

Online support for transgender people: an analysis of forums and social networks

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What is known about this topic

- Transgender people often experience discrimination and social exclusion.
- Health professionals have begun to give assistance in order to alleviate gender dysphoria.
- The Internet often remains the main resource for a transgender person to find help.

What this paper adds

- In the online communities, transgender people share experiences, develop close relationships, test themselves, ask and offer advice, and spread useful information.
- Transgender people can find benefit from the participation in these communities, especially when professional figures moderate conversations.
- If well moderated and used, forums and social networks might represent a useful means of reducing prejudice and social isolation.

Abstract

Transgender people face a range of personal and social conflicts that strongly influence their well-being. In many cases, the Internet can become the main resource in terms of finding support. The aim of this study was to understand how transgender people give and receive help online. Between 2013 and 2015, 122 online community conversations were collected on Italian forums and Facebook groups involving transgender people, and online interviews were conducted with 16 users of these communities. A qualitative content analysis was conducted by using the software package, NVivo10. The main categories that emerged were: motivations to join an online community, online help, differences between online and offline interactions, status, conflicts and professional help. Results indicate that participation in online communities often derives from the users' need for help. This help can be given by peers who have had similar experiences, and by professionals who participate in the discussions as moderator. The need to test one's own identity, to compare oneself with others and to share one's personal experiences made online communities at risk of exposing users to invalidation and transphobic messages. Administrators and moderators try to ensure the safety of users, and suggest that they ask for professional help offline and/or online when over-specific medical advice was sought. This study confirms that transgender people might find benefit from an online platform of help and support and might minimise distance problems, increase financial convenience and foster disinhibition.

Keywords: computer-mediated communication, Internet, online communities, online support, qualitative method, transgender

Introduction

Gender identity is not only linked to a person's private feelings but also to the feedback received from others. A transgender man or woman, as any individual, knows him or herself by observing what other people feel and think about him or her (Cipolletta 2011, Iantaffi & Bockting 2011, Faccio *et al.* 2013). In the search for gender identity, transgender people are often alone. Stigma and discrimination are the main causes of inequality in health (World Professional Association for Transgender Health 2012). Due to this inequality, transgender people are at a high risk of depression, suicide and HIV (Poteat *et al.* 2013). The family, very often, is not supportive (Association of Lesbian, Gay, Bisexual and Transgender Issue in Counseling 2009). Kuvalanka *et al.* (2014) highlighted that parents' acceptance of their child's gender non-conformity may vary between 'my son is gay'

or 'it is just a phase' to a total non-acceptance. Furthermore, Gooren *et al.* (2015) stated that there is little knowledge about transitional technologies for transgender people, particularly among transgender men and mental health professionals.

In the second half of the twentieth century, the awareness of the phenomenon of gender dysphoria increased, and health professionals began to give assistance in terms of supporting hormonal therapies and surgical procedures (WPATH 2008, Anton 2009). In many personal stories, the Internet remains the main resource for a transgender person in terms of understanding what transgenderism is, what it means to be a transgender person, how to escape from loneliness, and how to find support and help (Hegland & Nelson 2002). Moreover, the Internet reduces obstacles and facilitates transgender political and social activism (Shapiro 2004). In the online world, relationships are ethereal, but no less important: people can take care of others, offer and receive help, reinforce self-esteem, and find solutions to intimate problems and difficulties that are part of their everyday life (Cipolletta *et al.* 2016, Cipolletta & Mocellin 2017). Online communication can encourage people to confess their secrets and their most intimate thoughts to other people (Greene *et al.* 2006, Faccio *et al.* 2014). Internet-based behaviour is characterised by a high level of self-disclosure (Boase *et al.* 2006). Therefore, it is possible to see how the online environment can be used to establish and maintain social ties.

