

“I WANT TO BE WHO I AM”: A PHENOMENOLOGICAL STUDY OF HOW  
TRANSGENDER PERSONS VIEWED THE CHANGES IN THEIR  
FAMILIES AS THEY NEGOTIATED THE PATH TO THEIR  
TRUE GENDER

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BY

GERARD CAVANAUGH, B.S., M.S.

DENTON, TEXAS

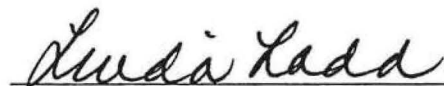
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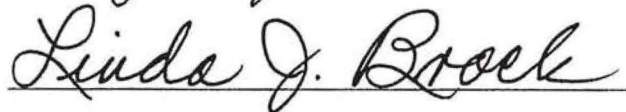
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Gerard Cavanaugh entitled "I want to be who I am: A phenomenological study of how transgender persons viewed the changes in their families as they negotiated the path to their true gender." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.

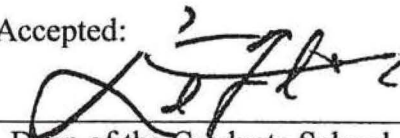


Dr. Linda Ladd, PhD, PsyD  
Major Professor

We have read this dissertation and recommend its acceptance:

  
Department Chair

Accepted:



Dean of the Graduate School



## DEDICATION

To my wife, Elizabeth because without her love, support, persistence, and occasionally, that pointed stick, none of this could have occurred. We have been together for 48 years. She saw what I denied seeing, she knew what I refused to acknowledge, and she pushed when she knew the time was right. My life path is dramatically different because of her. I owe her my life, my sanity, my intellectual curiosity, and my happiness. I am humbled and deeply thankful.

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## ABSTRACT

GERARD CAVANAUGH, B.S., M.S.

### “ I WANT TO BE WHO I AM”: A PHENOMENOLOGICAL STUDY OF HOW TRANSGENDER PERSONS VIEWED THE CHANGES IN THEIR FAMILIES AS THEY NEGOTIATED THE PATH TO THEIR TRUE GENDER

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Current estimates suggest that transgender persons make up about .5 - 1.0% of the population in the US (Gates, 2012). Accurate numbers are difficult to determine because of physical and emotional threats, both perceived and experienced, which have made transgender persons cautious about disclosing their true gender to family and the larger society (Bethea & McCollum, 2013). The purpose of this qualitative study was to investigate how the transgender person viewed the relationship changes in her or his family, friends, and associates, as she or he negotiated the path to their true gender. Sixteen adult transgender persons from across the US were interviewed in this qualitative study. Phenomenology theory was employed to analyze interviews with each participant. By employing semi-structured questions, the participants gave rich descriptions of their lives and relationship changes they experienced, beginning in earliest childhood. Content analysis of the narratives generated eleven themes found within the participant interviews. Themes generated from descriptions of childhood include (a) the struggle

within and the struggle to fit in and (b) a positive childhood. Themes generated from descriptions of the early teens include (a) the walking wounded: Consequences of ongoing struggles, and (b) staying out of trouble, while themes generated from descriptions of late teens include (a) the struggle continues, and (b) high school wasn't so bad. Adulthood themes include (a) the closet door just exploded, (b) do you want to know a secret, and (c) on to a different life. Two very specific theme were generated based on participant descriptions of puberty, and include (a) this is confusing (b) how could this happen. The participants reported relationship changes, some very significant, as they negotiated the path to their true gender. Descriptions of the participant's experiences were used to form what it means to be transgender and experience relationship changes while negotiating the path to the participant's true gender. This research also suggests that mental health professionals need much more training and supervision before working with transgender persons.

## TABLE OF CONTENTS

	Page
DEDICATION .....	iii
ACKNOWLEDGEMENTS .....	iv
ABSTRACT.....	v
 Chapter	
I. INTRODUCTION .....	1
Lesbian, Gay, Bisexual, Transgender .....	1
Culture and Ethnicity Influences .....	4
Coming Out Process for LGBT Youth .....	5
Negotiating a New Path for Transgender Individuals .....	7
Family Member Reaction to the Transgender Coming Out Process .....	9
Theoretical Lens.....	9
Systems Theories .....	10
Deficiencies.....	11
Statement of the Problem.....	12
Purpose Statement .....	13
Research Questions .....	14
Central Questions .....	15
Definitions.....	15
Assumptions.....	21
Delimitations.....	22
Summary .....	22
Conclusions.....	23
II. LITERATURE REVIEW.....	24
Introduction .....	24
Theoretical Lenses .....	25
Systems Theorists .....	25
Gregory Bateson .....	26
Paul Watzlawick .....	26



Salvatore Minuchin .....	27
Culture and Ethnicity .....	28
Literature Review .....	30
Transgender Identity .....	30
Coming Out Process .....	31
Transition to a New Gender .....	32
Threats to Transition .....	36
Transition Culture and Ethnicity .....	36
Transgender Level of Acceptance .....	38
Transgender and 'The Rules' .....	39
Transgender and Roles within the Family .....	39
Mental Health Training .....	42
Conclusions .....	43
Summary .....	43
 III. METHODOLOGY .....	 45
Introduction .....	45
Phenomenology .....	45
Bracketing in Phenomenology .....	48
Methodology .....	48
Procedure .....	48
Sample 1 .....	50
Sample 2 .....	51
Sampling .....	52
Screening .....	53
Protection of Human Subjects .....	53
Instrumentation .....	54
Research Questions .....	54
Central Questions .....	54
Central Questions Related to Research Question One (RQ1) .....	55
Central Questions Related to Research Question Two (RQ2) .....	55
Central Questions Related to Research Question Three (RQ3) .....	55
Data Collection .....	55
The Interview .....	56
Data Analysis .....	57
Person of the Researcher .....	62
Trustworthiness of the Data .....	66
Summary .....	69

IV. RESULTS .....	70
Introduction .....	70
Demographics .....	70
Findings .....	74
Research Question One (RQ1) .....	77
Developmentally-focused View .....	78
Childhood Themes .....	78
Early Teen Themes .....	80
Teen/High School Themes .....	83
Research Question Two (RQ2).....	86
Research Question Three (RQ3) .....	87
Adult Transition-focused View.....	87
Adult Transition Themes .....	87
Gender Related Focused View.....	91
Gender Related Themes .....	91
Summary .....	94
Conclusions.....	94
V. DISCUSSION .....	96
Introduction .....	96
Theme Discussion .....	97
Developmentally-focused View .....	97
Adult Transition-focused View.....	106
Gender Specific-focused View .....	121
Theoretical Framework.....	123
Limitations .....	126
Implications .....	126
Implications for Family Therapists.....	127
Recommendations for Future Research.....	128
Summary .....	129
REFERENCES .....	131
APPENDICES	
A. Recruitment Flyer .....	147
B. Permission Granted to Canvass Institution Membership.....	149
C. E-mail/flyer to Student Body and Organization Member.....	151

D. Scripted Dialog for Initial Phone Contact with Interested Transgender Persons .....	153
E. Welcome Letter to Participants.....	157
F. Consent to Participate .....	159
G. Demographic Questionnaire .....	165
H. List of Counseling Resources Provided to Participants.....	170
I. Interview Script for Interviewing Participants .....	172
J. Code Manual .....	175
K. Demographic Data.....	181
L. Participant Quotes from Chapter IV .....	184



## LIST OF TABLES

Tables	Page
1. Demographic Data – MTF Participants .....	71
2. Demographic Data – FTM Participants .....	71
3. Sex/gender of Participants .....	72
4. Sexual Identity of Participants .....	73
5. Participants Perceived Place on Their Path to their True Gender.....	74
6. All views: Developmentally-focused, Adult Transition, and Gender Related .....	75
7. Themes and Categories Related to Research Question One (RQ1).....	77
8. Developmentally-focused View: Childhood Theme and Code Evidence Statements .....	79
9. Developmentally-focused View: Early Teens Theme and Code Evidence Statements .....	81
10. Developmentally-focused View: Late Teen/High School Theme and Code Evidence Statements .....	83
11. Themes and Categories Related to Research Question Three (RQ3) .....	87
12. Adult Transition View: Adult Transition-focused Theme and Code Evidence Statements .....	90
13. Gender Related Themes.....	92
14. Gender Related-focused View and Code Evidence Statements .....	92

## CHAPTER I

### INTRODUCTION

For many, families are a foundational and lifelong source of economic, education social and emotional support. Positive family relationships are important for one's overall sense of health and happiness (Pavkov, Wetchler, & Flannery, 2012). Although there remains a compelling, heteronormative narrative of the nuclear family with one or more parents working and raising children, the contemporary vision of a family has become much more fluid and open (Ryan, Huebner, Diaz, & Sanchez, 2009). For example, older family members are more involved in the raising of children, due in part to longer lifespans (Gruhn, Kotter-Gruhn, & Röcke, 2010). Despite this relatively new fluidity and openness within families, the sexual and gender orientation of family members, a foundational piece in every family developmental process, tends to be viewed through the lens of the heteronormative narrative (LaSala, 2010). For those children and adolescents that "violate" that narrative, particularly children that display behaviors that are not aligned with their biological sex, little research exists about the ways families cope with a different personal narrative.

#### **Lesbian, Gay, Bisexual, and Transgender**

Lesbian, gay, bisexual, and transgender (LGBT) youth usually come out to three different groups: (a) family and parents, (b) heterosexual peers, and (c) LGBT

counterparts. Coming out to each group can carry different consequences and effects for the life of the adolescent (Matthews & Salazar, 2012). For the transgender person (T), those persons that are born with a biological identity as male or female, but have the internal identity of the opposite sex, the path to a different gender is unlike the coming out process for lesbian (L), gay (G), or bisexual (B) persons. Specifically, LGB persons generally follow the Cass model (1979), which is reflected in the literature (D'Augelli & Grossman, 2001; Kennedy & Oswalt, 2014). Unlike transgender (T) persons, most people, regardless of their sexual identity (LGB or heterosexual), negotiate their own growth within the birth gender through an unconscious process, i.e., boys become men, and girls become women. However, transgender people do not follow the unconscious path from sex to gender. Their personal narrative most often follows a conscious, different path (Devor, 1997) termed gender dysphoric for questioning their birth-assigned gender. Behaviors, mannerisms, and play that appear to be gender nonconforming to a parent may feel perfectly normal to the child. While gender non-conforming behavior in childhood is not predictive of a transgender adult, society readily rewards parents who socialize their child to gender-bound roles (Witt, 1997). Since most children desire to please parental figures, many gender variant children unsurprisingly go to great extremes to adapt to their gender nonconforming behaviors once they are pointed out. Other children—those who cannot change or refuse to change—are treated and judged much more harshly by a society that insists on adherence to strict gender norms (Mallon & DeCrescenzo, 2006). The dilemma for the transgender child as they grow into adolescence generally revolves around how to tell their parents, family, and friends about



the discordance between their biological sex and their inner identity with the opposite sex. The consequences for the transgender child that displays, what they consider the real me, can often have negative or less frequently, positive consequences for the child or adolescent (Wren, 2002).

Transgender children and adolescents are often torn between telling parental figures about their internal struggle, or keeping the internal struggle a secret because the child or adolescent recognizes that their relationship with their parents could be in jeopardy if they spoke about that struggle (Wren, 2002). A recent study (Hong, Espelage, & Kral, 2011) demonstrates there is ample evidence for the validity of their concerns. LGBT adolescent relationships with their parents are often challenged, particularly around the time of disclosure of sexual identity or coming out, or when parents learn that their children are transgender. Transgender persons are often particularly vulnerable to a variety of consequences, often beginning in very early childhood. Generally, children recognize their gender identity by age 4, when most identify as boys or girls (Bailey & Zucker, 1995). Yet Americans generally believe that children do not have sexuality, and further, there is a “natural” relationship between sex and gender (Mallon & DeCrescenzo, 2006).

Emotional and relational growth in families that carry belief that children do not have sexuality or that a child’s sex and gender are related, can be inhibited since families play such a critical role in child and adolescent development. It is not surprising that adverse, punitive, and traumatic reactions from parents and caregivers in response to their children’s LGBT identity often have a negative influence on risk behaviors and health

status as young adult LGBT persons (Ryan, Huebner, Diaz, & Sanchez, 2009). Family relationships can suffer when parents and adolescent children act in oppositional ways. For example, it has been demonstrated that there are clear associations between parental rejecting behaviors during adolescence and the use of illegal drugs, depression, attempted suicide, and sexual health risk by LGBT young adults (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

There appears to be little in the literature regarding how families change as a transgender person negotiates the path to their true gender (Veldorale-Griffin, 2014). More importantly, there is very little information for family therapists and other mental health professionals in the ways families operated after the transgender person revealed their new gender status, that does not first pathologize and then label the transgender person as gender dysphoric or having gender identity disorder. This research study focuses on the dynamic interactions of families, friends, and associates as seen through the eyes of transgender persons, as they negotiated their path to their true gender. Exploration of the changes in relationships in families, friends, and colleagues with a transgender person as they negotiated their path, can provide evidence for appropriate interventions by family therapists.

### **Culture and Ethnicity Influences**

A review of the literature demonstrates a large number of studies of L and G persons, and a lower number of studies of B persons, and very few studies of T persons. There is, however, an underlying common theme throughout those studies. They are over-represented by Caucasian participants. Relatively little is known about the influence

of culture and ethnicity on the coming out process for LGB persons, and few studies exist that include transgender persons of color, culture or ethnic difference as they negotiated a path to their true gender. The role of culture and ethnicity as infrastructure in the family constellation may have an important role in the coming out process of LGBT adolescents or young adults. LGBT persons encounter particular kinds of challenges in the course of coming out related to the distinctive cultural patterns that their parents and others in the communities seek to sustain (Hahm & Adkins, 2009). Across cultures, there are varying levels of acceptance when contradictions of sexual orientation, gender identity, and culture are identified in the coming out process (Li & Orleans, 2001).

Often, non-white LGBT persons have the double challenge of being a minority within a minority, as attitudes related to religiosity and deeply held ethnic mores, can have a negative and potentially dangerous effect on the decision to come out to family members (Chi Chen & Shick Tyron, 2012). Homophobia and transphobia can manifest in an interpersonal context with those holding homophobic or transphobic attitudes, believing that LGBT persons are sinful, bad, evil, or morally corrupt. These feelings can spread across cultures and can result in fear, disdain, and hatred of LGBT people because of their sexual orientation and/or their true gender identity (Barbosa, Torres, Silva, & Khan, 2010).

### **Coming Out Process for LGBT Youth**

The coming out process for LGBT youth can be a positive and uplifting experience when the child or adolescent has a positive, loving, and “comfortable” relationship with parents (Wilson, Zeng, & Blackburn, 2011). For example, a recent



study (Erich, Tittsworth, Dykes, & Cabuses, 2008) has demonstrated that there are significant relationships between the quality of one's family relationships and healthier levels of life satisfaction and self-esteem. Family systems theories suggest that moderate to high quality interactions with one's family system can result in relatively healthy psychological development (Minuchin, 1974). Over time, youth who disclosed their sexual orientation to family members felt a higher level of self-esteem than those who did not. LGBT adolescents who experienced positive support from their parents had fewer negative psychological outcomes and fewer mental health symptoms, (e.g., less depression, fewer suicidal feelings), and less alcohol and marijuana use (Matlin, Molock, & Tebes, 2011). Coming out to parents and having comfortable relationships with their parents helped LGBT youth feel more comfortable with and more accepting of their own sexual identity (D'Augelli, 2002; Veldorale-Griffin, 2014). A young adult today, regardless of sex, is more likely than a youth from earlier generations to disclose to parents and to do so at earlier ages. For example, a decade ago in a sample of college students 53% and 59% of young men and women, respectively, had disclosed to their mother and 37% and 25%, respectively, had disclosed to their father (Savin-Williams, 1998; Veldorale-Griffin, 2014). Today, these numbers are about 10 points higher (Savin-Williams & Ream, 2003).

At least two studies have shown that LGBT persons have reported having comfortable relationships with parents as well as with their siblings and grandparents (Maguen, Floyd, Bakeman, & Armistead 2002; Scherrer, 2011). For example, in a study of the nature of disclosure of sexual orientation among LGBT adolescent youth, using a

purposive sample (n=117), it was found that positive relationships among family members, particularly openness with siblings and parents are associated with increased well being and a sense of inclusion. Grandparents have also been found to be associated with more favorable outcomes when LGBT persons disclose to parents and other family members (Scherrer, 2011). Grandparents, as key allies of LGBT adolescents, consistently demonstrated patterns of strong, active, and positive bonds with grandchildren over generations (D'Augelli, 2002). These multi-generational families established cultures of affinity. Kemp (2007) found that when relationships between grandparents and grandchildren were described as frequent, and were perceived as socially and personally significant by grandchildren, those same qualities of affinity were passed to successive generations of grandchildren. In that study, grandparents were reported as being highly engaged in their grandchildren's lives and were identified as being integral to family life. In families characterized by cultures of affinity, there was a tendency for individuals to name a grandparent as being among the most important people from their childhood (Kemp, 2007).

**Negotiating a new path for transgender individuals.** Historically, the decision for LGBT persons to disclose their sexual identity, or their true gender, has been a complex one, involving an assessment of the environment in which the family is positioned. However, even with the most loving and accepting families, LGBT persons are still burdened with the difficult decision to disclose (Mosher, 2001). Conley (2011) in a quantitative study using a non-probability sample of 361 participants found that as a result of little relational support among family members, and no familial ally to affirm



and advocate for the LGBT person, anxiety rose because of possible negative reactions, loss of love and respect, loss of economic stability, and the possibility of violence which would make the sexual orientation or gender disclosure process one of the most difficult decisions in the lives of LGBT persons (Wren, 2002). Unlike LGB persons that come out to a sexual identity, transgender persons engage in negotiating a path to a new and real gender identity. For transgender persons, there are only a few research studies that document the coming out process and the unique challenges as the transgender identity comes to fruition (Lombardi, 2009; Morgan & Stevens, 2012). Studying transgender persons and their experiences of coming out can be problematic. The Cass model (Cass, 1979) or variants of the model, are generally cited in the literature as the foundational work in describing the coming out process for LGB persons. This model, however, does not generally explain the differences in coming out transgender as compared with gay, lesbian, or bisexual experiences. For example, for many male to female (MTF) persons, and some female to male (FTM) persons, there is a unique step in the coming out process called biding time which has not been fully studied as is the case of the more traditional coming out process for gays, lesbians or bisexuals (Morgan & Stevens, 2012). In a study of 90 participants (45 MTF and 45 FTM) it was found that typically, MTF transgender persons waited until well into adulthood before coming out. Prior to coming out, there was a period of time spent hiding, compensating, and managing their conflicting identities. For some, this was a conscious process of waiting until the time was right; for others it was unconscious because their transgender identity was deeply buried or because they were not exposed to transgender persons (Lombardi, 2009).

