therapists engaged with members from a trans+ affirmative perspective. This approach appeared to play a significant role in establishing a trusting relationship between the therapists and the members. Positive feedback regarding this aspect was also received from members during the termination and follow-up phases of the group. Additionally, discussions were held about how the therapists' gender identities may have influenced the process. Members reported that they initially developed concerns about not being understood by therapists whom they assumed not to be trans. However, over time, these perceptions changed in a positive direction. On the other hand, it was also observed that the negative emotions generated by increased awareness of gender minority stress (e.g., anger, hopelessness) were sometimes projected onto the therapists and the therapy group itself. These situations manifested in forms such as

resistance to completing CBT practices or avoidance of self-expression. Therapists addressed these dynamics through empathic reflection.

DISCUSSION

Group-level interventions that allow trans+ individuals to see they are not alone in the challenges they face, to develop appropriate coping strategies, to serve as role models for one another and to receive social support are highly effective in fostering their psychosocial empowerment (Pak and Cankurtaran 2024). This article provides a systematic review of group therapy models developed to address gender minority stress. These therapy models are relatively new, with a history of approximately ten years, and have primarily been developed and evaluated in Anglo-Saxon countries. Most models are based on cognitive and behavioral approaches. According to members, in-person implementations are found to be more beneficial than online ones. Studies evaluating the effects of these models show that increased awareness of gender minority stress leads to positively oriented changes in thoughts and behaviors, which have therapeutic psychosocial effects for trans+ individuals. Additionally, the relevant literature includes group therapy interventions from other therapeutic orientations—such as Gestalt (Kolmannskog 2014) and positive psychology (Hernandez 2021)—that, while not specifically designed to target gender minority stress, are implemented from a trans-affirmative perspective.

This article also presents the process of eight members who participated in an affirmative cognitive behavioral group therapy program addressing gender minority stress. It was observed that the members who attended the group therapy were psychosocially empowered by developing awareness, solidarity, and self-regulation-based cognitive and behavioral skills. In addition, members showed progress in terms of belonging, hope, use of social support, and planning during the therapy process. The developments observed in this group therapy support the existing literature on the importance of social support (Meyer 2003), hope (Meyer 2003, Moe et al. 2023), sense of community belonging (Barr et al. 2016), acceptance, and skill-building (Craig and Austin 2016, Austin et al. 2018) in coping with minority stress. Therefore, in clinical practice with trans+ individuals, it can be suggested that implementing affirmative group therapies based on gender minority stress, in addition to individual therapy, would be an effective approach.

Based on this preliminary implementation, it would be appropriate to test the effectiveness of group therapy models—developed further through feedback—with larger samples. A notable observation from this study is that the significant changes in participants' daily lives mostly occurred in the early period following the therapy, rather than during the sessions themselves. Therefore, future studies evaluating the effectiveness of the intervention should include follow-up assessments conducted some time after the completion of the program in their outcome measures. On the other hand, while some members expressed a belief in the effectiveness of the CBT approach, others reported that its applications could be overly individual-focused, which may have limited group interactions. Based on this feedback and supervision discussions, it is believed that identifying common experiences among group members (e.g., using public restrooms) and structuring the sessions around these shared situations may enhance the effectiveness of cognitive behavioral group therapies. Moreover, as previously mentioned, some members reported feeling isolated within the group. For this reason, attention should also be paid to member diversity in group composition. Both therapists and group members felt that 120-minute sessions were insufficient. In light of member feedback and supervision evaluations, it is recommended that sessions be extended to 150–180 minutes.

Cognitive restructuring lies at the core of CBT practices. This involves examining evidence and alternatives to dysfunctional, inaccurate automatic thoughts in order to reshape the client's perspective on the problem, thereby facilitating emotional and behavioral change. When working with trans+ individuals on proximal sources of gender minority stress (e.g., internalized transphobic thoughts such as "I'm sick" or "No one will love me"), such cognitive restructuring techniques can be effectively applied. However, the automatic thoughts that trans+ individuals develop in response to certain situations or events related to distal sources (e.g., "Something bad will happen to me") may, in fact, have a degree of validity. In addressing such cases, therapists should not only focus on techniques for managing harmful thoughts and negative emotions (e.g., breathing exercises or the traffic light technique), but also on behavioral alternatives that enhance resilience in the social context (e.g., spending time in safe environments, strengthening community ties, and developing self-advocacy skills).