The literature on online support has grown tremendously over the last decade, but little attention has been given to understanding how various features of online communication may affect users' perceived support (Li & Feng 2015). Knowing the impact of online comments on online users' perceptions is particularly relevant when the communication implicitly refers to people who face the problem of harmonising their gender identity with their body, i.e. transgender people. While many recent studies have explored the role of the Internet in the lives of socially marginalised people (Braithwaite & Waldron 1999, Barak & Bloch 2006, Bowker & Tuffin 2007, Barak & Sadovsky 2008, Chuang & Yang 2010, McCormack 2010, Boepple & Thompson 2014, Hixson *et al.* 2015) few were dedicated to transgender users (Whittle 1998, Mehra *et al.* 2004, Marciano 2014).

The aim of this study was to explore how transgender people talk about themselves, ask questions and build relationships of trust within online communities. We wanted to understand how participants perceive the relationship between users and professional figures (such as psychologists, doctors and

lawyers) construed online. Finally, we wanted to investigate the ways in which mutual support can be developed online among transgender people.

We chose Italy as the context of our study because here there is great difficulty in accepting sexual diversity. This is evidenced by the frequency of attacks on members of the transgender community in this country. According to a report from Transgender Unite (Amnesty International 2013), Italy is the second highest European country by number of homicides of transgender people between 2008 and 2013. Therefore, transgender people's search for help deserves attention, and no study has yet explored how such Internet searches occur in this country to date.

Materials and methods

Study design

This qualitative study was conducted from March 2013 to January 2015 and was based on a content analysis of Italian forums and Facebook groups involving transgender people, and of online interviews with 16 users of these communities. Online and offline experiences of those involved have been taken into account because the motives and experiences of Internet users are rooted in their offline lives (De Koster 2010).

Online forums and groups

The online communities were chosen by googling some keywords (in Italian) such as 'transgenderism', 'transgenderism Italy', 'transgenderism psychology', 'trans Italy', 'help transgenderism', 'transsexuality forum', 'chat trans' and 'trans forum'. The detailed procedure to search the communities is reported in Appendix S1. Three forums were found: the first was dedicated to transgender people only; the second was for LGBT (Lesbian, Gay, Bisexual and Transgender) people; and the third contained a thread on transgenderism, which was moderated by a female psychologist. On Facebook, the same keywords were searched, and five Facebook groups were located; four of them were for transgender people and one for LGBT. The Facebook groups were closed and one of them was moderated by a MtF transgender lawyer. The researcher contacted the administrators, explained the aim of the study and asked permission to enter the communities.

The total number of selected conversations was 122 (about 2440 answers and 107,935 words), comprising 46 conversations on forums and 76 conversations on Facebook groups. The total number of users

was 39: 14 MtF (Male to Female), 8 FtM (Female to Male), 5 M (non-transgender male), 2 F (non-transgender female) and 10 NIG (non-identified gender) participants, among whom were four administrators, three moderators (who were not the administrators of the group) and one psychologist.

This study applied the gradual strategy of sampling developed by Glaser and Strauss (1967). According to this strategy, the number of participants is not predetermined. The analyst decides what data to collect next and where to find it, in order to develop the emerging theory. This process ends once theoretical saturation has been reached, that is the point at which gathering more data yield no further theoretical insights.

Online interviews

The analysis of forums and Facebook groups was not sufficient to study and gain an in-depth understanding of some important issues, such as users' motivations and expectations, private messages, emotional impact and unpleasant conversations. Therefore, online interviews were conducted with 16 users who agreed to be interviewed: nine MtF, four FtM, one NIG, one M and one F. The age of the interviewees ranged from 25 to 64 years old (with an average of 44 years).

The recruitment of participants for the interviews was achieved by the publication of an advertisement on the online group's wall (i.e. the place where all the messages may be read) illustrating the purpose and procedure of the study. Those who answered were contacted by one of the researchers and an appointment was fixed at a set date and time in order to hold the interview. At the end of each interview, each interviewee was asked for the name of another user or friend who would be willing to be interviewed. This procedure is called Snowball Sampling (Goodman 1961), a non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances.

The aim of the interviews was to directly ask users about the implications of their online activity in terms of their online and offline life. An interview guide was construed on the basis of the topics that emerged from the analysis of the online conversations. The following questions were used in the interview. Why did you subscribe to this community? How do you describe yourself on this online community? Which kind of user are you? Try to imagine that the online community is, instead, an offline community (with face-to-face interactions). In your opinion, what would be different?

