

The Impact of Transitioning Upon Significant Relationships of Transgendered Individuals: An
Exploration of Lived Experience

Amy Humphrey

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

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Abstract

The transgendered community has become more widely recognized and discussed in recent years, however our understanding of the lived experience of transgendered individuals is still underdeveloped. This research aims to increase our understanding of the experiences of transgendered individuals, while also providing suggestions for mental health practitioners who work with transgender clients. Previous research has suggested social support improves resiliency to mental health problems (Grossman, D'Augelli, & Frank, 2011). This research examines the effect a trans individuals transition has on their significant relationships through a qualitative research design. Four individuals with varying gender identities were interviewed for this research, and thirteen distinct themes were ascertained through analysis of the transcripts.

Table of Contents

Table of Contents	i
Chapter 1: Nature of the Study	1
Chapter 2: Review of the Literature.....	5
Chapter 3: Methodology	33
Participants.....	33
Recruitment.....	34
Procedure	34
Materials	36
Data Analysis	37
Chapter 4: Results	39
Participant 1: “Mariah”	39
Participant 2: “Sam”	40
Participant 3: “Mila”	40
Participant 4: “Hannah”	41
Theme 1: Self-Discovery	41
Theme 2: Coming Out Experiences.....	54
Theme 3: Experiences of Support and Acceptance	62
Theme 4: Experiences of Rejection, Punishment, Fear, and Loss	69
Theme 5: Self-Expression and Biological Signs of Gender	78
Theme 6: Authenticity	82

Theme 7: Fear of Possible Changes or Consequences.....	88
Theme 8: Mental Health Concerns	94
Theme 9: Experiences of Changing Gender Roles	95
Theme 10: Seeking Help and Professional Resources.....	101
Theme 11: Religion and Faith.....	108
Theme 12: Perceptions of Community and Culture	111
Theme 13: Impact on Romantic Relationships.....	113
Summary.....	116
Chapter 5: Discussion	120
Interpretation of Results.....	120
Implications for Mental Health Professionals.....	124
Limitations of this Research	126
Future Directions	128
Conclusion	129
References.....	130
Appendix A: Definitions.....	135
Appendix B: Interview Questions.....	137
Appendix C: Informed Consent Form	138

Chapter One: Nature of the Study

Forming a gender identity is something every individual must do. For many, this is a simple and very straight-forward process, which is informed by deeply held sociocultural beliefs about gender. For some, this process is much longer and involves significant psychological turmoil. An important mediator of psychological turmoil is social support. Unfortunately, individuals who identify with a gender that varies from their physical sex can be isolated from their primary support systems. Family members may feel as though the individual is making choices they believe are wrong or immoral, and therefore withdraw support from the person. Other families may take a long time to adjust to the individual's new gender, as individual family members struggle with their reactions. Existential theory suggests that we are all in relationship – with others, with ourselves and with our cultural environment; we, as humans, cannot exist without relationship. The reactions of other people to an individual's decisions about their gender presentation can profoundly affect how each person experiences their identity and how they will transition to, or begin expressing, their internal sense of gender.

When a person's identity doesn't match their assigned gender, they may desire to change their external presentation to match their internal sense of identity. For example, a biological male who internally identifies as female, may present as male during childhood. During adolescence or adulthood, after or while coming to terms with her female identity, she may begin to change her appearance, voice, mannerisms, and/or body to match her female identity. The process of changing one's outer self to conform to an internal sense of oneself is often referred to as *transitioning*.

The timing and type of gender transition can vary significantly among different individuals. Some identify as *genderqueer*, suggesting they do not fit into the binary of “man vs. woman,” but instead find themselves somewhere on the gender spectrum between the two end points that are defined as man and woman. Other individuals identify as *transsexual*, which can mean someone is taking medical steps to alter their physical reality to match their gender identity, or that someone is changing their outward appearance and presentation, or for some this term captures their identity the best and they do not make any physical changes at all. Often, these individuals are described as *male-to-female* (MTF) or *female-to-male* (FTM). There are multiple other ways for an individual to identify, but the umbrella term used by many to describe someone with a gender identity that differs from their biological sex is *transgendered*, or *trans*, for short. Definitions of relevant terms can be found in Appendix A at the end of the document.

Devor (2006) theorizes that all transsexual individuals go through a phase of loneliness, and their identities are formulated through witnessing and mirroring. In existential theory, this process is related to how people relate to themselves and others. Alienation leads to distress, and is something most trans individuals are at high risk for experiencing. Suicide rates are extremely elevated for gender variant teenagers (Clements-Nolle et al., 2006), as well as rates of experiencing bullying and harassment (Poteat et al., 2011; Russel et al., 2010). Victimization is the norm for youth who do not experience their gender as matching their physical sex; yet studies that determine which factors lead to positive outcomes for trans youth often point to the involvement of significant, supportive relationships (Grossman, D’Augelli & Frank 2011).

Most of the available studies focus on trans persons and how their relationships affect them, but less emphasis is placed on the effect of transitioning on those relationships. It is taken for granted that transitioning or coming out as gender variant results in some shift in the person's significant relationships, but it is not wholly understood how this shift is experienced. The phenomenology of transitioning may involve a substantial reorganization of the person's relationships, which could influence every other aspect of their existence. Given this idea, my research will attempt to learn how coming out as gender non-conforming was experienced in the context of relationships, and what impact the transition had on those relationships. If relationships were lost, does the person feel that expressing his or her gender authentically is worth the loss? If the person has completed their transition, how do they approach relationships now? There needs to be a basic understanding of the phenomenological experience of individuals who have transitioned from a cisgender role (gender presentation congruent with physical sex), to a gender variant identity, and what happens when they reveal their identity or transition to others, a process commonly known as *coming out*.

Each person in the transgendered community experiences their own coming out and transitioning processes. All individuals have to transition socially, even if they do not transition by changing their documentation or their bodies. How an individual's social circle react to the individual's revealed gender identity could greatly impact how that person feels about their own identity. Many people feel rejection from those they come out to, and suffer psychological consequences because of that rejection. Others receive support which makes their transition smoother.

In doing this study I hoped to gain a new and in-depth understanding of the lived experiences of trans individuals which could help mental health professionals understand the best approach to treatment for their gender variant clients. The ways in which transition changes significant relationships for trans individuals, and the meaning for individuals who experience those changes, may have a profound impact on their mental health and functioning. Research in this particular population is limited, although there is still enough research related to the trans population that it is worth reviewing the literature that already exists.

Chapter Two: Review of the Literature

The real difficulty associated with being transgendered stems from the social context that exists for trans individuals in Western culture. Without social norms about gender roles and expression, a trans individual wouldn't have the same expectations for their own gender expression, as well as the anxiety that comes from revealing their gender identities to friends and family. Arlene Istar Lev (2004) comments that "family members are often hostile and punitive towards the transgendered person who risks disclosure," (p. 248). Lev points out that the act of coming out as transgendered is fraught with uncertainty and fear, and can often feel like a double-bind (original theory by Bateson 1952). Intimacy compels trans individuals to share the discovery of their transgender identity with those with whom they share a significant relationship, but it is that very intimacy that is endangered by disclosing their gender identity; Lev (2004) states, "For many transgendered people, [disclosure to significant others] represents the most difficult and painful passage of their entire emergence process," (p. 248).

For adults, the reactions of their family of origin has more impact on their emotions than on their ability to transition or to access resources. In contrast, the ability of children and adolescents to transition is directly influenced by their parent's reaction to their transgender identity. Coming out as transgender could result in all resources being removed from the individual; their parents could (and often do) refuse to house them if the individual continues to assert that their gender differs from a traditional expectation. Adults and youth alike could experience multiple reactions from their families of origin, anything from support to hostility. Sometimes both are evident and the family fluctuates

between multiple reactions so that the trans individual re-experiences their original uncertainty and ambiguity surrounding his or her gender identity over a long period of time (Lev, 2004).

Social transition involves a significant renegotiation of roles and relationships. Schilt and Connell (2007) examined how a trans individual's transition can create "gender trouble" at their work place. Even though trans individuals may want to develop an identity that eschews the socially supported gender binary, social pressure in the work place may pull the trans individual into a more traditional gender role. Often times this enactment of narrowed, traditional gender roles is well-intentioned; the co-workers of a trans individual may be trying to respect the person's new gender by treating them in an excessively feminine or masculine way (Schilt & Connell, 2007). Many occupations are associated with a particular gender and an open transition at work where the trans individual maintains the same position after changing their gender identity, can uproot the perceived "natural order" of social hierarchy (Schilt & Connell, 2007). Budge, Tebbe and Howard (2010) point out that there are no legal protections in the United States for individuals who transition at work, and so there is no guarantee that transitioning will not result in unemployment.

Each trans person has to relearn how to interact with individuals he or she may have known for years, and now in a new gender role. Transmen or women who were once included in all men or all women groups can no longer engage in conversations that are gender oriented, such as a group of men talking about sex or a group of women talking about menstruation (Schilt & Connell, 2007). Budge, Tebbe and Howard (2010)

suggest that transitioning at work is experienced as a “distinct process” (p. 389) from transitioning in the individual’s personal life. Lev (2004) points out that sexual minority individuals, whose coming out process is often equated with the coming out process for transgender individuals, have the ability to choose whether their sexual identity is disclosed. Lesbian, gay and bisexual adults have the ability to share or not share their personal lives, as do transgendered individuals, but if a trans individual desires to make any bodily changes as a part of their transition (which not all do), those changes will be witnessed as well as reacted to by the individuals with whom the trans person comes into regular contact (Lev, 2004). Gagné, Tewksbury, and McGaughey (1997) also highlight the difference between coming out as transgender and as a sexual minority. Gagné et al. (1997) suggest that transgendered individuals are “often forced out of the closet, creating awkward or even dangerous situations,” (p. 482). Lev (2004) also points out that coming out is a never-ending process because there will always be people who do not know the individual’s identifications and history.

Lev (2004) identified a stage model for transgender identity emergence, based on and derived from multiple works by researchers who have published models for LGBT identities. Lev suggests there are six stages of transgender emergence, beginning with awareness. In this stage, the trans person begins to notice that they do not fit into “normal” categories (my quotations). This realization often results in distress, and the appearance of symptoms such as clinical levels of anxiety, depression and suicidality. Often this awareness pushes the individual into stage two: seeking information and reaching out (Lev, 2004). Since the availability of information has grown substantially

with the invention of the internet, most trans individuals are able to gather a significant amount of information about being transgendered, including definitions and labels, methods of transitioning, tips for passing, and where the individual can find medical or health practitioners with knowledge specific to transgendered individuals. Online support groups are also a valuable resource that can help the emerging trans individual identify with others who have been, or are currently going through what they are experiencing. Although this experience is not always positive because each person transitions differently and needs various types of social support (Lev, 2004).

After the person has acquired a significant amount of knowledge and overcome the uncertainty from stage one, he or she then faces the prospect of disclosing to significant others, which is stage three (Lev, 2004); the significance of which has been previously discussed in this document. The fourth stage, then, is a continuation of the exploration process, and focuses on settling on a label and transgender identity. The fifth stage is focused on exploration surrounding the type of physical transition the individual wants to participate in, if any (Lev, 2004). The options in this stage are multiple and various. Some individuals are content with only changing their dress and hair style, whereas others want to participate in hormone replacement therapy, and still others want to undergo sexual reassignment surgery. Even the number and types of surgeries vary between individuals who identify as transgendered. Lev identifies her sixth and final stage as “Integration: Acceptance and post-transition issues,” (Lev, 2004, p. 235). In this stage, all the events of the transgender individual’s emergence process combine into an identity created from multiple experiences and interactions. The trans person begins to

feel at home in their new identity, and the original dysphoria no longer plagues them. The individual's gender identity may no longer be labeled as "transgender," but as the realized identity of "man" or "woman" (Lev, 2004).

Aaron Devor (2004) wrote a fourteen stage model of transsexual development, with some similar stages to Lev's (2004) work. Key to Devor's (2004) theory is the idea that all persons develop in a social context, and that we all need to be witnessed and mirrored. The former concept has to do with being seen by others, and the latter concerns seeing others that resemble who we are, or who we want to be. For gender normative young people, it is generally easier to find examples of themselves in those around them, or to be open about who they are to the people in their life. The first stages of this model focus on how trans youth feel different from those around them, without knowing why. Devor (2004) points out that the anxiety produced by having no one to mirror or witness them may drive some youth to substance abuse or suicide. At some point, children may begin to announce to their parents that they belong in a different body, that they were born the wrong sex. Parents largely discourage these statements "because they witness them as belonging in their originally assigned gender and sex" (Devor, 2004, p. 48). Without support, the young person stops talking about their gender and sex incongruities. Their anxiety does not go away, however, and so the young people eventually realize that their internal sense of gender does not match their physical sex, but that their socially assigned gender is based on their physical sex. The young people find ways to experiment with their identity, however, taking on more acceptable societal roles. Young girls are permitted to be "tomboys" until puberty, Devor points out, and are generally

freer to explore masculinity than young boys are free to explore femininity. If the option is available, young men may adopt the identity of a bisexual or gay man, since the general assumption is that gay men are more effeminate than heterosexual men.

It is not until Stage 4 of Devor's model that the young person discovers that transgenderism and transsexualism exists. This discovery is the first time each person has a mirror for their identity, wherein they can see their inner reality as an option in society for the first time. Some people adopt this identity right away, and others may take quite a while. Devor (2004) suggests that after the young person finishes trying to determine whether they are transgendered or not, they then begin to form their identity as a transgendered or transsexed person by making comparisons between themselves and others who identify as trans, as well as others who do not to see where they find the best match between others and how they feel themselves to be. It takes quite a bit of time for the individual to accept their transgendered identity, and many times the person does research into what options are available for trans people.

After accepting their identity as trans, either transgendered or transsexual, the person has to decide whether they want to transition, or in which ways they want to transition. While contemplating this change, Devor (2004) suggests "transsexed and transgendered people will move further in the process of disidentification with their originally assigned gender and sex" (p. 60). Devor (2004) then suggests that after the groundwork has been laid, in terms of notifying relevant people and lining up resources, a transgendered person will begin to transition. This notion in Devor's model is counter to several other authors, including Lev (2004), who focus on social transition as the start of

transition, and not just physical change. Since Devor explicitly states that identity development takes place in a social context, it is interesting that he does not address social transition as a key component to identity formation. Blanchard, Steiner, and Clemmensen (1985) differentiated between interpersonal, documental, and physical reorientation. The authors suggest that these reorientations tend to take place sequentially, so that trans individuals change their pronouns and gender presentation among their friends and family first, then make legal changes to their driver's license and social security card, and finally to their physical body. This idea does not take into account, however, the different legal requirements faced by transgender individuals throughout the country. Various states have different laws that restrict how and when legal documents can be changed; at times, a surgical transition is required before any documents can be changed.

Not all people choose to transition in the same way or to the same degree. For some, minor physical changes are all they desire; others desire as complete a transition as is medically possible. After the person has undergone all the physical changes they have planned, Devor (2004) suggests the next task is to accept their identity as the new gender/sex that they have acquired. Following that, Devor (2004) suggests the person needs to then integrate their new identity into society. At some point, it is less salient that the person is transgendered, and more so that they are the gender/sex that they've transitioned into; for example, an FTM individual is no longer a transsexual man, but is simply a man. Interestingly, the author concludes his stages with "Pride," and suggests

that fully transitioned transsexuals become more open about their transsexualism and begin advocating for trans rights and services.

Eliason and Schope (2006) wrote a review of the major works concerning LGBT identity development. The authors list of relevant theories show that a theory of transgendered identity was first published in 2002, and at the time their article was published there were only two widely accepted works, including Devor's. The author's suggest that Erving Goffman (1963) published one of the most important works in terms of developing identity models for minority individuals. Goffman (1963) theorized that minorities internalized the image of their group held by the majority. "Because of this internalization, Goffman (1963) proposed that minority individuals share the majority's belief that they are a failure and abnormal. This knowledge leads to self-hate and self-derogation" (Eliason & Schope, 2006, p. 4). The authors also summarize the themes that are typically found in stage models of identity. The models begin with the idea that sexual and gender minority persons feel a sense of being different from most others around them. Identity models also tend to focus on the development trajectory of the population, concluding that later stages contain better psychological adjustment. Further, individuals who come out of the closet are considered to be more psychologically healthy than those whose identity is hidden, again highlighting the importance of social transition.