CONCLUSION

Research findings on group therapies targeting gender minority stress, along with a practical example of their implementation based on a systematic approach, suggest that cognitive behavioral group therapies focused on gender minority stress have positive effects on trans+ individuals. However, in order to evaluate the impact of this approach both in Türkiye and across different geographical and cultural contexts, there is a need for randomized controlled trials with larger sample sizes, as well as evaluations based on qualitative methods that explore the group therapy process in depth.

SUPPLEMENTARY

https://www.turkpsikiyatri.com/upload/54_27670_EN_SUPPL.pdf

Acknowledgement: We thank Pembe Hayat LGBTI+ Association and May 17 Association in Ankara for their contribution in different aspects of the group process presented in this article.

REFERENCES

American Psychological Association (2015) Guidelines for psychological practice with transgender and gender nonconforming people. Am Psychol 70: 832–64.

Aparicio-García ME, Díaz-Ramiro EM, Rubio-Valdehita S et al. (2018) Health and well-being of cisgender, transgender and non-binary young people. Int J Environ Res Public Health 15: 2133.

Austin A, Craig, SL (2015) Empirically supported interventions for sexual and gender minority youth. J Evid Inf Soc Work 12: 567-78.

Austin A, Craig SL, D'Souza SA (2018) An AFFIRMative cognitive behavioral intervention for transgender youth: preliminary effectiveness. Prof Psychol Res Pr 49: 1-8.

Bacanlı H, Sürücü M, İlhan T (2013) Başa çıkma stilleri ölçeği kısa formunun (BÇSÖ-KF) psikometrik özelliklerinin incelenmesi: geçerlik ve güvenirlik çalışması. Kuram ve Uygulamada Eğitim Bilimleri 13: 81-96.

Barr SM, Budge SL, Adelson JL (2016) Transgender community belongingness as a mediator between strength of transgender identity and well-being. J Couns Psychol 63: 87–97.

Başar K (2025) The changes in ICD-11 related to sexual health and dysfunction and their implication for clinical practice. Turk Psikiyatri Derg 6: 31. doi: 10.5080/u27559.

Başar K, Öz G (2016) Resilience in individuals with Gender Dysphoria: Association with perceived social support and discrimination. Turk Psikiyatri Derg 27: 225-34. doi:10.5080/u17071

Başar K, Öz G, Karakaya J (2016) Perceived Discrimination, social support, and quality of life in gender dysphoria. J Sex Med 13:1133-41. doi: 10.1016/j.jsxm.2016.04.071.

Berrian K, Exsted MD, Lampe NM et al. (2024) Barriers to quality healthcare among transgender and gender nonconforming adults. Health Serv Res 1-9.

Bränström R, Stormbom I, Bergendal M et al. (2022) Transgender-based disparities in suicidality: a population-based study of key predictions from four theoretical models. Suicide Life Threat Behav 52: 401-12.

Burger J, Pachankis JE (2024) State of the science: LGBTQ-affirmative psychotherapy. Behav Ther 55: 1318-34.

Carver CS (1997) You want to measure coping but your protocol's too long: consider the brief COPE. Int J Behav Med 4: 92-100.

Chinsen A, Wilson J, Tollit MA et al. (2024a) "There's hope and there's a future for all of us": co-design of a group cognitive behavioral therapy (CBT) intervention for trans young people (TAG TEAM). Int J Transgend Health 1-17.

Chinsen A, Cronin TJ, Pace CC et al. (2024b) Evaluation of a codesigned group cognitive-behavioural therapy intervention for trans young people (TAG TEAM): protocol for a feasibility trial and a subsequent pilot RCT. BMJ Open 14: e076511.

Craig SL, Austin A (2016) The AFFIRM open pilot feasibility study: a brief affirmative cognitive behavioral coping skills group intervention for sexual and gender minority youth. Child Youth Serv Rev 64: 136-44.

Craig SL, Leung VWY, Pascoe R et al. (2021) AFFIRM online: utilising an affirmative cognitive-behavioural digital intervention to improve mental health, access, and engagement among LGBTQA+ youth and young adults. Int J Environ Res Public Health 18: 1541.

Crenshaw K (1991) Mapping the margins: identity politics, intersectionality, and violence against women. Stanford Law Rev 43: 1241-99.

de Lange J, Baams L, Bos H et al. (2022) Moderating role of coping in the association between minority stress and suicidal ideation and suicide attempts among sexual and gender minority young adults. Suicide Life Threat Behav 52: 1178-92.