**Family member reaction to the transgender coming out process.** Sibling relationships with transgender adolescents and young adults can provide insight and context to the coming out process. Sibling relationships are much different than sibling-parent relationships for the following reasons: (a) because of the time spent together, siblings have important socializing influences on each other's development; (b) play is the principal context for conflicts between preschool-aged siblings; and (c) during conflicts, siblings learn about negotiation, justification, and winner/loser strategies. (Howe, Fiorentino, & Gariepy, 2003; Jenkins & Dunn, 2009). For LGBT adolescents and young adults negotiating the coming out process, the quality of the parental relationship with the child or adolescent may have a very definitive impact on how that adolescent characterizes the meaning of coming out to parents. The quality of the parent-adolescent relationship may also align with the level of support as an ally of the child as she or he negotiates the coming out process (Padilla-Walker, Harper, & Bean, 2011).

### **Theoretical Lens**

This researcher used family systems theories as the theoretical foundation on which this research project is constructed. Family systems theories provide an infrastructure to explain how and why family relationships evolved as the transgender person negotiated her or his path to their true gender. Systemic focused mental health professionals utilizing family systems theories, can gain understanding about those changes within families, as the transgender person negotiates the path to their true gender. Therapist knowledge of the experiences of a transgender person could be of

benefit to those families that may be struggling with the new way things are within the family system.

### **Systems Theories**

Systems theories describe the interaction and communication between family members (Bateson, 1972) and how they maintain a steady equilibrium through unwritten but rigidly enforced family rules. Disruptions to this equilibrium or steady state, called homeostasis (Hanson, 1995), are a consequence of a broken or infringed family rule. A gesture, look, or verbal admonishment from an authority figure, is generally enough to return the family to a steady state, while in continuous movement, as the family negotiates the human condition (Watzlawick, Weakland, & Fisch 1974). Those gestures, looks, or verbal admonishments (negative feedback) often initiate a feedback loop that adjusts the family constellation so that the family is back to where it should be, as defined by the family rules (Haley, 1987). When severe disruptions to the family occur, the equilibrium and steady state of homeostasis is often permanently disrupted and changed. Typical disruptions of that magnitude include (a) death of a child, (b) death of a parent, (c) catastrophic natural events, (d) war, (e) homicide, (f) suicide, and revealing to family members that one is transgender (Wren, 2002; Narui, 2011). Those disruptions are of such a degree that there are no words, looks, or gestures that can bring the family back to the original, often good feeling equilibrium that was experienced before the event. Called positive feedback, this feedback requires that a new set of family rules are formed, new family roles are negotiated, and a new and different level of homeostasis is found (Santisteban, Coatsworth, Perez-Vidal, Kurtines, Schwartz, & LaPerriere, 2003).



Successful negotiation of the human condition requires a new level of homeostasis or the family may fall apart. The new rules, the new way things are now, may or may not be comfortable, or safe for all members. This particular part of systems theory is quite clear -- there is no returning to the old way of operating. A very new and different way of negotiating the human condition is now in place (Kim & Rose, 2014).

Families are also made up of subsystems that have boundaries (Minuchin, 1974), and successful, growth orientated families share a common characteristic, i.e., a respect for and honor of, boundaries among family member subsystems (Minuchin, 1982). Families that experience difficulties often have subsystem boundaries that are at or near the extreme ends of a continuum from disengaged to clear to enmeshed (Minuchin, 1974). For transgender persons negotiating the transition to their true gender, those family boundaries may or may not provide a warm and accepting environment. System theories provide the foundation for explaining how transgender participants adapted to the changes in their family as the family became aware of the transgender persons transition to a new gender.

### **Deficiencies**

As seen throughout the literature review, the transition to their true gender by transgender persons is still considered to be, potentially, a dangerous and uncertain prospect, despite recent assertions of positive change in acceptance of LGB adult persons in contemporary Western society (Kosciw, Greytak, Palmer, & Boesen, 2014). There exists limited social support in any child welfare or educational institutions for children or youth who are gender variant. Parents who attempt to negotiate a fair accommodation

for the gender variant child will very often meet misunderstanding, incredulity, and resistance, even hostility, from almost everyone they encounter (Mallon & DeCrescenzo, 2006). The lack of research on transgender persons and the role families play suggests that researchers are only just beginning to understand and acknowledge transgender persons and the dynamics that come into play within families, as the transgender person reveals their true gender identity. For example, recent studies by Goldberg (2006) and Pickering (2005) found that there is a need for increased quality and competence in theoretical understanding of transgender individuals. Further review also found that there are limited studies of other members of families that may be supportive or allies of transgender persons as they negotiated the path to a new gender to their families (Fisher & Kennedy, 2013). In examining the literature regarding LGBT issue in general, and transgender issues in particular, a less obvious undercurrent continues to be present, i.e., there appears to be a clear need for the integration of LGBT affirmative therapy training in mental health curricula (Dillon et al., 2004). For therapists working with transgender persons, “The dearth in available scholarship and models for transgender affirmative therapy suggests that therapists and counselors working with transgender clients obtain pertinent information and guidance from other sources, such as clinical mentors who possess this expertise” (Walker & Prince, 2010, p.10).

### **Statement of the Problem**

All children, regardless of sexual orientation or gender identity, expect, and wish for, a loving family environment in which they can grow and learn how to live within the social mores of their culture. They expect, without reservation, to be accepted, nurtured,

and guided throughout their development (Savin-Williams, 1998). However, for the transgender child or adolescent fortunate to have a loving, stable environment, that environment may be put at risk as the transgender person begins to exercise the developmental milestone of individuating from the family (LaSala, 2010; Savin-Williams, 2011; Wilson, Zeng, & Blackburn, 2011). For transgender persons, the broader social environment can present daunting challenges due to long held and unsupported beliefs. The idea that one's genital sex can be distinct from one's social and psychological gender is a very difficult idea for many people, particularly family members, to accept (Lombardi, 2009). For example, Tee and Hegarty (2006) found that opposition to transgender persons' civil rights were correlated with heterosexism, authoritarianism, a belief in a binary model of two sexes, and that gender is biologically based. Simply put, society still considers heterosexuality as normative, with all members having matching biological and gender identities. Within this social milieu, children, adolescents and young adults must decide how and when to present a new gender identity to family members, and only hope that the larger society becomes more informed and accepting of transgender persons.

### **Purpose Statement**

This researcher explored the experiences of transgender adults as they told their story about how and when they negotiated their personal path to their true gender to family members, friends, and colleagues, by using face-to-face interviews and Skype, a form of internet based telephone conversation in which each person can be seen via computer screen. Phenomenological methodology was employed. An important focus for



this research project was to learn about how family members used and interpreted their values, mores, and beliefs in assessing whether they could be allies to the transgender person, as she or he negotiated the path to their true gender. By learning about how transgender persons viewed their transition, and about the changes within their families, friends, and colleagues, therapists and other mental health professionals may be able to view this very personal and life changing process without the need to pathologize or label clients as gender dysphoric or gender identity disordered as noted in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000).

### **Research Questions**

Within this study, the independent variable was identified as the experience of growing up transgender within a familial, and larger social milieu. Moderating variables have been identified as (a) first discovery of being different inside, (b) culture, (c) family member support, (d) ethnicity, (e) age and (f) timeline of disclosure. Given these identified variables, the following research questions were developed:

- What was the experience of the transgender person as they grew up in their family of origin?
- What family values were influential to the transgender person as they began their path to their true gender?
- How did the transgender person describe their disclosure to family, friends, and professional colleagues?

### **Central Questions**

- What were you like before you completed the path to your true gender?
- In what ways are you different since you disclosed your gender to your family?
- Tell me about your sense of well-being since you disclosed your true gender?
- Tell me about what you noticed most about any change in your family after you disclosed your true gender?
- Tell me, how did your family's values influence your decision to disclose your true gender?
- Tell me about the "unwritten rules" that you and your family lived under before you disclosed your true gender?
- Did the "unwritten rules" change or did they stay the same?
- Tell me about your experience of disclosing to family members?
- Tell me about your experience of disclosing to friends and professional colleagues?
- At any time were you concerned about your physical or emotional safety when you were disclosing to family, friends, or professional colleagues?

### **Definitions**

Biding time: Among transgender persons, biding time generally refers to males that are waiting for the "right time" to begin the transition from a male sexual identity to a female sexual identity. It also refers to that time during which transgender persons first become aware of their inner sexual identity, but have not yet made the transition. Females also engage in biding-time, but to a lesser extent than do males (Lombardi, 2009).



Cross-dressing: There is a distinct difference between cross-dressing as an expression of sexual identity, and cross-dressing as a sexual fantasy. Cross-dressing, as a form of sexual excitement, can be practiced by persons without expressing their sexual identity. For example, persons with a heterosexual identity, persons with a gay sexual identity, persons with a lesbian sexual identity, and those with a bisexual identity often cross-dress as a form of sexual excitement. It is generally not used as a form of expressing their gender identity, as is the case when transgender people cross-dress (Lombardi, 2009; Morgan & Stevens, 2012).

Culture and ethnicity: Refer to the traditions, mores, customs or backgrounds that imbue the lives of family members, and how those traditions and customs affect the decision making processes (Kimmel, & Yi, 2004).

Fictive family member (kin): A term used to refer to individuals that are unrelated by either birth or marriage, who have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship (Muraco, 2006).

Flash bulb memories: "Distinctive, circumscribed, highly emotional and influential episodes" (Pillemer, 2001, p. 123). Such moments can be categorized as personal event memories if they represent an event that took place at a particular time and place, contain a detailed account of the person's personal circumstances and include vivid memories for circumstances surrounding a very surprising or consequential event (Brown & Kulik, 1977).

FTM: is an abbreviation for "female-to-male" transsexual, in other words, women who undergo the medical and legal procedures necessary to become men. FTM refers to

people who are female by birth but who have male or masculine identities or appearances, which can include tomboys, butches, drag kings, gender benders, transsexuals, transgenderists, intersexuals, and other forms of gender expression. (Gendercentre.org, 2013)

Gay sexual orientation: Refers to a person who is attracted primarily to members of the same sex. Although it can be used for any sex (e.g. gay man, gay woman, gay person), lesbian is sometimes the preferred term for women who are attracted to women (Devore, 1997)

Gender: A social construct in many cultures, typically divided between men and women; masculine and feminine. Behavior, appearance, and societal roles are differently defined for each gender. For many people, gender is their sex made visible (Russell, & Seif, 2001).

Gender affirmation: Refers to an interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression (Bockting, Knudson, & Goldberg, 2006)

Gender conformity: When a person's gender identity, gender expression and biological sex match according to social norms (Russell, & Seif, 2001).

Gender expression: Refers to the way in which people externally communicate their internal, personal sense of gender to others through behavior and appearance, i.e., it is the way people manifest masculinity or femininity (Devore, 1997).

Gender identity: is defined as a person's private sense, and subjective experience, of their own gender. This is generally described as one's private sense of being a man or a

woman, consisting primarily of the acceptance of membership into a category of people: male or female. For transgender people, their biological sex and their own internal sense of gender identity do not match. They may seek to make their gender expression match their internal identity, rather than their biological sex (Devor, 1997).

Gender non-conformity: The term that applies to the behavior that differs from that of others of the same sex or from cultural expectations of male and female behavior (Devor, 1997).

Gender role: the way a society thinks an individual should behave, based on the labels of either being born male or female, including personality traits, mannerisms, duties, and cultural expectations (Nagoshi, Nagoshi, Terrell, & Brzuzy, 2014).

Heterosexual sexual orientation: A person that has a sexual orientation to persons of the opposite sex (Devor, 1997).

Heteronormative: An adjective denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation

MTF: A person who transitions from male-to-female, meaning a person who was assigned male at birth, but identifies and lives as a female. Also known as a transgender woman. (National Center for Transgender Equality, 2013).

Pansexual: Generally defined as someone who is attracted to other people regardless of their gender or sexual orientation. The word pansexual is used as an inclusive term as opposed to bisexual, as bisexuality only refers to people liking both men and women, and does not including a wider variety of gender-neutral or gender-fluid terminology (National Center for Transgender Equality, 2013). It is also a term used by individuals



who object to the gender binary of male or female. Pansexual individuals are typically accepting of the idea that gender occurs along a continuum. Some examples:

- If a FTM is affectionately attracted to women (or female-identified people) before and after transition, he is considered to have a heterosexual identity post-transition
- If a FTM is affectionately attracted to men (or male-identified people) before and after transition, he is considered to have a gay identity post-transition (Dickey, Burnes, & Singh 2012).

Sexual Identity: In general, most people adopt a sexual identity that “matches” their sexual orientation: most heterosexually-oriented people identify as “heterosexual” or “straight”, most homosexually-oriented people identify as “lesbian” or “gay.” However, there is a sizable number of people for whom sexual orientation does not coincide with their sexual identity. We can define sexual identity as the label that people adopt to signify to others who they are as a sexual being, particularly regarding sexual orientation (Kinsey Confidential, 2010).

Sexual Orientation: Refers to the identifiers used to describe the kind of romantic and/or sexual relationships a person finds attractive, including heterosexual, gay, and bisexual. Transgender people may have a heterosexual, gay, or bisexual orientation (Johnson, Crosnoe, & Elder, 2011). Transgender is not an indicator of a person’s sexual orientation. Transgender people may have a heterosexual, gay, or bisexual orientation (Johnson, Crosnoe, & Elder, 2011).

SRS: Sex Reassignment Surgery, is a term for the surgical procedures by which a person's physical appearance and function of their existing sexual characteristics are

altered to resemble that of the other sex. It is part of a treatment for gender identity disorder/gender dysphoria in transsexual and transgender people. It may also be performed on intersex people, often in infancy. Other terms for SRS include gender reassignment surgery, sex reconstruction surgery, genital reconstruction surgery, gender confirmation surgery, and more clinical terms, such as feminizing genitoplasty or penectomy, orchidectomy and vaginoplasty are used medically for trans women, with masculinizing genitoplasty often similarly used for trans men (Encyclopedia of Surgery, 2014)

Sexual Preference: The preference one shows by having a sexual interest in members of the same, opposite, or either sex (Dictionary.com, 2014)

Skype: A software application and online service that enables voice and video phone calls over the Internet (Dictionary.com, 2014)

Transgender: An umbrella term including transsexuals, and people that cross-dress as an expression of their gender identity, as well as people who identify as neither male nor female. Can also be the preferred self-identifier for someone that feels that their gender identity differs from their biological sex, but who does not wish to transition. Someone who is transgender may identify as gay, lesbian, bisexual, or heterosexual (Devor, 1997).

Transition: The process by which a person who identifies as transgender or transsexual changes their sex to match their gender (Devor, 1997).

Transsexual: A person who does not feel that their biological sex matches their internal sense of their gender. Transsexuals may be male-to-female (MTF) or female-to-male

(FTM). NOTE: Some transsexuals also identify as transgender (Factor & Rothblum, 2008).

Transwomen: Individuals who were assigned 'male' at birth but do not identify as men and instead identify as women, transgender, or other gender identity. 'Transwomen' as a broad category represents a multitude of diverse experiences, and these experiences can vary widely by culture (Sevelius, 2013).

True gender: Refers to a difference between an external gender presentation and the internal sense of being male or female. The state of being male or female.

(Dictionary.com, 2014).

### **Assumptions**

- Culture and ethnicity have a great influence on individuals and families.
- Participants will answer the questions as honestly as possible.
- Participants will have knowledge of family values, family rules, and traditions and customs.
- Trusted family members or fictive family members will be part of the interview process. At least half of the total number of participants will also have a trusted family member present at the interview.
- Transgender persons of color will be a part of the study
- Transgender persons would generally follow the Cass model (1979) in disclosing their true gender to family, friends, and associates.

### **Delimitations**



- The participants will be transgender persons, i.e., those persons that have a biological sex that is different than their internal gender, all age 18 and older
- All participants will speak English and read English at the 3<sup>rd</sup> grade level

### **Summary**

Transitioning the path to their true gender identity for transgender children, adolescents and adults is a developmental milestone that can be subject to a wide variety of different influences, pressures, and in some cases, severe emotional turbulence. Many of these influences and pressures (a) are generated within the family of origin, (b) the social context in which the transgender person resides, and (c) by the particular level of socio-emotional development of the transgender person herself. Relatively little is known about the level of support that transgender children, adolescents and adults receive from family members as they negotiate the transition to their true gender identity in general, and particularly, in a minority culture and ethnicity. Growing up and living life as a transgender person with an additional minority status, i.e., a gender identity minority within a cultural minority has not been extensively researched, and the transition process, as influenced by cultural and ethnic mores, is not well understood. The stories and narratives of cultural and ethnic minority adult transgender persons as they recall the level of support of family members as they negotiated the transition process will give clinicians greater insight into the lives of clients not generally presented in graduate training.

### **Conclusions**

The coming out process for transgender persons is very different that is the coming out process for gay, lesbian, or bisexual persons. The Cass model (1979) has held up for more than 30 years in describing how gay or lesbian adolescents and young adults make the decision to tell their families about their sexual orientation. However, there is little within the literature on the disclosure process for transgender that describes how and at what developmental markers individual trans persons make the decision to disclose their true internal gender. Negotiating the path to their true gender can be a particularly difficult journey due to familial and social misunderstanding, indifference, skepticism, ridicule, and possible physical and mental abuse.



## CHAPTER II

### LITERATURE REVIEW

Transgender is an umbrella term, which includes transsexuals, cross-dressers, as well as people who identify as neither male nor female. It can also be the preferred self-identifier for someone that feels that their gender identity differs from their biological sex, but who does not wish to transition. Someone who is transgender may identify as gay, lesbian, bisexual, or heterosexual (Devor, 1997). Currently, there are few studies that describe the unique steps in the transition to a true gender identity for transgender persons. For this study, it is important that transgender persons, regardless of cultural or ethnic heritage, have the opportunity to tell their stories of their personal journey to a true gender identity and how they viewed the support they received from their family of origin, friends, and colleagues. The moderating variables of culture and ethnicity are important components in this study of the personal journeys of transgender persons, since current studies of transgender persons in particular, and LGB persons in general, are over-represented by Caucasian participants (Effrig, Bieschke, & Locke, 2011).

Although there is still some distance to travel in adult recognition of LGBT persons as full participants in the culture and civil rights of the U.S., the lives of adolescent transgender persons are still, in many regions, at risk of bullying, physical abuse, suicide and murder (Cohen, 2010). Despite gains in the level of acceptance of LGB adults in Western society, the process of transitioning to a new gender for

adolescent/young adult transgender persons can be fraught with uncertainty, hostility, rejection, abandonment, injury, and death (Englander, 2012). Those findings (Englander, 2012) were generally a reflection of the potential outcomes when transgender participants were largely Caucasian. Those transgender persons that are members of cultural and ethnic minorities have little voice in the literature as they negotiated the transition process. Little is known about relationship changes when transgender persons come out to their families. There are a few studies that describe the lives of adult LGBT persons while shouldering the double minority status of being a member of a cultural minority and a sexual minority, and even fewer that describe the lives of minority transgender persons as they negotiated the path to their true gender (Hammack, 2008; Kimmel & Yi, 2004; Loiacano, 1989).