A stage concerning pride in one's identity is also often included in identity models, so that a person is constantly affirming the identity they struggled so much to achieve. Models also typically include some form of expectation of identity integration or

synthesis. Eliason and Schope (2006) then consider some of the challenges faced by those looking to create an identity development model. Gay and lesbian identities are based on attraction to physical sex and gender, but transgender identities are based on gender identity and “challenge the stability of biological categories” (Eliason & Schope, 2006, p. 16), so an identity based on the sex or gender of someone’s romantic partner cannot be the basis of an identity if sex and gender are not concrete categories. The authors suggest that a more flexible, nonlinear model of sexual and gender identity is needed. They also suggest themes that are found in most models and would likely need to be included in the new model; they are: differences, confusion, exploration, disclosure, labeling, cultural immersion, distrust of the oppressor, degree of integration, internalized oppression, managing stigma, identity transformation, and authenticity.

Irene Fast (1999) attempts to tackle the problem of knowing whether gender identity is something socialized from parent interactions or whether it is a biologically determined; seated in the brain and unchangeable. Fast (1999) considers the work of R.J. Stoller (1968), who theorized that gender identity is built through environmental forces through the child’s earliest interactions with his or her parents. Fast agrees with Stoller’s assertion that gender identity develops through the unambiguous rearing that takes place from the child’s birth, as soon as parents assign a gender identity to their child, which is usually consistent with the child’s biological sex. Fast (1999) refutes the assertion that a famous case of a young boy (John/Joan) who had sexual reassignment surgery at 22 months to make him a girl, and then at 14 chose to return to a masculine gender identity, is evidence for a biological basis of gender identity. Many accepted this case as evidence

that gender identity is rooted in the brain because after 12 years of being raised as a girl John decided to transition back to being a boy. It was only after John's decision that his father told him that he was born genetically male. Fast (1999) concludes that the first 22 months of the subject's life were more influential to his gender identity than the years he spent being raised as a girl, and that the influence of his parent's and community's knowledge of his original gender identity could not be erased and continued to influence him throughout his early life. This explanation, however, cannot apply to the numerous cases of children whose biological development is not considered abnormal in any way, but who still insist that they are not the gender their parents assigned based on their biological sex. Children as young as three-years-old have told their parents that they *are* (not *want* to live as) a gender that is different from their biological sex. Fast (1999) adheres to psychodynamic theory, which asserts that gender identity is socially constructed for the child by the parents and community, and cemented by two-years-old. Few have theorized about what results in children acting against their environment to assert that they were born in the wrong body.

Concern with the experiences of transgender youth has become more evident as articles that focus on the treatment of child and adolescent clients with non-normative gender experiences are continuously being published. Of particular concern is the amount of victimization children and teenagers face because of their unique gender presentation. Grossman and D'Augelli (2006) gathered information on transgender youth, ages 15-21, through focus groups that allowed the youth to speak more freely about topics that were the most salient to them, although the proctor of the focus groups did have some

secondary question guidelines. The authors identified three themes that were common across the focus groups, the final of which being “Vulnerability and Health Issues.” Many of the youth in the study reported not feeling safe outside of organizations specifically catering to sexual minority and gender non-conforming individuals. Some of the youth even expressly commented that they fear being physically and sexually abused by members of society who harass them verbally. This fear is generalized to health care providers, who the youth believe will also discriminate against them. This fear of accessing health care can be particularly damaging because the youth may need treatments or screenings for sexually transmitted infections, as well as continued medical monitoring as they transition.

For the transgender youth, “the lack of competent mental health services to assist them reflects...their marginality and unimportance to society” (Grossman & D’Augelli, 2006, p. 124). The youth also reported mistreatment by sexual partners who largely saw them as objects. Misperceptions about transgender individuals can create situations where the youth’s sexual partner expects them to be more willing to have unprotected sex because “they are also thought of as sexually less inhibited because they are transgender,” (Grossman & D’Augelli, 2006, p. 124), and there are no concerns of getting a male-to-female transsexual pregnant.

Poteat, Mereish, DiGiovanni, and Koenig (2011) concluded that adolescents who experienced homophobic victimization were detrimentally affected through all reported measures. The authors polled over 15,000 adolescents in order to conclude that homophobic victimization negatively influences anyone this specific type of bullying is

directed at, including heterosexual youth. The authors also conclude that parent support is much more effective in staving off the harm that homophobic bullying can induce for teens who are heterosexual, but that LGBT teens are more severely affected “because they are members of the group on which this bias is predicated” (Poteat et al., 2011, p. 2). The authors make a particular point of investigating the difference homophobic bullying has on White adolescents and racial minority adolescents. Suicidal ideation was far more prevalent among White adolescents, for both heterosexual and LGBT teenagers. The authors suggested that racial minority youth may have developed coping skills to deal with racial victimization that can then be generalized to homophobic bullying; an effect that was present for both heterosexual and LGBT racial minority adolescents.

In order to determine which factors of discrimination and victimization lead to suicide attempts in the transgender population, Clements-Nolle, Marx, and Katz (2006) interviewed 515 transgender individuals. The authors corroborated the findings of Poteat et al. (2011) by finding that White individuals had significantly more suicide attempts than racial minority subjects. Clements-Nolle et al. (2006) also found links between the experience of gender and sexual discrimination and a history of suicide attempts. Interestingly, the knowledge of being HIV-positive for an MTF did not increase the likelihood of a subject attempting suicide. Other factors, such as a history of depression, drug abuse, being younger than 25 years of age, or forced sex and rape, did show to be significantly correlated with suicide attempts. The authors note that close to half of the youth in their study had attempted suicide, which is a significantly higher rate than the other participants who were older than twenty-five. The authors point out that their data

is similar to data from studies on sexual minority youth, and suggest that transgender youth share the same risk factors but are also prone to gender based discrimination which is independently associated with attempted suicide for their entire sample. The authors state, “It may be that societal prejudice is a stronger risk factor for suicide among transgender persons than LGB individuals. According to Herek (1992a) transgender populations experience more intense discrimination and victimization than LGB populations because they challenge cultural norms related to both sexuality and gender” (Clements-Nolle et al., 2006, p. 64).

Russel, Ryan, Toomey, Diaz, and Sanchez (2010) discuss the long term affects that can occur after an LGBT youth has been targeted in school. Russel et al. (2010) found strong links between their subjects mental health in young adulthood and the occurrence of victimization during their school years; the authors also showed a significant correlation between victimization and their subjects contracting an STI, including HIV. “School victimization of LGBT students and those who are perceived to be gay or gender nonconforming has been reported for decades. Experts report that it appears to be increasing in prevalence and severity, and involves more vicious behaviors and deadlier outcomes than in previous years” (Russel et al., 2010, p. 227). This study supported previous research that suggested that gender and sexual victimization is significantly worse for males than for females. This suggests that a youth transitioning from male to female is at a higher risk for victimization than other transgendered youth. Since transgendered is an umbrella term, however, the risk for anyone presenting a non-normative gender identity is significant if they are still in middle or high school, but

according to this study the risk is significantly higher if they were born genetically male. Young adults who were victimized at a high rate during middle and high school showed significantly higher rates of depression and suicidal ideation or attempts. There were also more incidents of detecting a sexually transmitted infection, including a higher risk of contracting HIV.

Karen Jordan (2000) specifically studied the risk for substance abuse in LGBT individuals. She suggests in her article that LGBTQ teens have higher incidence of substance abuse because they are coping with societal marginalization. The author also believes that stigmatization on interpersonal as well as intrapersonal levels contribute to the higher rates of substance abuse among LGBTQ teens. There are several reasons LGBTQ youth may desire to abuse drugs and alcohol, including needing to cope with stigma and marginalization. Jordan (2000) suggests that the excuse of being high or drunk can explain homosexual behavior for adolescents who do not want to admit to their friends, or even themselves, that they are a sexual minority. Reasons to be concerned with youth substance abuse include both possible physical consequences and the associated risk for other problem behaviors. Such risks include homelessness, school related problems, sexual promiscuity, and suicide attempts. Jordan (2000) concludes with statements warning school psychologists and others to not assume that an LGBTQ teen is a substance user, even though the prevalence of use among sexual minority teens is higher.

Fortunately, there is also research that examines factors that result in positive mental health outcomes for members of the LGBT community. Sheets and Mohr (2009)

found significantly better outcomes for bisexual individuals who felt they had the support of their family and friends. Adjustment was better for people who had any type of support, whether general or specifically focused on support for their bisexual identity. Rates of depression were lower for those individuals, and subjective ratings of life satisfaction were increased.

Grossman, D'Augelli, and Frank (2011) focused specifically on factors that lead to resilience in transgender youth. The authors found three factors that most predicted resilience to mental illness from stressful situations: self-esteem, a sense of personal mastery, and perceived social support. It was also found that emotion-oriented coping resulted in the worst outcomes for trans youth, leading the authors to conclude that interventions should focus on task-oriented coping.

One reason it is necessary to focus on victimization and resiliency during adolescence is because trans youth, just like all young people of a particular age, are developing their identity. The environment in which they come to know who they are greatly impacts their development.

Kenneth J. Zucker (2004) combines most of the relevant knowledge surrounding Gender Identity Disorder in his article *Gender Identity Development and Issues*. He notes that many more referrals come from concerned parents for boys than for girls. Parents of young girls who show an affinity for a more masculine style of play are more likely to attribute their child's presentation as a phase for longer than a parent of a young boy who shows an affinity for a more feminine presentation. The author also points out that previous research has demonstrated that adolescents with GID have a significantly high

number of clinically relevant behavior problems, as measured by the Child Behavior Checklist. Adolescents have a significantly higher number of severe problems than children with GID, as well. Zucker (2004) attributes the increase of behavior problems as children with GID grow into adolescents to the ongoing social stigmatization and ostracism that only increases as children reach puberty. The author also references Coates and Person (1985), when they suggest that young boys who have GID experience significant amounts of separation anxiety because their mothers become more distant from them. As their separation anxiety grows, the boys display more problematic behaviors. Zucker (2004) also reports on data that shows that a minority of children diagnosed with GID eventually go through steps to physically change their physical sex. Individuals originally diagnosed in adolescence with GID have a much higher rate of receiving sexual reassignment surgery.

Once a child has made the claim that they do not belong in the body they were born with, a lot of decisions need to be made by the parents and health professionals who are chosen to help the child. How to treat a child diagnosed with Gender Identity Disorder (GID) is debated among professionals who regularly see children with gender dysphoria. There is concern about whether a child or adolescent should receive medical interventions for their GID. Medical interventions include hormone therapies (puberty blockers and cross-sex hormone replacement), and sexual reassignment surgeries. Roberta Staley (2011) comments on the conflict in opinion between experts. In Canada, there are few physicians willing to give hormone treatment to youth, either hormone blockers or hormones that change the young person's body to reflect their gender

identity. She states, “Some specialists question whether such a metamorphosis is appropriate for young patients,” (Staley, 2011, p. 46). Staley (2011) outlines the position of another physician who has data that suggests 80% of children grow out of their cross gender identifications, leaving only 20% who follow through with their desire to medically change their bodies. The physician, therefore, only considers prescribing puberty blockers when a young person is 13 years old, and not before. He never suggests or approves an adolescent client for sexual reassignment surgery. According to Staley (2011), the physician also believes that encouraging a child to play and dress as the gender that corresponds to their physical sex will help them leave behind their cross gender identifications.

Other experts cited by Staley (2011) suggest that the physician’s reasoning for not wanting to initiate medical treatment for adolescents is rational and supported by data, but that encouraging a child to act as a gender they don’t identify with is harmful to that child. Staley also reports on the methods of Dr. Daniel Metzger, who regularly provides medical interventions for children and adolescents with GID. Staley (2011) reports that Metzger is influenced by the suicide rate for GID teens; 45% of GID persons aged 18-44 commit suicide, which is drastically higher than the Canadian national average of 1.6 percent. “Metzger defends early intervention by arguing that the cessation of undesired – and unmistakable – secondary sex characteristics is key to ensuring that transgender adolescents blend seamlessly into an image-obsessed society when they mature,” (Staley 2011, p. 47). Staley (2011) also provides the point of view from a few transgender teens. Common themes in their perspective include the desire to transition as quickly as

possible, so that they don't have to worry about it every day and can just go on living as they feel they are meant to. One teen Staley talked to commented that living as the gender consistent with his biological sex, which is female, would make him suicidal. Largely, the debate between the experts in Staley's (2011) article is at what point do medical interventions take place; how young can a child be when hormone therapy is introduced? Further, what should psychotherapy look like for children who present with GID?

Laura Fitzpatrick (2007) reports the opinions of many of the same experts as Roberta Staley. Fitzpatrick (2007) discusses that there is no definitive information on the long term effects of blocking puberty in adolescents. Evidence shows that once the puberty blockers are ceased, puberty takes place as it normally would. Fitzpatrick (2007) does report on a study that suggests hormone blockers could result in the patient being infertile. The study also argues that delaying puberty could influence brain growth, but that it is too early to make any determinations about whether there is any effect on the brain from hormone blocking.

Andrea James (2008) also wrote an article discussing the pros and cons of providing hormone blockers to children and adolescents. She points out that the FDA approved hormone blockers for children experiencing early puberty, but that technically physicians who prescribe hormone blockers for transgender children are doing so off label. James also asks the question, "Can an 11-year-old be sure he or she is in the wrong body?" (James 2008, p. 13) The author provides arguments by Marsha Weinraub that suggest a child can understand which gender they identify with by around 4 years old. The three articles by Staley (2011), Fitzpatrick (2007) and James (2008) all seem to

insinuate that providing hormone therapy to GID children and adolescents is the best course of action for the children. At least two of the articles provide personal accounts from either trans youth or their parents asserting that medical interventions were the best thing for them.

Further evaluation of the effect of providing medical interventions for GID youth comes from a Dutch team that have written extensively on issues related to transgender individuals. Cohen-Kettenis, Delemarre-van de Waal, and Gooren (2008) present the results of a changed protocol at the VU Medical Center in Amsterdam's Gender Identity Clinic. The clinicians there began providing puberty suppressing gonadotropin-releasing hormone analogs to clients between 12 and 16 years of age, as well as cross-sex hormone treatment to clients 16-18 years of age. The authors provide arguments both for and against pubertal delay. Included in the pro arguments are some of the same assertions made by previous authors: that without the treatment the transgender youth will suffer from harmful psychological effects, such as depression and suicidal ideation, or even anorexia. The authors also suggest that suppressing puberty could provide more time for the youth to ascertain their gender identity, without worrying about the changes their body will go through with puberty. The authors continue by pointing out that for adolescents with GID who, in adulthood, decide to live permanently as a gender that does not correspond to their physical sex at birth, early intervention results in a better outcome, both in psychological well-being and with being able to pass more fully as their chosen gender after surgeries. Some secondary sex characteristics cannot be reversed, and so a person who wants to live fully as a gender counter to their physical appearance may be

unsatisfied throughout their life if they developed secondary sex characteristics in puberty that don't match their felt sense of gender. The authors state, "If the adolescents would make a social gender change without receiving hormone treatment, they may fail to be perceived by others as a member of the desired sex and be easy targets for harassment or violence" (Cohen-Kettenis et al., 2008, p. 1894).

Cohen-Kettenis et al. (2008) feel that if puberty is suppressed, surgeries down the road could be less complex. If the secondary sex characteristics are not fully developed, then the surgeries to remove them or make them less apparent are less necessary. Measures of a trans persons' satisfaction after a surgery are usually more positive if the person began a transition earlier in their life. Also, the authors suggest that a young person who is not permitted to begin a medical change will attempt to find a way to do so anyway, perhaps buying illegally sold hormones that could be hazardous to them.

The arguments Cohen-Kettenis et al. (2008) present against pubertal delay largely center on the concept of teenagers being in a developmental phase where there is no set identity in any category, including gender. The authors also raise similar concern to previous authors about the development of the brain during adolescence, and also bone density. There are mixed findings about the influence of hormone blockers on the development of the skeletal system in puberty, and so blocking normal physical development has the potential to cause the youth to have bones without a healthy amount of density. The authors cite research that found that bone maturation is continued after cross sex hormone therapy is started. No information on the effects of puberty blockers on brain development had been published yet.