Duru E (2015) Genel aidiyet ölçeğinin psikometrik özellikleri: geçerlik ve güvenirlik çalışması. Turkish Psychological Counseling and Guidance Journal 5: 37-47.

Expósito-Campos P, Pérez-Fernández JI, Salaberria K (2023) Empirically supported affirmative psychological interventions for transgender and non-binary youth and adults: a systematic review. Clin Psychol Rev 100: 102229.

Gilbert P, Procter S (2006) Compassionate mind training for people with high shame and self-criticism: overview and pilot study of a group therapy approach. Clin Psychol Psychother 13: 353-79.

Hatchard T, Levitt EE, Mutschler C et al. (2024) Transcending: a pragmatic, open-label feasibility study of a minority-stress-based CBT group intervention for transgender and gender-diverse emerging adults. Cogn Behav Pract June 15.

Hatzenbuehler ML, Pachankis JE (2016) Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: research evidence and clinical implications. Pediatr Clin North Am. 63: 985-97

Heck NC (2017) Group psychotherapy with transgender and gender nonconforming adults: evidence-based practice applications. Psychiatr Clin North Am 40: 157-75.

Helsen V, Enzlin P, Gijs, L (2022) Mental health in transgender adults: the role of proximal minority stress, community connectedness, and gender nonconformity. Psychol Sex Orientat Gend Divers 9: 466-67.

Hendricks ML, Testa RJ (2012) A conceptual framework for clinical work with transgender and gender nonconforming clients: an adaptation of the minority stress model. Prof Psychol Res Pr 43: 460.

Hernandez DM (2021) The Transgender empowerment program: a positive psychology group intervention for transgender youth and young adults. (Unpublished doctoral dissertation), Bloomington: Indiana University.

Kolmannskog V (2014) Gestalt approaches to gender identity issues: a case study of a transgender therapy group in Oslo. Gestalt Review 18: 244-60.

Liberati A, Altman DG, Tetzlaff J et al. (2009) The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. J Clin Epidemiol 62: e1-34.

Lovibond PF, Lovibond SH (1995) The structure of negative emotional states: comparison of the depression anxiety stress scales (DASS) with the Beck depression and anxiety inventories. Behav Res Ther 33: 335-43.

Malone GP, Pillow DR, Osman A (2012). The General belongingness scale (GBS): assessing achieved belongingness. Pers Individ Dif 52: 311–16.

Mastropaolo C, Carrasco B, Breslow AS et al. (2020) Security amidst stigma: exploring HIV and sexual minority stressors through an attachment-based psychotherapy group. Psychotherapy 57: 29–34.

Meyer IH (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull 129: 674–97.

Mezza F, Mezzalira S, Pizzo R et al. (2023) Minority stress and mental health in European transgender and gender diverse people: a systematic review of quantitative studies. Clin Psychol Rev 107: 102358.

Moe J, Sparkman-Key N, Gantt-Howrey A et al. (2023) Exploring the relationships between hope, minority stress, and suicidal behavior across diverse LGBTQ populations. J LGBT Issues Couns 17: 40-56.

Nieder TO, Renner J, Sehner S et al. (2024) Effect of the i2TransHealth e-health intervention on psychological distress among transgender and gender diverse adults from remote areas in Germany: a randomised controlled trial. Lancet Digit Health 6: e883-e893.

Outlette MJ, Mutschler C, Roth SL et al. (2023) The transcending protocol: a cognitive-behavioral approach for addressing the psychosocial impact of minority stress in transgender and gender diverse individuals. J LGBT Issues Couns 17: 57-76.

Özgen MH, Vos CM, Yağmur Ö et al. (2024) Online group psychotherapy to increase self-acceptance and reduce shame among transgender migrants: an observational report. Turk Psikiyatri Derg 35: 8–13.

Pachankis JE, Harkness A, Maciejewski KR et al. (2022) LGBQ-affirmative cognitive-behavioral therapy for young gay and bisexual men's mental

and sexual health: a three-arm randomized controlled trial. J Consult Clin Psychol 90: 459-77.

Pachankis JE, McConocha EM, Clark KA et al. (2020) A transdiagnostic minority stress intervention for gender diverse sexual minority women's depression, anxiety, and unhealthy alcohol use: a randomized controlled trial. J Consult Clin Psychol 88: 613-30.

Pachankis JE, McConocha EM, Reynolds JS et al. (2019) Project ESTEEM protocol: a randomized controlled trial of an LGBTQ-affirmative treatment for young adult sexual minority men's mental and sexual health. BMC Public Health 19: 1086.

