

"Our Daily Trauma": Subjective Construction About Suicidal Processes of Trans* Youth

"El Trauma Nuestro de Cada Día": Construcción Subjetiva sobre Procesos Suicidas de Jóvenes Trans*

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Several studies have demonstrated that young people who identify with a transgender identity are at a higher risk of suicide. This is due to various social factors, such as gender discrimination, experiences of marginalization, family rejection, and internalized stigma. This study aimed to understand the experiences of a group of young people living in Chile who self-identify as transgender and have survived a suicide attempt. A multiple-case design was used, and qualitative interviews were conducted with seven participants. The interviews were analyzed using discovery-oriented biographical analysis (DOBA), which allowed an understanding of the organization, interpretation, and meaning of the participants' experiences. From this analysis, we identified a model consisting of four phases or stages, linking aspects of the transgender identity emergence process with suicidal risk factors. Two cross-cutting elements in each stage were also identified: social violence and the body and its dimensions. The study concludes that the process of transgender identity emergence intertwines with narratives of suicidal experiences and, therefore, sensitive and competent interventions with young people could be preventive.

Keywords: suicide, transgender identity, qualitative methods

Algunos estudios han demostrado que las personas jóvenes que se identifican con una identidad transgénero presentan un mayor riesgo de suicidio. Lo anterior se debe a la presencia de diversos factores sociales, tales como la discriminación de género, la experiencia de marginalización, el rechazo familiar y el estigma internalizado. Este estudio tuvo como objetivo comprender las experiencias de un grupo de personas jóvenes que viven en Chile que se autoidentifican como transgénero y que sobrevivieron a un proceso suicida. Se utilizó un diseño de casos múltiples y se realizaron entrevistas cualitativas a siete participantes. Las entrevistas fueron analizadas bajo el análisis biográfico orientado al descubrimiento (DOBA), el cual permitió comprender la organización, interpretación y significado de las experiencias de los y las participantes. A partir de dicho análisis, se identificó un modelo que consta de cuatro momentos o etapas, en las cuales se relacionan aspectos del proceso de emergencia de la identidad transgénero con factores de riesgo suicida. También se identificaron dos aspectos transversales en cada etapa: violencia social y el cuerpo y sus dimensiones. El estudio concluye que el proceso de emergencia de la identidad transgénero se entrelaza con las narrativas de las experiencias suicidas y que, por tanto, intervenciones sensibles y competentes con jóvenes podrían ser preventivas.

Palabras clave: suicidio, identidad transgénero, métodos cualitativos

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According to the World Health Organization (2021), in recent years, suicide has become a significant public health problem globally. Chile has high suicide rates in the Latin American context, with a considerable number of cases affecting people between 15 and 24 years of age. This indicates that both adolescents and young adults are at a higher risk of suicide (GES Department, Complex Networks and Thematic Lines, 2022).

Research suggests that LGBT (lesbian, gay, bisexual, and transgender) adolescents are vulnerable, especially concerning their mental health. Multiple studies have found that identifying as an LGBT person is generally associated with an increased risk of suicidal tendencies (Hottes et al., 2016; Nath et al., 2024; Nodin et al., 2015; Poštuvan et al., 2019; Tomicic et al., 2016). Specifically, transgender or gender-diverse youth—those whose gender identity is not aligned with their assigned sex at birth—have been found to be at higher risk for self-harm and suicide attempts than their cisgender peers (Coleman et al., 2022; Golub & Klein, 2016; Moody & Smith, 2013; Nodin et al., 2015; Peterson et al., 2017; Testa et al., 2012; Tucker, 2019; Virupaksha et al., 2016). The most recent national survey in the United States on mental health issues in LGBT youth, conducted by The Trevor Project (Nath et al., 2024), found that of 11,000 transgender and non-binary youth surveyed, about 46% had seriously considered suicide in the previous year and 14% had made an attempt on their life (Nath et al., 2024).

Model of Minority Stress and Suicidality in Trans* Individuals

The association between being part of the LGBT population and suicide risk is addressed from the point of view of social determinants of health (Logie, 2012; Viner et al., 2012), noting that the LGBT population has a high prevalence of mental health problems associated with stigmatization and discrimination (Hatzenbuehler et al., 2013). Expressly, the minority stress model (Meyer, 2003; Tan et al., 2020) and its extension to the trans* population (Testa et al., 2015) has provided a way to understand how belonging to a minority that is discriminated against exposes individuals to a hostile social environment, characterized by prejudice, rejection and exclusion. This environment generates mental health problems, such as depression, substance abuse, social isolation, peer conflict, and victimization, which increase suicidal risk factors (Meyer et al., 2008).