Some of the same authors did attempt to answer some of the major questions regarding long term effects of puberty suppression in early adolescence for gender dysphoric youth. Cohen-Kettenis, Schagen, Steensma, de Vries, and Delemarre-van de Waal (2011) wrote an article describing the long term effects of a client who received puberty blocking hormones at 13 years of age. Cohen-Kettenis et al. (2011) describe the functioning of a female-to-male transsexual who, after receiving gonadotropin releasing hormone analogs (puberty blockers) at 13, received cross-sex hormones at 18, and sexual reassignment surgery at 20 and 22 years of age. The authors followed up with the client, referred to as B, twice; the first time when B was 20 years of age and had undergone some of his surgeries, and the second time at 35. During both follow-ups, B reported having a guarded approach to making friends, due to some feelings of insecurity. By the second follow-up, when B was 35, he revealed that he was displeased with the appearance of his genitals and his ability to function sexually. B received a metoidioplasty when he was 22; a procedure that often results in FTM transsexuals being unable to perform penetrative sex, but which reserves the capability of orgasms for the individual (which can often be lost or reduced for FTM transsexuals who receive a phalloplasty).

Overall, B was in good physical condition, suggesting the puberty suppression he underwent between 13 and 18 years of age did not negatively affect his development. B was tested to have an IQ of 128 when he was 20, also suggesting his brain development was not negatively affected. B graduated from medical school and worked as a physician in a private practice, and reported feeling positive about his social circle. All of his

friends and family knew about B's transition. He had been involved in a few romantic relationships. At the time of his second follow-up, B's long term relationship with a woman who had wanted to move in with him had recently ended. B's girlfriend ended the relationship because B refused to move in with her, due to persisting insecurities about his genitals. Overall, the authors concluded that B was functioning well biologically, and had no clinically significant symptoms of depression or psychological distress. B reacted as expected to the break-up with his girlfriend, with some feelings of depression and regrets about his inability to commit. Important considerations outlined by the authors included the importance of receiving informed consent from any person undergoing puberty suppression and subsequent treatment for gender dysphoria. The possible risks and benefits should be outlined as much as possible for all patients, according to Cohen-Kettenis et al. (2011).

Other research focuses on the effect sexual reassignment surgery has on mental health for transgendered individuals. Blanchard, Steiner, and Clemmensen (1985) did research to determine the effects of surgery on psychological adjustment for transsexual clients. The authors discussed how previous research inappropriately equated a higher rating of happiness post-surgery with happiness with living as the opposite sex. The authors suggested that just because the other studies found increased happiness, that the correlation could not be assumed to be the result of the surgery itself. Happiness with the surgery and life satisfaction do not equate in the view of Blanchard et al. The authors felt that their methodology confirmed that better psychological adjustment occurred in post-operative patients because of the surgery. The authors discussed how sexual reassignment

correlates with decreased tension and depression, and increased likelihood of having a romantic relationship.

Fleming, MacGowan, Robinson, Spitz and Salt (1982) found similar results as Blanchard et al. (1985). These authors also found a positive effect of surgery on FTM transsexual's mental health. The researchers found that the body image of post-operative female-to-male transsexual individuals increased positively following surgery. The FTM transsexuals studied by Fleming et al. were compared to a control group of nontranssexual males on a measure of self-esteem. It was found that the post-surgery participants had a similar level of self-esteem as the nontranssexual males. Fleming et al. point out that as the number of sexual reassignment surgeries increased, the client's body image became more positive. The surgeries considered in the article are mastectomies, hysterectomies, and phalloplasties.

A comprehensive summary of the known evidence based treatment options and their effects is written by Louis Gooren (2011). Gooren comments that no studies have been performed to determine what the proper dosage of hormones would be to provide an ultimate result for transsexed persons, but that doctors follow what is typical for a patient with hypogonadism. He also discusses the long term risks of hormone therapy; primarily the risk for hormone dependent cancers. While there is no information definitively providing information that transsexed individuals are at a greater risk for developing hormone dependent cancers, Gooren (2011) suggests there is the possibility, and that studies have shown that testosterone can increase the risk of developing breast cancer. He also points out that not all trans individuals are open about their status with their doctors,

and so diagnoses may be missed. The author then comments that there are a significant number of studies that need to be performed in order to have a whole and accurate clinical picture of the influence of standard treatments for transsexual persons. These include long term, follow-up studies on patients who have received hormone blockers and cross hormone therapies, as well as studies to determine optimal dosing of prescribed cross-sex hormones. Gooren (2011) makes a point to conclude that even though sex reassignment surgery and cross-sex hormone therapy provide relief of gender dysphoria, other psychological disturbances could persist, such as anxiety and depression, and that transsexed persons need to have appropriate expectations for their post-surgical life.

Since, medical interventions are not a “cure-all” for transgendered individuals, attention needs to be given to what else could result in a positive outcome for transgendered individuals. Often, social support plays a major role in the mental health of any individual. Transgendered and other LGB people benefit greatly from having other individuals in their life who support their identifications. Sanchez and Vilain (2009) discuss the effect positive identification with a social group has on coping with discrimination. MTF individuals who are afraid of the discrimination they could face from identifying with the trans community experience greater psychological distress. For participants who felt positive about the transgender community, and were more connected to the community, the levels of distress they felt were lower. The authors compare the trans population with other marginalized groups where the fear of stigma negatively affects mental health.

Sheets and Mohr (2009) collaborated with the idea that perceived social support decreases mental health issues for persons in the LGBTQ community. This study specifically studied bisexual individuals, but the results show that family and friend support for those in the Queer community helped with psychological functioning. Higher perceived social support was correlated with reduced rates of depression, and increased rates of life satisfaction.

Bockting, Knudson and Goldberg (2006) discuss the threat of social isolation on trans individuals. Shunning the trans community, says the authors, is related to increased internalized transphobia. Those who disavow the trans community may be trying to align themselves with social norms and conform to mainstream expectations. The authors comment that social isolation is a danger for both pre and post-op individuals. As previously discussed, gender variant persons are at risk for harassment and violence. There is still risk for those individuals who are passing as the other gender; they may be constricted in their relationships if they are closeted and a part of their self is hidden from those they are in relationship with. Internalized transphobia may also prevent trans individuals from connecting with other trans individuals. Bockting et al. (2006) contend that disconnection and harassment of trans individuals could result in greater anxiety and associated mental illness.

Jacqueline White (2011) details the coming out process of her husband, Marcus, who transitioned from female in his 40s. White suggests that Marcus' social transition in his small hometown was made infinitely easier because of the acceptance his parent's showed. The other members of the town seemed to accept Marcus' change a lot easier

after seeing that his parents accepted the change. At work, Marcus had to first come out to his managers, who put together a transgender 101 lecture for the other members of the company. White explains that Marcus was not the first member of his company to medically transition. Overall his coworkers were very supportive of Marcus, and promised to help him out if anyone ever gave him problems in the office. White asserts that Marcus' transition was generally easier than what most transgendered individuals go through. He experienced no rejection from anyone in the major spheres of his life. Even the alumnae at Marcus' Mount Holyoke (an all-female university) reunion were supportive. Marcus' experiences have led to him being able to lead a life open about his experiences and identity. White explains that Marcus feels he is able to increase acceptance for all trans individuals by making others aware of transgenderism.

Brewster, Velez, DeBlaere, and Moradi (2011) make claims that highlight that Marcus' experiences are not typical. Brewster et al. (2011) provide data from previous research that explains that it is not a rare experience for someone to be fired for having a non-normative gender presentation. It is also typical for someone who falls under the transgender umbrella to hide their association to the trans community while they are at work. Some trans individuals have experienced emotional abuse at work, and threats of physical abuse. Transgendered individuals often feel as though their coworkers treat them differently once they've come out as transgendered, thereby fracturing the relationship they'd had up to that point. There is also pressure to *not* be transgendered at many workplaces; conforming to normative gender roles generally makes others in the workplace more comfortable. Still, Brewster et al. (2011) reported results from their

study that suggest coming out at work actually leads to more job satisfaction. The authors suggest that this is due to not having the stress of remaining hidden from coworkers, and that a more open relationship with others at the office help to foster more positive feelings at work. These positive outcomes, the authors stress, are associated with workplaces that have a more supportive environment, and less transphobia and discrimination. Brewster et al. (2011) also suggest that it is dangerous for clinicians to push transgendered clients to be out at work without knowing how supportive the office may be. Although it is typically shown that identity disclosure leads to healthier outcomes, say the authors, there are very few legal protections for a transgendered person at work. There are overwhelming consequences for someone who comes out in a discriminatory environment, in which the stress of hiding one's true identity is less harmful than being out.

Andrea Mascis (2011) outlines suggestions for mental health clinicians who work with a transgender client who has been subjected to trauma. Mascis comments that “a significant portion of the transgender community has experienced – and will experience – trauma in their lifetimes,” (Mascis 2011, p. 207). As with other trauma survivors, forming meaningful and psychologically healthy relationships after surviving trauma can become extremely difficult for the survivor. One of the goals the author suggests to clinicians is absolutely vital in treating transgender survivors is creating a safe space for the individual, both emotionally and physically. Trust can often be difficult to establish because psychologists were largely placed in the “gate-keeper” role in regards to individuals receiving desired surgeries and medical interventions. Historically, a trans

person needed to appear well psychologically adjusted to receive a letter from their psychologist stating they were well enough to have medical interventions. Mascis (2011) comments that many transgendered clients learned that treatment, and thus the therapeutic relationship, would end if they did not appear “engaged, compliant, or capable,” (Mascis 2011, p. 205). One phase of treatment Mascis (2011) suggests is connecting the client to the transgender community. She stated, “Facilitating access to community for transgendered people can be a profound and meaningful source of emotional healing and enrichment,” (Mascis 2011, p. 206). Part of the work the author believes must be done with transgender survivors is teaching the client the skills they need to maintain safe boundaries with people they interact with, both emotionally and physically. Mascis (2011) concludes with a statement asserting that care for transgendered survivors needs to include more than medical interventions and accurate diagnoses, but instead needs to be holistic so that the “complex and unique needs” (Mascis 2011, p. 208) of the client are met.

Chapter Three: Methodology

Participants

To qualify for this study, participants were required to identify as any gender that varies from what would traditionally be considered to be congruent with their biological sex. This included anyone who identified as transgendered, including transsexual, genderqueer, transvestite, or any other gender presentation not yet identified by the author. All participants were required to be older than 21. By only accepting participants older than 21, there was a higher chance that the individual would have progressed further through their social transition, and possibly have some distance from their experiences that could provide insight into the process through hindsight examination. Four participants volunteered to take part in this study. The participants represented a diverse group despite being few in number. Participants ranged in age from 23 – 43. Two of the participants were unstably housed at the time of the interview and three of the participants were employed. Three of the participants had graduated from a four year university, with one participant who was working on an advanced degree. The participants represented a variety of ethnic backgrounds; one identified himself as African American, another described himself as White, a third participant shared she had Russian Jewish ancestry, and the last participated reported she was White with Jewish heritage. Only one participant reported being actively religious. One participant reported his gender identity as genderquestioning/queer and trans identified. He reported using masculine pronouns, but presented as feminine. A second participant also identified as genderqueer, masculine center, transmasculine, or dyke. He preferred masculine

pronouns or the use of “they.” In this study and in the following results chapter, masculine pronouns are used to refer to this participant. The third participant identified her gender as a woman. In the literature she would commonly be described as being MtF or a transwoman, although she did not use this term to describe herself. Finally, the last participant described her gender as female, trans, or transwoman.

Recruitment

Recruitment took place through three sources: flyers were displayed at The Center on Halsted, as well as at the Test Positive Aware Network (TPAN). The final source was through professional networking; I sent flyers to contacts and asked them to distribute the flyers to anyone who might be interested in the research.

The Center on Halsted and TPAN were given my name, phone number and email address. The Center on Halsted reviewed the proposal and application material before permitting the flyer to be posted. I provided flyers to each site. Participants who saw the flyers or who were informed of the study through networking then contacted me through phone or email. I was contacted by four individuals who wanted to participate in the study, and all four completed an interview.

Procedure

After receiving contact from an interested participant, I replied to the participant’s message in order to determine their eligibility for the study and to schedule an in-person interview. Participants were offered multiple options for meeting places, including a

reserved room at The Center on Halsted, so that the participant felt they could complete the interview in a safe space.

Prior to starting the interviews, I prepared to receive the first-hand accounts of the participant by *bracketing* personal experience; this process means fully processing and understanding the researcher's own experience with the phenomenon being studied so that no biases enter into the analysis and retrieval of the study data (Creswell, 2007). Part of phenomenological research is being open to the lived experiences of the participants, so that "everything is perceived freshly, as if for the first time" (Moustakas, 1994, p.34). This includes bracketing the data obtained from early interviews so that the retrieval of data from later interviews was not impacted.

Each interview lasted between 60 to 90 minutes. Before any data collection took place during the interview meeting, the participants were introduced to the study and given an informed consent page, which included a section permitting the researcher to record the interview. The participants were also given the opportunity to ask any questions of the researcher and to read over the interview questions prior to being recorded. The participants were invited to ask questions about the process at any point during the interview. The participants were informed of their right to refuse to answer any questions I posed, and that they were free to leave the study at any point without consequence. After explaining the process of the research and offering to answer any questions, I requested verbal consent from the participants. Oral consent was used in this study because the primary risk to participants was being inadvertently "outed" as trans in the event of an accidental breach of confidentiality. When verbal consent was received, I

signed the informed consent page, verifying that oral consent had been obtained.

Participants were also offered an unsigned copy of the consent form for their records. I

then turned on the recording devices and began asking the interview questions.

Clarification questions were asked in addition to the questions outlined by the researcher in advance, which the participants were told would happen during the interview.

At the conclusion of the interview, I turned off the recording devices and checked in with the participants to make sure they had not been mentally harmed in any way by answering the questions. I offered the participants a resource list of agencies that could provide mental health services should they feel as though they wanted to continue to discuss their experiences with a qualified professional. The participant was also invited to ask any questions about the next steps I would be taking. Finally, the participant was informed that I would be deleting their contact information and would not reach out to them in the future. The participants were told they could reach out to me with any questions about the progress of the project if they wished, but that their formal involvement with the study was concluded.

Materials

Each participant was interviewed with the same questions. A list of the interview questions can be found in Appendix B.

The interviews were recorded using two devices. I used a digital recorder as well as a secondary recording on an iPad. Each interview was then typed into a deidentified transcript, and the original recordings were deleted.

Data Analysis

The four interviews were transcribed and then analyzed for thematic content, using the phenomenological research methods outlined by Clark Moustakas (1994). Moustakas suggests that two different descriptions are to be found in the phenomenological account of an individual's experience: the textural description and a structural description. Creswell (2007) describes the textural description as the "what" of their story; an actual rendering of their account in terms of the events. The structural description, however, is the "how" of their experience; an account that pays particular attention to conditions and context (Creswell, 2007). When the two descriptions are combined there is an "overall essence of the experience" (Creswell, 2007, p. 60) that can be related to others, eliciting a deeper understanding.

Particular attention was paid to the affective reactions each individual reported having during their transition and coming out process, how their family and friends reacted to the news, and what that reaction elicited in the trans individual. Other themes I looked for included how the shift in the person's relationships influenced their gender identity. Any themes that were evident upon examination of the interview transcripts have been included in the following chapter, regardless of research questions, so that a true representation of the participant's experience is evident in the results section.

Part of phenomenological analysis includes imaginative variation, which means looking at the expressions of experiences from various angles in order to tease out various meanings in the content of the interview (Moustakas, 1994). Through this method

of analysis, the meaning of the participant's experience will first be examined on a personal level for the individual, and then general meanings extrapolated and compared to the other responses. Horizontalization is the capturing of significant statements to be further analyzed as a description of the person's experience. The sorted significant statements from each participant will then be gathered into clusters of meaning, which will define the themes (Moustakas, 1994).

Themes were compared across all the interviews. Individual differences were highlighted as well as commonalities. If a theme was evident in only a few of the participant's answers, then I examined what similarities between the two or more people could have led to the commonality, as well as why the theme may not have been shared by the other participants. Themes, or clusters of meanings, are gathered into the textural and structural descriptions (Cresswell, 2007). An essential, invariant structure is then composed by the researcher which is meant to convey the essence of the phenomenon (Cresswell, 2007).