### **Theoretical Lenses**

This researcher used system theory as the theoretical foundation on which this research project was constructed. System theories in family therapy evolved based on the work of Gregory Bateson (1972), Paul Watzlawick (1974) and Salvador Minuchin (1974). Their pioneering work laid the groundwork for concepts that are utilized in family therapy, child development, social work, and family studies.

### **System Theorists**

The pioneering work of Gregory Bateson (1972), Paul Watzlawick (1974) and Salvador Minuchin (1974) made significant contributions to modern family therapy by demonstrating the significant positive changes that can occur when families are seen as systems, rather than as clusters of individuals. While each theorist independently

developed specific ways to treat families that were in turmoil, each theorist was fully committed to viewing families as systems.

**Gregory Bateson.** While collaborating with Paul Watzlawick on theories of schizophrenia and family communication, he noted that families are in constant communication through spoken language or behavior (Bateson, 1972), i.e., family members cannot not communicate. Communication and behavior are the same. Moreover, families are made up of individuals that are interwoven within the context of the family such that the family is greater than the sum of its parts (Keeney, 1983). This interwoven matrix of family members, in continual interaction via language and behavior, operating under explicit but unspoken family rules, maintains stability through continual change, referred to as homeostasis (Hanson, 1995).

**Paul Watzlawick.** In continuing and expanding the collaborative work begun by Bateson (1972), Watzlawick noted that any changes to that homeostatic level are usually corrected by negative feedback loops such that the family is able to continue to function, just as before, with the same family rules (Watzlawick, Weakland, & Fisch, 1974). Called first-order change, “changes are made within the accepted premises, rules, and assumptions guiding the system (family)” (Fraser & Solovey, 2007, p. 32). Occasionally, there may be unforeseen traumatic disruptions to the family that actually cause changes to the rules under which families operate. Typically, the sudden death of a child, terminal illness, or catastrophic events that directly affect the family are of a magnitude sufficient to cause changes in the family rules. Called positive feedback, the old rules are discarded as a new and very different level of homeostasis is achieved (Watzlawick, Beavin &



Jackson, 1967). The coming out process of LGBT persons appears to be an event that creates a new set of family communication rules, a new level of homeostasis, and an establishment of a new stability through continual change (Watzlawick, Weakland, & Fisch, 1974). Individual growth and independence of each member of the family is measured by a fine balance between the need for closeness to family members and the need to be individuated and separate from the family (Haley, 1987; Kemp, 2007).

**Salvador Minuchin.** Minuchin (1974), in studying families as a practicing psychiatrist, found that successful, growth orientated families share a common characteristic, i.e., a respect for and honor of, boundaries among family member subsystems (Minuchin, 1982). Normally, these boundaries allow for a free exchange of information, ideas and warmth, while acknowledging the autonomy of the person(s) within those subsystem boundaries. Families that experience difficulties often have subsystem boundaries that are on a continuum from disengaged to clear to enmeshed (Minuchin, 1974). Balanced or cohesive family subsystem structures, sharing clear boundaries, allow children to obtain support while also maintaining a sense of autonomy and providing the system with needed stability and security. Boundaries at either extreme (disengaged or enmeshed) present the opportunity to form detrimental coalitions, triangles, and alliances among subsystems. At one extreme, the families' boundaries are so disengaged that communication, interaction, and closeness are walled off (Minuchin, 1974). Within those rigid, impermeable boundaries, little or no communication exchanges occur among and between family members. Autonomy and individuation are often honored, but at a serious and damaging price, i.e., young members are often left



without guidance or healthy interaction as rigid, repetitive sequences and habits dominate family rules of communication (Gelles & Maynard, 1987).

At the other extreme, some families have enmeshed boundaries. Communication, behavior, and closeness are often inappropriately close and autonomy among members is extremely low. Family members are seen as entangled and unable to become individuated (Haley, 1987; Minuchin, 1974). For LGBT persons negotiating the coming out process, where that family places itself on that boundary continuum, may generate significant consequences for the relationship of the LGBT person and the family. These extremes are not necessarily pathological, but rather it is the inability to adapt to new situations that creates problems for families (Lindahl, Bregman, & Malik, 2012).

### **Culture and Ethnicity**

System theories were developed in an era in which Caucasian families were studied almost exclusively. Those theories were silent with regard to the influence of culture and ethnicity in the operation of the family. Within the structure of the family, the father had extraordinary influence over decisions regarding the family. However, for many generations of minority ethnicities here in the U.S., the structure of the family was often different, as extended family members often contributed more to the operation of the family (D'Augelli, 2002). As the 20<sup>th</sup> century began to end, Caucasian families also began to evolve from the model first studied earlier in the century. For example, siblings play a more involved role in today's family operation, as some families now negotiate the human condition often without a steady presence of a father figure (Mueller & Elder, 2003; Sheehen & Petrovic, 2008).

In terms of culture and ethnicity, transgender youth of color have a long history of existence, tradition, and culture, yet remain a poorly understood and marginalized group in the U.S. (Singh, 2013). Often, these youth may lack family support and engage in high rates of substance abuse and sexual risk-taking. One study of ethnic minority transgender youth in the northwestern U.S. suggested that transgender youth of color are also at an especially high risk for HIV/AIDS (Garofalo, Deleon, Osmer, Doll, & Harper, 2006). Sevelius (2013) found that in the context of social oppression (including sexual objectification), a high need for gender affirmation coupled with low access to gender affirmation among transgender women was associated with identity threat. More broadly, heterosexual attitudes (regardless of culture or ethnicity) toward transgender people were likely to be closely related to attitudes toward sexual minorities, especially gay men, and this linkage may be stronger among heterosexual men than heterosexual women (Norton & Herek, 2013). System theories provide the mechanism to understand family context, support, affirmation and relationship history for transgender people of color as well as family therapists.

Although there have been shifts in the level of acceptance of LGBT persons in society, transgender persons negotiating a path to their true gender, generally initiate a traumatic family event when they inform family members of their status as a transgender person. For example, previous notions about a family member must now be revised, expectations must be changed, and coping with a family member that is both the same and completely different must be learned. A second-order change has occurred, as the previous unspoken family rules were changed forever (Fraser & Solovey, 2007;

Watzlawick, Weakland, & Fisch, 1974). At the macrosocial level, particularly among cultural and ethnic minority populations, the transgender person becomes a double minority. The cultural, social, and ethnic mores that provide meanings and norms may be highly disrupted by the transgender person, as they negotiate a path to their true gender. The shared meanings of families and cultural contexts often create and interpret life events (Bengtson & Allen, 2009), however, for transgender persons, there are few familial or cultural contexts which act as milestones to guide the transgender person to a fuller and inclusive life.

## **Literature Review**

### **Transgender Identity**

Gender identity is assumed to be a natural outgrowth of one's biological sex, meaning that if one has boy parts, it is assumed the one will naturally understand themselves to be a boy, and therefore engage in typical boy behaviors. Natal sex and gender identity are, however, different components of identity, and gender identity does not necessarily unfold in the direction of one's natal sex (Lev, 2010). Gender identity is not the same as gender role; gender identity is a core sense of self i.e., "I am a boy", whereas gender role involves the adaptation of socially constructed markers (clothing, mannerism, behaviors) traditionally thought of as masculine and feminine. Natal sex, gender identity, and gender role interact in complex ways and each of these is also separate from the direction of one's sexual attraction (Lev, 2010). Over the past fifteen years a growing number of individuals have begun to publicly identify as transgender. These individuals do not identify fully with the sex and/or gender to which they were



assigned at birth. Some identify as male-to-female (MTF) or female-to-male (FTM). Some experience their gender as stable and relatively consistent with conventional gender expressions while for others it is fluid and complex. For example, an individual assigned female at birth may identify as FTM, take testosterone and present as a man, but experience his genitals as consistent with his gender (Factor & Rothblum, 2008).

Children and youth who deviate from normative gender role expectations are likely to have one of three outcomes: (a) they will mature into heteronormative, gender typical adults; (b) they will grow up to have same-sex attractions; or (c) they will identify as transgender or transsexual (Lev, 2004). Transgender is also defined as persons who were assigned male at birth, but experience themselves as female (MTF), and those assigned female at birth, but experience themselves as male (FTM). The ways that transgender individuals express their gender are varied and range from mannerisms and dress to surgical interventions and hormonal treatments (Effrig, Bieschke, & Locke, 2011; Factor & Rothblum, 2008).

**Coming out process.** The coming out process is one of several unique experiences within the LGBT community. LGBT persons experience the challenges of adolescence as do all youth, with the associated fluctuations of self-esteem (Mosher, 2001). Adolescence is the transition from childhood to adulthood, and entails the negotiation of major developmental complexities related to the articulation of personal identity. Identity issues in adolescence occur during the course of biological changes, reorganization of peer social networks, and changes in family relationships (McClintock & Herdt, 1996).



Past studies have demonstrated that the coming out process has, for some LGBT persons, generated fewer positive attitudes about their sexual identity, internalized homophobia, and less involvement in gay related social activities (D'Augelli, 2002). Perhaps most disturbing, the coming out process has, for some LGBT persons, been a precipitating factor that led to failed suicide attempts, particularly among bisexual, and transgender (BT) persons. Those transgender persons, who identified as female, were at greater risk for suicide attempts after coming out than those that identified as male (Cato, Canetto, & Silvia, 2003).

For adolescent LGBT persons, coming out to parents can be a most difficult decision to make, once they realize that, as a LGBT person, they are not members of the traditional heterosexual concept of sexual identity. For example, Savin-Williams (2011) interviewed 86 primarily Caucasian young gay men and 78 young lesbian women, between the ages of 17 and 25, concerning the relationships with their families. All had some degree of physical or romantic interest in same-sex others. For this sample, most of the participants reported that they knew and understood that they probably would not be fulfilling the heterosexual dreams of their parents, and therefore anticipated that their parents would react in a negative manner (Savin-Williams, 2011). For most, if not all LGBT adolescents, making the decision to come out to parents and then telling them, constituted a "flashbulb memory" (Rossi, 2010), defined as rare moments in everyday life, marked by "distinctive, circumscribed, highly emotional and influential episodes" (Brown & Kulik, 1977; Pillemer, 2001, p. 123).

**Transition to a new gender.** For transgender persons, the negotiation to a new gender is more nuanced as demonstrated in three prominent themes: (a) an early sense of body-mind dissonance, (b) negotiating and managing identities, and (c) the process of transition (Morgan & Stevens, 2012). For example, in an in-depth qualitative study of six Caucasian MTF individuals (mean age = 48), the authors found that this thematic pattern begins with a sense, in early childhood, of a dissonance between how one identifies in terms of gender and the physical realities of his or her body (Morgan & Stevens, 2012). For many MTFs it meant that very early on as children, they began exploring femininity through cross-dressing and longing to become girls. Since social behavior for boys is strictly controlled, MTF's were punished for their cross-dressing and learned to hide their behavior as well as their identity (Morgan & Stevens, 2012).

With the end of childhood, MTF persons generally entered a period of time spent hiding, compensating, and managing their conflicting identities. For example, in a study of 90 participants (45 MTF and 45 FTM) it was found that typically, MTF persons waited until well into adulthood before coming out. Prior to coming out, there was a period of time spent hiding, compensating, and managing their conflicting identities, referred to as biding time. For some, this was a conscious process of waiting until the time was right; for others it was unconscious because their transgender identity was deeply buried or because they just weren't exposed to transgender persons (Lombardi, 2009). During the period of biding time, most MTFs followed a relatively conventional route: getting married to women, having children, and working at stereotypically male jobs, while continuing to secretly cross-dress (Morgan & Stevens, 2012).

Eventually MFT persons move from biding time and managing conflicting identities, to transition, in which they began the process of transitioning their bodies to their preferred gender (Morgan & Stevens, 2012). However, the reasons for transition were found to be varied. Participants listed the following reasons:

- The participants reached the breaking point. They could no longer go on as they had been. They could no longer go on—either they had to relieve their dissonance through transitioning their body or they felt they would end their lives.
- Two participants transitioned after changes in their life circumstances made the option of transitioning more feasible. They both lost their wives, one to death and one to separation, reducing a significant fear and complication to gender transition.
- Now is the right time. At 23 years old, the youngest MTF had her own idea of the kind of woman she would like to be and that it is quite different from many MTFs she has met. Her ability to make this distinction reinforces for her that the timing for transitioning may be right for her (Morgan & Stevens, 2012).

People that identify as FTM (female to male) often share some of the same experiences as MTF persons as they negotiate the coming out process. For example, in a qualitative study of 12 Caucasian FTM participants in the United Kingdom, Lee (2001) found that each of the participants reported that they had been tomboys during their childhood and considered themselves as having been, or as having wanted to be, “one of the boys”. Each held the view that they had neither been nor felt “girl-like” and



considered that “tom-boyiness” constituted the expression of the way they did not fit into society’s expectations of what a girl should be. “For all of the FTM persons, having been a tom-boy was judged to be an early indicator of their transsexualism” (Lee, 2001, p. 350).

Within the body-mind dissonance theme, puberty is often seen as a particularly unhappy time for FTM persons. “It’s puberty when your body is your traitor” (Morgan & Stevens, 2008, p. 589). Other participants reported a “repugnance” and “humiliation” about the physical changes their bodies experienced. All reported great discomfort, humiliation, and tension in wearing girls’ clothing. There were several instances in which FTM transition was slightly different than MTF transition. For example, in a qualitative analysis, Morgan and Stevens (2008) interviewed four FTM adults (age 39-49,  $m = 40.5$ ) and found a commonality of experience which was reflected in four prominent themes:

- An early sense of body-mind dissonance. All four FTM persons believed themselves to be boys, “for as long as I can remember “ (Morgan & Stevens, 2008, p. 588). All reported being angry that they were not recognized as boys, and all expressed dismay and disappointment when they realized they were not what they thought they were.
- Biding time. As adults, the FTM persons all resisted pressure to live as conventional females. As with MTF’s, the FTM persons bided time until they could do something about their gender dissonance.



- Missed opportunities. Two spoke of the opportunity of beginning the transition process in the late 1980's, but chose not to because of the health risks posed at that time.
- The process of transition. In the same way that MTF persons reached a breaking point, the participants reached a point in their lives where they could no longer go on as they had been. All had proceeded in their respective transition.

**Threats to transition.** The transition to their true gender for transgender persons has been found to be very difficult when compared to the narratives of other LGB persons. The available research documents serious and generally negative consequences for those that come out as transgender (Lombardi, Wilchins, Priesing, & Malouf, 2002). In a nonrandom research study of 402 participants (70% Caucasian) that identified as transgender persons (MTF and FTM), it was found that the most common experience was verbal abuse. Over half the sample experienced, at some time in their lives, verbal harassment for being transgender. Being stalked was the second most common experience, followed by assault without a weapon. Overall, 59.5% of the sample experienced either violence or harassment, i.e., 26.6% experienced a violent incident, and 37.1% reported some form of economic discrimination (Lombardi et al., 2002). Perhaps the most disturbing finding in the study was that fully 14% of the participants reported being raped or someone attempting to rape them at sometime in their lives. According to the authors (Lombardi et al., 2002), the reason transgender persons have a higher rate of rape or attempted rape, than other sexual identity minority persons may be due to the fact that transgender persons interact more within society as a transgender person and are

more likely to be noticed and targeted by others. It is difficult to 'notice' a sexual identity minority that is gay, lesbian, or bisexual based on outward appearance alone.

**Transition, culture and ethnicity.** The importance of conformity to gender roles is often demonstrated in the reported negative parental reactions to gender atypicality. For example, in a recent study, only 13% of mothers reacted positively to their daughters' gender atypicality and 2% of males' mothers (D'Augelli, Grossman, & Starks, 2006). As sex differences in traditionally masculine behavior show greater change than changes in traditionally feminine behavior during adolescence, the greater perceived dissatisfaction among parents with males' gender atypicality. For example, African American and Caucasian adolescents perceived negative paternal responses to sons' gender atypicality compared to daughters', with hardly any fathers positive about their sons' gender atypicality (D'Augelli et al., 2006).

It was important to investigate the role that culture plays in the transition to a new gender identity and, therefore, was used as a moderating variable in this research study. In most cases, those who share culture do so because they acquired it as they were raised by parents and other family members who have it. The essence of a culture, therefore, refers to the values, symbols, interpretations, and perspectives that distinguish one people from another in modernized societies. People within a culture usually interpret the meaning of symbols, artifacts, and behaviors in the same or in similar ways, and pass those meanings on to their children (Banks & McGee, 1989).

Ethnicity also played a central role in this research study, and is not the same as nor equal to culture. It too, is used as a moderating factor in this study. Ethnicity is in

part, “the symbolic representation of an individual or group that are produced, reproduced, and transformed over time” (Baumann, 2004, p. 14). For example, an ethnic group will often possess a common proper name to express a common sense of community. Also contributing to a population’s ethnicity are their race and their membership percentage within a society. Ethnic groups also often have a sense of shared historical memories of a common past, which includes heroes, events and their celebration (Baumann, 2004).

Cultural and ethnic minority members that have a minority sexual or gender identity that is marginalized are burdened with having a double minority status (Rosario, Scrimshaw, & Hunter, 2004). As cultural and gender identity minorities, transgender persons often lack voice within the dominant normative cultural narrative (Westrate & McLean, 2010). For example, the personal meaning of the transgender narrative is only understood in the particular cultural-historical context within which it is constructed (Hammack, 2008). However, despite the review of the current literature, the thematic transition to a new gender, noted earlier in Caucasian samples ( Lee, 2001; Lombardi, 2009; Morgan & Stevens, 2012), is not represented in samples of people of color. The effects of culture and ethnicity on transgender persons and how it might influence the transition to their true gender, have not been documented as far as this researcher can determine.

**Transgender level of acceptance.** Transgender youths may identify their sexual orientation, to whom they are romantically and sexually attracted as gay, lesbian, bisexual, questioning, straight, or by some other label. An important distinction must be



made. Where self-identified lesbian and gay persons possess same-sex sexual orientations, they do not generally have gender orientation identity differences (Morgan & Stevens, 2012). Therefore, one's sexual orientation is different from, and not determined by, one's gender identity (Devor, 1997). Transgender youths are highly diverse in terms of sexual orientation as well as in terms of gender, race, age, religion, disability, nationality, language, and class background (Mallon & DeCrescenzo, 2006).