Interviewees were free to choose their favourite method to undertake the interview in order to allow them to avoid revealing themselves if they preferred.

Consequently, 12 interviews were undertaken using Facebook or Skype chat (simultaneously, text only), one by email (not simultaneously, text only) and four using a video-chat on Skype (simultaneously, video included). These latter interviews had an average duration of 30 minutes. They were audio-taped and transcribed verbatim.

Data analysis

Online communities and interviews were analysed using Grounded Theory (Glaser & Strauss 1967). The basic idea of this approach is that theories should be developed from (grounded in) empirical materials and consecutive analysis. While collecting data, the three stages for building a Grounded Theory were implemented. In the first stage (open coding), hundreds of codes were obtained by identifying anchors that allow the key points of the data to be gathered. Axial coding (the second stage) brought together all the codes to create new and wider categories. Finally, selective coding (the third stage) integrated and refined the categories in order to identify a core category. The core category represents the main theme of the research and may evolve out of the list of existing categories, or may be defined by using another more abstract term or phrase (Strauss & Corbin 1998). At this stage, the results of the analysis of online communities and interviews were merged together, so the identification of the core category was the result of both sets of analyses.

The software used for the analysis of texts was NVivo10 – a qualitative data analysis computer software package designed for qualitative researchers working with rich text-based and/or multimedia information, where deep levels of analysis of small or large volumes of data are required.

In accordance with the quality criteria for qualitative research, the aim of this study was to achieve credibility (Lincoln & Guba 1985). The depth and breadth of data enabled us to claim a comprehensive and authentic understanding of the practice of online help. Analysis was tested by maintaining logical consistency and subjective interpretation. To increase dependability, an auditor reviewed and verified the consistency of this research. Finally, transferability was achieved by the documentation of the research process.

Ethical considerations

All the participants authorised the use of their posts and interview contents, and they completed a written informed consent form. The authors of the posts and the interviewees remained anonymous. Participants

were informed that participation was voluntary that they could withdraw their participation at any time and that confidentiality was assured. The Ethics Committee of the School of Psychology at the University of Padova (Italy) approved the study.

Results

From the combination of the data derived from the analysis of online communities and of the interviews, six final categories were identified: motivations, online help, differences between online and offline interactions, status, conflicts and professional help. Box 1 shows these categories and their sub-categories. No differences were found between forums and Facebook pages in these categories. The only difference was that answers on Facebook were faster and more frequent than those on forums.

Motivations

Participants' motivations to subscribe to a community were grouped into five categories: sharing experiences, developing close relationships, testing oneself, asking and offering help, and reducing prejudice.

Sharing experiences with similar people was the most frequent motivation: 'I wanted to understand how others live this situation' (MtF01), 'I share pieces of my life and I feel less alone' (MtF03). Participants

often referred to the fact that they had no relatives or friends to talk with in their offline life. Sometimes they also distrusted professional help. Many users reported a very delicate family situation; others, even in old age, had talked about their condition with their parents for the first time; some referred to the fact that they had abandoned the dream of transition because of their family; others that they were victims of judgement, shame, ostracism and absent parental figures.

The use of social networks greatly facilitated the possibility of getting in touch with other people. Participants expressed the need to meet people and enter into close relationships. They were also more interested in developing friendships than showing an interest in sex. 'I would like to meet someone and create a friendship that gives me support' (FtM04). Our interviewees told us that they expected to find healthy and romantic relationships from an online service, which they might be able to extend offline. Five interviewees searched for face-to-face interactions that went beyond simple online contacts; for example, with people who live in neighbouring towns. 'When I was isolated in a small town in Sicily, thanks to a virtual chat I was able to organise these *palette* (glittering dress and jewels) meetings' (MtF07). Three participants expected that within an online community, sentimental relationships could grow and seven interviewees reported a lack in terms of the 'falling in love' component.