Chapter Four: Results

As described in Chapter Three: Methodology, each of the four interviews were analyzed for content and themes after being transcribed. Thirteen primary themes were found within the transcripts, which are presented in the following chapter, after an introduction of the four participants.

Participant 1: “Mariah”

Mariah is a self-identified 30 year old, African American individual who reported his gender identity to be genderquestioning/queer and trans identified. Mariah chooses to use masculine pronouns because he is engaged socially as male. Throughout the interview, Mariah also described himself as a transgender woman, transwoman, or transgirl. Mariah presented as female during the interview due to his choice to wear make-up and jewelry. He also took hormones for four years, which has resulted in a feminine body shape, including full hips and small breasts. Mariah dressed in jeans and a nice cap-sleeved yellow shirt, which accented the curves he had developed through using hormones. While appearing reserved at first, Mariah became very loquacious and engaging. He particularly enjoyed speaking about his love of performance and his faith in God. Through the course of the interview, Mariah revealed that he is HIV positive, as well as often unstably housed. Mariah has utilized several different transitional living programs. Due to Mariah’s stated preference of using masculine pronouns despite his outward feminine gender presentation, the results from Mariah’s interview will be presented with masculine pronouns.

Participant 2: “Sam”

Sam is a 23 year old, self-identified Caucasian. Sam identified his gender identity as genderqueer, “masculine center,” transmasculine, and “dyke.” Sam stated he prefers his pronouns to be “he” or “they.” Sam shared through the course of the interview that he is currently unstably housed and “couch surfing” at his friends’ apartments. Sam shared that he prefers to refer to his sexual orientation as queer or gay, but never lesbian. Sam is employed and has graduated from a four year university. Sam’s transition started in February of 2013, nine months before the interview. Sam came to the interview directly after his work shift ended, so he wore a uniform shirt and khaki pants that were of a typically masculine style. Sam had his hair cut short and generally presented as masculine, but with evident breasts. He was forthcoming with his story and generally at-ease during the interview. He spoke in a concise and friendly manner, and we were able to build a sense of rapport over the course of the interview.

Participant 3: “Mila”

Mila is 43 years old, with a self-identified Jewish ethnicity and Russian ancestry. Mila identifies her gender as a woman and uses female pronouns. Before her transition, Mila married her wife and had two children. Mila is currently employed full-time as a high school theater teacher and is completing her capstone for her third master’s degree. Mila lives full time as a woman. She wore a dress and had long hair and make-up. She was very friendly during the interview and shared how she was happy to have the chance to participate. She spoke very eloquently and did not appear apprehensive throughout the

interview. She also had a sense of humor and we shared numerous jokes throughout our conversation.

Participant 4: “Hannah”

At the time of the interview, Hannah was 28 years old and about to turn 29 in a few days. She self-identified as white with Jewish ancestry, although she does not identify as being religious. Hannah is a graduate of a four year university and is currently self-employed. Hannah shared that the way she describes her gender identity depends on context, but that her primary terms are female, trans, or transwoman, and that she uses female pronouns in all contexts. Hannah has been doing hormone replacement therapy for six years, has undergone electrolysis to remove most of her body hair, and she was planning on receiving gender reassignment surgery a few months after the interview. Hannah had spoken at length about her transition and coming out experiences multiple times in the past, and so she was not shy during our interview. She openly discussed her process of understanding herself and her changing relationships. Hannah also spoke very eloquently about her experience. She dressed comfortably in a form fitting shirt and jeans; she wore her long hair in a pony-tail.

Theme One: Self-Discovery

The first theme involved the process each participant underwent to recognize and understand their gender identity and what meaning gender represented in their lives.

Mariah used dancing and singing as a way to experiment with his feminine identity in a way that was acceptable to others.

I saw that in the year... after I was performing because after I started performing at the different nightclubs and I actually got the name as a diva, and I actually worked at the stage... from one to five in the morning, and I actually did a performance all through this dance floor, and I actually won and brought home the trophy and brought home a crown, when I wasn't even over the age of 21 yet.

I did have the jewelry. I did have the make-up. I did, I did have a little bit, well no I just gave it all to myself.... To just like, if I did a performance before then when I was like 16 or 17 or 18 and stuff like that because I was good inside of clubs

...if my mom was there at work, she'll go to work and I would go in her closet and take her high heels, and her pumps, and her lipstick and put it on and just wear it. When I was growing up to actually just make... performance, you know what I'm saying?

Mariah also discussed how his performing lead to connections with others:

I used to come out and dance. So I used to dance and sing when I was much more littler. But as I got much older, I started to dance. I liked to dance. I liked to dance at different parties, and different events, and stuff like that. So as I grew up I started meeting different people in the community and then the organization where I actually lived at...

Sam's experience appeared to start during a phase of life transition, as evidenced by the following:

you always know but, like, maybe there's just an unwillingness to accept it about yourself? I feel like I've just always known that. Um, but, I would say, like, I've only become comfortable with it beginning of this year. I graduated college and, like, I, that was a big deal for me. I broke up with my girlfriend and I cut off all my hair because I used to have long hair, but with an undercut. And like, that was like the turning point for me when I cut my hair in February.

Similar to the above quote, Sam mentioned more ways he discovered his gender identity by acting and then experiencing positive reinforcement through his own enjoyment of a masculine presentation as well as compliments from others:

I cut off all my hair. Um, and people really liked it. I mean, like, I had kind of an extreme hair cut before, like, I had an undercut and I would shave designs into it, and then I'd eventually shave this side and shave the back so it just had a top knot, and then that's when I cut off all my hair...

... my friend, they came over and, like, they were like, "I want to see if I can put a moustache on," and I was like, "Ok, like, I'll do it." And I used eyeliner and a q-tip and just lightly applied eye shadow or whatever... and it looked really good and so then me and my best friend, were like yeah! I want to do it too! And then [my best friend] drew it on and she's like, now I know I can't do this. I hate it. So she took it off and then I drew it on, and I was like, "oh my God I love this." I want to look this way forever and they were really into it, like, it was a fun thing that we did together.... I just got so much positive feedback from, like, my friends. They were saying...everybody's like, "Oh!

Dude, you look, like, so good! I love the moustache.” And I was, like, thanks. Yeah. It was nice.

Sam expressed that his identity and transition are still shifting and evolving:

I feel like my, the way I identify changes all the time.... And it does. I mean, I do feel like I want to take another step but, like, I don't have the means or, really, like right now, the emotional wherewithal to take any sort of step. Like, maybe, like going on 'T' or something, you know? Or like, wearing my moustache to work, but I do still feel like...or coming out to my family. Do you know what I mean? So like, but yeah, I still feel like, in transition.

In the previous quotes, it was evident that Sam received positive feedback about his transition. He continues to share how the perception of others impacts his self-perception:

Ok, so I cut off all my hair in February and then... I started getting 'sirred' a lot on the street, like people just call me 'sir' and it like would give me this thrill. And I loved it. And then I would, I was out at [a club] one time and I was dancing with this guy and his boyfriend came up to me and

was like, “Hey! Like, I’m his boyfriend! Stop it!” I was like, oh my god! He thinks I’m a dude! I was, like, so into it, you know?... I started wearing a mustache, like I would use eyeliner and I still do this. I just don’t do this at work because, like, it doesn’t feel safe, because I’m, like, interacting with the public all the time and I don’t wear a binder anymore. Um, yeah, so I started wearing a mustache, uh, whenever I was, like, around people. And then one of my friends was like, “So, like, are you gender queer or what?” I was like, yeah! And then, um, I just kind of told people from there on out. Then I got a binder but I don’t wear that anymore.

It’s hard to say ‘cause it’s like, I don’t know. It feels like my gender identity feels so personal. Like even a label, like genderqueer is like maybe somebody, it feels like somebody else’s words sometimes. I feel it was just her asking, [she] gave me permission to use that vocabulary to describe myself in a way.

Sam expressed another way that he was given permission to express himself through social interaction:

My best friend, like, she's been telling me since Freshman year of college that I should cut my hair. She had a bet going in college, like, you need to cut your hair, and she'd like...you just need to embrace it! You need to embrace that you're a butch. And I was like [deep sigh] no, 'cause I was all closeted too.

Sam shared that his gender identity is influenced by context:

I feel like I'm...I want to identify stronger, as more masculine, with more like trans if I haven't been in the queer scene for a while, like specifically lately I've been working out. I've been working a bunch, um, and like, usually I'm out 3 nights a week, at least on a [LGBTQ group] event and then I'm like yeah, gender queer and that's fine. But when my gender identity isn't being routinely recognized by people who totally get it or like, you know, ask for my gender pronoun then I'm more tempted to say... trans or something more like...I don't know, firm.

Part of the context Sam experiences is at his place of employment. He explains the restrictions of being genderqueer in a work place:

I was really excited to work some place, like, really liberal that would let me dress how I wanted to dress and... Basically let me present how I want to present, like that is so important to me. Um, like you can't work in an office, really, for the most part and be genderqueer or trans because, like, so much of it depends on, like, how you dress....

I haven't experienced that [support] at work yet, which kinda sucks. But I mean I've told, like, maybe [sighs] whenever it's come up I've told people um, that I prefer 'he' or 'they' but it hasn't, like, caught on...so...

Mila discusses how her understanding of herself as being different than her brothers at a very young age resulted in some experimentation. Mila's understanding of her gender occurred in an interpersonal context:

I would probably say around 4 or 5, because I have two older brothers and I have distinct memory of knowing that I wasn't like them. I was more like mommy....

Mila started trying to imitate the female behavior of her mother, which resulted in punishment from her brothers:

Until they found out I was doing those things and beat me up a lot. At which point I stopped doing things that mommy did...

I was taught that to be any different than what was expected was, especially to anything gender related, that it was dangerous. And so it was far safer to play the boy part and to do that really well.

Mila learned to meet expectations about her gender presentation in order to hide and protect herself:

I learned really fast how to kind of act like my brothers and to put on that male persona as much as I could. I was never quite like them, but I was enough like them for people to

think I was the smart weird one as opposed to anything else.

Mila shared that after she started presenting full time as a woman, there was a learning curve for some things:

I tended to probably wear way too much. If you were interviewing me about 6-8 months after I started transitioning, I'd be in full make-up and I'd be, ya know, just for this, I'd be dressed for going out.

I just have to remember that when I'm up on ladders not to wear a skirt that day. Which there have been a couple days where I've been like, oh crap. And I'll get a student, you need to go up a ladder today, I can't.

... I think that I was probably over dressed, it being a big occasion, and as I tended to be more often than not in the early days of transitioning....

Hannah explained that her awareness of her gender identity occurred at a young age, but she did not have the knowledge necessary to understand what her feelings meant:

I from as early as I had a concept of gender, so definitely pre-pubescent, five or six, seven, knew that my gender was off from expectations. It took me a lot longer to figure out what that meant. But the way I describe it is, it's possible to toss and turn at night trying to get to sleep, and you know you're uncomfortable, but you're not sure what comfort would look like. And so, I knew I was uncomfortable, but I wasn't necessarily sure what comfort would look like.

Hannah discusses her transition as small, moment to moment choices she made:

With [my therapist's] support, I did start actively transitioning, meaning making specific choices to change my presentation and how I was socializing. But again, though, the way I talk about it is, in my experience I didn't choose to go on hormones, I chose to make an appointment with a doctor. And then I chose to keep that appointment. And then I chose to get a prescription. And then I chose to fill the prescription. And then I chose to take a pill. And then I chose to take another pill. 'Cause for a lot of the things that happened during transition, they may eventually be irreversibly body altering, but not on day one. And so

what my therapist and I talked about is that, these choices are big and scary, but they don't have to be all encompassing. And so similarly, I didn't buy women's clothing, I went to target. And I walked by the women's clothing section, then I got scared and I looked at Legos for a while. Then I walked by it again. And so that... allowance for... smaller choices and that not everything has to be all or nothing was hugely important to my sense and ability to start transitioning.

Through Hannah's self-exploration, she developed a strong capacity to define her gender for herself. She comments that her initial search for information in the historical-cultural context she was in at a younger age, made it difficult for her to develop an understanding of herself:

Part of the... struggle with that is that the language I had at the time, when I was 12 or 13 and starting to get online, talked about these all or nothing idea of transitioning. If you were trans, you must have always hated your body and hated your gender, and kicked and screamed whenever you were trying to get dressed up in "gender appropriate" clothing and knew all of these things about yourself that at

12 I didn't know about myself. So that was part of my... hesitation and pause of not wanting to, not feeling comfortable. Trans didn't feel like it fit and I think in retrospect that it wasn't that trans didn't fit, it was that definition of trans was too constrictive.

As discussed earlier, Hannah chooses the term she uses to describe her gender based on her context:

I use feminine pronouns, she or hers. My gender identity depends on the context.... I identify as female, there are times and places in which I would identify as a transwoman or as trans, without the gender part. Due to... political context, or social context, or experiential context. For me, I would say my gender identity is female, and that's why I get annoyed at questionnaires or whatever that have like, trans as an exclusive category from male and female. But there are definitely times, and trans is a big part of my identity, so there are definitely times when I would say transwoman before woman. But if I go to the bathroom I go to the women's room, not the *transwomen's* room.

While learning to advocate for her needs, Hannah talked about how transitioning is inherently a selfish act:

Transitioning sucks for partners. And there's sort of no way else to put that. Transitioning has to be a selfish act, in the way that being a teenager is selfish. Not because it is bad or wrong, but because developmentally it requires huge amounts of introspection and figuring things out. Not to mention miserable hormonal changes. But when you're 16, you are allowed to be a selfish little shit in a way that is much more difficult when you're 22, or 35, or 45 or whatever.

Theme Two: Coming Out Experiences

Participant's explained their experiences of sharing with friends and family their gender identity.

Sam talked about how he experienced coming out as genderqueer as a different process than coming out as gay:

[coming out as genderqueer] was different though, like in terms of when I came out as gay, like when I was 18. That was very clear cut. Like I graduated high school. I went to college, like, 2 weeks into college... I told everybody I was

gay. This was more just like gradual and it felt, like, really organic as opposed to that. Like that was, like, scary and such a struggle. And this feels like something that happened naturally....

Sam also shared that he experiences the coming out process as generally positive:

Um, positively? Like I...definitely like, I feel like my self-image improved. I mean it always helps to come out, like, I don't think there was ever a time unless obviously somebody's in danger, or something, or it's unsafe but I think you should just always come out...

Although Sam sees coming out as a positive experience, he also says, "I can't really see myself coming out to [my parents] and getting any sort of positive result."

An important aspect of Mila's transition is that she was married when she decided to begin living life as a woman. After finding a therapist, Mila's spouse was the first person she came out to:

I started the process after coming out to my spouse, and I never did anything, as far as my transition went, without her saying it was ok for me to do it. If she told me I'm not

cool with hormones or anything else, I wouldn't have done it. It would have been really hard, but I wouldn't have done it. Everything sort of came with, uh, not necessarily her approval but at least her acceptance.

Mila's experience of transitioning happened in a partnership. Every step that Mila took happened with another person, instead of individually. It was a year after coming out to her spouse that Mila began to come out to friends and then family. Mila said that the start of her coming out to friends came because her spouse "reached a point where she couldn't stay in my closet anymore..."

Mila's transition also came in the context of having a family. She was a father to two children. She said that her children were too young when she started transitioning to truly understand what was happening. She explained how they currently react to her gender identity:

Both my kids call me "Sunny" now and it's a name they came up with, I have no idea where it comes from because I would never have picked Sunny as a nickname. It's my personality, I suppose. The older they get the more they understand the less simplistic view of daddy had a girl's brain and so she needed to make her body the same to match her brain. And to really understand that, ya know,

my kids are both highly gifted, and they get it. And it's not an issue for them. Occasionally there are times where my son regrets being the only boy in the house now. But he also feels like he's the man of the house, so there's that positive spin on things.

Mila's coming out experience was impacted by her marriage and her desire to maintain her marriage. Mila's coming out was done in partnership with her wife:

I started the process after coming out to my spouse, and I never did anything, as far as my transition went, without her saying it was ok for me to do it. If she told me, ya know, I'm not cool with hormones or anything else, I wouldn't have done it.