Thus, this model identifies processes that constitute sources of stress for minority groups and that can be classified as distal (i.e., contextual and structural) or proximal (i.e., individual and subjective; Meyer, 2007). Minority stress is distinguished from general stress by its origin in prejudice and stigma. Thus, a stressor can be a general stressor or a minority stressor, depending on whether it is motivated by prejudice or discrimination against a person belonging to sexual and gender diversities (Frost & Meyer, 2023). While initially developed explicitly for cisgender sexual minorities, in recent years, it has been empirically applied with trans* people, showing its potential to understand the effect of the negative and challenging experiences they face (Scandurra et al., 2017; Tan et al., 2020). Taken together, these studies generally demonstrate that experiencing violence and discrimination at high levels leads trans* people to direct negative social attitudes toward themselves while resisting and counteracting the stigma installed in a society that discriminates based on gender identity (Testa et al., 2015). As some authors have suggested, this stigma affects the mental health of trans* people at the structural, interpersonal, and individual levels. In the interplay between these three dimensions, the stressor most strongly associated with mental health problems and suicide is internalized stigma, i.e., concern about one's own identity, due to the internalization of the gender expectations and norms of the society in which one develops, which can be directed against oneself (vertical internalized transphobia) and against other trans* people (horizontal internalized transphobia; Bockting et al., 2020; Coleman et al., 2022). Internalized stigma in trans* youth can exacerbate clinically significant symptoms of post-traumatic stress disorder, suicidal thoughts, or non-suicidal self-harm (Reisner et al., 2016; Taliaferro et al., 2018; Wilson & Liss, 2022). It has been emphasized that this stigma "gets under the skin" (Hatzenbuehler, 2009, p.1) and participates as a mediator in psychological processes that affect emotional regulation, as well as in interpersonal conflicts and cognitive processes that carry a risk of psychopathy (Puckett et al., 2023; Sarno et al., 2020).

Trans* people constitute a group that has been constantly marginalized and discriminated against, this discrimination being the reflection of a stigmatizing culture that is rooted in the systematic oppression of gender minorities (APA, 2021; Hughto et al., 2015; Puckett et al., 2019; Restar & Reisner, 2017).

Such oppression assumes cisnormativity, which implies that gender identity is standardized by the social expectations held about the physical characteristics of the sex assigned at birth and in which both sexes and genders correspond to binary categories. Thus, the process of emergence of a transgender identity (Lev, 2013) within an environment where cisnormativity predominates would mean that these young people are constantly aware of belonging to a minority space within society, in which they experience daily situations of rejection and discrimination (Tan et al., 2020). For example, trans* youth who perceive an environment of rejection and discrimination by their family members or by the educational community may internalize it or turn it into self-destructive actions, becoming particularly vulnerable (Blais et al., 2014; Meyer et al., 2008). However, it is essential to emphasize that this is not a vulnerability *per se* but is a product of systemic and structural elements of society and may eventually change. Therefore, from this perspective, trans* people are in a situation of vulnerability, which is not attributable to individual characteristics. In this sense, the Universal Declaration of Human Rights provides a transformative normative order, recognizing that all people, including transgender people, have the right to identity and to be free from discrimination. This includes legal recognition of their gender identity and protection against discrimination in all areas of life, such as employment, education, and health (United Nations, 1948).

Individual Experiences of Suicide

Epidemiological studies have provided valuable information to suicide research, making possible the development of more robust prevention programs and public policies. However, the lack of rigorous studies that support the exploration of the subjective experience of trans* youth and the need to give voice to their priorities and concerns has prompted researchers to conduct studies oriented to the meanings that suicidal behavior has for everyone. Therefore, such studies focus on how people interpret their actions and the contexts surrounding the suicidal experience (Hjelmeland & Knizek, 2016; Hunt et al., 2020; Nicolopoulos et al., 2018). Regarding the above, some advances using Joiner's (2007) and Van Orden's (2010) interpersonal psychological theory of suicide as a conceptual framework have proposed that over time LGBT+ populations incorporate conditions of possibility that enhance the development of a suicidal process, such as the invalidation, invisibilization, and normalization of suicide within the community and structural stigma and habituation to trauma (Clark et al., 2022).

Systematic and rigorous qualitative work can help mental health researchers understand that, from this perspective, suicide can be considered as an intentional act with meaning and always situated in a particular cultural context (Clark et al., 2022; Hjelmeland, 2011).

Considering diverse gender identity as a social determinant of health, specifically associated with risk factors for suicidal ideation and attempts, makes it necessary to develop culturally sensitive knowledge about this problem. In this context, the purpose of this study was to characterize how a group of young trans* people living in Chile constructed their subjective experience of having lived and survived a suicidal process and how this experience is intertwined with the emergence of the trans* identity itself.

Method

This research had a multiple case design to conduct a qualitative narrative interview analysis with young trans* people who have experienced and survived suicidal processes to achieve an in-depth, interrelated, subjective, and systematic exploration of the subjective construction of one's own experiences (Stake, 2006). Additionally, this study used a general narrative approach based on the assumption that participants' stories about their suicidal processes convey meanings, as stories function as a means of organizing and communicating life experiences (McLeod, 2010).

Participants

Seven young trans* people residing in Santiago, Chile (five trans* men and two trans* women; see Table 1) participated in this study. At the time of the interviews, their ages ranged between 18 and 24 years. All the participants had undergone a social transition, and only four of them were undergoing hormone therapy. Only one of them had undergone gender affirmative surgery. The participants were between 13 and 16 years old at the onset of their first suicidal process. They reported various suicidal behaviors: severe and recurrent suicidal ideation, suicide attempts, and severe suicide attempts.