**Transgender and 'the rules'.** The heteronormative rule is that only two sex categories exist, and any variant is considered abnormal, or sinful (Norwood, 2012). Some male or female teenagers who cross dress (which may have nothing to do with being transgender) may do so in secret and never tell their families and friends about it. As adults, some may continue to keep their cross dressing private, sometimes seeking support through transgender support groups and, most likely, in internet communities. Those who disclose their transgender identity to their families may experience a variety of reactions, ranging from loving acceptance to complete rejection (Mallon & DeCrescenzo, 2006).

**Transgender and roles within the family.** The sibling relationship is viewed as an integral part of most children's social worlds affording opportunities for companionship, play, emotional support, as well as conflict (Howe, Fiorentino, & Garipey, 2003). Individual development is shaped by the close sibling relationships within families. However, there exist striking individual differences in sibling relationships, i.e., some relationships are warm and supportive, while others are hostile and difficult (Jenkins & Dunn, 2009). For this research study, siblings may play an

important role in mediating the changes that occur when a transgender person reveals their new gender to family members. Studies have demonstrated that positive sibling relationships moderate the relationship between exposure to life events, such as the developmental milestone of disclosing a sibling's gender identity, and the development of future emotional and behavioral difficulties in children. For example, in a recent study of longitudinal design (Gass, Jenkins, & Dunn, 2007), 198 families were evaluated to determine if stressful life events and positive ratings of sibling relationships would combine to reduce internalizing symptoms. Results demonstrated that stressful life events and sibling affection by themselves were insufficient in reducing children's internalizing symptoms over time. However, after having experienced stressful life events, children who had affectionate relationships with their siblings were less likely to experience a change in internalizing when compared to those children without affectionate sibling relationships (Gass et al., 2007). In this research study (Gass et al., 2004), important information could be gleaned from sibling and transgender persons, as the transgender person describes any internalized behaviors or suicidal ideation after completing the transition to their true gender. The sibling's description of the completion of the transition and the effect on families, could provide important clues for family therapists in treating families, regarding new family rules.

Research that describes how families interact with transgender persons is limited. Norwood (2012), in a qualitative study obtained data from online postings to transgender support discussion forums. Anonymity was an overarching concern for the investigator and the participants, and, therefore, no demographic information was available for

participants. The rationale for using online data was that it provided an ideal tool for “listening in” on naturally occurring communication of transgender persons and family of transgender persons. From the summary of the online data, several themes were identified:

- Presence vs. Absence. Family members talked of grieving the loss of their children, siblings or partners, yet they were not actually gone. The grief was cited as occurring when their transgender relative/partner transitioned. The family’s sense of loss was related to the “loss” of the person’s former identity. Parents struggled between grieving the loss and accepting the person their child became or will become.
- Sameness vs. Difference. There was a real struggle for families to make meaning around two issues: Sameness and difference. For example, if the transgender person is conceptualized by the family as the same person after transition, then family members will experience that person as still present. However, if the transgender person is conceptualized as a different person due to transition, the family members will experience the absence of the pre-transition identity. For many families, there was real struggle about whether the transgender person was the same or different after transitioning.
- Self vs. Other. Family members spoke of wanting to provide unconditional support for the transgender person, but lack of understanding, religious beliefs, and personal emotional issues often inhibited the provision of support.



Transgender persons wanted to help their family members, but they believed that they needed to focus on themselves as well (Norwood, 2012).

No comment could be made as to the cultural distribution of the sample due to the high degree of anonymity provided by the researcher (Norwood, 2012). Since there are few studies regarding parental and familial struggles, it remains generally unknown about the effects of transition on parents and families of color.

**Mental health training.** Throughout the literature review, it appears that therapists, counselors, and other mental health professionals are not receiving adequate training concerning the issues that face those persons that are transgender (T). Although there are a number of ways to measure therapist competence with respect to multicultural and ethnicity training, no multidimensional (knowledge, skills, and awareness) assessment or training currently exists in curricula for training therapists and other mental health professionals to work with T persons (Walker & Prince, 2010). In addressing the lack of therapist training in broad terms, N. Cannon (personal communication, August 27, 2013) noted:

Every program is different. As a group I think we totally under-educate our field on the matters you are concerned about [therapist training and competence]. As a sex therapist, it never ceases to amaze me as to how little sexuality education that students of mental health and medicine receive.

For therapists that form therapeutic relationships with transgender persons, some publication material is available (Lev, 2004), but very little in terms of training in awareness, skills formation, and competence. For example, therapist training does not

generally include the many facets of gender identity, and the power hierarchies that exist within gender socialization. Less well known, but essential to enhancing the therapeutic relationship, transgender clients need accurate feedback related to how well they pass as the new gender and how to cope if identified as transgender by other people (Hunter, 2007).

### **Conclusions**

The heteronormative vision of all children developing a heterosexual sexual and gender identity remains the overarching cultural narrative. Studies in the literature demonstrate an oversampling of Caucasian persons, along with an emphasis on investigating the lives of lesbian and gay persons throughout the life cycle. Scholarly research drops significantly regarding the lived experiences of bisexual persons, and only a few studies of transgender persons are represented in the literature. Research on family dynamics and interaction between families and transgender persons of color, are rare. Transgender persons negotiate a different path to their true gender identity than is the case for LGB persons “coming out” to their sexual identity. Children often become aware early on that their internal gender identity does not match their outer gender identity.

### **Summary**

Transgender persons have been part of the historical documentation throughout history. However, transgender persons have been marginalized, shunned, and misunderstood throughout the 20<sup>th</sup> Century, particularly in the United States. The public, cultural history of transgender people here in the US goes back approximately 30 years, as a number of researchers began to move from a medical model of transsexualism as a

pathologized disorder of gender dysphoria or gender identity disorder to a more postmodern view and terminology that eschews a pathologized view of transgender people.

Family System theory is used as the theoretical lens in viewing this study. A systems perspective is critical in working with families that have been disrupted by serious changes in the structure and operation of the family system. Disclosing the intent to transition to a person's true gender very often creates a familial environment that is new and very different. Those changes have the potential for disintegrating the family system.

Little is known about transgender persons of color. It was important for this researcher to recruit transgender persons of color, as their voice in the literature and the larger social environment is muted. Burdened with being a minority ethnicity or race in the Caucasian majority, and being a minority within that minority component of the social environment, could have familial and relationship difficulties not well understood by the mental health profession.



### CHAPTER III

#### METHODOLOGY

This qualitative study examined the experience of 16 transgender adults, (n=16) ages 18 and older that have negotiated, or are in the process of negotiating, the path to their true gender. This study examined how the participants coped with changes in relationships, beginning in childhood, with families, friends, and associates as the transgender person negotiated that path. This researcher used family systems theories as the theoretical foundation on which this research project was constructed. A fundamental construct of family systems theory posits that behavior and communication are both the same, i.e., family members cannot not communicate (Bateson, 1972). Families are also made up of subsystems that have boundaries (Minuchin, 1974), and successful, growth oriented families share a common characteristic, i.e., a respect for and honor of, boundaries among family member subsystems (Minuchin, 1982). Systems theories provided the lens in explaining how transgender participants made sense of the changes in her or his family, friends and associates, as each group became aware of the transgender persons' transition to their true gender.

Face-to-face interviews, and interviews via Skype, provided information about the transgender person, their transition, and relationship changes, if any, within their families and social networks as they negotiated or are negotiating the path to their true gender.

Within the face-to-face and Skype interviews, each participant was given the opportunity to include a family member or fictive family member as part of the interview process. However, only three participants chose that option, and so those family member interviews were not included in the data analysis.

### **Phenomenology**

This researcher has chosen transcendental phenomenology (Moustakas, 1994) as the method of analysis of data. Specifically, phenomenology asks what factors contribute to the constitution of meaning, as expressed in the participant's description. Meaning, as expressed in this researcher's description of the phenomenon of negotiating the path to participant's true gender, can be viewed as emerging from three principal sources: (a) the participant's meaning, (b) the researcher's meaning, and (c) intersubjective (or shared) meaning (Hein & Austin, 2001). For this researcher, this research method presents specific challenges. A thread needs to flow between the significant statements, the meaning units, i.e., sub-codes, codes, categories, themes, and the essence descriptions with this researcher building a composite description of increasingly general meaning (inductive reasoning). Essence can be difficult to develop because of the heterogeneous nature of the participants, all of whom have experienced or are currently experiencing negotiating a path to their true gender. Their experiences varied greatly because of a number of different variables such as biding time, level of sibling or family member support, familial level of acceptance, personal and professional safety, and societal rejection. In adhering to the tenets of transcendental phenomenology, this researcher

focused on the wholeness of the experience of negotiating a path to their true gender for transgender persons.

An essential part of the phenomenological method is a process of intuiting, in which this researcher attempted to be open and to meet the phenomenon of transition in as fresh a way as possible (Finlay, 2009). In phenomenology, perception is regarded as the primary source of knowledge about the outside world (Moustakas, 1994), and words that describe that perception are the data (Creswell, 2007). All phenomenological research has at its core the description of the things as they appear and a focus on experience as lived (Finlay, 2009). In using phenomenology as the chosen research method, this researcher was dedicated to a description of transgender participants' experience as they negotiated the path to their true gender, particularly those relationship changes with family, friends, and social and professional associates.

This research provided an occasion to become acquainted with the phenomenon of the perceptions of transgender persons regarding changes in their family, friends, and associates as they negotiated the path to their true gender. In phenomenological research the aim is to encounter the phenomenon via the person's description, with no explanation or analyses (Englander, 2012; Moustakas, 1994). Descriptions keep the phenomenon alive, i.e., "the textures, phenomenological qualities, properties and underlying meanings" of the phenomenon of negotiating a path to their true gender (Moustakas, 1994, p. 59). The challenge for this researcher was to see the world through the participants' eyes and to assume a fidelity to the phenomenon (how the participants coped with changes in relationships, beginning in childhood, with families, friends, and



associates as the transgender person negotiated the path to their true gender) as the phenomenon was experienced by the participants (Dahl & Boss, 2005).

At the root of successful phenomenological research are research questions that give a direction and focus to the descriptions of the phenomenon being studied. Solid research questions and participants' descriptions are joined via in-depth interviews. In-depth interviews are appropriate instruments for phenomenology (Creswell, 2007).

### **Bracketing in Phenomenology**

Phenomenology allows for epoche, or bracketing, in which the researcher sets aside her or his experiences of the phenomenon as the researcher investigates the phenomenon being examined. The process of epoche is difficult to achieve, i.e., a state of being consciously present for perceiving and experiencing the phenomenon in a fresh way (Moustakas, 1994). The purpose of bracketing is to ensure that this researcher does not allow any assumptions about transgender persons to shape the data collection or impose their understanding and construction on the data (Hamill & Sinclair, 2010).

## **Methodology**

### **Procedure**

Once Institutional Review Board (IRB) approval was granted, this researcher requested permission from appropriate organizations to canvass registered students at Texas Woman's University (TWU) and members of other institutions, organizations, listservs, and advocacy groups (Appendix A). In asking for permission, the study and its goals, were thoroughly explained. Once permission was granted from the various institutions (Appendix B) and groups to contact students and/or members, a form e-

mail/flyer was sent out (Appendix C). The e-mail/flyer contained a brief overview of the study along with contact information for this researcher. The flyer (Appendix C) was used on campus, at conferences, meetings, workshops, and as part of the researcher's individual recruitment at favorite gathering places for transgender persons. The original plan called for potential participants to be contacted by telephone (Appendix D) and screened for good fit for the study. If the respondents fit the criteria for the study and expressed an interest in participating, a welcome letter (Appendix E) would be sent by e-mail or stamped mail. However, the recruitment process did not occur in that manner. The flyer (Appendix A) went to numerous on-campus buildings, organizations, listservs, personal handouts, meetings, workshops and conferences. All initial contacts by persons interested in being part of the study occurred via e-mail, and all expressed the desire to be part of the study. All of the participants met the criteria for inclusion, as each person was at least 18 years old, and spoke and read English at a 3<sup>rd</sup> grade level. Therefore, there was no initial contact by telephone and no screening occurred (Appendix D). All welcoming letters (Appendix E) were sent via e-mail along with the consent form (Appendix F) and demographic questionnaire (Appendix G). With regard to the presence of a trusted family member or fictive family member during the face-to-face, or Skype interview, only three participants chose to bring family members to the interview. Therefore, no interviews of those participants were used in this study. All scheduling for interviews was conducted via e-mail. A list of counseling resources (Appendix H) was sent to each participant 48 hours before the scheduled interview via e-mail. This researcher reiterated the potential

for anxiety, anger, or other stress inducing emotions being generated by the in-depth interview, in the body of the e-mail communication.

The participants were given a 4-digit random number from a random number generator. For the purpose of this study, that number is the only identifier for the participant. A total of 16 participants took part in the study. Open, semi-structured interviews were conducted on a mutually agreed upon convenient site on the campus of TWU in the campus library, at a location closer to the participant, or via Skype where confidentiality was maximized as much as possible.

### **Sample One**

A total of 16 participants (n=16) took part in this study. Sample one was made up of 11 self-identified Caucasian participants, and three self-identified persons of color. Several participants chose not to respond to a number of demographic questions. Participants were at various places on the path to their true gender. All participants were 18 years old or older. All participants spoke English and were able to read at the 3<sup>rd</sup> grade level. It was critically important in this phenomenological study that the participants all experienced negotiating the path to their true gender, the phenomenon of interest (Creswell, 2007).

The sample (n=16) included a diverse group of 11 MTF and 5 FTM participants. Age was a principle demarcation in that half of the participants were over 40 years old and half were under 40 years of age. Over half of the participants that were over 40 years old were in their early to mid 60's, and all were MTF participants. Only one of the FTM participants was over 40 years of age. Participants lived in Texas, the Pacific Northwest,



Northern and Southern California, the Midwest, New England, and in the South. It was important for this researcher to recruit participants of color in order that there would be more racial and ethnic balance, and to give voice to a part of the population that has little voice in the social environment of the US. Despite the best efforts of this researcher, no other persons of color chose to be a part of this study.

### **Sample Two**

This researcher assumed that trusted family members of fictive family members would be part of the interview process. In using family members as part of the interview process, a different perspective of early life of the transgender participant could provide important clues to how the participant and family interacted. This could provide important insight for treating families that may experience relationship difficulties after the participant disclosed her or his true gender. An underlying assumption by this researcher was that transgender persons would generally follow the Cass model (1979) of homosexual identity formation, i.e., transgender persons would disclose in their teens or early 20's. That was not the case, particularly for those participants that were over 40 years of age. Disclosure for transgender persons was very different when compared to gay or lesbian disclosure to families. For example, the level of secrecy that characterized this group was unexpected and made it difficult or impossible for the participants to willingly bring a trusted family member to the interview. Only two of the 16 participants brought family members to the interview. Although the family members provided a different view of the participant and the struggle of disclosure, the number of trusted family members or fictive family members was too low to include in this study (n=2).

## **Sampling**

To achieve a diverse purposive sample, this researcher drew a convenience sample from groups such as the student body at Texas Woman's University, LGBT PRIDE campus organizations at various area universities, Fairness Fort Worth, Equality Texas, PFLAG of Fort Worth, various listservs, conferences, workshops, meetings, and individual recruitment of transgender persons. It was necessary for this researcher to recruit outside of the Dallas/Fort Worth area, and included recruiting outside of Texas. This researcher conducted interviews with participants outside of Texas via Skype.

Sampling was an on-going process. This researcher experienced a great deal of resistance by the transgender community, particularly by MTF transgender persons. The levels of distrust and anger were particularly high, as many transwomen considered this researcher a "troll", or a "cis" man looking for a date, or a "sex tourist". However, one and then two participants agreed to be part of the study. Word-of-mouth, i.e., snowball sampling, became the most effective method of recruitment once a few of the interviews were completed, and found to be a safe place to disclose the life stories of the participants.

Despite numerous attempts to gain the trust of transpersons of color, this researcher was unable to recruit any volunteers from the transpersons of color community. Several participants identified as persons of color, however, those participants did not speak to any differences or pressure to conform based on the ethnic and racial milieu in which they grew and lived.

## **Screening**

A critical question in phenomenological research is as follows: Did the participants have the experience that is of interest to this researcher (Creswell, 2007), i.e., do the transgender persons selected for the study have the experience to be able to describe how their relationships with family, friends, and associates changed, from their earliest recollections to the present day, as they negotiated, or are negotiating the path to their true gender? Once it was established that the interview was safe, all participants identified as transgender, appeared to be eager to participate, and all matched the criteria of being able to speak English and read at a 3<sup>rd</sup> grade level.

## **Protection of Human Subjects**

It is the policy of Texas Woman's University (TWU) that all research conducted by any TWU faculty member, staff member, or student using human subjects must have prior approval from a TWU Institutional Review Board (IRB) before the research is initiated. The University operates under a Federalwide Project Assurance (#FWA00000178) and acknowledges and accepts responsibility for ensuring that the privacy, safety, health, and welfare of such subjects are adequately protected. The University has thus established an Institutional Review Board (IRB) for each site (Denton, Dallas, and Houston) to review and approve the adequacy of human subject protection. Each IRB is composed of faculty and staff from a variety of disciplines as well as community members and operates according to University Policy 1.15 Human Subjects in Research and Procedures.



## **Instrumentation**

The instrument used to gather data was in-depth interviews of participants. Dahl and Boss (2005) classify words as the data that give meaning to the experiences of the participants. Data are obtained from the family stories, secrets, family rituals, dinner conversations, and patterns in family conversation and behavior (Dahl & Boss, 2005).

## **Research Questions**

Within this study, the independent variable is identified as the experience of growing up transgender within a familial and larger social milieu. Moderating variables have been identified as follows: age, ethnicity, culture, first discovery of being different inside, family member support, and timeline of disclosure. Given these identified variables, the following research questions were developed:

- What was the experience of the transgender person as they grew up in their family of origin?
- What family values were influential to the transgender person as they began their path to their true gender?
- How did the transgender person describe their disclosure to family, friends, and professional colleagues?

## **Central Questions**

Central questions refine the research question into components to be addressed in the research. These central questions contain the same elements as research questions (open ended, neutral wording) but they provide greater specificity (Creswell, 2007).

**Central questions related to research question one (RQ1).**

- Tell me what were you like before you completed the path your true gender?
- In what ways are you different since you disclosed your gender to your family?
- Tell me about your sense of well-being since you disclosed your true gender?
- Tell me about what you noticed most about any changes in your family after you disclosed your true gender?

**Central questions related to research question two (RQ2).**

- Tell me, what and how your family's values influenced your process in beginning your path to your true gender?
- Tell me about the "unwritten rules" that you and your family lived under before you disclosed your true gender?
- Did the "unwritten rules" change or did they stay the same?