...when I came out to her, it was the most difficult, because I, in some respects I was taking away her husband.... it took her awhile to really get over the idea that she was, that she hadn't really lost *me*, but what she did lose was being married to a man. And that's, ya know, that's important. And in, and if there's anything that, if there's any kind of regret in anything in my life, it's that I took away her

husband and in a way that she desired to have a husband. Ya know, we, I'm her spouse. We're best friends and we're closer than best friends, but we're not as close as a male-female married couple who are straight are.

Before coming out, however, Mila discussed having a fear of being discovered by others:

I was constantly nervous that they would, they would figure things out. Ya know they would see the changes in me. And people didn't, they just thought we were having marital problems because the both of us were just so kind of, uh, um, upset all the time, and really it wasn't healthy.

Mila continues to discuss her expectations of disaster and sacrifice before coming out:

I have a very Russian way of looking at things, which is hope for the best, expect the worst, um, and, uh, I certainly expected the worst in all cases. And I have a certain way of pre-scripting things in my head so that I would imagine all these worst case scenarios and I couldn't put positive spin on anything in my head because then I would be disappointed. So by setting everybody up to be the worst

person they could possibly be, and these are people I love, my best friends, I was, I wasn't ready for anybody to accept it.

Mila came out to a therapist first, and then to her wife. The rest of her coming out process happened in stages, starting with best friends and then moving on to family:

We didn't really tell anybody for a year after I came out to [my wife]. And then we started slowly coming out to our friends and family at that point.

I wasn't coming out to any of my immediate family members, until the very end of the process.

In the midst of her long coming out process, the times she needed to present as masculine felt absurd to Mila:

I think that the most difficult part was towards the end of my time, having to sort of live in the double roll. Um, I never, putting on male clothes to me was like a joke. I didn't buy it. I was like, how is anyone buying this. I, I,

because I stopped even acting, ya know, and I'm a theater teacher and acting is kinda something I do, but I stopped doing the male performance. I'm like, I'm just tired of it. And so I was putting on the male disguise, which included this really bulky vest, that I would wear because because it was, there wasn't much else I could do to hide what the hormones were doing. And so, I just, I just thought it was the funniest thing.

...there was a point where it stuck. The idea of anyone accepting me as a man, amused me, and bewildered me because I didn't really see myself as that at all anymore.

After coming out to close friends, particularly, Mila experienced a release from the expectations of disaster:

[My spouse and I] came out to [our friend] then and it sort of made everything a little bit easier, it kind of diffused a lot of the tension that had been building up. Um, and because, honestly, I felt that the trans narrative, or at least the very common trans narrative, is you come out and mostly people reject you...

Social media plays a role in the lives of many people, and for Mila it complicated her coming out process:

I couldn't quite come out to everybody on Facebook because I was still working in a male role as a teacher and I was convinced I was gonna get fired when I came out and that I would be asked to resign. I couldn't even hint to people outside of a very tight circle of people, who I trusted, and so I had like two Facebook accounts, cause I had all these Facebook relationships with people I work with, and then other people I went to school with and some of my students and former students were friends with me on Facebook and it became this, uh, I was slowly coming out to people and then asking them to be friends with me with my new account, and deleting them from my old one. It took a long time.

Hannah first came out to her therapist when she was about 12 or 13 years old:

I started to explore language and coming out to people online when I was 12 or 13. I came out to my therapist, I

was having panic attacks and anxiety stuff so I was in therapy when I was 12 and 13 and 14, came out to my therapist when I was 14 with the language, “I think I wanna be a girl,” cause that was what made sense to me at the time. With his support and help actually came out to my parents with that same language around 14.

Theme Three: Experiences of Acceptance and Support

Theme three involves how the participant’s experience positive reactions to their coming out as a new gender.

Mariah discusses one of the first times he revealed himself to family members:

And, ever since I was 19, when I first started to dress when I was younger, then, but before then, I came out when I was 19, I officially let my grandmother and my family actually see me dress and actually see me, ya know, dressed in continent [sic] to and fish ¹or whatever you want to call it...

Mariah then reveals the acceptance, recognition and support he received from his family:

¹ “Fish” is slang for “feminine looking.”

Cuz I would look to my grandmother. For like higher confidence and support. And like, ya know, anybody to talk to whenever I need somebody to actually just relate to some of the things I've actually grew up with and actually is tough decisions that I've had to make and some of the other tough grounds I actually had to really stand on and most of the time, ya know, part of my whole life.

...she could have been a mean grandmother at a time, and like "oh no, I'm not feelin' to deal with this. I'm not feelin' to let you come into the house this time of night. I am not feelin' to let you, ya know, even walk in. Ya know, part of me, ya know, and disrespect me that way. And you are not even ready not knowin' what the world would accept about you." But she knew it when I knew that she was actually acceptin' me and I knew that the world was acceptin' me at the time....

...my family was very supportive. They never actually say, "oh no, I don't like this." And ya know, "I don't like this type of look on you because it don't look like you." For one, it looked me all the way from head to toe.

Mariah shared that he had also experienced social support from friends growing up:

...because my friends, they were from down South. They were from Alabama, that I went to school with. I went to school in the South since kindergarten. We grew up from kindergarten all the way up to like 8th grade.... Same, same girls, same 2 girls. It was us three, you know what I'm saying?... they called us the diva supremes. We'll leave it at that. We were the diva supremes. There were three of us.

One type of support Sam's friends engage in is changing their behavior to affirm Sam's chosen gender identity:

I'm really dramatic and emotional... But now [my best friend] doesn't say things like that. She won't be like, "such a woman!" She just, she won't say that, so yeah. This makes me feel so good about my friends.

I feel like actually my friends would go out of their way to, like, reference my masculinity more, like, the other day we were putting together, like, we were helping my friend rearrange their house and, or their apartment, and they had this shelf from IKEA and they're like, "You guys don't have to help us build this," and I just sat down and drank beer and, like, boss [sic] people around. And [my best friend] did all the work, the femmie one and she was, like, "Typical male, sitting around, drinking beer while I do all the work."

Sam also shared that he had an established social support system before he began to transition and that he continues to receive support from:

... my 2 best friends are like, really my family. I've been best friends with [my best friend] for 5, almost 6 years, and it's, like, there's not even gender there.

When I started to, like, wear my moustache out and specifically when I told my 3 best friends, um, one of them is gender queer – trans. Anyway, so they were cool with it. Uh, and my best friend was cool with it but she was like, a

little bit weird at first about using pronouns just because she was like, “But I just think of you as a she.” And like, I was just like, well, get over it. And she did. Like, you know, she had to. And she’s super supportive now and she’ll call me whatever I want, like, on a daily basis. Um, but, yeah. I would say, by and large, my friends were really good about it. Um, and I felt very, very supported by the queer scene...

this year I mean, like I also started therapy this year so it’s like...the more comfortable I’ve become with myself and, like, my choices in life, the more comfortable I’ve become with my gender identity, so like...I guess I can say that my identity is not so impacted by my friends’ reactions because they were positive reactions. You know what I mean? But if they were negative, they probably would have been.

I’ve been really, like, lucky but like I’m so ensconced in this, like, safe queer bubble. It’s like I can’t really think of a truly negative reaction to me being gender queer. Like, I

hear shit about, you know... I just hear people shit-talking trans and gender queer people, but nothing directed toward me specifically, or personally so...

Some of Mila's family reactions surprised her due to their initial willingness to accept her choice to transition from male to female:

I wasn't ready for my wife to stay with me. Ya know, I thought that it was certainly going to be the cause of our break up and it terrified me. And every person I came out to after, I was terrified. Ya know, until, I think the final family member I came out to was my father, and I thought that that was just going to be the worst thing ever because the relationship with my father's always sort of predicated on the worst thing ever and his response was he was really pissed off that I didn't let him pick a new name for me. Which will tell you everything you need to know about my father. And it wasn't about me, it was all about him.

... when I came out to [my mom] she went out and bought me a watch and gave me some earrings and she was really quite lovely about it.

Hannah's social context has been largely accepting throughout her life. She describes how along with the acceptance she experienced, there was also significant confusion:

I feel incredibly lucky, privileged, spoiled, fortunate, whatever word you want to use that the worst experiences I had coming out were met with confusion and not negativity. So I talk about when I came out to my parents, around 14, and said "I think I wanna be a girl," my mom said, "we'll love you no matter what," my dad said, "we'll love you no matter who you are as long as you're not a republican." The source of my sense of humor is not a big mystery.

[My parents] were super loving and accepting. They didn't know how to be supportive. And I feel like acceptance is a passive act and supportive is an active act.

Similarly, when I came out to most of my friends, the reaction was, "ok, I don't know what to do about that, but ok." And when I came out at work, and I was working in arts administration as well as some theater classes, their

response was sort of, “well we don’t know what to do about this, but help me and we’ll do it.” Or help us and we’ll do it. And again that is an incredibly privileged and rare experience on the trans community.

In some ways, the confusion that Hannah experienced from others actually resulted in her feeling more isolated than comforted by their acceptance:

As a teenager [coming out] didn’t do a hell of a lot, cause again it felt... in some ways more isolating. Like, here’s this thing about me that I’m telling you that you don’t know what to fucking do with and I don’t know what to do about. And so, it’s information that we can’t act on so we can just sit here and be sad about it.

Theme Four: Experiences of Rejection, Punishment, Fear, and Loss

In theme four, the participants express how they experienced some negative reactions to coming out.

Mariah shared that he experienced some discouragement and punishment when he was young and would go through his mother’s closet and try on clothes and makeup:

My grandma she'll... come into the room where we was. She'll say, "[male name] I know you ain't go in there and got on all lipstick and all them clothes!" She'll say, "Come out of there with all the other stuff in there." And, you know, she try to run me out of the closet and the other stuff and the other high heels I actually had before then.

From some person's outside Sam's close circle of friends, he experiences some pressure to conform to a gender binary:

Because I told some guy at work today, like, about preferred gender pronouns and...like, I don't know...typical cis-straight dude response like, "What, like that's so confusing," you know, it's just like, [deep sigh] alright. You know, like, how can you be a 'he' or 'they' if you have tits, you know? He didn't say that but it's implied.

Sam also discussed negative reactions and rejection from his family:

I came out to [my parents] when, like, as gay, when I was nineteen or twenty... and, um, [deep sigh] like my mom

didn't talk to me for 3 months and I was worried they were going to pull me out of school, but they didn't. Um, but like, for all of college, like, our relationship just changed drastically after I came out. Like, they just didn't really talk to me.

I didn't wear a moustache around the house but I just, like, I wouldn't, I didn't try to specifically hide anything else, um, and then like, one time my dad, like, got mad at me for, like, therapy or something. He's like, he's an addict, so he is like very, very fucked up and mean. Um, and he was like, "You know, I don't give a fuck about your gender identity issues!" and I, like, had never said anything about that to him.... Um, and then 2 weeks later they kicked me out of the house actually, so...

I just don't like lying or hiding any part of myself. But at this point, I don't know if I would. Like, if I start talking to them again, like...I just feel like I don't owe them anything anymore. You know what I mean? Like, they kicked me out. Fuck them!

By coming out and choosing to fully transition, Mila did experience some significant losses and consequences:

I don't speak to my mother anymore. I don't take her phone calls. I don't acknowledge that she's a person who's alive.... I really just had enough of her. She had stopped being a real parent in my life when I was twelve years old. And then at that point, every interaction I had with her was that I was giving her the time of day. Uh, cause she never did anything for me or gave anything to me. So when I decided, well ya know I just don't need this person in my life anymore, uh, it was much more, coming from a place of being really honest about it. I didn't need her. She wasn't, she wasn't, being good to my kids, she wasn't being good to her daughter, my sister, none of it. So I just kinda ultimately said I can't deal with that.

I mentor trans people and try to help them transition, and I've only met maybe three or four other people who've had as similarly easy time, that I've had of it. I've been able to keep my job and keep other elements of my life. Um, and all I've given up in some ways is sexual intimacy. And ya

know, that's sometimes problematic. Again, my spouse doesn't, isn't attracted to women. She isn't attracted to female me, the way she was attracted to male me. So it's, ya know, yes I've had sexual reassignment but I've not had any kind of experience beyond that. And I accept that. Ya know, it's, it's, if that's all I have to give up, then everything else that I have, ya know, lots of other people don't have sex.

Initially, some of Mila's family reacted with fear and rejection to her coming out:

...my brother, who's the one that's very much always been the center of attention, I came out to him on national coming out day and I thought he would be kind of accepting because he works in the film industry, he's a musician, and he was very much like, "um, well I think that Dad's gonna totally disown you, and you should, you should just never tell anybody." And I was like, well great, thank you. Thank you for the support, brother! He's like, "I love you, but you shouldn't tell anybody." And my other brother was much more, just like, he felt like after a lot of the things he and I had been through in our lives that, I

didn't come out to him sooner, he was really upset about that.

...the first time my step-mother saw me as [Mila], she's like, "you look like you're in a costume." But she was in the mindset at that point that I was giving a performance as a transwoman, and so she was, I think, emphasizing that element to herself and, ya know, that I was wearing a wig and that was the first time she was seeing me...

Over time, as her family began to process Mila's transition, she began to experience resistance to change from her family members:

...for like a month [my father] and my step-mother were good with it, and then suddenly after having a couple dinners with my brothers, they all came to the conclusion that I was totally wrong about being trans because none of them ever picked up on it. Especially my brothers. My brothers were very much of the mind that, "How can she possibly be trans, we would have figured that out." Until I explained to them that, every bit of masking I ever created

was in defense against them, and so the last people on earth that would ever have known were my brothers. And I think they finally got it.

...over the course of a year, [my mom] managed to find every possible way to insult me.... And then started doing really weird things with my father, like, she would qualify everything like, “well I talked to your father.” And I was like, “well, that’s great, but you didn’t talk to me.”

Even though Hannah’s family and friends were generally very accepting of her desire to transition, she still experienced some resistance to her transition and fear about the consequences of changing gender:

My dad and my brother had a struggle, and I think, and I’ve told them both of this and they both tell me that I’m wrong, but I don’t think I am, that there were some deeper fears and bigotry there that they intellectualized. And I’ve totally gotten over, both my dad and my brother have a great relationship these days, or I have a great relationship with them these days. But it took some time and both of them, and I remember my brother in particular asking, “well,

what are the long term effects of being on hormones for 50 years?” and I’m like, that’s not a dumb question, but my response was framing it as, well but for me, the difference is not, the comparison is not, hormones for fifty years and then dying at 70, and then not being on hormones and living til 90. It’s hormones and dying early, or going and committing suicide right now.

I had my gall bladder out in 2010, cause it was infected. And apparently, gall bladder problems inproportionately [sic] impact women who have recently undergone big hormonal changes. So, puberty, pregnancy, and menopause, see a huge spike in gall bladder problems, cause of the changes in hormones. And apparently, and I’m glad that they hid this from me, my parents had a bit of an argument, they’re divorced, but are still, totally cordial and on as good of terms as you can be. Um, and so my dad said, “well this is stupid cause it clearly has to do with transitioning.” And my mom said, “well she doesn’t have another gall bladder, like, this is what happened, but it’s not like she’s gonna get another gall bladder.” And so I think, that was sort of the most... push back. Was framing it

around, and again, I've told my dad that I think this was around a deeper issue and he tells me I'm wrong. Um, that he had and he and I had a lot of conversations around, well, what about dating? You're not gonna be able to date. Well actually, I am. Well what about work, you're not gonna be able to find work. Well actually, I am. Well what about roommates, you're not gonna, well actually I am. So I think for him the proof was in the pudding, that there are a lot of these fears that are not unfounded or illegitimate, but fortunately not for me to come to pass and even if they had come to pass I don't know would have justified not transitioning, in fact I know, for me, would not have justified.

Hannah also talks about some of the costs and consequences of transitioning:

[I've had] between 15 and 20 thousand dollars of hair removal... and so I've done that on my face, my neck, my chest, my stomach, my arms from the elbows down, and my legs down to my toes, and now in preparation for gender reassignment surgery, I'm having a vaginoplasty in December, I have been lasering my genitals, which is the

worst thing in the world.... For all the reasons that sex is fun, it's awful.

I would have given so much to go to prom presenting as [Hannah], and to go to these, go through these life situations, go to college. I apparently missed the lesbian jell-o mud wrestling at [university]. Probably not jell-o mud wrestling, but the lesbian jello wrestling. The flip side of that is, first, transitioning when and how I did has absolutely fueled my desire and ability to be an activist. Cause it has given me perspective on what it means to transition and what it means to be closeted, then someone who transitions at nine.