An advertisement published on the websites of two non-governmental organizations and on social networks (Facebook, Twitter, and WhatsApp) invited participants to participate in the study.

Table 1
Characterization of the Participants

ID	Interview title	Gender Identity	Age	Transition	Activity	Suicidal process
1	The Damned Identity	Woman	24	Social	University student	Permanent suicidal ideation and some suicide attempts since 12 years of age
2	Mr. Nobody***.	Man	18	Social	Student at technical institute	Recurrent suicidal ideation between 12 and 17 years of age
3	Oddballs***.	Man	23	Social and medical (TH*)	Employee	Suicide attempt at age 16
4	Why I Was Born This Way	Man	18	Social and medical (TH*)	High school student	Suicide attempt at age 15
5	The Impossible Decision	Man	22	Social and medical (TH*)	University student	Several suicides attempts at 14, 15 and 16 years of age
6	The Trans-Former***.	Man	23	Social and medical (HT, CAG**)	Employee	Three suicide attempts at 13, 19 and 22 years of age
7	The Impossible Love***.	Woman	21	Social	University student	Two suicide attempts at 13 and 21 years of age, and recurrent suicidal ideation.

* Hormone therapy, ** Gender affirmation surgery, *** Titles taken from the interviewees' own words.

Instrument

Semi-structured narrative interviews (Kvale & Brinkmann, 2009) were conducted using an interview script designed for this study. The opening question to the interview was: Why did you decide to participate in this study? This question was intended to understand the interviewee's subjective stance when he/she began to tell his/her story, i.e., his/her point of view, perspective, or stance on the subject matter. Open questions were used to explore three themes, based on what the interviewees mentioned: (a) Attributions of causality concerning the suicidal processes experienced and their motivations, (b) Requests for help, and (c) Reasons for living.

Procedure

The research team was led by the first and second authors, psychologists with extensive experience in qualitative research and studies on LGBT+ population issues. Additionally, the first author has extensive experience in crisis intervention and suicidal behavior research. He and the other authors are psychologists with experience in qualitative research. All authors conducted interviews and participated in the analysis of the interviews.

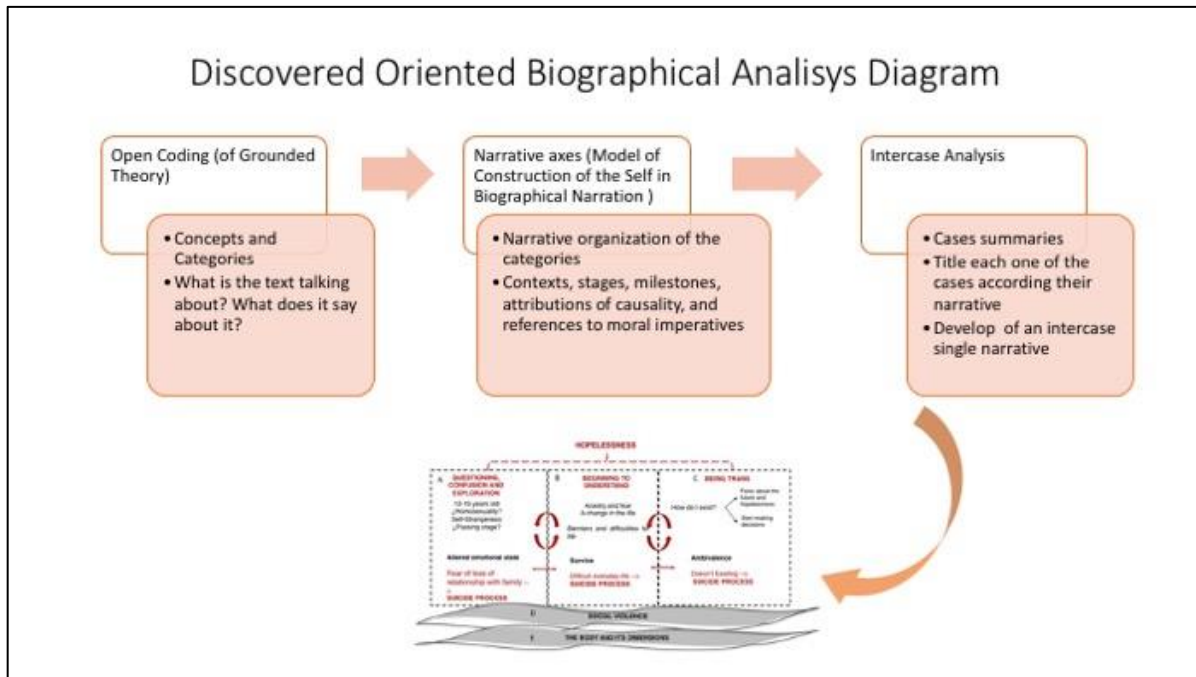
All interviews were audio-recorded and transcribed verbatim, and each interviewee was assigned a code and a pseudonym to protect their anonymity. In addition, the information they provided was edited to be more generic (e.g., references to streets, cities, and universities were renamed) to protect their identities.