**Central questions related to research question three (RQ3).**

- Tell me about your experience of disclosing to family members.
- Tell me about your experience of disclosing to friends and colleagues
- At any time were you concerned about your physical or emotional safety when you were disclosing to family, friends, or professional colleagues?

**Data Collection**

This researcher employed open-ended questions when interviewing transgender persons about their experiences of how they coped with changes in relationships with family, friends, and associates as the transgender person negotiated the path to their true

gender. This researcher obtained thick, rich descriptions of how the lives and relationships of transgender persons were changed as they disclosed their true gender to family members, friends and associates.

Participants that read the flyer, or saw the recruitment form, contacted this researcher by e-mail. Each expressed an interest in being part of the study, and each participant indicated that communication would be best facilitated by e-mail. This researcher briefly discussed the procedure and asked the participant if they would be part of the study. All but one potential participant that initially contacted this researcher agreed to be part of the study. All participants filled out the demographic questionnaire (Appendix G) and signed the consent to participate form (Appendix F). Each participant reported that it took less than 30 minutes to complete the questionnaire and read and sign the consent form. An interview (Appendix I) then took place after any questions were resolved. Total time in the process of filling out paperwork and conducting the interview was projected to be no more than 90 minutes. The actual time spent on interviewing alone was, generally, more than 90 minutes, as participants recounted their own personal and unique narrative. Data collection occurred by audio taping the participants during the interview, and was transcribed at a later date.

**The interview.** Interviews took place at the following locations: (a) on the campus of TWU, at the campus library; (b) at a mutually agreed upon convenient location; and (c) via Skype. All data collection was conducted through unstructured, open-ended, interviews (Appendix J). The goal of the interview was to describe how relationships within families, friends, colleagues and acquaintances, changed, beginning



with their earliest recollections, as the transgender person negotiated the transition to their true gender, and what those relationship changes meant to the transgender person. Fifteen of sixteen participants received copies of their respective interview. One participant, corresponding by e-mail only, no longer had a functioning e-mail address. Several copies were returned with clarifications to the narrative. Most participants either did not respond or reported that the transcribed narrative “looks good.”

**Data analysis.** Transcendental phenomenology erases the gap between objectivity and subjectivity by allowing researchers to develop an objective essence through aggregating subjective experiences of a number of individuals (Moustakas, 1994). This researcher was able to develop an objective essence of the participant’s experiences of negotiating a path to their true gender through interviewing 16 individuals who provided a description of what they experienced (Morer-Urdahl & Creswell, 2004).

The data analysis was conducted via transcription of audio tapes, in the following manner using a step-wise procedure (Morer-Urdahl & Creswell, 2004):

- **Achieving epoche.** This researcher set aside all views about the phenomenon that was studied, i.e., how families, friends and colleagues relationships changed, beginning in early childhood, as the transgender person negotiated their path to their true gender.
- **Data Collection.** All participants were interviewed by the protocols noted above. The words of the study participants are the data (Creswell, 2007), and each experience which was told by the participants, was considered in it’s singularity

unrelated to other experiences of other participants (Moustakas, 1994). All data were transcribed for analysis (Creswell, 2007; Moustakas, 1994).

- **Horizontalization.** Meaning can come explicitly in what is said (literal meaning) in the words of the lived experience of transgender persons as they negotiated their path to their true gender (Moustakas, 1994). Meaning can also come from implicit or horizontal meaning, i.e., meaning was gleaned from ambiguity, contradictory meaning, or lack of meaning in the participant's language (Hein & Austin, 2001). Horizontalization is the process in which specific statements are identified in the transcripts, which provide information about the experiences of the participants. These were individual verbatim statements shared by the participants. Those remaining, significant statements are the horizons or textural meanings (Hein & Austin, 2001).

Once transcription of all 16 participants' narratives was complete, this researcher, in coordination with his advisor randomly selected three transcripts. This researcher and advisor/co-reader independently identified significant statements made by the participants. This researcher and co-reader, working together, combined mutually defined statements relevant to the study and discarded those statements that were identified as not significant to this research study. These statements represent non-repetitive, non-overlapping significant statements and were not grouped or ordered in any way. Every significant statement had equal value. This critical step helped this researcher and co-reader begin to achieve an accurate description of how family, friends, and associates

relationship's changed, as the transgender person negotiated the transition to their true gender (Moerer-Urdahl & Creswell, 2004). These significant statements were then arranged in a table so that this researcher could identify the range of perspectives about the experiences of the participants (Creswell, 2007 ; Moerer-Urdahl & Creswell, 2004).

An additional three transcripts were randomly selected and read independently by this researcher and the co-reader, checking for significant statements made by the participants. Working together, this researcher and co-reader discarded those statements that were not relevant to the study. From the list of significant statements, which were generated from six transcripts and considered relevant to this study, this researcher formulated a first draft of a code manual (Saldana, 2013). This “visual strategy” (Saldana, 2013, p.68) allowed this researcher to match participant statements that were particularly relevant to the study, using preliminary codes. The rich descriptions that made up the interviews of the participants made it necessary to add sub-codes as descriptors of the wide tapestry of coded responses from the participants. According to Saldana (2013), subcodes are second-order tags used after a primary code to detail or enrich the entry.

- Categories. Codes and sub-codes which were related were then grouped into categories, i.e. “words or phrases that describe some segment of the data that is explicit” and represented a broader context in which the codes and sub-codes were embedded (Saldana, 2013, p.14). For example, some explicit descriptions of



segments of the transgender persons' life such as (a) see myself as different, (b) coping strategies, (c) relationship changes, and (d) developmental markers, are categories, under which codes and sub-codes were listed. Based on the sub-codes, codes, and categories generated by six randomly selected interview transcripts, this researcher formulated a code manual (Appendix K). Using this coding manual, this researcher coded the remaining ten audio taped interviews. This researcher then engaged the expertise of another co-reader to give a higher reliability rating to this study and its findings.

- Themes. Themes are subtle patterns, trends or outcomes of coding, and reflection, and are not specifically “coded” (Saldana, 2013). This researcher looked “for the themes common to most or all of the interviews as well as the individual variations” (Groenewald, 2004, p.21). In this phenomenological study, “themes helped to gain a deeper understanding of the nature of everyday experiences” of transgender persons as they negotiated a path to their true gender (Saldana, 2013, p. 176). This is the heart of the data analysis (Creswell, 2007). Generally, a single criterion had to be met for a category to broaden into a theme, i.e., each category had to demonstrate that at least half of the participants were coded into that category. However, in this study, such a criterion would eliminate narratives that provided a different perspective of growing up transgender. It was at this point that analytic reflection of the process of defining significant statements, establishing codes of those statements, and defining various categories of codes of similar meaning, led to generating nine developmental focused themes under four

distinct points (childhood, early teen, teen/high school, and adulthood) in the life course of the participants:

#### Childhood

- (a) Two struggles: The struggle to fit in and the struggle within
- (b) Positive childhood

#### Early teen

- (a) The walking wounded: Consequences of on-going battles
- (b) Staying out of trouble

#### Teen/High school

- (a) The struggle continues
- (b) High school wasn't too bad

#### Adulthood

- (a) The closet door just exploded
- (b) Do you want to know a secret?
- (c) On to a different life

Two gender specific themes were generated, based on the very different experiences of MTF and FTM participants to puberty (Groenewald, 2004):

#### Puberty

- (a) This is confusing (MTF)
- (b) How could THIS happen? (FTM)

- Textural and Structural Description. The process of integration was facilitated by developing an increasingly general flow of meaning from specific statements, to

codes, to more general categories, to broad themes. Codes, categories, and themes all had equal value, and are the vehicles used to make meaning from the participant statements and the research questions. In chapter five, each theme was analyzed by employing textural descriptions of what was experienced by the participants, and how it was experienced by employing structural descriptions (Moustakas, 1994).

- Essence of the Experience. The textual and structural descriptions of the experiences were then synthesized into a composite description of the phenomenon of being transgender and the relationship changes that were experienced by the transgender person as she or he negotiated the path to their true gender. This researcher's description became the essential, invariant structure of ultimate essence which captured the meaning given to the experience (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994).

### **Person of The Researcher**

It is important for the reader to know about me before reading further into what I had to do before I could achieve epoche. I am an adult, Caucasian male, aged 67. I am married. I have had a full career prior to engaging in a second academic adventure. I engaged the service of a professional career counselor organization to assist me in choosing a second career. It was clear that I would be a great fit in working with children, particularly children under 8 years of age. To achieve that, I enrolled in the Masters program at the University of North Texas, with an emphasis in Play Therapy, graduating with a MS in Counseling in 2003. As a licensed professional counselor, I expanded my



expertise and experiences with children and families. Those experiences led to seeking the PhD in Family Therapy at Texas Woman's University. My research interest in transgender persons arose from personal contact and interaction with transgender children and transgender persons. I quickly recognized that transgender children and adults are under-represented in the research literature, and woefully misunderstood and stigmatized by the larger social environment.

This researcher, in attempting to achieve epoche, has had to confront past decades of entrenched thinking. For example:

- The notion of a binary system defining gender
- Male/female sexual identity, gender identity
- Rigorous cultural and social rules about what constitutes appropriate behavior
- White privilege
- Theology
- The notion that only some people are created equal
- The notion that sexual activity is limited to a man and a woman and within the theocratic overview of some religion
- That sexual activity between consenting adults that does not harm either partner is sinful, dirty, wrong, or the business of the state
- The notion that 'civil rights' are not for everyone.

That list is a compellation of over 60 years of living in the human condition. It is easier to list those issues that would have clouded my accepting of the descriptions of transgender persons, than it was to actually confront them. And for me to have succeeded

at the Masters and PhD levels of higher education, a grim evaluation of what is important and relevant for me as a human being had to be made. Before entering the Masters program, I had to take undergraduate classes. Not surprisingly, those first classes at the community college were among the most difficult classes I have ever taken. I had a lifetime experience as a parent, worker, husband, bill-payer, along with being relatively old, and therefore, my brain was completely unprepared to engage in academic rigor. I had to retrain my brain to think more critically, and be willing to engage in thoughts that were new and challenging to my comfort zone. I had already learned what I could accomplish, what I would be happiest doing with my life, thanks to the analysis at the career guidance organization. It was extremely important for me to have a goal, i.e., the possibility of working with children in a therapeutic relationship. As I read, re-read, and thought about my life and what I was learning, the disconnect between me as a person “then” and the person that was forming “now”, very slowly and nearly imperceptibly, began to separate. As I simultaneously finished my first career (retirement) and my work at the masters level, it became clear that I was engaging in two separate realities. The reality as a worker with a specific set of ethics and mores, and a second, far more challenging and exciting reality, that had entirely different ethics, mores, and intellectual potential. However, as I finished the masters program, the dual internal identity that I saw was me “then”, and me “now”. They were two distinct identities. It was easy to pack the “then” part of me into a vial that would never be opened again. Over the course of several years in the professional counselor role, it became clear that I needed more education and so I applied for and was accepted in the PhD program in family therapy at Texas

Woman's University. I was not prepared for the relentless drive to be far more critical in thinking and to be far more introspective about who I was as a student and a person in the family therapy program. Questions never contemplated, were being asked about me. And those very pointed questions critically evaluated my role as a therapist and the influence of me "then". To be a better, more thoughtful therapist, I had to confront the me "then" in order to understand how "then" affects my ability as a therapist, i.e., the me "now". With the help of a therapist, I was able to confront the "me then" and to address decades old difficulties that had a direct impact on my vision as a therapist. Connecting why I did what I did as a therapist with my past was extremely cathartic. It directly affected the way I view the world and the people in the human condition. The PhD experience has profoundly changed me as a person.

A closer examination has demonstrated that, for me, two of those sources of distorted thinking form the basis for all other examples of personal distorted thinking. They are white privilege and theology. Releasing oneself of the notion of a super spirit as a reason and explanation for the unknown, the unfathomable, the perplexing, the fearful, the frightening, has been cathartic, and freeing. White privilege has been far more intractable, and requires an unvarnished strict evaluation of contexts that often do not appear in ones sense of possibilities. Within a specific context, what happens if roles, genders, or sexual identity are reversed? For example, if, while in a context there is a reversal of race or gender, how does that effect this researcher's moral compass, ethical foundation, or presumption of "the rules" of the human condition? What changes, thoughts, or reactions occur within this researcher if, for example, the race of personnel



in a specific context have been reversed? How will this alter perceptions of race, i.e., could a person of one race or gender, actually be in a situation that is unfamiliar to this researcher, simply because of white privilege? These questions along with challenging the above thinking patterns were necessary in order that this researcher was able capture the essence of the stories told by the participants.

This researcher's interest in transgender people is rooted in my teen years, particularly in high school. The notion of fairness and equality were prevalent in the early 1960's, as the civil rights movement began to expand and gain national attention. The notions of fairness and equality were dimmed in the day-to-day negotiation of the human condition. However, the opportunity to be a part of higher education has changed this researcher in ways that are both obvious and subtle. This researcher wants to know more, and given the current minority identity status of transgender persons, wants to advocate for, and give voice to, transgender people.

### **Trustworthiness of Data**

This researcher is obligated to justify to the dissertation committee and the larger research community that this researcher has done due diligence, i.e., that this researcher (a) has established a rationale for this study, (b) provided a clear description of the data collection procedures, (c) provided data analytic methods, and (d) a clear description and interpretation of the data. A critical step in establishing trustworthiness in this study is to describe this researcher's philosophy of science. This researcher's philosophy of science is an integration of constructivism and advocacy research. Constructivism is a theory of learning in which knowledge is constructed by people who are socially and culturally

embedded, rather than isolated individuals. To assert that knowledge is constructed, rather than discovered, implies that it is neither independent of human knowing nor value free. Indeed, constructivists believe that what is deemed knowledge is always informed by a particular perspective and shaped by various implicit value judgments (Gordon, 2009). For the constructivist, each person's subjective experience is just as valid as anyone else's, and no one has an epistemologically privileged viewpoint. Constructivism is absolutely essential to phenomenology, as the participant's words are the data, i.e., their subjective experiences (Gordon, 2009).

Also called action research, advocacy research is a collaborative project between the participants and the researchers. For example, the researcher collaborates throughout the process of research with the individuals whose stories are being reported. In this case, the report compiles the individual stories told to this researcher. In this understanding of action research, the participants are actively involved in the inquiry as it unfolds, and the relationships between the researcher and the participants are negotiated to minimize the potential gap between the narrative told and the narrative reported (Hiekkinen, Huttunen, & Syrjala, 2007).

There are three major categories of trustworthiness to which all qualitative researchers must attend (a) integrity of the data, (b) a balance between reflexivity and subjectivity, and (c) clear communication of findings. With respect to integrity of the data, this researcher has striven for the clear articulation of methods allowing for replication of the study by others. In this qualitative research study, the replication of the procedures, rather than the results can provide integrity of the data. Finally, to establish

integrity of the data, evidence is presented that demonstrated that this researcher's interpretations fit the data, i.e., the words of the participants (Nutt, Williams & Morrow, 2009).

A balance was needed between what the participants said and the ways in which this researcher interpreted the meaning of the words. This balance relied heavily on both subjectivity and reflexivity. This researcher, in using qualitative research methods, acknowledged both the existence of and benefits of subjectivity. However, it was incumbent on this researcher to attempt to explore or manage biases through epoche and reflexivity. Reflexivity is an awareness of self, wherein this researcher remains self-reflective and able to identify, as clearly as possible, what comes from the participant and what comes from the researcher (Nutt et al., 2009).

Communication of findings is critical to the trustworthiness of this research study. This researcher ensured that findings are communicated clearly through presenting, and writing about, this study. It was assumed by this researcher that the reason for this qualitative, phenomenological study, was to address one of the following areas:

- “Improve the therapy process or outcomes for transgender individuals.
- Inform family therapists and other mental health professionals about the day-to-day lives and struggles of being transgender in a heteronormative world, punctuated by white privilege.
- Reveal limitations in current therapeutic or methodological approaches while suggesting new alternatives to consider” (Nutt et al., 2009 p. 580).



As part of communication of findings regarding the trustworthiness of this study, this researcher engaged participants so that the findings are an adequate representation of what participants were saying. By engaging participant's view of the findings, this researcher as part of the final analysis of data, increased the validity of this study.

### **Summary**

This chapter highlights the methodology used by this researcher when employing transcendental phenomenology (Moustakas, 1994) to gather data about the experience of transgender persons as they observed how their relationships with families, friends, and colleagues changed, from their earliest recollections to the present day, as the transgender person negotiated the path to their true gender. The use of qualitative data allowed this researcher to add knowledge about the experience of being transgender to the literature. However, this study identified culture and ethnicity as two mediating variables within the study. Despite months of trying to connect with numerous individuals, organizations, and support groups for trans persons of color, this researcher had very limited success in recruiting any participants that were ethnic minorities. One person, an African-American transwoman, participated in a face-to-face interview lasting 1.5 hours. Two other participants, self-identified as ethnic minorities, took part in the study. As reflected in the literature, this study is over-represented by Caucasians.

## CHAPTER IV

### RESULTS

In this qualitative study, this researcher explored the experiences of transgender adults as they told their story about how and when they negotiated their personal path to their true gender to family members, friends, and colleagues. The results of this research study were analyzed by submitting data from participant narratives to review using the Mustakas (1994) model for qualitative research.

#### **Demographics**

Sixteen participants, all at various points on their path to their true gender, volunteered for this research study. All participants were given a demographic questionnaire to fill out. Several participants chose not to respond to some of the questions. Caucasian participants represented the largest group of participants. Three participants identified as members of a minority group. Most self-identified as being part of the middle class, while four identified as being poor. The demographic data are presented in Appendix L. Brief summaries of the data are presented in Tables 1 and 2.

Table 1  
*Demographic Data – MTF Participants*

Male To Female Participants (n=11)	Age	Regional Location	Annual Income	Self-Identified SES	Race
MTF01	62	North Texas	\$20000-30000	Middle Middle Class	Caucasian
MTF02	57	Central Texas	< \$10,000	Poor	Caucasian
MTF03	51	South Texas	\$40,001-50,000	MMClass	Black
MTF04	62	North California	\$60,001-70,000	MMClass	Hispanic-NonWhite
MTF05	50	East Coast	> \$90,001	MMClass	Caucasian
MTF06	42	Pacific Northwest	\$10000-20,000	Poor	Caucasian
MTF07	46	North Texas	\$20,001-30,000	Lower Middle Class	Caucasian
MTF08	67	Pacific Northwest	\$80,001-90,000	MMClass	N/A
MTF09	63	South California	\$40,001-50,000	MMClass	N/A
MTF10	38	Midwest	\$10,000-20,000	Poor	Caucasian
MTF11	31	South California	\$10,000-20,000	Poor	Caucasian

Table 2  
*Demographic Data – FTM Participants*

Female To Male Participants (n=5)	Age	Regional Location	Annual Income	SES	Race
FTM01	45	New England	\$60,001-70,000	Middle Middle Class	Caucasian
FTM02	28	North Texas	\$10,000-20,000	Lower Middle Class	Caucasian
FTM03	35	East Texas	\$20,001-30,000	LMClass	Caucasian
FTM04	18	North Texas	\$30,001-40,000	MMClass	N/A
FTM05	35	North Texas	N/A	N/A	Mixed

All of the participants were at some point on the path to their true gender and were able to separate their gender identity from their sexual identity (see Table 3).