Theme Five: Self-Expression and Presentation of Biological Signs of Gender

Mariah also discussed his relationship to his body and the effects the hormones had on him:

I started the transition of the hormones it actually just gave me... ya know, to actually, ya know, step foot into actually knowin' this is how, this is the body I was lookin' for all along, I didn't have this body.... I didn't have these hips. I

didn't have these thighs and these nice feature of the skin and the hair and the, ya know, matchin' of the little, ya know, poking out of the breasts, ya know, I didn't have that back then.

Sam discussed his preference for individual expression and mixed gender presentation:

... when I go out, I'll like, I'll think about the way I dress... Sometimes I'll wear a dress but when I wear a dress I'll always wear a binder, and a moustache, and like a collar, and boots. You know, I'd rather not be one or the other. Although I do feel like I lean towards the masculine side.

I don't shave so I have hairy legs and stuff, which I love. That definitely confuses people...

Um, that's one of the reasons I stopped wearing a binder.... just because it felt like, it felt like wearing a binder was like [deep sigh] holding my body up to this, to somebody else's standard. It bothers me that people see my breasts and like,

reads me as a 'she, that like really, really bothers me. But like...I feel like I can't, change my body based on what other people, like, other people's...I dunno, like lack of information about gender.

As Mila began to transition on hormones and before she came out to family and friends, she began to be surprised about others inability to perceive the changes in her:

And I used to be very hairy person, I could grow a beard in like three days, and it amused me that people weren't noticing that I had no beard anymore. Cause I was always one of those people who would only shave, twice a week. So it was kinda, ya know, people thought, "we just thought you were shaving every day." I was like, I would have to shave four times a day to get even close, then even still I would have like a beard shadow.

Hannah experienced some unexpected and unpredictable results of her physical transition and hormone replacement therapy:

I... through no fault of my own, through no credit to myself, lucked out hormonally, in that I didn't need, or

desire, facial feminization surgery. I haven't needed a trach shave, I never had a big Adam's apple, my boobs are hormonal and mine, and on the larger side of trans women I know. I think I've met one other trans woman who's had comparable breast growth purely from hormones.

It wasn't until about a decade after coming out to her parents and therapist that Hannah started taking steps to physically alter her body. Hannah also decided to begin to physically transition before socially transitioning:

I started on the hormones in mid '07, at 22, and then in mid '08, so 23, started to ask friends and family to call me [Hannah]... um, to call me by a chosen feminine name and pronouns. And then, January 1 '09, and that year came out to bosses as well, and then January 1, '09, I don't like the term fully, but socially transitioned for interpersonal interactions with the people in my life.

Theme Six: Authenticity

This theme includes the impact of authenticity on the participant's lives, both before and after transitioning. Living authentically is about understanding one's experiences, and expressing oneself in congruence with that experience.

Part of Mariah's relationship to his own individual sense of identity comes from his value system. Mariah's interview revealed that he values authenticity.

You would never catch me all up on somebody else's man.
You'd never catch me with somebody else's woman....
You would never catch me with somebody else's identity.
You'd never catch me with somebody else's spirituality
problems, and couldn't deal with their own and face their
own... problems.... I'm just giving them every best of me.
But I said I know this light is going to shine and everybody
is going to see the best of me regardless of how anything
else happens.

I actually had much more confidence to actually go out into
the world and feeling that... I'm actually just givin' 'em
nothing but... a fine approval guaranteed person....

Part of Mariah's authenticity included displaying a degree of toughness, as well:

A lot of people would say, "You got a bad attitude." You
damn right. I gave them a bad attitude. You know why?
I'm a bad ass diva! And they couldn't deal about nothing.

And that b-word... You know what I'm saying?... They can't stand themselves. That's where they actually messed up, and I was. I was that damn good that they could never ever come for.

Mariah displays further authenticity when she discusses her pride in her choices of appearance:

I said I would never actually, you know, say I wouldn't be ashamed to actually wear this, you know what I'm saying? Wear the earrings or wear my hair or wear my lip gloss or wear the color of anything else, you know what I'm saying?

Mila started her transition process later in life; she was 39 when she started to transition and was already married with children. She discusses how by the end of the process, she had become more accepting of herself as a person than she had been while presenting as male:

I used to tell people, live authentically. Um, I spent a lot of my life not being authentic. Ya know, putting on different masks for people depending on who they were. And I don't

do that anymore, and I'm willing to yell at my boss. I'm willing to yell at other teachers or administrators if I feel that they're not doing the right thing, whereas previously I would never have done that. Cause I never wanted the attention. And now, I figure, I get all the attention I want, I'll do it. I'll stand up for myself and I'll stand up for my students, and I'll stand up for my kids. Ya know, I'm more than willing to go into my, uh, my kid's teacher's classrooms and read them the riot act and not feel like I have to be nice. And it's not to say that I'm not a nice person, but I don't feel like I have to be nice. Whereas I used to sort of, put on this, I wanted people to like me and now I'm like, well, if you like me, like me. I am who I am.

I accept who I am as a person and I'm really comfortable with who I am as a person and that results in me not having to be other people, be somebody else to make other people comfortable with me. If you don't want to hang out with me, don't. I have really good friends who I love hanging out with.

Mila shared that after coming out, she had a different approach to how she was in relationship to other people:

I'm a much more honest broker when it comes to dealing with people...

...with my father and stepmother I think they were just taken aback by how little I was willing to just give them what they wanted. Cause I always, whatever they said I gave to them, whatever they wanted I gave to them. Um, and I got to a point where I was like, ok I don't need to do that. I don't ask that, I asked them for help financially with my surgery, because they're very wealthy, and they decided they weren't going to give it to me, and at that point I said, "ok. This is our relationship. You're not gonna help me in this time when I absolutely, ya know, more than any other point, need something and you're not gonna see it as vital, and so though, everything we do in our lives will come from here." And they started doing things like, "we really want to see your kids," and I would think, "oh well that's good. It's good to want things." Which is something my

father has said to me many times in my life, “it’s good to want things.”

Hannah shared that her relationships have deepened and become more authentic as a result of her transition, even if the transition delayed some of that intimacy:

I would say, many of [my relationships] have deepened. I think my mom is the biggest example.... And so I think she saw more, and I lived with her after they split up, so I think she saw more of how, what the depression meant for me before I transitioned, and what transitioning was meaning for me. I think she also had a epiphany realization of, “oh shit! I can buy her bras!” And so, that I definitely think my experience of transitioning deepened our relationship.

I think, the process of dealing with [my transition], ultimately has helped my dad and I. That was a really rough path and I suspect had I not transitioned or had I not felt the need to transition that it would have been a quicker journey to being where we are today. Um, for... many of my close friends... I don’t know if they would phrase it this way, but

I've sort of seen it as them stepping up to the plate to be allies and supporters.

...a friend of mine who is a cisgendered, straight, male who is in a frat, and is "Ra Ra cubs," and was in another room at a party and I overheard someone saying something fucked up about gender. And he, without knowing I was listening, said, "well she's talked a lot about this and that's problematic, because x, y, z." And I'm like, "ohh," like that was really beautiful. I think, many of my friends, in the way that being with someone through something hard can bring you closer....

Theme Seven: Fear of Possible Changes or Consequences

For the participants, the idea of transitioning created some anxiety and fear about what the experience would be like, and what they would have to sacrifice to have a gender presentation that matched their internal sense of identity.

Mariah expressed some hesitation and fear about the effects of the hormones, which he describes as some of the reasons he stopped taking them after four years:

I was thinking at one point to myself, “Oh no!” I say, now I knew ever since I started the hormones I say, “Well I just hope myself, you know, I didn’t dry myself sick with them,” Or I just kept taking them every two weeks... well I was supposed to take them every two weeks but I know that I didn’t take them every two weeks but I wanted to say, “Well ok. I’m taking them every two weeks.” But I don’t want to say, “If I’m going to still take them every two weeks, and I don’t know how the other parts, you know, the inside the body is really doing, only the other parts.” So that’s what made me stop, you know, start to look at myself and just see how the difference have I changes throughout the rest of the years.

I say oh no, right now I don’t need that hormone. I got the look that I need. I got the body. I got the hips. I got the look and I got everything else that I need now.

I stopped taking ‘em for a typical reason because I thought that I wasn’t getting the right services that I was actually getting because it was my decision to actually take the hormones and I still was not getting the right, uhh, need of

like the right, umm, opportunity and the right people that actually see that....

Now it is time for me to stop, time for me to stop for awhile... take foot back and probably, like, reading a little bit couple of my scriptures [scriptures] that I usually read to actually strengthen the confidence to look at more or strengthen the integrity that I actually have to actually make sure that its actually stable enough to make sure that I'm actually still able to move, through some of the good parts of it because, I mean, it can take you through a lot changes.

Mariah also discussed his confusion about how to navigate his job search:

So the only thing that I have to do now is find a job. Now will they accept me still as a transgender boy now since I've actually known it before, since I actually went through the other opportunity and I still haven't got the job that I wanted before, or should I still have to go as [male name]?

Mariah also described how he felt when he was not around his friends, and that there was some fear associated with being alone:

And me and the diva supremes, we were always sing. We would always sit right in the parking lot. We would sing our hour away. It's like 6 o'clock. Oh shit, it's time to go home now. They'd have to leave and go all the way back to [town] and I'd have to be stuck back in the city like this, like oh. You know, I'd give them the face like oh, what is up? What am I going to do? The divas left him alone by himself. What is he going to do? What is the divas going to do? And how is he going to get through the rest of the day?

Sam discusses his contemplation and apprehension about taking further steps in his transition:

I talked with my therapist about trying 'T' or cutting off my tits, which, like, [sighs] I don't know. You know? There's still question marks for me. I don't want to have, like, I'm very, like, homeopathic as it is so I don't know if I'd be

comfortable taking 'T'. I'd be scared. And then same with cutting off my boobs.

Another negative aspect of Sam's experience includes a fear of losing his experience of being a woman:

But I don't want to lose, I don't want to, like, while having access to certain privileges of being male is nice, I also, like, don't want to lose my awareness of what it means to be a woman. But I don't think I will.

After coming out, Mila shared that she experienced uncertainty about how she was being perceived by others:

As for how people saw me, again it's, I can't say how much people were honest with me in the beginning about what they were seeing because people were really nice about it and people are friends and loved ones and it's hard to say, how do you think I look? Oh you're beautiful, you're beautiful. Well that's very nice for you to say, but it's hard to believe. Ya know, I think it's hard to believe for anybody to believe when someone tells them, someone

compliments them and they don't necessarily buy the compliment.

... it's this sort of negative voice, are you saying that because it's beautiful for a trans woman? Or, ya know, as a woman? And so I never quite know if it's, ya know, if there was a qualifier there.

I would like to believe all the compliments are unqualified, but I'm realistic enough to know that at least some of them have the qualifier, so... I mean, that's just how people are. I think when people find out I'm trans who didn't know, there's that moment of, "oh I wouldn't have known." I'm like, ok that's a compliment, I guess. I have students who come to me after having been in my class for 7 or 8 weeks and they say to me, "did you used to be Mr. [name]?" And I'm like, "yeah," and they're like, "wow, I didn't know," and I'm like, ok, well then it's working.

Because of the lack of resources available to Hannah when she was younger, she had an uncomfortable perception of her future:

...the views that I had of trans people from culture and from the people coming to these youth groups and all that, were women who looked like men trying to look like women. And that was not what I wanted. I didn't want to be play acting, which is not saying that people who don't pass, I hate the word passing, are play-acting, but at 13 or 14 that's a really hard conversation to have.

As Hannah started to think about physically transitioning at a young age, she experienced some fear about not being able to achieve the look she desired:

And particularly as I was hitting puberty and I was developing hair fucking *everywhere*, ironically from my mom's side of the gene pool, it seemed really impossible that I would ever be able to transition and pass and be perceived as the gender with which I identified and was presenting.

Hannah spoke about the difference between her current fears and how they differ from the fears she had during the early stages of her transition:

I was just talking with my therapist about my fears of going into surgery, and I was saying, “this is a better class of bullshit than what I was dealing with 7 years ago.” This is a better class of bullshit than, can I go into Target and buy a dress without having a panic attack? Like, unquestionably, I have moved forward. But saying that to me at, 22... I don’t know that I would have found that particularly comforting.

Theme Eight: Mental Health Concerns

Theme eight includes explicit statements made by some participants about their experiences of mental health concerns.

Before coming out, Mila experienced some depression:

I created for myself and, um, I put up a really really solid wall against it. It was a wall built under pressure, ya know, um, a lot of suicidal ideation, a lot of things that were really difficult to deal with, but it was a lot easier to deal with the

depression and all the other things than to deal with being trans.

When Hannah experienced active support, it sometimes occurred in the context of helping her deal with mental health concerns:

I was dating a girl who I had started dating with in college and we had been friends. I had been out to her before we started, uh, before I started transitioning. And, I think at the beginning she was really, helpful in pushing me in a healthy and positive and friend way. Towards getting into therapy and figuring this out, she wasn't coming from a place of here's what you should do, but she was coming from a place of like, you are depressed and occasionally suicidally depressed and you should not be. Or we would like you to not be.

Theme Nine: Experiences of Changing Gender Roles

Some of the participants shared their experience of being treated differently due to a change in their perceived gender.

As Sam has transitioned, he has also experienced a societal change in his gender role:

Sometimes I worry about being a dude because, like, I hate men... like, dudes really bother me I feel like, they just walk around with a ton of privilege. Already, I experience so much more privilege because the public generally reads me as masc...as male.

I would took the [bus] up to go out, uh, to go out on the week...Thursday, Friday, and Saturday, and like, without fail, I'd be harassed. Like, every time I got on that bus, every time I got off the bus to walk to the redline, and probably on the redline as well. It's like, a lot. You know? It's a couple times a day and then I cut off all my hair, and also just started dressing more masculine, and presenting more masculine. And, um, it went away and I didn't even realize it went away until one time I was with my best friend who's very femmie and she...some guy was bothering her. He was staring at her and muttering something, and she was like, "That guy is creeping me out," and she was like, "What? What do you want?" And

he wouldn't leave her alone, and I said, like, "Hey! Like, leave her alone!" and he goes, "I wasn't talking to you, pal," but then he left. So he read me as a dude. I was wearing my moustache. And he totally respected the fact that I was like, "Get out of here." And then I was like, "Oh my God, like, I forgot street harassment happens." I mean, I get called, like, a faggot a lot, um, which sucks but, it's really amazing not to be harassed on the street.

After her transition, Mila began to notice a difference in how she was treated because of her new gender role in society:

The most fascinating part of my experience, in terms of work, has been that I'm a technician. I handle all the tech work for our school's auditorium, and I'm really good at it, it's something I've been doing for a long time. And nobody ever questioned my qualifications to make the light board or sound equipment work, or hang the focus lights, when I was Mr. [name]. But, man, show people that you have boobs and pretty soon your level of competence goes way down. Like, "do you need some help with that?"

... the difference between being a teacher as man and being a teacher as a woman is male teachers don't have to deal with disrespect in the same way that female teachers have to do from students. Especially high school boys. High school boys are very respectful to male teachers. Um, there's an intimidation factor and they just kind of naturally, they give a lot more respect, without question, to male teachers. What they don't do to female teachers. They're very disrespectful to female teachers in comparison. So as a result, female teachers can't have that level of kind of relaxed quality that male teachers do. You ask students which teachers they like better, the male teachers or female teachers, they'll say, "oh, my male teachers, because they're cool. And my female teachers are all bitches." And I've found that I've had to become that bitch to a lot of my students. I've had to be, a much more severe tone, a less congenial way of dealing with my students, simply because they don't react the same way when I would do the same things I used to do. So I had to change the way I treated them to get them to do things I needed them to do.

Hannah comments that through her transition process, she has developed a greater awareness:

I think, one of the awesome things of being outside of a norm, is getting to look out and comment on it.

This greater awareness also pertains to Hannah's experience of gender roles:

...my transition has made me inherently more aware of sex and gender and how it impacts interpersonal relationships.