The Scientific Ethics Committee of the Universidad Diego Portales approved this study's ethical protocol (No. 031-2014). All participants signed informed consent forms, authorizing the use of the interviews for research purposes and related scientific publications.

Analysis

The interviews were analyzed using discovery-oriented biographical analysis (DOBA; see Duarte et al., 2019; Tomićić et al., 2021). DOBA combines two analysis operations simultaneously, examining the organization, interpretation and meaning of the interviewees' experiences (see Figure 1).

Figure
DOBA Analysis Flow Chart



One of the operational analyses of DOBA was the open coding procedure from the grounded theory approach (Charmaz, 2014). This procedure consists of developing concepts and categories obtained from the data analysis. To perform it, there was an approach to interpreting the transcribed interview fragments with two analysis questions: What is the text talking about? What does it say about it? The research team held meetings every two weeks in order to triangulate the analysis and reach an inter-subjective agreement on the categories, concepts, and characteristics developed, and, in case of discrepancies among the team members, the viewpoint of the person who had conducted the interview was privileged (Flick, 2002/2007).

The other analytical operation of the DOBA was the narrative organization of the categories developed during the open coding procedure. These were carried out using the axes provided by the model of construction of the self in the biographical narrative (Piña, 1999). This analysis model considers the narrative as a product of the subjective self, which organizes, interprets, and signifies life situations. To reconstruct the accounts of each person in an interview, this model proposes the identification of contexts, stages, milestones, attributions of causality, references to moral imperatives, and their subsequent organization in a narrative structure. Thus, using the DOBA, each case was summarized and given a title that could represent how the suicidal process was related to the experiences of suffering and victimization associated with one's gender identity. In some cases, the titles were textual extracts of the words that the interviewees used to refer to themselves -marked with an asterisk-while in other cases, they were chosen by the research team (see Table 1). Finally, the case analyses were organized around common emerging phenomena that articulate the subjective construction of these young survivors of a suicidal process, thus developing a unique narrative that reflects a shared experience.

Results

At the time of the interview, most of the participants had begun the process of transitioning to a felt gender identity. They were in a psychological and social position to share the difficulties associated with this process. All interviewees expressed that telling their stories was a virtuous aspect of their trajectory, allowing them to support actively others who are beginning the process. Some were already in a role and social position where they constantly supported the trans* community (e.g., cases 2, 3, 5, and 7). However, others were still struggling to survive, sometimes holding on to little hope, imagining a future as individuals who can accompany the trans* youth community (e.g., cases 1, 4, and 6).

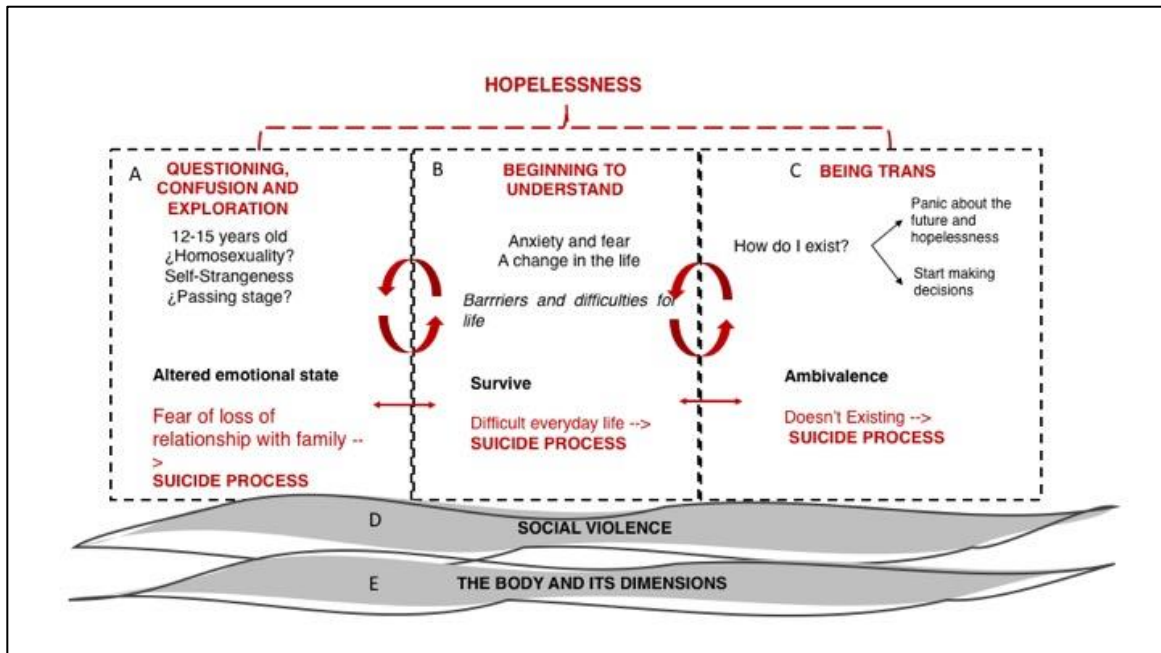
The following excerpt illustrates the subjective position from which one participant gave his testimony:

(...) more than anything as a help, that is, if my experience can be useful to other young people, I am happy to contribute something (...) my experience can be useful for other young people to talk about it, it can be published and other people can know about the suffering and the stages that one goes through during this transition, because from the beginning when one declares oneself or knows what one is, one begins to change... (E6, The Transformer)

Both this participant and the others explained that they decided to tell their stories as trans* survivors of suicide to be shared with other young people, suggesting that the possibility of giving hope to others can affirm and restore in them a confident vision of the future and themselves.