Participant narratives showed that many participants experimented with a number of



different sexual orientations while negotiating their path to their true gender. It is important to note that the majority of participants considered themselves to be moving along their path to their true gender, and consider themselves to be a work in progress.

A total of four participants indicated that they completed the path to their true gender were MTF participants. Four MTF participants considered themselves to be a work in progress, and were still on their journey to their true gender. All FTM participants indicated that they were moving along their path and had not yet completed their journey to their true gender. Data on how the majority of participants viewed their sex and their sexual identity are found in tables 3 and 4.

Table 3

*Sex/Gender of Participants*

Perceived place on the path to their true gender	Male To Female (n = 8)	Female To Male (n = 4)
Transition to their true gender complete	4	0
In transition	4	4
Biding time	0	0

\* 4 participants chose not to answer

Table 4

*Sexual Identity of Participants*

Participant sexual preference	Male To Female (n = 7)	Female To Male (n = 5)
I enjoy sexual experiences with females	1	3
I enjoy sexual experience with males	0	2
I enjoy sexual experiences with males and females	2	0
I consider myself to be pansexual in my sexual identity	2	0
I do not engage in partnered sexual experiences	2	0

\* 4 participants chose not to answer

It was also important to seek information about the participant's perceived place on their path to their true gender. Each participant was given the opportunity to mark as many responses that applied to their lives (see Table 5). Fifteen respondents reported that they were 'out' to their friends, family, and associates. However, the breakout by gender indicates that a much lower percentage of MTF participants were out as compared to the percentage of FTM participants. The number of participants that reported being out to their associates, which included employers, was considerably lower than the number of participants that reported being employed, either full or part time, suggesting that notifying employers may carry risks for the participants. A small number of participants have undergone Sex Reassignment Surgery (SRS), and a nearly equal number of participants are actively contemplating surgery.

Table 5

*Participants Perceived Place on Their Path to Their True Gender*

Number of Participants Responding (n=15)	MTF	FTM	Perceived place on the path to their true gender
9	5	4	I am out to my friends
9	5	4	I am out to my family
6	4	2	I am out to my associates
5	3	2	I am starting on the path to my true gender
3	1	2	I am still trying to understand who I am
4	2	2	I am currently on a hormone therapy regimen and preparing for surgery
1	0	1	I am deciding on medical procedures but have not made up my mind.
4	2	2	I have decided on the level of medical interventions and am preparing to undergo specific surgery
5	4	1	I have undergone surgery, and am being treated with hormone therapy
0	0	0	I am biding time until it is the right time to travel the path to my true gender

\* 1 participant chose not to answer

### Findings

The analysis of the qualitative interview data yielded a total of 11 themes, separated into three specific views: (a) developmentally-focused view, (b) adult transition-focused view, and (c) gender-related-focused view (see Table 6).

Developmentally-focused view was generated by six themes. These themes were identified through responses to research question one (RQ1) which asked “What was the experience of the transgender person as they grew up in their family of origin?” The six developmentally focused themes were drawn from the descriptions of the lives of transgender persons at three points in their lives: (a) childhood, (b) early teen, and (c) teen/high school.



Adult transition-focused view was generated by three themes from research question three (RQ3) which asked “How did the transgender person describe their disclosure to family, friends, and professional colleagues?” The themes were generated from narratives about the adult’s decision to transition, and reflects the many different points at which the participants viewed their place on their path to their true gender. The passage of time between entering adulthood and transition could be measured in decades for a majority of participants. Time also changed the meaning of family from family-of-origin to marital family for a majority of participants.

Gender related-focused view, generated two themes and refer to the distinctly different responses to puberty by MTF participants and FTM participants. Although no research questions were formulated to ask about specific responses to puberty, it was noteworthy to address the very different responses to puberty when comparing MTF and FTM participants. Detailed participant descriptions of their experiences of each theme are presented in Appendix Q.

Table 6

*All Views: Developmentally-Focused, Adult Transition, and Gender Related*

Views	Sub-category	Theme
Developmentally-focused	Childhood (2)	Two struggles: The struggle to fit in and the struggle within Positive childhood
	Early teen (2)	The walking wounded: Consequences of on-going struggles Staying out of trouble (continued)

	Teen/high school (2)	The struggle continues High school wasn't so bad
Adult Transition-focused	Adulthood (3)	The closet door just exploded Do you want to know a secret? On to a different life
Gender-related-focused	Puberty (2)	This is confusing How could THIS happen?

No themes were generated from research question two (RQ2) which asked “What family values were influential to the transgender person as they were growing up?” It was important that the participant had an understanding of what it meant to have family values and rules in their family of origin. It was an assumption by this researcher that participants could identify their childhood family values and rules, but RQ2 was met with more participant questions about what family values or unwritten rules meant. Values and rules appeared more naturally during the course of research questions one and three.

Within this study, categories were generally coded as significant when at least 50% of the participants shared very similar experiences about that experience in their lives. However, in using this criterion exclusively, a portion of the participants' stories were left out, i.e., those outlier participants that describe a life experience that was dramatically different than what the majority of participants reported. Therefore, the decision was made to balance the themes with data from fewer than 50% of the participants. For example, in childhood, three participants reported having a very positive childhood in which they did not engage in the struggles reported by other participants.

### Research Question One (RQ 1)

“What was the experience of the transgender person as they grew up in their family of origin”? Six themes were generated from the data which represent those overarching issues that the transgender participant negotiated from earliest childhood to teen/high school (see Table 7).

Table 7

#### *Themes and Categories Related to Research Question One (RQ1)*

Childhood Themes	Categories
Two struggles: The struggle to fit in and the struggle within	Viewed self as different
Positive Childhood	Relationships (family, friends, adults)
	Relationships (family, friends, adults)
Early teen Themes	Categories
The walking wounded: Consequences of on-going struggles	Mental health issues
	Internal conflict
	Coping strategies
Staying out of trouble	Coping strategies
Teen/High school Themes	Categories
The struggle continues	Viewed self as different
	Mental health issues
	Internal conflict (who am I) awareness
	Looked for resources available
High school wasn't too bad	Relationships (family, friends, adults outside the family)

The majority of participants had struggles from childhood and into adulthood; however, a small number of participants spoke of a more positive experience as they grew from childhood to adulthood.



## **Developmentally-focused View**

### **Childhood Themes**

Two themes were generated from data about the respondents' childhood (a) Two struggles: The struggle to fit in and the struggle within, and (b) Positive childhood captured the experiences of participants' childhood (see Table 8). Often, from a very early age, the participant knew that they were very different inside or that they were another sex inside, which caused confusion about who they really were. Fitting in was, in general, more problematic for MTF participants that wanted to engage in girl play. However, as noted earlier, the second theme represents less than 50% of the respondents. Three MTF participants indicated that they had no internal struggles, and had many friends during childhood.

**Two struggles: The struggle to fit in and the struggle within.** This theme captured the internal struggle about who the participants were on the inside versus who they were on the outside and the struggle to fit in the social environment. It was a theme that was experienced by 13 of 16 participants from earliest childhood memories. Most participants described themselves as being different or confused. The participants also reported on familial, friendship, and adult relationship difficulties as they were young children.

**Positive childhood.** Not all participants experienced internal and external struggles about who they were. Three participants spoke of an average childhood in which they did not have an internal conflict about feeling different or confused about

themselves. The participants also spoke of having loving families, close friends and doing things.

Table 8

*Developmentally-Focused View: Childhood Theme and Code Evidence Statements*

Childhood themes	Category codes and participant quotes
Two struggles: The struggle to fit in and the struggle within	<p><u>Viewed self as different:</u> MTF 08: I was aware that there was something strange about me, or something that didn't feel right from a very, very young age.</p> <p><u>Relationships (family, friends, adults):</u> [Family]. FTM 03: I was very angry with her (biological mother), I felt unloved. She had a real tendency to say, "I'll be there on Friday to pick you up, I swear". And of course she showed up several hours late, with a big bag of candy and said she couldn't be with me because she had something she had to do. Instead of picking me up she would drop that bag of candy off and leave. I felt abandoned and I resented her for many years.</p> <p>[Friends]. MTF 11: I immediately became the center of bully attention. The boy's locker room after PE was an absolute nightmare. Moving from classroom to classroom was an ongoing waking nightmare. Each day from beginning to end, was a waking nightmare.</p> <p>[Adults]. FTM 01: I experienced sexual abuse from the age of 4.</p>
Positive childhood	<p><u>Relationships (family, friends, adults)</u> [Family]. MTF04: Gosh, my parents rarely said no.....If I wanted to go ride my bike across town they only wanted to know why, .... Actually we didn't have a whole lot of boundaries...</p>

(continued)

	<p>Friends]. MTF 02: I was a typical little kid with friends, played baseball, ran around...</p> <p>[Adults]. MTF 06: In fifth grade I did my first science project. My fifth grade teacher finally called my parents and told them that I was asking questions that he couldn't answer.</p>
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## Early Teen Themes

Two themes were developed based on the expansion of issues as the participant entered her or his teen years (a) The walking wounded: Consequences of on-going struggles, and (b) staying out of trouble.

For most of the participants, entering early teens was traumatic, as the two struggles tended to intensify. Relationship difficulties became more focused and contentious, and the struggle about who they were internally began to become clearer for many. Those that recognized that they were a different sex inside had to mask that understanding. Not all participants had the difficulties described by most of the participants. Four MTF participants described their early teen years differently in that they were able to manage the growing internal confusion, and/or had positive interactions and relationships with family members friends, and adults.

**The walking wounded: Consequences of on-going struggles.** Mental health problems appear for the first time in most of the participant's narratives. Self-diagnosis of depression, anger, and suicide ideation became a part of the participant's narratives as 13 of 16 participants entered early teen years. Internal conflict management became a part of the participant's difficulties. Participants first spoke of becoming more aware of their internal difference, i.e., they were gaining more specific awareness of who they really



were inside, or became more confused about their internal feeling of being different. For 12 of 16 participants, there were real consequences for having to work through two struggles and having the added burden of mental health issues, particularly suicide ideation. The participant's spoke of a wide variety of ways to cope. Coping strategies took two forms, (a) escape strategies, and (b) strategies linked to resilience. The majority (12 of 16) chose one up to three escape strategies as a means to cope with the consequences of engaging in two struggles.

**Staying out of trouble.** Most participants spoke of internal struggle, and difficulty in interacting in positive, enriching ways with other young teens. However, for 4 of 16 participants utilizing specific coping strategies, the early teens were viewed much differently and positively. For example, the participants discovered that certain coping skills related to resilience could be employed to enhance the feeling of self-worth (see Table 9).

Table 9

*Developmentally-Focused View: Early Teens Theme and Code Evidence Statements*

Early teen themes	Category codes and participant quotes
The walking wounded: Consequences of on-going struggles	<p><u>Mental health issues:</u>  FTM 01: I did all this therapy, as I said, in fact in the school district, when I was in the 5<sup>th</sup> grade, took me to a psychologist, a REAL (participants emphasis) psychologist, in the 5<sup>th</sup> grade and he came to see me in school. Starting in the 5<sup>th</sup> grade, I have been professionally counseled (chuckles)... on up....so, I decided to give up the only way I knew to not commit suicide was to give up the guy in my head.</p>

(continued)

	<p><u>Internal conflict management:</u></p> <p>FTM 04: And me and one of the daughters of the people we were with, um,.. were in a bathtub together. I remember some kind of comment, but I remember saying that my thing (penis) just hadn't grown yet... I was just, apparently..... ah.. if there's something wrong with me.... it just hadn't grown yet, but it would.</p> <p>I was convinced that it would grow, and at other times, my life seemed to be like living in a dream and I was going to wake up and everything would be OK.....(long pause)....(chuckle)... of course that never happened either.</p> <p><u>Coping strategies:</u></p> <p>FTM 02: I drank a lot. Matter of fact, I was about 12 and in the 6<sup>th</sup> grade. I had been up all night drinking vodka... straight vodka. I probably would not have gone to school that day, but one of the kids down the street came and got me. They were afraid I was going to miss the bus. That was back when the 20oz. bottles were glass and you could get a 20 oz bottle of Sprite and it was green. I had my vodka in that and took it on the bus.</p>
Staying out of trouble	<p><u>Coping strategies:</u></p> <p>MTF 09: From a very, very young age before I could read I've been a very, very dedicated gamer. Um, more than anything else I do I – I play games. Um, I'm very particular about what games I play. Um, but the games that I do enjoy I – I play them a lot. And especially back then I played constantly. Um, that was my – That was my life, and I feel like, actually I don't want to make too broad of a generalization here, but I feel like actually my experience is something that I've seen in a lot of other trans women that we have um, found a sort of escape in gaming.</p>

## Late Teen/High School Themes

Two themes were generated from participant narratives about teen and high School years: (a) The struggles continue, and (b) High school wasn't too bad (see Table 10).

Table 10

*Developmentally-Focused View: Late Teen/High School Theme and Code Evidence Statements*

Late Teen/High School Themes	Category codes and Participant Quotes
The struggles continue	<p><u>Viewed self as different</u>  MTF 01: So at this point, I told the shrink what was going on inside of me,...I was in the wrong body ...(Laugh)....And he FREAKS OUT ( participant emphasis). He doesn't know what to do with me. He referred me to a gender specialist. This was 1998. He didn't know how to handle it and told me that he was out of his depth. He said he wasn't trained for this. But he understood gender dysphoria,...and he did refer me to the correct specialist. So I went and saw the specialist, and I made one of the biggest mistakes of my life by not taking her up on my growth. I was getting a lot of resistance from my family at that time, so I let the whole thing drop.</p> <p><u>Mental health issues</u>  FTM 05: Just complete turmoil. There were times when I cut on myself...actually suicidal... but too afraid to actually kill myself...(long pause)... It had to be the most cruel, inhumane thing that could happen in the world, you know. And that was particularly hard.</p>

(continued)



	<p><u>Internal conflict (who am I) awareness</u></p> <p>FTM 02: It was the guy inside my head. I had a problem, he had the answer... (pause)... Remember, I thought my brain invented him to protect me (from sexual abuse). He had the answers and none of my girl voices had the answers. I didn't want to talk about that voice because that was the voice that I was depending on, and depending on a guy's voice was going to certify me as being insane.....and NOBODY (participant emphasis) in their right mind is going to let anyone know about that. And since I was in my right mind, I didn't...(laughs)...</p> <p><u>Looked for resources available</u></p> <p>FTM 04: Participant under age of 40. And um, I remember seeing a trans person in the store and being pretty judgmental of them in my mind. And by this time I was already in my late teens. I had already read about it (being transgender), but I – still it didn't click when I saw them. I didn't think they were a trans person. I thought they were a cross dresser cross dressing at home. I was like, "Why would they do that to themselves?".....But really it was a trans woman. I didn't know. I was – I was being judgmental and it was crazy.</p> <p>MTF 08: Participant over age of 40. I always wanted to be a model or showgirl, and in those days, I never really connected there. I never pursued anything, never asked my mom and dad anything and I look back on that now and think 'what happened?</p>
High school wasn't too bad	<p>Relationships (family, friends, adults outside the family)</p> <p>Family. MTF 05 Although I was never part of the cool kids, being a geek was understandable. My parents my mentors my teachers all encouraged my science geekyness. I saw the space for me that worked</p>

(continued)

	<p>Friends. MTF 01: The third one (girlfriend), when I was a senior in high school, through first semester in college, we're good friends now,...she's actually a psychologist,... we got along because I was a singer, and so was she. And that was how I got away with not having to go to dances, I sang on stage in rock bands,... that was easier for me than asking a girl out. I didn't have to be forward with girls,...actually, they were forward with me,...and that is pretty much the way my personality is.... I have never been one to be forward....</p> <p>Adults outside the family.MTF 10 My parents my mentors my teachers all encouraged my science geekyness.</p>
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As participants continued to grow and mature, the internal struggle came into clearer focus. For those participants that early on recognized that they were a different sex inside, the high school years brought that difference into sharp relief. Those that knew they were different inside also developed a much clearer understanding of their internal difference, but remained confused about what that difference meant. Several FTM participants were able to begin to dress and act in ways that reflected their internal sex, but had to endure relationship difficulties with family friends and adults. Consistent with the data, several MTF participants noted that their high school years were not too bad. Each had an ability to compartmentalize their internal struggles, and each had a talent that was considered valuable to others (friends and adults).

**The struggles continue.** The internal view that the participants were different inside began to become more pronounced for 13 of 16 participants. The life-long struggle with the internal difference starts to come into clearer focus in high school, as

participants began to realize that their internal sense of who they were, was very different than their external bodies.

Mental health issues became more intrusive in the lives of participants, as suicide ideation and physical cutting entered the narratives. That realization of difference simultaneously led to difficulties in managing that realization as a clear difference. For many participants, their internal identity began to push for expression, which led to deepening mental health difficulties.

For older participants, the struggle during high school was particularly frustrating because there were, in general, no resources available to help understand what it meant to be transgender. For those participants under 40 years of age, the Internet and a burgeoning of information made it somewhat easier to understand what it meant to be transgender.

**High school wasn't too bad.** Three participants reported that they chose a focused interest in high school as their coping method; these three individuals, generally, had a much more positive experience of high school. Each had positive relationships with family, friends and adults outside of the family. Parents were involved and important to two participants, and all participants were seen as particularly smart by peers. Two spoke of having adult mentors to help with focused interests in the sciences.

### **Research Question Two (RQ2)**

What family values were influential to the transgender person as they began their path to their true gender? Research question two did not generate any responses from the participants. Central to RQ2 was an understanding of family rules, family values, and the



unspoken nature of those rules as guidelines for how the family operates. It became clear to this researcher that the question was too jargon-filled. The participants were unable to make sense of unwritten family rules that influenced their decision to disclose or not disclose to family, friends or colleagues. Although nearly all participants referred to behaviors or words that could be related to an unspoken, but enforced unwritten family rule, those references by the participants were not generally related to RQ2.