Four participants signed up to an online community to test themselves, in order to understand if they were credible or not as an opposite gender person: 'Understanding with regard to credibility gave me a lot of self-esteem' (MtF05). Indeterminacy was a focal theme for these transgender users. The Internet offers a test-bed without offline involvement: 'Not having a body and a face helps you to experience the gender situation and see if you are comfortable with this' (MtF03). On the Internet one can just block someone if he or she turns out to be disappointing or, worse, offensive and discriminatory; in one's offline life, this is much more difficult, the emotional investment is more intimate and clearer.

A frequent motivation to participate in online discussion was to ask or offer advice and help, sometimes with the same people asking for and offering help at different moments. Not all of them spoke to the whole community, but preferred to contact people privately. Many users asked for advice on the dosage related to hormonal therapies, legal or bureaucratic matters, telephone numbers and contacts.

Box 1 Main categories and sub-categories derived from the analysis

Motivations	Sharing experiences Developing close relationships Testing oneself Asking and offering help Reducing prejudice
Online help	Medical advices Psychological support Solidarity
Differences between online and offline interactions	Non-verbal communication Confidentiality
Status	Administrators Moderators Regular users Lurkers Trolls and flamers
Conflicts	Transphobia Sexually explicit messages Disagreement among users
Professional help	Positive opinion Caution Distrust

Reducing misinformation and prejudice was the last motivation and concerned the desire to let people know (both transgender and non-transgender) what transgenderism is, and what it means to be transgender, by spreading useful information.

Online help

The category of 'online help' was divided into three sub-categories referring to different types of help: medical advice, psychological support and solidarity. Calls for help were often desperate messages from people who have lost trust in themselves and in their ability to cope with difficulties: 'I do not have the strength to make the transition because I would not be credible as a woman, and also because society would not accept it' (MtF02). Those who answered were transgender people who had already gone through these experiences, and offered advice to users needing technical information about transition procedures, hormone treatments, recovery time, hormonal therapy or preparation for surgery, as well as information about associations operating in the area or legal implications. Many of the readers who were not able to give advice about specific issues sent messages of support: 'I understand when you say you are inhibited in your approach to a man because you are afraid that he may realise that you are not a genetic woman' (NiG03). Sometimes users expressed solidarity by referring to their own experience: 'If this may make you feel comforted, my sexuality reached its peak after the surgery' (MtF03).

Differences between online and offline interactions

Four interviewees preferred offline interaction, six did not feel any difference and six preferred online interactions. For those who preferred offline interaction, the most important reason was the lack of non-verbal communication in an online relationship.

For transgender people, the body issue is prominent. 'The physical aspects for T people is a cross to bear' (M01). Face-to-face interaction can be awkward and restrictive, whereas online reality may represent a shelter and a chance to express oneself fully. 'For me and many people there would be a great deal of embarrassment' (MtF10).

Status

From the analysis of online communities, we found different types of users classifiable according to their activity: administrators who create the community, choose a range of themes to discuss, have the right to

delete posts and sometimes moderate discussions; moderators who only moderate the discussion; regular users who participated in the discussion; lurkers who read posts but did not participate; and trolls or flammers, who bothered the community. Based on these dynamics, we gathered all of these categories into two groups: included, if they respected the rules imposed by administrators and the netiquette, and excluded, if they posted messages that threatened the community balance or sexually explicit messages. These individuals took pleasure in creating flame wars and writing offensive or discriminatory messages.

All interviewees recognised the indispensable role of moderation, and were aware that the moderator should be as neutral as possible and preserve a good balance between dictatorship and democracy. Administrators brought ideas and a thinking style that influenced other users' decisions. In two Facebook groups and in one forum, the administrators recommended that users should stand in the needy users' shoes and understand their point of view: 'I ask you to tone down and don't forget that we are always in front of people wishing affection and understanding' (F02).

Three types of administrators were identified: tyrant, careless and democrat. Some administrators controlled the community very rigidly, whereas others accepted anyone and exposed the group to trolls and flammers. Administrators could be more or less active and could exclude users with or without a notice or warning. Eight participants required an administrator that was more aware and thought that he or she might be an expert: 'The complaint must be made consciously' (MtF12). Participants believed that the intention for creating a community derives from the administrators' ideologies, opinions and ways of seeing and living life: 'She [the administrator] is MtF and she has her own ideas on transgenderism [...]. According to many users if you are not trans you cannot deal with certain issues' (M01).