As a result of the analysis of these seven interviews, it was possible to reconstruct a constant shared experience in which the emergence of the participants' own gender identity is intertwined with the processes of going through and surviving a suicidal experience. To organize this recurrent experience, a descriptive model was developed in which three stages or moments were established. Within each of them, the participants described moments when they had the idea of committing suicide (see Figure 2). These stages or moments were named as follows: (A) Questioning, confusion, and exploration, (B) Beginning to understand, (C) Being trans*. Two transversal aspects were identified: (D) Social violence and (E) The body and its dimensions.

Figure 2
Intertwining Experience Emergence of a Trans* Identity and Suicidal Process



In the following section, each stage and cross-cutting aspect will be described, highlighting the relationship between the emergence of trans* identity and the suicidal process, and illustrated through quotes from the young people interviewed in this study.

Questioning, Confusion, and Exploration

At this stage, the main elements associated with the suicidal process experienced by some of the interviewees are the fear of losing significant relationships, mainly family members, as well as the presence of an altered emotional state.

Participants identified the emergence of questioning and confusion about their diverse gender identity at an early age. In some interviews (cases 1, 2, 4, 5, and 7), the answers to these questions revolve around the interpretation of a possible homosexual sexual orientation, which is explored with a feeling of queerness that is maintained and not overcome. There also appears the alternative idea that it is a passing stage, which gives them hope that they could return to "normality". It is in this way that, at this stage, an altered emotional state is described, together with an intense fear of losing significant relationships with the closest people in their environment, and, in some interviews, this is referred to as a trigger for the suicidal process (see Figure 2A).

In the following excerpt, a young trans* man (R) explains his confusion between sexual identity and sexual orientation and how this confusion is connected to an emotional state of sadness, uncertainty, and queerness:

A: Inside, I still felt the pain of not knowing what was going on with me (...). They [my friends] believed that I really only liked women.

E: Did they think you were a lesbian?

A: Sure...eee, although I never really said it literally (...) but it was like... hey, you know what happens? I like women (...), but there is something that happens to me that is different (...) I was trying to explain how I didn't know. I mean, I didn't... I didn't know what being trans was until I was in eighth or first grade [high school]. (E5; Impossible decision)

As shown in the previous quote, as in other cases, the doubts do not only originate in the participants or feelings of confusion or disagreement with their gender identity, but also an environment -as in the excerpt, the interviewee's friends- that challenges them from a heteronormative position, dictating how sexual identity should be expressed or manifested.

Questioning and confusion about one's own gender identity are associated with an altered emotional state and fear of losing significant close figures, which, as already mentioned, can generate a greater predisposition to suicide as a way out. In the following excerpt, one of the interviewees describes this fear as the context in which her first suicidal ideations began:

Since I started to realize that I was a transgender woman, from that moment on things were no longer..., before I thought that well, what I think maybe it is just clothes or wanting to look like, but then I realized it by reading, because I had not read, I did not have the information either, even less in school, at the university, and then I realized and then I thought "well what I have to do is something, but it is the most difficult part".... then from that moment on I started to have sometimes the idea of how I was going to do it, that I was going to be alone, that later I could lose my career, my family, everybody (...) I remember when I was a girl I thought about it several times [suicide] but I never..., I never went to the extreme of saying I'm going to do it now -that was the idea, I wish it would happen to me, I wish I wouldn't wake up tomorrow- things like that. (E1; The damned identity)

As illustrated in the above excerpt, moving from the stage of questioning, confusion, and exploration to the stage of beginning to understand one's identity as a trans* person is not linear but a diffuse process in which these first understandings bring new questions.

Beginning to Understand

At this stage, new questions emerge related to anxiety and fear of facing the barriers and difficulties involved in the life of a person with a trans* identity, with a challenging everyday life; the interviewees indicate that these are the main elements associated with the suicidal process during this period. Therefore, the interviewees agree that learning "who they are" and naming their confusion has a double effect: on the one hand, it is a relief to "know who they are" but, on the other hand, it marks the beginning of a life change that goes hand in hand with much fear and anxiety (e.g., cases 1, 6 and 7), even implying for some the

beginning of a struggle for survival (e.g., cases 1, 2 and 6). Some participants mentioned that, between the previous stage and this one, available cultural references (e.g., cinema, social networks) and testimonies of other trans* people's life experiences imply support or may provide evidence of a fatal fate (e.g., cases 3, 4, and 7). In one way or another, all interviewees agree that, at that moment, a complex daily life of inhabiting a body that is alien to them begins and where a long transition to an imagined and desired body is visualized. The participants also describe that this individual and intimate effort is surrounded by family, social, economic, and political difficulties and barriers, which sometimes make them feel hopeless and begin to consider suicide as an option (see Figure 2B).