Pachankis JE, Soulliard ZA, Layland EK et al. (2023) Guided LGBTQ-affirmative internet cognitive-behavioral therapy for sexual minority youth's mental health: a randomized controlled trial of a minority stress treatment approach. Behav Res Ther 169:104403.

Pak H, Başar K (2025) Turkish adaptation of everyday discrimination scale with a trans and gender diverse sample. Annual Meeting and 3rd International 27th National Clinical Education Symposium of Psychiatric Association of Türkiye, 27-30 April 2025, Antalya, Türkiye.

Pak H, Cankurtaran Ö (2024) Trans gençlerle sosyal hizmette güçlenme yaklaşımı: bir literatür değerlendirmesi. Fe Dergi 16: 10-35.

Perrin PB, Sutter ME, Trujillo MA et al. (2020) The minority strengths model: Development and initial path analytic validation in racially/ethnically diverse LGBTQ individuals. J Clin Psychol 2020 76:118-36.

Pipkin A, Smith A, Shearn C (2022) Transition needs compassion: a thematic analysis of an online compassion-focused therapy group in a gender service. Mindfulness 13: 1510-20.

Poquiz JL, Shrodes A, Garofalo R (2022) Supporting pride, activism, resiliency, and community: a telemedicine-based group for youth with intersecting gender and racial minority identities. Transgender Health 7: 179-84.

Renner J, Blaszcyk W, Tauber L et al. (2021) Barriers to accessing health care in rural regions by transgender, non-binary, and gender diverse people: a case-based scoping review. Front Endocrinol (Lausanne) 12: 717821.

Safer JD, Coleman E, Feldman J et al. (2017) Barriers to health care for transgender individuals. Curr Opin Endocrinol Diabetes Obes 23: 168–71.

Sarıçam H (2018) The psychometric properties of Turkish version of depression anxiety stress Scale-21 (DASS-21) in health control and clinical samples. Journal of Cognitive-Behavioral Psychotherapy and Research 7: 19-30.

Sessions L, Pipkin A, Smith A et al. (2023) Compassion and gender diversity: evaluation of an online compassion-focused therapy group in a gender service. Psychology & Sexuality 14: 528-41.

Singh AA, Dickey LM (2017). Affirmative counseling with transgender and gender nonconforming clients. Handbook of Sexual Orientation and Gender Diversity in Counseling and Psychotherapy, KA DeBord, AR Fischer, KJ Bieschke et al. (Ed), American Psychological Association, s. 157-82.

Skuban-Eisler T, Orzechowski M, Steger F (2023) Why do transgender individuals experience discrimination in healthcare and thereby limited access to healthcare? An interview study exploring the perspective of German transgender individuals. Int J Equity Health 22: 211.

Snyder CR, Harris C, Anderson JR et al. (1991) The will and the ways: development and validation of an individual-differences measure of hope. J Pers Soc Psychol 60: 570–85.

Surace T, Fusar-Poli L, Vozza L et al. (2021) Lifetime prevalence of suicidal ideation and suicidal behaviors in gender non-conforming youths: a meta-analysis. Eur Child Adolesc Psychiatry 30: 1147-61.

Tarhan S, Bacanlı H (2015) Sürekli umut ölçeğinin Türkçe'ye uyarlanması: geçerlik ve güvenirlik çalışması. The Journal of Happiness & Well-Being 3: 1-14.

Tasca GA, Cabrera C, Kristjansson E et al. (2016) The therapeutic factor inventory-8: using item response theory to create a brief scale for continuous process monitoring for group psychotherapy. Psychother Res 26: 131-45.

Tüzün Z, Başar K, Akgül S. (2022) Social connectedness matters: depression and anxiety in transgender youth during the COVID-19 pandemic. J Sex Med 19: 650-60.

Williams DR, Yu Y, Jackson JS et al. (1997) Racial differences in physical and mental health: socioeconomic status, stress, and discrimination. J Health Psychol 2: 335–51.

Yi M, Li X, Chiaramonte D et al. (2024) Guided internet-based LGBTQ-affirmative cognitive-behavioral therapy: a randomized controlled trial among sexual minority men in China. Behav Res Ther 181:104605.

Yüksel Ş, Kulaksizoğlu IB, Türksoy N et al. (2000). Group psychotherapy with female-to-male transsexuals in Turkey. Arch Sex Behav 29: 279–90.