Four users had achieved the special role of moderators that helped administrators. To some users, this role was assigned based on their particular activities or experiences (e.g. the fashion guru or the drug and hormone expert). In two forums and one group, the action of the administrators and moderators was poor or absent and the groups established a self-management arrangement among users: 'If the moderator is not active, the group is intended to fail' (M01).

When the administrator was an active user, the communication among users was calmer and threats were managed more rapidly. When the action of the administrator was absent, there were more fights and attacks by trolls and the advice about hormones (among non-professional users) was rougher.

Conflicts

Online discussions took an unpleasant direction when there was a strong difference of opinions, or when there were 'trolls' that left hate or homo-transphobic posts: 'If you attack me again I will skin you alive and leave you in pieces' (NIG08). In such a situation, administrators can influence the direction and the tone of the posts. They have the power to ban and censor unpleasant messages. The origins of conflicts were:

- Transphobia. The majority of the participants revealed that homophobic and transphobic messages are routine: 'Extremist ideologies of a Nazi-Fascist mould are still widespread' (M05). When the authors are reported, these messages are immediately deleted.
- Sexually explicit messages, which could create long discussions and were usually condemned by users. According to three moderators, the sexually explicit messages come mainly from non-transgender men who sign up with the aim of approaching transgender women.
- Disagreements among transgender users. Four interviewees accused the other transgender people of being selfish and individualistic. According to them, this is due to a society that has become less sensitive to the issue of transgender civil rights. 'The quarrels between trans are ordinary' (MtF06).

Professional help

Usually, when users required too specific medical advice, administrators invited them to search for professional help, even offline. Five users (usually moderators and professional figures) gave some good tips for searching for help offline, such as offering a list of professional names or LGBT organisations.

Understanding of the professional help issue was deepened as a result of the interviews. All the interviewees demonstrated an interest in the participation of psychologists, doctors or lawyers in online groups. They considered that psychologists might offer emotional and psychological support and take positions on gender identity and sexual orientation issues that still cause confusion. The presence of a physician or an endocrinologist would reduce the risk of 'do-it-yourself' with regard to hormones, and a lawyer would give clarification on civil rights and territory issues.

Ten interviewees had a good opinion of professional help, although they had received bad advice from other users. 'It would be great if psychologists could reach young trans people who are afraid to

come out' (MtF07). Eight participants had negative opinions about professional help. 'We, trans people, mistrust the external world, even the experts. [...] A trans person, when reaching the awareness of this journey, does not want to wait. He or she rejects everything perceived as an obstacle' (MtF14). In the forum where a professional participated in the discussion, she was a moderator; her activity was oriented to prevent incorrect information about transgender health or to enhance civil rights or social activities. In the other communities, the number of disagreements, fights and misunderstandings was higher.

The distrust of some interviewees was due to bad experiences with psychologists and doctors who appeared to them insensitive and uninformed. 'It is very common that a trans goes to a professional and comes back more confused than before' (FtM01). Moreover, interviewees expressed concerns about the cost of professional help. They believed that online help might be more convenient.

Finally, some interviewees maintained a more cautious attitude, wondering how the expert's role would be organised, and suggesting that the expert might be either an informant or a moderator and that he or she could also help to eliminate stereotypes and unknown issues.

Discussion

Online communities for transgender people are places where it is possible to display and test different identities and needs. As shown with regard to other groups of people (McKenna & Bargh 1998, Mehera 2004, Meier *et al.* 2007, Adler & Adler 2008, De Koster & Houtman 2008, De Koster 2010), participation in these communities can be understood as a reaction to negative offline experiences. De Koster (2010) defined an online community as a 'springboard' (p. 573) because online interactions improve offline life. The Italian transgender communities that were examined only partially revealed this 'power', probably due to the specificity of the people who were involved. In addition to the issues of self-acceptance, social acceptance and stigma, transgender people have to endure a long and painful clinical pathway. Consequently, healthcare and the involvement of professional figures become crucial issues. They are linked to the common theme of help, which is what users ask for and offer in the online communities.