... there's one friend in particular, and I think this is fascinating, and I've never told him this, my full take on it, so we've worked together in a mutual high school friend group. I am the only female in this group that he has never hit on and in the work situation, he and I can work together very well. All of the other women have trouble working with him. Not because he's explicitly sexist, but I think he just has power issues. And, he's getting better. And we've had some conversations the last year where he's explicitly

said, "I was wrong."... I... feel like I have missed those behaviors being directed at me, which is interesting, and I think he would be horrified if I told that to him. Because he is incredibly politically aware and conscious and doing work that is socially conscious and focused on social justice. But I do think it's one of those situations where there's, I have read it as, and maybe this is wrong or not fair to him, there's this teeny hold over that places me in a different category than our other girlfriends.

I am really conscious, or I have become conscious, of the fact that, being masculine, being masculinized... being socialized as male and having grown up walking through the world as male, I think I have a different sense of safety when walking around than friends, than cis female friends of mine. I think I have a more... conscious understanding of gender and sexuality.... But I think even at 14 and 15, I had a different understanding because... there wasn't that same, desperate push to be normal.

Theme Ten: Seeking Help and Professional Resources

Theme ten discusses some of the resources sought out by the participants and their experiences of finding and interacting with those resources.

Mariah spoke several times about his connection to organizations and resources that helped provide him with safe housing. Part of the importance of the organizations was the staff people that Mariah interacted with. He spoke about the support he often received from resource workers:

When I got here, I was right about 20 or 21, cuz I came out when I was, with my family, when I was like 18 or either 19 at the most, and I got to [organization]... when I first met a staff member there, and the staff member there actually, knew right then and there, when she saw the glowing side of me, she say, “you are a good performer...”

This wasn't the life I have actually choose and live from so that's how it gave me much more confidence when I came to [organization].

And the resource worker actually saw that this was actually, you know, me that actually just came out, actually knew where I was actually going and actually gave me the

good confident and the strength to give me the confidence... to... believe that everything will be ok.

And, uh, I was able to take trips and I was actually able to go out of town with resource worker. The resource worker loved us! She gave us, all of us, special attention. She even took us out one day and gave me my first pedicure.... Got my first pedicure. Got my first hair done. And even bought me a dress.

...resource workers they... complimented us with a lot of work and a lot of, you know, confidence work that actually given us the benefit to, you know, to say, everything is, you know, we fine, you know, to say everything will be ok. You don't have to worry about a lot of different stuff. You'll find a job later on. You know, just going through a lot of transitional living things right now. You will be fine and stuff like that.

Before some stages of her transition, Mila sought professional resources to prepare for the coming out process:

Five years ago, it started, all the walls started breaking down and I, it was really something that started, ya know, that understanding of myself started coming back and I had to really accept that it was something I had to do something about when I went to see my therapist. And at that point I never saw myself as anything other than a woman or at least internally. It took a while for the external me to match up with that, because I told my therapist initially that there's no way that anyone's ever gonna buy me as a woman.

I started seeing a gender therapist and then at that point, came out to my spouse....

Then the final coming out was at work. I did a lot of ground work in terms of doing that. I found a pair of attorneys here in [the city] who work with LGBT employment issues.

As Hannah transitioned with the help of her therapist, she became empowered in being able to ask for her needs and to become a self-advocate:

... as I, found this therapist and started to more actively transition, then I was a little able, a little more able to say, “and here is what I want you to do about it. Here is the name and pronouns I need you to use. Here’s, um, what it means to be an ally to me. Here’s all these different things.”

Hannah also shared that some resources were not helpful when she was trying to discover her own gender identity:

And so, there weren’t a lot of resources and I remember very vividly in high school there were trans speakers who were coming to the youth group that I was going to and I was really excited about it. They came and they were both, probably 40s or 50s, later transitioners who had kids and marriages and transitioned in their 40s and 50s and felt almost... alien. Because their experience was so fundamentally different from my own. And so it almost made me feel more isolated, cause again, that really wasn’t what I was feeling.

So... I... took some tentative steps and then took steps back. A number of times I started to explore language and coming out to people online when I was 12 or 13.... [After coming out to my parents]... Nothing happened from there, I wouldn't say that I had started transitioning, in part because I was 10 or 15 years too early for some of the support that exists these days, specifically for trans youth. And so again, at the time, the resources, the books they had, the people they had to talk to talked about this all or nothing idea of transitioning, that was really fucking scary for parents of a 14-year-old and didn't feel right for me as a 14-year-old. So I stayed... socially closeted. Out to some close friends, out to my parents....

...when I went to college I tried to find a therapist who was knowledgeable, but, again, I found a therapist who, giving her the benefit of the doubt, I think subscribed to that older model of there is one way to be trans. So after going to a couple sessions said I probably wasn't trans and she'd want to start me on anti-depressants before we would talk about hormones.... So that threw me through a loop for a couple of years and then my senior year of college, decided to try

again and did some therapy shopping... and I finally found someone who was extremely experienced with transitioning, with trans identity, this was about 21 or 22. And with framing them as neutral choices. So saying, “these are things you can do, let’s talk about it,” rather than, “these are things you should want or shouldn’t want to do.”

There were also times when Hannah attempted to find resources to help herself or her friends and family. She sometimes found that the resources did not exist or were insufficient:

When I was coming out to [my parents], there literally were not the books that exist for trans youth and therapists that work specifically with trans youth, and camp for trans kids, and conferences for 18 and under trans issues, and sections at larger conferences for trans youth, it’s just didn’t exist. And so, um, I don’t know that they wouldn’t have been more actively supportive if the tools had been there, but they weren’t.

...and there were not places for [my girlfriend] to go for support because the majority of stuff I found for her for partners of trans people is for those later in life transitioners who were talking about marriage and the kids and the house and it was just so foreign from her experience.

I think the unspoken and unacknowledged, I don't want to use the word victims, um... negatively impacted are very often the partners of trans people who are transitioning, and there really aren't resources that exist around it, or there are very very few, and most of them are aimed at older, later in life transitioners.

Theme Eleven: Religion and Faith

Theme eleven includes the impact that organized religion and traditions of faith sometimes have on the participant's lives.

Mariah discussed the importance faith plays in her life:

And I was just actually during those times actually stayed at church. I actually stayed connected with my other fellowship working people. I actually stayed connected

with my other mentors and my other representative people that I actually worked in and stayed connected with me at the time when I was actually doin the services and I was goin through the hormone changes and I was goin through the transaction that actually gave me the steps to actually, ya know, make it to the age of 30.

I was focused on myself. You know what I'm saying? Like this was like me, myself, and I. This is like the changes that I needed...needed to do and what I needed to fix, to try to fix the challenges or try to fix the broken, you know what I'm saying pieces, you know, everywhere they go and actually know that God is still provides for you. No matter what type of, uh, stage you go through because he still knows how good that you were before, and actually the times that you did step into the trials and tribulations, and what did it actually take you through, and that he brought you out.

I'm here to actually get what type of good relation that God has provided for me. To actually, you can, you know, help me throughout the other trials and tribulations and the up

and down problems that a lot of people could never see that was in me already, that I had already had.

[I] went back home, stood up, looked myself in the mirror, picked [the] bible up and I carried it all the way through. I carried it all the way through my spirit, carried it all the way through me because I knew that, you know, that was my guide. That was my guiding, that was my guiding, and that was my kind of, you know what I'm saying, uh, hold, you know what I'm saying, provide and benefit me. You know, hold and benefit me.

And I'm just like [sigh] thank God that I didn't, you know, forget to repent. Thank God that I did not forget to pray. Thank God that I did not forget to do what I needed to do to make sure that myself was actually stable and affordable to make sure that I'm actually able to get through the things that I needed to get through, to get through the world!

Mariah's faith and authenticity have also helped her to overcome negativity in her life:

I step foot inside the other part of the world. It didn't take me. It didn't break me. It didn't destroy me. It didn't see me wrong...it steered me wrong for a point of time because everybody else tried to, you know, pull me down by calling the 'fag' word or tried to called, you know what I'm saying, aw he's gay or something like that or but they'll never say he's gay. They'll try to say the 'fag' word because that they knew they was a fag theyself [sic].

Mila reported during her interview that she identifies ethnically as Jewish, however she also once described herself as an atheist, suggesting religion is not an active part of her life. Mila has been impacted by religion because of her brother in law:

My brother in law, he's the leader of a messianic Jewish group, and he actually tried to encourage me to do reparative therapy. And he said that, he would "stand by my side," and whilst I, ya know, underwent this, ya know, treatment. Umm, and this, again, prior to coming out we barely see him over the course of three years, and he lives like two miles away. Um, but he doesn't like to interact with us because we're uh, we're heathens and atheists. He doesn't want his children to be exposed to people who

don't believe exactly what he believes. Which, and they don't ever actually leave the house. So they're never exposed to anybody who doesn't believe exactly what he believes. Um, which is really sad for them, um. But, he uh, had absolutely no interest in being in, what he said was, he didn't want to have to explain this to his kids.

Hannah also denied having a religious affiliation despite being raised culturally Jewish. She explained that some people would expect her to describe her ethnicity as Jewish because of her heritage, but that she did not identify with any religion.

Theme Twelve: Perceptions of Community and Culture

The participants discussed how they experienced messages about being trans or what cultural influences impacted their development of a gender identity.

Mariah discussed the importance of cultural role models as he was growing up:

I used to sing, sing to like Michelle Olay [sic]. I used to sing to like, Lisa Stanfield, and different people like Stephanie Mills, and one of my other icons, she's dead, is Whitney Houston. You know just different people that I actually grew up to that actually inspired me, you know saying, especially Diana Ross. That was one of my other

favorites, you know what I'm saying, word spoken womens that I actually really saw with a lot of confidence. She had a lot of nice clothes, a lot of nice dresses....

Sam also explains his experience of being part of the LGBTQ community:

the queer community, like, asks a lot of you. You know what I mean? Like, it asks you to, like, examine where you're coming from, and your biases against people, and it calls you out on it, which is great...Part of what made accessing resources possible for Mila is the evolving historical and cultural context she found herself in. She commented, "I couldn't have come out and had my life as I have it now, ten years ago."

Mila explained more of how she perceived culture ten years prior versus in the present:

I tried to transition when I was 19, 20 years old, and I totally disappeared... and I went to Denver because they had a gender center there, and I was like, ok, nobody's

gonna think I would go to Denver.... People thought I went to New Orleans, because that's where I talked about going to. As opposed to Denver where I never talked about. It was just a place on the Greyhound where I knew that they had some people. And what I discovered was that it was very much a really terrible lie. It was like 1990, and in 1990 for trans people it was a pretty bad time, and I didn't want that life. And so I did a really good job of convincing myself after a decade of really accepting that I was trans, I convinced myself I wasn't... [Trans] to me meant sex work, and it meant rejection by everybody. I just, I couldn't accept that life for myself.

Theme Thirteen: Impact on Romantic Relationships

Theme thirteen includes Hannah's observations about how romantic partners are affected by transitioning.

Hannah talks about what a dating partner's role and experience are during a trans person's transition:

What we have talked about is [my ex-girlfriend] said she felt like she had started dating this depressed, but articulate

and caring and compassionate person, who became a teenager. And that was really hard for her.

...things that my partner and I were experiencing when I was actively transitioning in that relationship, it was, there were moments, I think, where she felt she shared fears and anxieties and stuff with me in ways that were in retrospect really hurtful and scary, and kept me feeling like I had to move slowly to protect her. Those were totally legitimate feelings she had, she needed to find a different place to express them. And I think using analogies are always problematic, but if you're married to someone, or partnered to someone, or dating someone who has a disease, cancer, whatever, I think cancer is an easy one, it is totally reasonable for that partner to have feelings and to have a hard time and to be scared, and to not be sure how their body might change, and all these things. It's gonna suck for that person with that condition to have to play therapist. And I think one of the things that trans people are often cast in the role of educator, whether they wanna be or not, and in relationships that means they're then cast in the role of therapist of, well, I don't know, help me process what it

means that I am a lesbian identified cis woman and I like your penis, like what does that mean. It's like, I don't really care. That's not really fair. If it is someone I am sleeping with, I am not able to both be able to be present in that relationship and feel good and sexy *and* process that specific issue with them.

Hannah also explained that since transitioning there have been new challenges to building romantic relationships for her:

I think for relationships that I've tried to build, romantic relationships, since... tenses are hard. Since socially transitioning, since living every social interaction in my life as [Hannah], I would say, sort of like the relationships the friendships that have shifted, in some ways it sucked in some ways it's been really awesome. It has sucked because it has meant I have to think about issues of disclosing, and I have to figure out how or when I have to tell someone.

Summary

Each participant discussed aspects of thirteen different themes which have been presented in this chapter. In this section, there will be an examination of the commonalities and contrasting experiences within each of the themes of the participants.

One of the themes discussed by all four participants is their experience of mental health concerns. Each participant discussed a period of time when they were depressed and, in some instances, feeling suicidal. For the participants, the periods of depression appeared to come during times of uncertainty or when they were not sure how to live authentically; unsure of what their internal sense of identity actually meant, and how they wanted to express their identity externally. It also appeared that part of each person's difficulty in figuring out their internal and external sense of identity had to do with incongruence between historical definitions of trans identity and their lived experience of their gender identity. For the most part, the cultural understanding of being trans had a fixed set of steps and images that were unappealing to the participants. Each wanted to carve their own path and define their gender for themselves. Three of the four participants described their gender with more than one term; even if there were variations of a similar term, there is difference in the meaning between each term. Examples of this theme include Sam using the terms genderqueer and trans, masculine center, as well as Hannah who uses the terms trans, transwoman, or female. Different situations result in different choices for how participants report their gender, which according to the historical model of trans identity as understood by my participants, is not an option.

Social support has also played a significant role in each participant's journey. For Sam, social support created an environment in which he could experiment with gender presentation. For Mila, social support resulted in her being able to remain a parent to her children, maintain her job, and know that expressing herself authentically is the right choice. Hannah received support from her parents and friends starting in adolescence, which shaped her future sense of self and experience of self-worth. And finally, Mariah experienced support from his family, which has helped him to work towards his dreams of being a performer. The support each of the participants received, however, was occasionally cyclical in nature. At times, those who had already voiced support and acceptance for the participants later began to question the decisions they had made in regard to their transition. Hannah and Mila, in particular, experienced family members questioning whether transitioning was a good decision.

Finally, all of the participants interacted with a trained mental health professional. Mila, Sam, and Hannah all mentioned seeing a therapist, and Mariah discussed the impact of meeting with a social worker, who provided much needed support. For some participants, such as Hannah and Mila, their therapist was the first person they expressed their uncertainty about their gender identity to. Therapists and social workers have played a part in all of the participants' journeys, to varying degrees.

The four participants in this study represent a variety of backgrounds and cultural identifications. Each participant also started their transition at a different developmental stage of their life. Hannah began to express her preferred gender identity in early adolescence; Sam began his transition in college; Mariah began hormone replacement

therapy as a young adult; and Mila started coming out and physically transitioning in her adulthood. Being at different developmental stages means the impact and type of each participant's social circle varied. Mila was married with children, which meant her primary source of social support consisted of her spouse. Mila's social contacts will likely remain consistent through much of the rest of her life because she had developed a stable social network and connections in her adult life. For Hannah, as she continued to develop through adolescence and move through the various phases of life, her social circle would have continually changed. The developmental stage during which a person transitions greatly impacts the social experience of that person.

Each participant also experienced different levels of familial support and acceptance. Hannah experienced acceptance from her parents throughout her experience, although she expressed the idea that no one knew how to offer her support. She also shared that, while the acceptance remained consistent from her mother, her father began to question her decisions due to his own fears about her future. Sam, however, has only experienced rejection from his parents. While his group of friends has been very accepting and supportive, Sam had been forced to move out from his parents' home because they did not accept his gender identity and presentation. Mila originally received acceptance from both her parents, but due to a variety of reasons, no longer speaks to her mother. Finally, Mariah shared that his grandmother, who appears to be his primary support, accepts him and his goals to be a performer. What would happen if Mariah decided to change his pronoun, however, is currently unknown.

Further, each participant chose to express their gender differently and use different terms to describe their gender identity. Although Mila and Hannah have taken similar steps to change their physical appearance, the terms they've chosen to describe their gender are different. Mila wishes to be seen as, and called, a woman, whereas Hannah sometimes identifies as a transwoman, or trans, or female.

Chapter Five: Discussion

Each participant discussed several themes unique to their own experience of transitioning. In this chapter, there will be an interpretation of the common and contrasting themes of the participants that are particularly relevant to the research questions. Implications for the practice of clinical psychology, limitations to this research, as well as directions for future research are discussed in this chapter.