### **Research Question Three (RQ3)**

How did the transgender person describe their disclosure to family, friends, and professional colleagues? Adulthood provided a wide range of life experiences for the participants, and it was a time that made most participants' internal difference real and almost tangible (see Table 11)

Table 11

*Themes and Categories Related to Research Question Three (RQ3)*

Themes	Categories
The closet door just exploded Do you want to know a secret? On to a better life	Internal conflict Relationships The journey begins The journey continues

### **Adulthood-Focused View**

#### **Adult Transition Themes**

Three themes were generated (a) The door just exploded, (b) Do you want to know a secret? and (c) On to a different life. For many of the MTF participants, managing the internal woman inside them was a conscious, persistent effort. For FTM

participants, managing the internal male was less problematic, as they could engage in dressing as males and having short hair. However, all participants eventually reached a point where they had to do something or they would lose their minds. It was at this point that most participants had to disclose to family, friends, and associates who they really were. For most participants, disclosing changed everything about who they were and their relationships with others. Disclosure launched the participants to a different life.

**The closet door just exploded.** This theme has the concept of time passing as a critical component. The time prior to transition was an especially difficult time for most of the participants (10 of 16) as time passing refers to the time between entering adulthood and transition decision, which could be between 20 and 40 years before transition began. Although none of the participants identified themselves as biding time, the older MTF participants did engage in biding time prior to their transition decision, i.e., waiting until the time was right to begin their transition. They were most affected by the increasingly intrusive cycles of suppression-insistent expression of their true gender. Several engaged in what they described as lapses and dressed as their true gender, as the participants lost control of their internal conflict. FTM participants generally did not engage in suppression-expression. At some point in the lives of MTF and FTM participants, they had to make the decision to come out to the greater society as the person they really are. They could no longer manage the internal conflict; it was time to come out as the person they really were.

**Do you want to know a secret?** In general, once the decision to begin transition was made, participants told family friends, and associates. A few opted not to disclose

until their transition was well underway. For older participants the definition of family moved from family-of-origin to current marital family, as family-of-origin members had died, or were no longer in the picture. Telling family members was seen as traumatic by a majority of participants (9 of 16). Telling friends was less traumatic for most participants, or considered a non-event by other participants. In this study, telling associates meant telling the participant's employer, and generally were welcomed by their employers.

**On to a different life.** The decision to disclose was usually a step in the process of fully expressing a transgender person's true gender identity. For some participants, disclosing led to making decisions about how and when the process of becoming their true gender would occur. For other participants, the process of becoming their true gender had already been initiated prior to disclosing to family, friends, and associates.

For half of participants (8 of 16), the journey on the path to their true gender is beginning or is in the early stages. Important decisions regarding Hormone Replacement Therapy (HRT), and the possibility of Sex Reassignment Surgery are, in general, yet to be made. Other decisions such as legal name change had to be made, and that depended on in which state the participant resided. Other participants searched for more information about what transgender really is.

Other participants have been on this journey for some time. Two MTF participants have been on HRT and have undergone SRS and live full lives as the women they always were. Other MTF participants are on HRT and are working on funding for SRS. One MFT is on HRT and has no plans to have SRS. At this time, no FTM



participants are contemplating bottom SRS. Three are working on funding top SRS surgery. One FTM participant is on a HRT regimen.

For most of the participants, a cycle of suppression-expression of their true gender occurred numerous times prior to disclosure. This cycle was part of who the participants were, and could last for decades. Many of the participants describe an increasingly persistent, intrusive, internal demand for their true gender to come out. The participants that were over 40 had much more difficulty in finding information to help explain this internal expression. In general, there would be no disclosure until the very significant decision to begin transition to the true gender was made by the participants. The transition decision was a necessary first step to the full disclosure process (see Table 12).

Table 12

*Adult Transition View: Adult Transition-Focused Theme and Code Evidence Statements*

Adult transition themes	Categories and participant quotes
The closet door just exploded	<p><u>Internal conflict management</u>  MTF 08: And 20 years into our marriage... uh... You can't keep a good woman down, (participant laughs)...ole ***** came ROARING (participant emphasis) back into my life something fierce (her internal true gender)... And ah...I was afraid of saying anything to ***** for losing her (current spouse).</p> <p><u>Relationships</u>  <u>Family</u>  MTF 09: When I told ***** (her wife) it hit her because it came out of the blue. She was aware that I cross-dressed, but that was early in our relationship. I personally thought all that was passed me.</p>

(continued)

Do you want to know a secret?	MTF 09: A year after we left the group house, we lived in a lease house. I tried to tell her, but it was very disjointed. Her first question was "Why didn't you tell me this before we got married?" Her whole thrust was, we would not be together had she known.
On to a different life	<p><u>The journey begins</u></p> <p>FTM 02: A week after Thanksgiving I come home, I turn on YouTube, and there it is. All the trans people in the world where there, at least I thought so. With every video I watched I connected with everything they were saying. That was my ultimate lifesaver. And Thanksgiving started it all. Plus the Internet of course, And it's all history now. It was my ah-ha moment! It was such an epiphany for me that I didn't eat for two weeks and I lost 10 pounds. It was such a relief to realize what was wrong, it was cathartic. Now I was embarrassed because now I have to tell everyone. And to this very day it remains the hardest part of my journey.</p> <p><u>The journey continues</u></p> <p>MTF 10: What I have found is that for me and from most trans persons you lose yourself in something.... Some to drugs and alcohol, some to a vocation, some to the military. For me it was my music and my academics....I woke up one morning and realized "What the hell am I doing with my life, I'm a musician", so I do have regrets in my life but they are only peripheral to my transition. And I have my music</p>

Note: \*\*\*\* used to block initial gender and name of spouse involved

### Gender-Related Focused View

#### Gender Related Themes

Participants rich descriptions of their lives had a certain continuity that was reflected in the themes that were generated through careful analysis of the content of those descriptions. However, puberty as a developmental marker, demonstrated starkly different experiences for five MTF and four FTM participants. Although not part of the

research questions, puberty was described in detail and with dramatically different experiences, so much so that it warranted a specific view (see Table 13).

Table 13

*Gender-Related Themes*

MTF		FTM	
Theme	Category	Theme	Category
This is confusing	Developmental marker	How could THIS happen?	Developmental Marker

MTF participants were only mildly impacted by puberty. Confusion was generally the emotion most expressed by biological boys in response to an erection, or to interacting with biological girls. FTM participants generally understood that puberty and first menstruation were coming events which often clashed with their view that they really were boys.

The development of breasts, the most visible indication that they were girls, caused bouts of depression, and caused them to retreat into their rooms (see Table 14).



Table 14

*Gender-Related Focused View and Code Evidence Statements*

MTF		FTM	
Theme	Category	Theme	Category
This is confusing	Developmental marker of puberty	How could THIS happen?	Developmental marker of puberty
Participant quotes	MTF 07: So there was a pause in the dance, and we were sitting and I was completely fascinated by the brooch that she was wearing. It was very fascinating to me, and she asked me what I was looking at. I could've said something like your beautiful brooch but I didn't. I just said your brooch. All this time, I had a male to female attraction to her, but under that, there was this wondering, what would it be like to be her....(Long pause)... and that was the first time, that I had those thoughts.	Participant quotes	FTM 02: The school nurse came in and it was really an awful day. They made a big deal about the talk and made all the boys go out and play. And they laid out all the stuff the tampons and pads, And we had to watch this hideous video. I remember I was folding my arms and feeling really depressed. I felt stuck because I was very confused and I didn't know how or what was going on. One of the things that stuck with me with the talk by the nurse, and the boys being excluded from the class was that this was something to be embarrassed about and a shame. I came away with the notion that no one, no one was to see this stuff.

**This is confusing.** The MTF participants viewed puberty as a time of confusion. They all understood the gender role activities associated with being young teen boys and their relationships with teen girls. Several spoke of not having sexual attractions to girls, or having a slight sexual interest in girls. Other participants went through the motions of dating, but never fully accepted that particular gender role expectation of biological boys.

**How could THIS happen?** There were five self-identified FTM participants in this research study. The developmental marker of menstruation was uncomfortable, confusing, and a time of despair for four of five participants. By the time of puberty, four knew that they were boys inside and that one day they would be boys. The realization of who they were biologically resulted in mental health issues for all participants. One participant called menstruation the “highest form of emasculation”.

### **Summary**

This qualitative study of the experiences of 16 transgender persons, as they negotiated the path to their true gender, was focused on relationships with family, friends, and associates. It was important to understand how those relationships changed as the transgender person disclosed their true gender. The rich descriptions of the lives of the 16 participants describe in detail, just how those important relationships changed. For example, several marital relationships fell apart at disclosure. It was shown that contentious relationships changed to a more positive relationship once the participant began a HRT regimen. Two participants said they were “disowned” by family-of-origin. Adult children were mixed in that some cut participants off; while others were more accepting, i.e., “that makes sense”.

In using semi-structured interviews, this researcher was able to generate nine categories and nine themes that revealed how transgender persons: (a) coped; (b) managed internal and external difficulties; and (c) interacted with their family, friends and associates before and after disclosing their true gender. Two gender specific themes were generated based on the narratives of each of the FTM and MFT participants.

## **Conclusions**

The family of origin of most participants did not change in ways that this researcher anticipated. This researcher's vision of how changes in family relationships would unfold, which was the basis of the research questions, was wrong. It was anticipated that disclosure would occur much like gay or lesbian disclosure, i.e., in teens or early adulthood. Only one participant actually did that (MTF) and she was fully accepted by her mother. Dad was opposed before and after initiating HRT and transition.

Gender specific themes related to puberty were not anticipated by this researcher. Although the literature speaks to difficulties experienced by FTM adolescents during puberty, the very personal narratives of the FTM participants about their struggle with puberty was not seen in the literature. It was informative that the MTF adolescents were confused or not particularly interested in the effects of puberty.



## CHAPTER V

### DISCUSSION

This qualitative study explored the lives of transgender persons from childhood through adulthood using transcendental phenomenology (Moustakas, 1994). It provided the opportunity to understand how transgender persons viewed changes in familial, friendship, and adult relationships as the transgender person recalled various stages in her or his life. Research questions provided a framework in which participants could engage in rich narratives about their lives, relationships, and transition to their true gender identity. Three overarching views were generated from the participant's narratives (a) developmentally-focused, (b) adult transition-focused, and (c) gender-focused views of the lives of participants.

The developmentally-focused view generated six themes that were developed from participant descriptions of (a) childhood, (b) early teen, and (c) later teen/high school stages of development, and answered research question one. The adult transition-focused view generated three themes which were developed from participant descriptions about (a) adult life prior to the decision to transition, (b) the decision to transition, and (c) life after initiating transition. The decision to transition was the central part of the participant's narratives of adulthood, and how the participant experienced major changes related to transition in their adult lives, and answered research question three.

The gender-focused view arose from narratives of MTF and FTM participants that described unexpected, very different and noteworthy responses to puberty.

## **Theme Discussion**

### **Developmentally-Focused View**

The participant narratives brought a focused vision of what it was like to be transgender across the important developmental periods of earliest childhood, the early teens, and as an older teen/high school student. Mallon and DeCrescenzo (2006) found that transyouth often believe that “their true gender identity is crucial to the survival of oneself” (p. 224). When families and friends refuse to support or permit gender transition, the children often become at risk for suicide, running away, or abusing substances, all of which were found in the participant narratives. Six themes were generated in the developmentally-focused view (a) two related to childhood, (b) two related to the early teens, and (c) two related to the late teen/high school years.

**Childhood themes.** Two themes were generated from childhood: (a) Two struggles: The struggle to fit in, and the struggle within; and (b) Positive childhood. Most participants in this study understood that there was something different inside them, compared to the person they viewed on the outside, which led to feelings of (a) being different, or (b) confusion about who the participants really were.

***Two struggles: The struggle to fit in and the struggle within.*** Only a small number of participants recognized that their internal identity was of a “girl inside a boy” or a “boy inside a girl”. Participants learned that being “a girl inside” from earliest childhood can lead to significant consequences as they very quickly learned that girl

behavior was at best, tolerated. Sanction would come soon after, as participants engaged in “girl play”. Participants quickly adapted to acting in a “gender non-conforming manner”, i.e., they had to act like “regular” boys, as parents or parental figures quickly admonished them about “girl play”. This is in line with previous research (Lombardi, 2009; Morgan & Stevens, 2012). Lombardi (2009) found that persons that were considering transition at a young age, or had transitioned experienced transphobia and discrimination over the lifetime, while Morgan and Stevens (2012) found that the first sense of difference occurs in early childhood. This sense of difference is generally experienced as a feeling of body-mind dissonance, in which some of the participants described as a desire to be a girl or feeling that they would be better off if they were a girl. They expressed their early sense of difference through cross-dressing, which they quickly learned was behavior that was unacceptable and led to reproach and physical punishment. This researcher’s findings are in line with discrimination, physical punishment, and admonishment by parents or parental figures toward the participants in this study.

Several FTM participants described being “a boy inside” or being “a boy”, from earliest childhood, or were “deeply confused” about their identity. Those FTM participants that engaged in “boy behavior” had a much different and more tolerant social environment in which to grow and develop. The biological girls that did not speak of early childhood internal conflict, considered themselves as boys and they encountered fewer overt directives to act like a “regular” girl. In the US, in general, there are minimal social or familial sanctions for young biological girls that present as tomboys, which is in



line with previous research (Craig & LaCroix, 2011). According to Craig and LaCroix (2011), it is acceptable for females to enact masculinity, most easily under the constraints of childhood when “it is socially acceptable for females, particularly pre-pubescent girls, to engage in historically masculine endeavors” (Craig & LaCroix, 2011, p. 459). This researcher found that most FTM participants were convinced that they were boys, and engaged in boy behavior. However, the FTM participants that considered themselves as boys saw puberty as an ordeal.

Those internal feelings of being different or confused, and the participant’s decision not to disclose those feelings of being different inside to parents or other family members may have contributed to the second struggle, i.e., the struggle to fit in to the larger social environment. The “struggle to fit in” varied among all participants. Those participants that viewed themselves as “different” or “confused” generally did not disclose those feelings to anyone while in childhood. In terms of relationship with family members, historically, the decision for LGBT persons to disclose their sexual identity, or their true gender, has been a complex one, involving an assessment of the environment in which the family is positioned. However, even with the most loving and accepting families, LGBT persons are still burdened with the difficult decision to disclose, which is reflected in the literature (Mosher, 2001). Within the study, Mosher (2001) found that children’s perceptions of either their parents acceptance or rejection “seem to influence and motivate the child to come out”, while “the same-sex parent-child relationship prior to coming out has been shown to significantly affect the future of the relationship” (Mosher, 2001, p.169).

Most participants had difficulty in communicating with family, friends, or adults outside the family, in part because many parental relationships were described as tenuous, difficult, or non-existent. Interestingly, those participants that did not disclose their internal difficulty may have impacted the participant's ability to develop friendships. Nearly all MTF participants described some difficulty in establishing friendships as young children. Many knew that playing with girls or like a girl, or doing girl things was "dangerous", and would get them into trouble. Most FTM participants did not describe difficulties in childhood in establishing boy friendships. The dual struggle theme, as expressed by the participants, was not found in the literature.

***Positive childhood.*** For a few MTF participants, childhood was a time in which they did not experience any internal feelings of being different, or of being confused about who they really were. All described themselves as "regular kids", in that they engaged in "boy play", had multiple interests in science, reading, and gaming, and belonged to boy athletic teams, bands, or boy scouts. All described loving familial relationships, and having lots of friends, several of which remain some 30 to 40 years later.

***Early teen themes.*** Two themes were generated from the early teen years (a) The walking wounded: Consequences of on-going struggles, and (b) Staying out of trouble. The early teens, for most of the participants, was a period of time that appears to cement the relationship patterns for family, friends, and associates of MTF and FTM participants, while generally accentuating the internal struggle for identity. The early teens "sharpened" the difficulty in acquiring or maintaining friendships while being in a

struggle with a different internal self, according to several MTF and FTM participants. That pattern remained into adulthood and transition.

*The walking wounded: Consequences of on-going struggles.* The continual pressure to manage the two struggles had real consequences for most of the MTF and FTM participants. It was in the early teens that many participants discovered that they began to notice difficulty in managing their internal conflict. Managing the internal conflict was “energy consuming” and often clouded participant’s vision of the future. Across the narratives, it can be seen that suicide ideation makes its first appearance as a possible option in the early teens. Depression, nearly universally self-diagnosed, becomes a regular descriptor among most participants. For several FTM participants, no longer engaging with boys to do boy things caused the participants to have deep confusion about who they really were, as being a girl was considered “a bad idea”. A majority of MTF adolescents spoke of great difficulty in “getting along” in school, beginning in junior high. “Being picked on” or “beat up” was a sad fact of life for many.

Consequences for trying to manage two struggles took two distinct paths related to the participants attempts to cope with managing two struggles. Coping strategies began in junior high school, and took two forms (a) escape strategies, and (b) strategies linked to resilience. Escape coping strategies were, in general, more problematic. Strategies related to escape were: (a) self-isolation (from family, peers, and other adults, etc.); (b) drug, alcohol, food, or tobacco use; and (c) self-harm. None were mutually exclusive, i.e., many participants used one, two, or all three across the time from adolescence to transition. Age of participant played a role in the choice of coping strategies. For



example, several of the older participants, both MTF and FTM, used coping strategies that used escapist methods of coping, primarily due to a lack of information about their internal and relational struggles. There was no Internet, and public access to, or discussion about, their difficulties were generally non-existent.

A majority of FTM participants spoke of “staying in my room” whenever they were at home. For those participants, isolation in their rooms was viewed as the best alternative to awkward, puzzling, or angry interactions with parents, siblings or parental figures. For most participants that used isolation as an escape strategy, alcohol abuse often became the most effective way of “controlling that internal demon”. However, for those participants that chose alcohol use as an escapist coping mechanism, their narratives depict early teen, late teen/high school, and young adults as: (a) not fitting in; (b) having confused, and often frustrating parental interaction; and (c) a heightening awareness of being very different inside. For those that chose escapist coping strategies, there were “significant costs” to those FTM and MTF persons for having to cope with two struggles.

Participants who engaged in strategies linked to resiliency often had much different results and life trajectories than those that engaged in escapist coping strategies. Strategies linked to resilience include (a) focused interests, (b) sought information about my “difference”, and (c) spirituality. Those participants also spoke of the ability to compartmentalize their internal struggle. This comparatively rare ability enabled them to live a life that was less strained, less conflicted, and less negatively influenced by the two struggles. This smaller fraction of the sample did not share the same relational difficulties

as the participants that engaged in escapist strategies, and that ability to “compartmentalize” gave those participants a much wider field in which to choose a life trajectory.

In general, the age of the participant had a significant effect on coping skills related to resiliency, as one of the identified strategies called for seeking information about their difference. Those participants over 40 did not have access to the Internet, and access to articles describing their difference were rare and not available to the public. In stark contrast, younger participants, those under 40, who chose coping strategies related to resiliency, had a world of information available to them. In general, they did not engage in escapist coping skills, but rather sought to find out what’s wrong with what is going on inside. Spirituality assisted one MTF and one FTM participant respectively. As with escapist strategies, resilience strategies were often very fluid among those participants that chose resilience as a coping strategy. Engaging in coping strategies related to resilience was not seen in the literature.