For this reason, 'Online Help' was chosen as the core category, which represents the main theme of this study. On the basis of this category, the categories that emerged from the analysis have been refined and integrated to create a model that may describe what

happens inside an online community and summarise the results of this study. As Figure 1 shows, online help is linked to the main motivations that led transgender people to participate in an online community. In this final phase of the analysis, these motivations have been grouped in three main categories: the search for social relationships, reducing prejudice and asking/offering help. Online help represents the answer to these different needs. Sharing personal narratives and medical case histories can be a way of feeling less alone, empowering solidarity and offering support. These three functions of the virtual space correspond to those outlined by Bakardjieva (2003): sociability, solidarity [and] mutual support (p. 304).

As previous studies pointed out, users initially and mainly seek information, but they are also offered emotional and network support (Rui *et al.* 2013, Stewart Loane & D'Alessandro 2013). The community of this study, similarly to the amyotrophic lateral sclerosis (ALS) community studied by Stewart Loane and D'Alessandro (2013), exhibits higher levels of network support than communities for HIV (Mo & Coulson 2008), irritable bowel syndrome (Coulson 2005) and eating disorders (Eichhorn 2008). This could be the result of a difference in the definition of social support in different studies (Meng *et al.* 2017), or it could be that transsexual people, like ALS patients, are more isolated.

The results of this study show that users also participated in online communities to test their own identity. Through the experience of the virtual self in cyberspace, transgender people can acknowledge an 'experiential self' (Whittle 1998, p. 389) and become aware of the inadequacies of the self they experience in the real world. Mehra *et al.* (2004) revealed how LGBT members perceive the use of online communication as being a positive development in their identities, and how the Internet is a tool for marginalised individuals to take 'charge of their lives' (p. 789). More recently, Marciano (2014) stated that transgender users employ cyberspace as preliminary, complementary, and/or an alternative

sphere in order to negotiate their complicated gender identity.

The participants in this study pointed out that it may be easier to express themselves online because they do not need to reveal their physical appearance, which is difficult for them. Previous studies pointed out that people with social anxiety and shyness were more likely to gain benefits from online social support (Baker & Oswald 2010, Indian & Grieve 2013). Users prefer to share their intimate problems with 'strangers', in accordance with what Granovetter (1973) called 'the strength of weak ties' (p. 1362). These weak ties provide diverse points of view and information that may not be available within more intimate relationships (Wright *et al.* 2010).

The present study confirmed the results of previous studies, which found that users do not only ask for help, but may also wish to offer it (Meier *et al.* 2007). People who give support may be peers or professional figures. Peers answer on the basis of their personal experiences and according to their own ideas and opinions. In contrast with the results of previous studies (Meng *et al.* 2017), the participants in this study positively evaluated the support received by their peers. They have not been trained to help develop critical thinking, as happens with peer education, and may suggest behaviours that can threaten a transgender person's well-being (United Nations Population Fund & Family Health International, 2005). Nevertheless, the similarity of experience among peers facilitates communication and their discussions avoid the usual problem inherent in a 'professional-client' power relationship (Mason-Jones *et al.* 2011). Peers may become models for acquiring knowledge and skills, and for changing behaviours and attitudes. They are model equivalents, or are even superior, to professional figures (Mellanby *et al.* 2000).

The participants in this study positively considered the possibility of including professional figures (such as doctors, psychologists and lawyers) in the online communities in order to manage the user flow