In the following two excerpts, a young trans* man describes how the sense of queerness with his changing body causes a feeling of self-rejection, while another interviewee explains his experience of feeling trapped in his own body:

(...) So as long as I was flat and without anything, I was happy..., but when little by little the changes began to appear... the breasts [breasts] and it was like "this doesn't correspond to me", then I began to discriminate myself, to reject myself. (E6; The Transformer)

A: I started to get more depressed; that's when my depression went up a level, because there are levels, that's when it went up a level, because I realized that I was already trapped (...). I realized I was already trapped because I saw myself and didn't want to see myself; that's why there are no mirrors at home (...).

I: Trapped. Can you explain to me what that means?

R: "...trapped like..., as if you were trapped inside yourself, like myself cannot get out and there is my other self, which is what others see, so, I have always had those two selves, that is, since I was 15 or a little bit before, maybe, I had those two selves... the one that everybody saw and my real self, but the real self could not get out, because it is the other self that everybody sees, so the real self is like trapped and cannot get out. (E2; Don Nadie)

These two examples show aspects that are repeated in several of the stories present in the interviews and that can be grouped as "the struggle with the mirror", concretizing an early awareness, the confusion with a body that, at a particular moment of its development, feels uncomfortable and strange -all the time, day after day-, alien to themselves and others, causing a feeling of being trapped inside something that they cannot consider their own and that prevents other people from accessing and recognizing who they are.

This experience of alienation leads to a distorted sense of self, an identification with oddity, and a feeling that it would be better not to exist. This is explained by one of the interviewees, describing the feeling of being a "freak" at this stage:

(...) when I still did not tell my parents that I was trans, I started to lose weight, I was a boy who, well at that time a girl, who did not participate, who did not do anything, I mean, I did not eat, I did not eat (I lost 11 kilos in a month), those were the first moments when I imagined what it would be like not to be there.... what would become of the rest if I would no longer be there, and not only had I suffered for the fact that I was trans, but all my life I was, apart from being the weird guy or the weird girl, at that time I was the nerd, the asocial one, the one who had no friends, that is, apart from being a freak because of this situation, I was a freak because I was just (...). (E3; Oddball)

Likewise, another interviewee described how the understanding of what it means to be a trans* person includes a complex daily life, in which a deep sense of loneliness and lack of understanding by people close to them is expressed, which occurs in various contexts -family, school, and community. These feelings, on the one hand, accompany and, on the other hand, help to explain suicide attempts.

Additionally, in the transition between the stage of beginning to understand and being trans*, the interviewees narrated what happens once they recognize their own identity and begin to consider the idea of transitioning.

The difficulties experienced daily demonstrated, on the one hand, the possibility of overcoming and, on the other hand, additional exhaustion. The following interviewee illustrates the above in the following excerpt:

E: Why did you do it, try to commit suicide? Being already in that situation that you saw as a way out, a light

A: Because it was a long time [to start transition treatment], when they told me about the time, it was a long time and I was about to turn 18 years old and I saw it so far away that it would be so far away to go to college being me, that is, being a girl (...) so, I saw that it was getting complicated, besides, at that time there were no health services that wanted to treat trans people, that was just an idea that could be. Now, the only thing they told me was, for example, "go to a private health center and try to see how they treat you because it is very complicated to be treated". So, it was a lot, it was a lot of information for a pendejo [young boy] who was very lost, but at the same time I had a little bit of hope to say, "Look, it's possible." I saw a lot of guys and it looked like it was possible, but how do I do it? Also, I saw that most of the guys there [trans group] were older, like 30

years old. I was like, "This is a lot, I don't want to go through the same thing" and they talked about their life experiences and it was like terrible the things they went through and I was like, "I can't, I can't." (E5; The impossible decision)

Being Trans*

At this stage, as the transition begins and the question of whether or not to exist is introduced, intense feelings of anguish arise at the thought of the future. Simultaneously, the possibility of existing arises under the support of decision-making. At this stage of ambivalence, some interviewees acquired a more significant strength than the voice of despair and the decision not to exist (see Figure 2C).

After naming and acknowledging one's trans* identity, the interviewees agreed that the next step was to address some questions about their existence in the world: Why do I exist? What does it mean to be a transgender person in this society, in this family, or in this country? These questions about existence are framed in a constant, daily tension between a sense of hopelessness and panic about the future and the need to make decisions that could define and delineate one's transition.

One interviewee illustrates the above and, specifically, the ambivalence between the vision of alternatives and despair:

E: What was your question, am I going to be transgender or do I want to be a man or not?