Interpretation of Results

One of the primary research questions for this project was how were the participant's significant relationships, such as close friends and family, impacted by their transition? One of the themes that provides an answer to this question is the theme of *Authenticity*. Mila shared that after her transition she became a "much more honest broker" with people. She became less afraid of speaking her mind and also began to end relationships with people who could not or would not accept her as she really is. The participants discussed being a more honest person and the importance of representing themselves in an honest way. This appears to show that transitioning helps some individuals become more accepting of themselves and their own thoughts and feelings, and they become more concerned with living authentically and less concerned with being what others want and expect them to be. Hannah shared that living more authentically also helped to deepen the relationships with her family.

Another theme that addresses the question of impact on relationships is the theme of *Experiences of Acceptance and Support*. All of the participants experienced some

acceptance and support for their transition from friends, and family. Mariah shared that his grandmother accepted his feminine presentation, in part because Mariah's grandmother could tell it was an authentic form of expression for Mariah. Sam's transition experiences have come with large amounts of support from his friends which has also included encouragement for him to explore his identity further. Mila initially experienced positive responses from her family of origin, despite fearing that they would immediately decide to reject her. Mila also expected her wife to leave her, and while the acceptance took some time, Mila's wife has remained in her life and helped her to transition. Hannah experienced immediate acceptance, but shared that no one understood how to support her, although they wanted to. It appeared that these experiences of acceptance and support were instrumental in helping the participants accept their own transition and cope with the fears they had about their transition and its possible consequences. Research has continually shown that social support is vital for building resiliency and preventing or reducing mental illness (Grossman, D'Augelli & Frank, 2011).

Even though all of the participants experienced varying types and degrees of acceptance and support, all of the participants also had experiences of rejection, punishment, and loss. When Mariah was young, he was punished for experimenting with his mother's clothes. Sam has been rejected by his parents for both coming out as gay and then for presenting as masculine. Sam was even kicked out of his parent's home and is now unstably housed. Even though Mila initially experienced acceptance from her family members, particularly her mother, she later experienced the loss of the relationship with

her mother. Mila also shared that she has sacrificed having a sex life with her wife, which she does experience as a sacrifice, but one that allows her to live authentically. Hannah primarily experienced apprehension and fear from her family members about the consequences of physically transitioning. She also explained the significant financial cost of transitioning.

Even though the participants experienced many positive effects due to their transition, they also experienced some significant losses, rejection, and punishment. Even in some of the best possible situations, loss is a consequence of transitioning. Not all significant relationships remain after a person's transition, which is particularly relevant in Sam and Mila's accounts. What is interesting is the meaning that the participants make of their experiences of loss, in particular. The meaning for Mila appeared to be that she was in a better, more authentic place without relationships that were not supportive and accepting of her and her family.

Hannah shared how transitioning affects significant others in the theme *Impact on Romantic Relationships*. In particular, she shared that transitioning is inherently selfish, which is not conducive to creating adult committed relationships. For individuals who transition after puberty, their social circles may no longer tolerate the type of introspection, self-discovery, and emotional turbulence that comes with such significant change. What Hannah also shared was that there were no resources available to a dating partner of someone in transition. No resources were available to help partners understand their transitioning partner's experience, or what to expect from being in a relationship with someone who transitions.

Another way to interpret the results is to look at them as part of three larger domains: relationship to self, interpersonal relationships, and relationship to culture. One thing the results show is that the evolving cultural narrative has helped influence how trans individuals relate to themselves and their own gender identity. As Mila and Hannah shared, the understanding of what “trans” looked like ten or twenty years ago does not fit with their personal identities and even made them feel as though they could not transition without too many losses and consequences. Fear of possible changes and consequences was a prevalent theme for most of the participants.

Throughout each interview, the participants all appeared to have an evolving understanding of themselves and their identities. Sam was the participant who had started his transition most recently, which meant that his understanding of his gender identity and preferred presentation was still changing. Mariah had gone through several years of transition, but he appeared to be uncertain about some aspects of his social transition. Mariah expressed pleasure with his physical appearance, but seemed uncertain about social and legal transitions. He expressed confusion about whether he could apply for jobs with a chosen feminine name, or if he needed to remain masculine identified. Mila and Hannah had both transitioned physically and socially. Hannah had planned to further physically transition through surgery and Mila had transitioned as much as she had planned to. They both appeared the most confident in their identities. They had also spent the most time on their transition, both taking several years to physically and socially transition.

All the participants discussed their process of self-discovery. Mariah, Mila, and Hannah, appeared to notice as young children that their gender did not match what others expected. Sam, on the other hand, was older when he began to discover his enjoyment of being referred to as “sir” and using masculine pronouns. Sam also discovered that he enjoys having a mixed gender presentation, such as not wearing a binder so his breasts are apparent and also putting on a mustache with make-up.

The participant’s self-discovery and relationship to their self also occurred in the context of interpersonal relationships. Mila, in particular, began to understand herself because she was comparing herself to her brothers and her mother. Part of affirming their own identity happened through the coming out process, as well. Three of the participants explained their coming out experiences, which were a significant aspect of socially transitioning. Coming out to significant others gives the other person an opportunity to affirm the other’s identity, and also acts as a way for the individual to affirm their own identity by verbalizing their feelings.

Implications for Mental Health Professionals

As previously stated, all the participants had contact with a professional in the mental health field. Mila, Hannah, and Sam all mentioned seeing a therapist either currently or at one point in their history, and Mariah stated he received necessary support from a resource worker at an agency, who was likely a trained social worker. In each case, the participant was granted permission by the professional to express themselves however they chose. Mariah mentioned that the resource worker he interacted with

granted him permission to buy a dress for the first time. Hannah's therapist allowed her to make the choice to look at the girl's clothes in Target and to make each individual choice during her transition without making it a requirement for her to do so. Hannah's therapist did not make Hannah fit into a restricted definition of what a trans person is "supposed" to be and what steps they have to take to actually be trans.

Through Hannah's experience of shopping around for a therapist, however, it was demonstrated that not all therapists have an understanding of the realities of a trans person's experience. Some therapists familiar with early research expect a trans person to fit into certain criteria and follow specific steps. A majority of this study's participants shared that the perception of a trans person from 20 years ago does not match with their experience. For mental health professionals to be successful in treating clients who identify as anything besides cisgendered, each professional needs to be open to the unique experiences of a trans person and all their intersecting cultural identities. Any person who believes they may have a trans or non-cisgendered identity needs to have a safe space to explore and express their gender identity.

Training programs for professional psychologists need to inform their students about current research, such as this study, that clearly show the variety of experiences that can occur between even a small number of trans individuals. Three of the participants listed multiple terms when asked about their gender identity. Training programs need to educate future clinicians about how each individual creates their own gender identity and, depending where each person is in their self-discovery process, how to help someone explore what personal meaning gender has for them. For clients who are

like Mila, a therapist would need to offer support and help her process the changes she wanted to make. For clients who are more similar to Sam, a therapist would need to help them explore the meaningfulness of presenting their gender in various ways. Sam's felt sense of gender continues to evolve and, unlike Mila, he is not working towards an end goal of transitioning from one assigned gender to what is commonly thought of as the "opposite" gender. Instead of transitioning from female to male, Sam appears to identify with a more ambiguous gender presentation. The old models of trans identity development do not represent Sam's journey and training programs need to provide their students with the most current information available.

Further, the psychological community needs to provide more resources for the trans community and the family and friends who want to support and understand them. While generating quality research on the trans community is important to attend to how psychologists interact with the community. There also needs to be more effort made to share information and educate the public so that understanding can breed compassion. Both the psychological community and the larger public need to come to a broader understanding of gender and its influence in our lives and relationships. As trans individuals begin to experience more compassion and understanding, there will likely be fewer mental health concerns and lower suicide rates.

Limitations of this Research

This research is limited by its design in the way that all qualitative research designs are limited. This study looked at the depth of experience of the participants and is

therefore not generalizable to the trans community as a whole. Where quantitative research reveals a breadth of information, the data from this research can only be applied to the participants in this study. The methodology of this study does, however, allow individuals to speak from their own point of view, which is more respectful of their point of view. Historically, quantitative research has approached the transgendered population with an agenda that includes the researcher's pre-conceived notions. Some members of the trans community have felt that early quantitative research did not represent them well, and in some cases pathologized them, and are now hesitant to interact with the academic and scientific community. Utilizing qualitative research and its ability to reveal the depth of individual's experience is a way to bridge the divide between researchers and a wary community.

Further, this study is limited in that the participant pool was four participants. So many other types of experiences are possible because there are trans individuals from many other cultural backgrounds. While there were a variety of ages, backgrounds, and experiences in the people that participated in this study, there are still a lot of other experiences that are not represented. Despite multiple explored avenues of recruitment, only four individuals expressed interest in participating in the study. Researchers wanting to conduct studies on this population will need to build relationships and trust with members of the community who can help them by referring others to the study. If the advertisement for the study comes from a trusted resource, then more individuals are likely to inquire about participating.

The participants in this study also represent a small subset of the trans community because they were willing to share their experiences with a cisgendered researcher. The individuals in this study had largely already worked through the most difficult stages in their coming out process, and therefore felt safe enough to share their story. Trans individuals in the midst of coming out, might describe their experience much differently.

Future Directions

Since all of the participants in this study had been in contact with professionals trained in the mental health field, future research would benefit from looking at the experiences of individuals who have not had contact with social workers and clinical psychologists. Data could focus on how the coming out process is affected by having the support of a therapist for a trans individual. Research could be done through both quantitative and qualitative methods. Quantitative research designs could also acquire a breadth of information on how many trans individuals are interacting with mental health practitioners and through which settings are they most frequently being seen, i.e. hospitals, colleges, community mental health centers, or private practices.

Other research could focus on how strongly trans individuals identify with the trans identity models. Since the participants in this study did not clearly fall into an identifiable stage model that largely has been used to describe the course of transitioning, then how many in the trans community *do* identify with the models?

Conclusion

The purpose of this research was to gain an in-depth understanding of how significant relationships in a trans individuals life were affected by gender transition. What the results of this study suggest is that there are gains and losses in relationships during transition. Some participants discussed a higher level of connection to their parents and friends after coming out and going through the transition process with their support. On the other side, participants also discussed how they lost some relationships completely, whether gradually or immediately.

Each participant also had the support of a mental health professional at some point in their life and during their transition. While not all therapists had the knowledge background in order to meet the needs of a trans client, there seemed to be a common experience of a therapist granting permission for a trans person to explore their gender identity without specific criteria or diagnostic labels being the focus. Future research can begin to explore how support or assistance can best be provided through mental health services to trans individuals, and compare the outcomes of transition for trans individuals who have received positive services versus those who received none or negative services.

In essence, this research made it clear that these four individuals do not identify with the restricted definition of transgendered that emerged 20 years ago, and it is time for clinical practice to reflect the changing needs of the current trans community.

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Appendix A: Definitions

Transgendered: The term that encompasses all the various gender identities that do not conform to traditional gender role expectations. Most transgendered individuals (often abbreviated to *trans individuals*) report to feeling a degree of gender dysphoria throughout their lives until they transition.

Gender Dysphoria: The sense that one's prescribed gender, assigned based off of physical sex at birth, does not appropriately represent the individual's felt sense of gender.

Transition: The process of changing from one's prescribed gender to a chosen gender identity. Transition can be social, physical or legal. Social transition involves "coming out" to friends and family as a gender other than what has typically been perceived by others as belonging to the transitioning individual. Physical transition is any medical procedure to align physical sex with gender identity. Legal transition involves changing documents, such as a driver's license, to represent the person's gender identity.

Transsexual: A person who takes steps to medically alter their body to align their chosen gender identity with their physical sex. These steps generally include hormone replacement therapy and/or sexual reassignment surgery.

Male-to-female (MTF): A person who was born biologically male, and who has transitioned into a feminine role as a woman.

Female-to-male (FTM): A person who was born biologically female, and who has transitioned into a masculine role as a man.

Genderqueer: Someone who does not identify as masculine or feminine, but a combination of traits that could be associated with either men or women.

Cisgendered: A person whose gender presentation is congruent with their physical sex, so that biologically male individuals identify as men, and biologically female individuals identify as women.

Gender Identity Disorder (GID): The diagnosis in the fourth edition – text revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) that is typically assigned to individuals with gender dysphoria who are commonly called transgendered. Necessary criteria for the diagnosis include an assertion by the individual that they are a gender incongruent with their physical sex, or that they were born in the wrong body.

Appendix B: Interview Questions

Demographic Information:

1. Age?
2. Ethnicity?
3. Employed or in school?
4. How do you describe your gender identity?

Research Questions:

1. At what age did you realize that your gender did not match what others expected it to be?
2. When did you first begin to transition? Namely, when did you start to come out to others?
3. How did others react to your new gender identity?
4. How did you see yourself and your gender after coming out to important people in your life?
5. Have you taken any steps to physically alter your body to match your gender?
6. (If applicable) What reactions have your friends and family had to the physical changes?
7. How have your relationships changed from before your transition to now, if at all?

Appendix C: Informed Consent Form

Title: The Impact of Transitioning Upon Significant Relationships of Transgendered Individuals: An Exploration of Lived Experience

Investigator: Amy Humphrey

I am asking you to participate in a research study. Please take your time to read the information below and feel free to ask any questions before providing the researcher verbal consent to participation.

Purpose: This research is being conducted in order to understand how an individual is influenced by the significant people in their life during and after coming out as transgendered or gender variant. The researcher wants to understand how the relationship was impacted, as well as how a trans individual's sense of gender identity is influenced by the reactions of the people they came out to.

Procedures: The research will take place during a single interview, lasting between 60 – 90 minutes. The researcher will first ask for demographic information, such as age and preferred pronouns, and then begin asking you interview questions about your coming out experience, specifically how others have reacted to your changing gender. The interview will be recorded with a digital recorder as well as a computer equipped with Dragon dictation software. You are free to ask the researcher any questions at any point during the interview. At the conclusion of the interview, a concluding statement will be read to you and you will be provided with mental health resources should you decide you would like to discuss your experiences further. After the interview, the researcher will check the transcribed interview for accuracy using the digital recording, while also deleting any potentially identifying information. Each interview will be assigned a number during the data collection process, and then a pseudonym will be used when the results are reported in the final dissertation. All digital recordings of the interviews will be deleted after a finalized transcript is created.

Risks to Participation: It is possible that a participant's experiences in coming out to family and friends was traumatic. In that case, discussing the memories and emotions of those events may be emotionally distressing for you. Feel free to skip any question you do not want to answer. Also, while all efforts will be made to protect the identity of participants, there is a small chance that others will discover that you participated in this research, which could then expose you to stigma, negative attitudes, and prejudice. At no point will your legal name be recorded in association with this research. Any emails will be sent and received on a secure account that only the researcher has access to. Any phone numbers will be saved under a pseudonym and all contact information and messages will be deleted immediately following the interview.

Benefits to Participants: You will not directly benefit from this study. However, we hope the information learned from this study may benefit society in our understanding of how transgendered individuals are influenced by their significant relationships. An in-depth understanding of this process could lead to better mental health services for individuals who identify as transgendered.

Alternatives to Participation: Participation in this study is voluntary. You may withdraw from study participation at **any time** without penalty. You may also skip any questions you are uncomfortable answering.

Confidentiality: Your given or chosen name will never be recorded during this study. Any identifying information, such as birth date, place of employment, or residential neighborhood, will also not be recorded. Demographic information obtained will not be specific enough for any person reading the results of this study to identify the participants. All digital recordings of the interviews will be deleted after transcripts are corrected and removed of any identifying information. None of the interview recordings or transcripts will be transmitted through e-mail, to avoid information being carried over an insecure network.

Questions/Concerns: Any follow-up questions or concerns may be made at any time by contacting the principal researcher at alh9758@ego.thechicagoschool.edu, or by calling (614) 214-6349. If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research project. You may reach the IRB office Monday-Friday by calling 312.467.2343 or writing: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

Consent

Subject

The research project and the procedures have been explained to me. I agree to participate in this study. My participation is voluntary and I do not have to give consent if I do not want to be part of this research project. I will receive a copy of this consent form or only the second page of this consent form, if desired, for my records.

Please tell the researcher if you consent to participate in this research.

Signature of the Person Obtaining Consent:

Date: _____