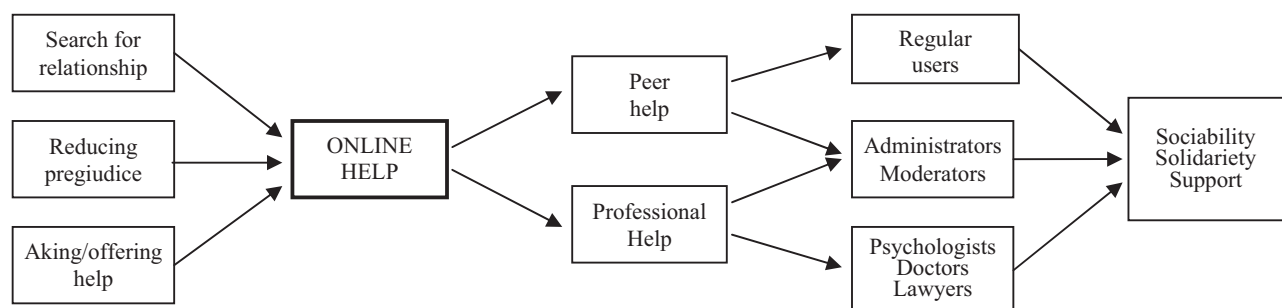


Figure 1 The core category emerging from selective coding.

and the type of information that is shared and spread. Moreover, the majority of users believed that only a specialist is allowed to indicate the right dosage of hormones, thus reducing the so-called 'do-it-yourself' phenomenon. This result is in line with previous literature (Bender *et al.* 2013, Boepple & Thompson 2014, Milošević *et al.* 2016), which highlighted that client satisfaction was higher when online help was guided by a professional figure and when online sessions could maintain privacy and security (Young 2005, Titov *et al.* 2010). Trust is essential in increasing usability in the virtual community environment (Lin 2006, Wang & Chen 2012) and the distrust of transgender users towards professionals may restrict the potential of the participation of these figures in the online communities.

This study has also shed light on the present scenario of online communities. Forums are often outdated and unattractive; blogs are strictly personal; secret Facebook groups are hard to find; and closed Facebook groups do not exclude the presence of disturbing elements. Sometimes, asking for help can be difficult and uncomfortable; even a small request can lead to rejection and inadequacy (Bohns & Flynn 2010). The participants in this study asked for increased security against trolls, flamers and homo-transphobic users. Administrators and moderators try to ensure the safety of users and to reduce the risk of inappropriate or inaccurate medical information (Hardey 2001) by suggesting users to ask for professional offline and/or online help when too specific medical advice is required. Users must follow the rules set by the administrator who generally reflects the netiquette and has the power to exclude anyone who causes disorder.

A limitation of this study was the difficulty of gaining access to many online communities managed by professionals, which prevented us from an extensive analysis of this kind of community and from comparing them with those where professionals are absent. This might be the starting point for future studies. Furthermore, some methodological weaknesses must be addressed (e.g. the difficulty of managing and synthesising the mass of complex textual data provided by this study and the adoption of different synchronous online modalities for the interviews). Finally, our study focused on a specific cultural group of people. It would be interesting to analyse online transgender conversations from different cultures in order to generate new theories and discover new aspects.

Conclusions

The potential of digital communication is still underestimated by healthcare professionals. Online health

communities can be used to share experiences, exchange knowledge, increase disease-specific expertise, reduce disease burden, enable interdisciplinary collaboration, engage patients in their healthcare process and to tailor care to their individual needs (Christensen & Hickie 2010, Wicks *et al.* 2010, Van der Eijk *et al.* 2013, Jeong-Nam & Seungyoon 2014, Grosberg *et al.* 2016). Computer-mediated medical information empowers health consumers to make informed decisions for their healthcare by presenting them different treatment options (Seckin 2010). The Internet often is the most preferred source for additional health information (Medlock *et al.* 2015). Online intervention can occur through a partnership within existing primary care structures (Hickie *et al.* 2010) or through a virtual clinic environment supervised by e-health professionals (Andrews & Titov 2010). Our suggestion is to ground online activities in the offline world (e.g. local services might link their activities to a computer-mediated support, as a springboard to promote well-being).

This study might be a starting point for a more detailed understanding of how to develop online help for transgender people. The strategic elements that allow peers and professionals to decrease difficulties are the abolition of distance, minimal financial cost, disinhibition and greater openness (Newman *et al.* 2011, Beidoğlu *et al.* 2015). These elements could decrease the stress, discomfort, discrimination and marginalisation of transgender people and other groups of people who, in a similar manner, try to find refuge on the web.

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