A: Whether I want to or not, because inside I know I want to, but the problem is everything that's required to achieve it; everything about the transition is difficult for me, so the possibility goes down, then I have hope (...) and then I don't know (...) Yeah, and that confuses me even more, like, "Do I really not want this, or is it because it's too complicated?" So, then, I know I want it, but, as time goes on, I'm thinking if I'll really be able to, so I get discouraged, in a way, and I put it aside like in a dream that I can't achieve. (E2; Don Nadie)

In a context defined by this fear, the possible answers to questions about one's existence as a trans person involve decisions that, in turn, are fraught with new questions. Transitioning - thus adopting a transgender identity - means revealing one's diverse identity, facing legal barriers that hinder this form of existence (e.g., gender identity laws), and dealing with the difficulties associated with the transformations one experiences in one's own body. Faced with these barriers and difficulties related to their existence, the interviewees opted for two paths, that of "being another person", denying and hiding, or going towards a "double life" (e.g., cases 1, 2 and 4) or surrendering to the idea of not existing, initiating a suicidal process (e.g., cases 3, 5, 6 and 7).

One interviewee highlights her anguish and hopelessness due to her identity with her own body and the image other people had of her. She also describes how this cements her feelings of inadequacy and failure to achieve her desired existence, which leads her to consider suicide:

(...) Eee, I think that a large part of suicidal ideation regarding gender identity has to do with appealing to do something that one cannot be (...) I cannot be a woman (...) and that is in certain constants, it is in the fact that my voice will not become sharper... (...) eee, I cannot be a mother (...) and that is in certain records, it is in the fact that my voice will not get louder... (...) eee, I cannot be a mother, I think that has been one of the great pains of my life and it will always be so, as a biological child and also not adopting (laughter) in this country (...) in this country, no, so I cannot be a mother (...) not in this country, so no (...) so wanting to be a woman can be very identity-based and it is also very binary, (...) but when I have surgery I will continue to be trans feminine (...) there is a certain comfort... until this rooster [university classmate] comes and says: "you are never going to be able to like me" ... that you are never going to be able to like me is you are never going to be a woman for me at all, eee and it is a strong speech, because deep down it tells you that there is something that you are not going to be able to do either which are like romantic relationships eee with a daily life. (E7; Impossible love)

Social Violence and the Body and its Dimensions

Finally, the analysis revealed that, for each of the stages described, all participants were exposed to different levels of violence from different sources (e.g., family, school, health services, peers; see Figure 2D). This experienced violence strained more than just decision making, generating distrust in the social system and its institutions and also in their closest relationships, which intensified feelings of loneliness and hopelessness. Additionally, the transitions of these young people were marked by daily disencounters with their bodies and their multiple dimensions (social, biological, erotic and sexual; see Figure 2E). These experiences were named the mirror trauma, because it is the result of the impact of seeing oneself dealing with the incongruence of one's body (i.e., sex) and identity (i.e., gender).

These problems and the violence mentioned above are part of what one participant refers to as *our everyday trauma*, which in itself expresses a permanent risk factor for suicide:

...because it tends to be like... practically like an unintentional aggression... the fact of getting up, looking at yourself in the mirror and seeing something that you know you are not... then, how can I say it, that's how your day starts badly... because you see yourself and you know that you are not like that and that you don't feel like that... waking up with the left foot... moreover, at that time I had to bandage myself and put on my tooth because it fell out..., but now it is glued (laughter), so all day long I felt like a transformer... having to adjust myself... the whole issue of clothes and that this fits me well, and that this is not, that is, an issue. I think it's a daily trauma, mean... I mean, 24 hours a day, everything is a theme. (E6; The transformer)

Conclusion and Discussion

The purpose of this study was to characterize how a group of young Chilean trans* persons subjectively constructed their own experience of having lived through and survived a suicidal process and how this experience is related to aspects of the process of the emergence of their own identity.

The methodology used allowed us to glimpse the uniqueness of the life and daily existence of young trans* people, while making it possible to delineate common aspects in the stories of the participants that helped to visualize what each interviewee experienced about his or her suicidal process. Doubts and uncertainties, beginning to understand one's own identity and imagining how to be a trans* person and how to exist with this identity appears as the most common process among their experiences, leading to increased levels of hopelessness (Milner et al., 2013). In the narratives that were analyzed, hopelessness, a general factor of suicide, entails a particular form of this process. During the suicidal process, the possibility of visualizing a welcoming and satisfying future is interrupted by the fact of having an identity different from the hegemonic cishnormativity. Fundamentally, this attitude towards the future is provoked by a transphobic environment that becomes embedded in the identity in the form of internalized transphobia (Austin & Goodman, 2017). These aspects are starkly reflected in the references made by the interviewees to the experiences of living as trans* people and having to deal with an uncertain future.

The above is consistent with the results found in some research, which show that for these youth, stigma based on experiences of rejection and discrimination, which seem to be of minor or even trivial importance, accumulate over time, thus resulting in severe consequences for one's mental health (Meyer et al., 2011; Staples et al., 2018). In the minority stress model, Meyer (2003) argues that constant exposure to such stressful events- either through direct discrimination or through microaggressions- causes people belonging to so-called *sexual minorities* to experience worse mental health outcomes than their heterosexual and cisgender peers. In reformulations of Meyer's model applied to the trans* population, the results have been similar, specifically in young people who have suffered high rates of discrimination and who have ultimately adopted a firm rejection of themselves (Puckett et al., 2019; Scandurra et al., 2017; Testa et al., 2015). The interviewees' accounts suggest that one of the primary sources of hopelessness is doubts about their right to exist, which slowly overwhelms them as they begin to understand their identity. This problem is aggravated by various social barriers that are believed to accelerate suicidal processes. Thus, the relationship between the aspects that involve the process of emergence of a trans* identity and the risk of suicide constitutes one of the novel results of this study and connects with the conditions of possibility described by Clark et al. (2022) about LGBT suicide. It has been observed that the interviewees' doubts or, in some cases, their convictions that being trans* is being "queer" and/or harms loved ones (specifically, parents), which leads them to question the right to exist. Specifically, internalized transphobia and stigma hypervigilance are signs of the presence of these doubts and may be associated with a suicidal process. Additionally, the chronicity of stressors appears to be the primary source of hopelessness, a construct related to depression and suicide (Cardona et al., 2022; Clark et al., 2022; Russell & Joyner, 2001).

As suggested in the analysis presented, the family is a context in which doubts about trans* people's right to exist can deepen. Rejection, whether fantasized or accurate, or family acceptance is one of the first sources of doubts and uncertainties. Concerning the above, Ryan et al. (2010) demonstrated that those trans* young adults who had experienced high levels of family rejection were more likely to be depressed and to have suicide attempts during their adolescence than those who were not. In contrast, when these elements associated with transition function positively and there is a loving and supportive family and a state and culture that recognize gender identity (e.g., use of social name), individuals would be expected to be less likely to commit suicide (Green et al., 2022).

The positioning of the interviewees as an aspect that appears stimulated by the research context reflects the participants' subjective position, highlighting hope, survival, and what some authors call the resilience of minorities (Frost & Meyer, 2012). By narrating their own stories in the interviews, in addition to being a space that allows for reflection on the suicidal process itself, it also generated the possibility of identifying elements that helped them to survive. For example, the fact that some interviewees expressed the importance of identifying with figures in the media strengthens the idea that these referents can protect the positive construction of a trans* identity (Gomillion & Giuliano, 2011). In general, resilience is commonly operationalized as individual-level attributes and/or community-level external and individual resources (Frost & Meyer, 2009; Meyer, 2003, 2010). Individual aspects of resilience may be more difficult to detect during interviews, but those that provide external support were identified in the research; more specifically, the context of this study was subjectively interpreted as a testimonial space, which appears to have constituted a part of the interviewees' social community. In this sense, Meyer (2015) highlights the role of community engagement, not only because it seems to transform people but because it strengthens the community itself, known as community connectedness. In recent studies, Chodzen et al. (2019) found that those young trans* people who lack connections with their community tend to have higher indicators of depression.

The bodily dimension of the stages described represents a central element of the emerging model: from the first manifestation, which marks the beginning of doubts during puberty, to the frustrations associated with eroticization and the possibilities of love, all of them informed by the presence of a daily "mirror trauma". The above is a significant contribution of the present study, as little research has explored the connection between the subjective experience of one's own body and mental health, let alone its connection to suicide (DuBois, 2012). Generally, the literature refers to an incongruent biological or anatomical body that can be aligned with or confirmed by individual identity. Studies published by DuBois (2012) and DuBois et al. (2016) have identified relationships between biological and psychosocial changes and determined their joint effects on stress. In one of their studies, they describe how the transitioning body configures an identity with sex in a binary form - male or female - or in a "trans only" category, a case in which the body is an essential element for trans* people, as it is the cultural form in which gender is manifested. Therefore, for these young people, the development of their own body accompanies their identity through the effects of interactions with the world and the internal sensations that comprise bodily awareness (Langer, 2019). In this context, it has been noted that trans* people suffer from a double trauma: gender discordance and incongruence and everyday trauma due to rejection, discrimination and violence (Langer, 2019; Martínez Guzmán & Tomicic, 2023). Therefore, it is not difficult to understand how the accumulated burden of double trauma can affect mental health and eventually lead to suicidal ideation or suicide attempts.

Through the participants' narratives, this study makes it possible to visualize the meaning and place of suicidal behavior in the process in which gender identity emerges in trans* persons. However, the scope of the emergent model presented should be carefully considered due to some study limitations. For example, it should be noted that the participants were recruited with the help of community organizations in Chile, which suggests that this may have prevented access to people with less articulated narratives and with a different experience of surviving a suicidal process. Among these experiences is having suffered traumatic events in childhood, which were not explicitly explored and which undoubtedly may be a factor influencing suicidal behavior. Additionally, a significant number of trans* male participants allowed for the development of a novel- though not fully developed- understanding of the association between identity, body, and psychosocial distress. Thus, this understanding should incorporate distinctive aspects related to self-identification of masculinity or femininity and show how these aspects generate differentiating possibilities for the existence of a trans* person.

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