*Staying out of trouble.* Participants that had no difficulty in negotiating the early teens spoke of “being able to give value” to boy and girl relationships. In being able to “give value” to friendship relationships, the participants described how they considered themselves to be valuable contributors to those friendships, i.e., they each brought something that contributed to the relationship. For example, athleticism, “geekyness”, or a sophisticated knowledge of mechanical and electrical issues, are some of the examples that were identified as having “value” which helped participants to navigate junior high school and puberty. Other characteristics such as having a “focused interest”, and the

ability to compartmentalize the internal struggle, set the group apart from other participants. Relationships with family-of-origin were generally more positive within this group of participants. All were in advanced placement classes in the sciences and languages, and each spoke with some pride in their academic achievement.

**Late teen/high school themes.** Two themes were generated from late teen/high school years (a) The struggles continue, and (b) High school wasn't so bad. For many participants, each had to figure out a way to cope with the two struggles, while trying to "just get along". Coping strategies became a central concern beginning in junior high school, through late teen/high school years and continuing to adulthood and transition, because managing the internal struggle became more and more difficult, as the feelings of being different and confused began to increase. Several participants began to develop a clearer understanding of what it means to feel that difference, and to become less confused about who they really are. Those that, early on, understood their internal difference began to notice that the internal self started to push to "come out".

***The struggle continues.*** Most participants began to engage and experiment in sexual activity as a way to make sense of their internal difficulty. "Am I gay?", "am I bi?" and "am I a lesbian?" were questions that both MTF and FTM participants struggled with as they began to recognize clues about who they were internally. Sexual behaviors ranged across a wide spectrum of sexual identities in an effort to make sense of "who and what was going on inside me". It was not until much later, when the participants were in adulthood and, as the decision to transition came forward, that the participants saw their internal gender identity was well understood and stable, as compared to their



sexual orientation identity. This is reflected in the literature (Dickey, Burnes, & Singh, 2012) in which a sexual identity model was proposed. The identity development process depicted how the participants recognitions of their sexual identity development either began through an “already existent recognition of their gender identity, or how their sexual identity informed their gender identity” (Dickey et al., 2012, p. 129). A key finding describes how a participant’s experience of how they felt about the constructs of gender and sexual identity had an impact on their ability to know their sexual identity specifically (Dickey et al., 2012).

In terms of relationships, most participants viewed teen years and high school in terms of “horrible”, or a “walking nightmare”. Participant descriptions of being bullied, picked on, or ridiculed were common themes. Most of the participants were well aware of the costs of being targets of bullying. They knew that their status within the high school hierarchy limited them, i.e., they perceived that they could not engage in “regular high school stuff” such as dating, going steady, or attending dances at the high school.

***High school wasn’t so bad.*** This theme brought out the importance of having coping strategies linked to resiliency. All of the participants that described their late teens and high school years as “not so bad” had a focused interest as a coping strategy (see coping strategies above). Within this study, those participants were in advanced placement classes, were able to compartmentalize their internal difference, and saw that they gave real value to friendships with boys and girls. They also displayed a characteristic that was not actively discussed by the participants, i.e., they had the respect of adults, both parental and those outside the family.

### **Adult Transition-Focused View**

The decision to transition was the central part of the participants narratives of adulthood. The participants all spoke of distinctively different life trajectories, experiences, and relationships prior to transition, however, all narratives were connected to and colored by, the decision to transition and the consequences of transition.

**Adulthood focused themes.** Three themes were generated from the Adult transition-focused view and were based on participant narratives about adulthood (a) The closet door just exploded, (b) Do you want to know a secret?, and (c) On to a different life.

*The closet door just exploded.* The participants were able to negotiate their teen and high school years with varying degrees of “success”, in that all eventually possessed a high school diploma. At the beginning of adulthood, all participants began a very personal and unique life trajectory, which continues today. A central component of the participants narratives about adulthood centered on the decision to begin transition to the full expression of who they are.

As adults, familial, friendship, and associate relationships continued to be stable, in that they had been “cemented” in early teens and puberty. Coping strategies, either escapist focused or resiliency focused, continued to guide the behaviors of participants for varying periods of adulthood. However, managing the internal conflict and developmental markers noted in later teens, became more “insistent and confusing” respectively, for many of the participants as they progressed through adulthood. Of particular interest, for several of the participants, coping strategies changed. Alcohol use

as a coping strategy was abandoned by those that chose alcohol as an escape strategy in early teens and late teens/high school, while other participants who used coping strategies related to resilience in the early teens and teens/high school began to use alcohol as a means to deal with the growing suppression- insistent expression demand of their internal self. For example, several participants had realized during later high school, that they were much different inside than their biological sex. This was the first time that they were able to cognitively recognize that they were a different gender inside, than their biological sex had indicated. Other participants had not made that cognitive connection, and remained confused with regard to their internal struggle as adults. The most significant common trait for nearly all participants was that as adults, the internal conflict became more pronounced and “insistent”.

The cycle of focused attempts at internal suppression of the ever more “insistent” need for expression of participants true gender expression, wound its way through nearly all MTF participants, and had significant consequences in terms of relationships with family, friends, and associates. For example, most MTF participants had (a) multiple marriages, (b) mistresses or girlfriends, and occasionally, (c) boyfriends. A common thread followed the MTF participants through each of their marriages. As the cycle of suppression-insistent expression continued to shift toward expression, the MTF participants began to behave, and act more and more like their true female gender. Most of the spouses knew that the MTF participant was a “cross-dresser”, as that was the “best description” that could be offered by the MTF participants as the marriages began.



In general, those MTF (n=8) participants that had multiple marriages, children, divorce, and were over 40, had no real information about being transgender. Among the participants, it was rare for those under 40, who had access to information about her or his transsexual core, to choose multiple marriages, as they did not accept the notion that marriage would “fix me”.

A confluence of incidents helped the older MTF participants in engaging their true gender. The decade of the 90’s had arrived, and with it, the Internet and a burgeoning of information about being “transsexual”. It was revelatory for the MTF participants that were over 40. They, in general, had come to realize that, indeed there is a “woman inside me”, but did not have any information about what that meant, and they carried the fear of being labeled as “crazy”. For those MTF persons that were introduced to the Internet, it was still necessary for them to continue to do man things, i.e., biding time. Knowing that “transsexual” information, and acting on the information were distinctly different subjects, as it was still important to carry on life as a man. For most, the knowing part meant that it was proof that they weren’t “sick, demented” people, and that sex change was “a possibility”.

Prior to transition, FTM participants continued a practice begun in high school: They dressed in typical “male” ways that “hid” their bodies. Within this sample, it was rare that FTM participants completed college. As was the case among MTF participants over 40, older FTM participants were very concerned about being placed in a mental hospital and “labeled as crazy” if they disclosed their male internal gender.

Other consequences of the cyclic “suppression-insistent expression” were evident for MTF participants. Higher education became very complicated as the cycle interfered with the requirements of being in college. Successful completion and graduation with a Bachelors degree was rare. Typically, students within this sample experienced “ever /more pronounced” incidents when the internal self wanted to express herself, which had serious negative implications for completing the rigorous learning process. The older MTF participants also had to make sense of the feeling of being “defective, sick or mentally ill” as access to information was limited or non-existent. Despite the dual burdens of (a) believing that they were “defective” and (b) trying to cope with an internal self demanding her expression, the participants engaged in behaviors which were clearly moving toward that full expression. A gradualist approach was used, in that they crossed-dressed, and engaged in female dress and behavior in private or in secluded areas of the city. They were still exploring “who am I, really?” At that time, there was no Internet, and very limited access to anything that could help explain what was going on inside them. As the demands of college, strained familial relationships, and the increasingly demanding “internal self” put more pressure on participants, drugs and alcohol replaced focused interests as the coping strategy of choice. Multiple incidents of suicide ideation and one suicide attempt soon followed.

Enlistment in the military was seen as the chance to “get straightened out” for some MTF participants as they entered adulthood. However, the military did not diminish the “incessant inner demand from her” to come out. Several found employment that brought out marketable skills for some. Those skills led to mobility, which led to securing

a job in a region of the country that was much more “open to different kinds of people”. An unintended consequence was noted: The exposure did confuse perceptions of sexuality, which in turn, more deeply confused the understanding of “who I really am”.

None of the FTM participants spoke of engaging in “risky behaviors” that characterized “risky behaviors” for MTF participants (cross dressing, dressing as female [male], hiding female [male] clothing), since each of the FTM participants, beginning in junior high school, routinely dressed as a male in order to hide and cover their female bodies. Social customs were more tolerant of the FTM participants dressing, and acting in male ways.

The internal struggle impacted most of the MTF participant’s ability to make lasting friendships with peers and other adults to a greater or lesser extent. Both FTM and MTF participants often considered themselves “loners”, several had “one friend” kinds of relationships, while other participants said that they had “several acquaintances”. The MTF participants that spoke of the ease of friendships in childhood, carried that ability into adulthood. FTM participants did not speak of having lots of friends, or easily making friends throughout their lives.

Over the life course, the cycle of suppression-“insistent” expression began to build and build to the point that this struggle interfered with the everyday tasks of living in participants’ respective communities. Suicide ideation became an option on multiple occasions. Interpersonal relationships became tense, distant, and anger filled. For many it became a stark and potentially irreversible choice, i.e., “I am going to kill myself, or I am



going to change” was the most common thought among all the participants. And many knew that “everything was going to change, and that scares me”.

*Do you want to know a secret?* The often explosive realization of who the participants really were cleared one nagging persistent difficulty, but quickly led to another equally significant hurdle, i.e., who to tell, and how to tell. The participants were freed from the on-going internal struggle about who they were internally. For many, coming out of the closet became less a choice than an imperative. For those over 40, information made available by enlightened mental health professionals, and the Internet, gave real hope to those that knew that “something had to be done” yet did not know exactly what “something” meant. Several “battle scarred” MTF veterans of the internal struggle had been fighting for two, three, or four or more decades, with little or no understanding what they were fighting, and no vision of what a “good outcome” would look like. With information, life was about to change. The participants, at this point in the study, had already intellectually freed themselves of the on-going internal struggle, thanks in no small part to a very small but enlightened and knowledgeable 21<sup>st</sup> century mental health profession. Now each faced a number of decisions which they all recognized, would “change everything” about their lives.

As noted earlier, a few participants had their true internal identity “explode” to spouses or parents, in one very “raw” manner. Other participants, having engaged a generally long list of mental health professionals, found that certain professionals could be of immense help in sorting out who they were, and how to proceed with that information. In general, the participants were suddenly flooded with new possibilities,

threats, costs, and other decisions. Underlying all of those new realities, the participants understood that they would have to come out to family, friends and associates, and that thought was particularly sobering for many of them.

Disclosure was often a two-step process in which the participants came out to themselves first, and second to family, friends, and associates. Having completed the first step, the second step had to be negotiated. Within this study, family has two definitions based primarily on the age of the participant. For those participants over 40 years old, “family” generally referred to their marital families. Those under 40 were split between family as family-of-origin, and marital or cohabiting family. Participants spoke of a common concern within their narratives, (not the real names) “how do I go from a Jane to a Jim, and how do I tell my family?” Indeed, such items as (a) when, (b) where, (c) how, or (d) if they disclose their true gender, suddenly nearly overwhelmed the participants. For most of the participants, what was once a far off dream, was now a very real possibility.

“That was then, this is now” was for the participants, their families, friends, and associates, as stark a change as could be imagined. The MTF participants over 40, in general, had to tell their spouse as the first step in telling family about her decision to transition. It was a “traumatic” experience for all married MTF participants. Suddenly, there were two significant decisions placed on spouses (a) “do I stay”, or (b) “do I leave?” Two spouses evaluated the new reality, and remained in the marriage. For the other married participants, the announcement was “the final straw” or some variation of astonishment, resentment, anger or disbelief, which quickly led to the dissolution of the

marriage. This is also found in the literature (Norwood, 2012). It was found that when a spouse discloses their internal gender and their intention to follow through on completing that journey, the new identity becomes a family stressor. Participants also spoke of a “living death” in which “spouses were struggling with a presence/absence feeling, and mourning the “old” person while trying to accept the “new” person” (Norwood, 2012, p. 88). For a majority in that study, the spouses assessed the marriage as damaged, and left the marriage.

There were mixed emotions about disclosing to family. MTF participants over 40 that had been engaging in “biding time” for lengthy periods, saw the end of the internal struggle as a victory of long awaited self-discovery. The knowledge that there are ways to actually be “who I am” was liberating, and concerns about the effect of this liberation were often secondary. For those participants under 40, that chose to disclose to family-of-origin, the same anxiety, hope, fear, determination, and relief were present among all members.

Those participants that were over 40 had mixed responses to announcing who they really are, and their decision to transition. Telling adult children often led to “emotionally devastating” results, as some of the children, regardless of sex, were “hostile, angry, confused, and disappointed” when the MTF disclosed her true gender. For example, some of the older adult male children cut off all contact, and remained cut off at the time of the study interview. For other adult children, particularly female siblings, it was a confirmation of something they had suspected for some time. Typically for those adult children, the disclosure “makes sense” or “that fits”. Telling living parents of the older



MTF participants was not considered, as they were generally frail or in poor health. For brothers and sisters of the older MTF persons, disclosure was generally a “non-event” or was low key in terms of surprise. “Do what you have to do” expressed the feelings of most brothers and sisters. The older MTF participants in regard to telling brothers and sisters described little or no anger.

FTM persons, especially those over 40, had a more nuanced disclosure process. FTM participants that had been married could be viewed as “biding time”. Other FTM participants were cohabiting, or living alone when each reached their “epiphany” and made the decision to disclose to their respective families. Unlike the MTF participants, the FTM participants were living in day-to-day routine circumstances that broadly hinted at their true internal identity. For example, binding was a routine part of dressing, dressing in male attire was routine, and wearing short haircuts were the styles that the participants found to be most comfortable. The levels of anxiety were more subdued as FTM participants informed family, friends, and associates. Reactions were much less jarring to FTM participants than was the case for MTF participants. However, one lesbian lover left the cohabiting relationship because she could not “live with a man”. Participants that were raised in deeply religious families, were “vigorously denounced” by fathers, but less so with mothers. For brothers and sisters of FTM participants, disclosure was very often met with “it’s about time”.

The disclosure pattern for those MTF participants that were under 40 was much less anxiety provoking, and primarily involved disclosing to family of origin. Parents and parental figures were surprised, but not devastated by the announcement. Siblings, in

general, were not surprised by the disclosure, saying “this makes sense”. For most under-40 MTF participants, family relationships were changing and were viewed as positive, or moving in that direction. Few saw their changed relationships as negative or ambivalent.

Disclosure to family was the first priority for most of the participants, followed very closely by the decision to disclose to one’s employer, if the participant was employed. Most of the participants were employed, either full time or part time. Several participants, both MTF and FTM, took an assertive approach to informing employers. Each participant, independently and separately, researched their employer’s anti-discrimination statement, their respective state (if it existed) anti-discrimination policy, and their respective city anti-discrimination policy (if it existed). To their great surprise, most companies did indeed honor the employee’s announcement of the intention to transition. Management and supervision were brought into the process of disclosure. Nearly all participants expressed little or no difficulty in continuing their jobs. Some “flare-ups” occurred from time to time, but there were no incidents of a hostile work environment reported by most of the participants.

Some FTM participants took a more gradual approach in disclosing to employers. Rather than go directly to HR, they often disclosed to co-workers and friends at the work area. There were some problems, as some in the workforce, either confronted, or spoke harshly about the FTM employee. Supervision, management, and HR quickly intervened, and required the participant to explain his intentions. Not surprisingly, HR backed the non-discrimination policy.

*On to a different life.* The decision making process for all participants, after making the critical decision to disclose, generally was non-linear, as a wide variety of new decisions and directions had to be made. When and how to begin hormone replacement therapy (HRT), was a decision that usually coincided with the decision to disclose to family, friends, and associates. In general, the participants sought information about HRT, specifically (a) what to expect, (b) its effects, (c) costs, and (d) any possible side effects. It became clear that this process was going to include a two-step inquiry, i.e., the job of finding mental health professionals and an endocrinologist specializing in treating transgender persons. Not surprisingly, seeking that information was easier for some participants, but more often, difficult for other participants as geography played a major role in searching for professionals. Generally, it was much easier to engage the needed resources to make the HRT decision if the participant lived in the Pacific Northwest, in or around the Seattle area, or in Northern California, specifically the area around San Francisco, or in large urban areas across the country. Those participants living in rural or suburban areas had a more problematic search for competent mental health professionals or willing and trained endocrinologists. The first step required the participants to find a mental health professional that was knowledgeable about transgender persons, and would provide written documentation describing why the transgender person was ready for HRT. Those criteria had proven to be much more problematic than many participants had anticipated. Several described mental health professionals as “clueless” about transgender persons, or eager “to be taught” about being transgender, and perhaps most repugnant, mental health professionals that were



“dismissive of what being transgender meant” to the participants. For most participants, it took a “long time, and many therapists” before they found a mental health professional that was a “good fit” for them. Although a very small sample, the participants in this study were from different parts of the US, which may suggest that trained, knowledgeable, and empathic mental health professionals remain a distinct minority within the profession. Suburban and rural areas of Texas and parts of the mid-west presented some difficulties for participants to find therapists who were equipped to work with transgender persons.

All of the participants eventually were able to connect with mental health professionals that were trained and empathic toward the participant and their desire to pursue HRT. All eventually found endocrinologists that were trained and able to provide HRT to MTF and FTM patients. It was at this point that a majority of participants recognized a major hurdle. The costs of HRT were high, particularly for those that were not employed. “I just cannot afford it right now...” was a common explanation. However, several FTM participants, continued to dress, act, and engage life as males, despite not having the money or insurance to cover HRT. Binding, wearing undergarments that are designed to suppress women’s breasts, became an acceptable way to “present as a male”.

Getting past the financial hurdle to begin HRT was difficult and time consuming for most of the participants. Among the participants that chose to begin HRT, the time between disclosure and initiating HRT was about one year. Every participant that began HRT described HRT as “wonderful”, “great”, or “such a relief”. A majority of MFT participants spoke about being “completely changed” as a person. For example, “angry”,

“unhappy”, “moody” were common self-descriptions prior to HRT, and were cited as major contributors to past failed marriages. Another MTF was a self-described “gear head” (liked automobiles and working on them) said that HRT “was like gears meshing”. And another said “everything was smoothed out for me”. FTM participants that chose HRT had much the same descriptions about their lives and their vision of their place in the community.

Perhaps the most significant decision, other than the decision to disclose, was the decision to undergo sexual re-assignment surgery (SRS). All participants have contemplated SRS, however, a FTM participant described that next step as “a magnitude higher” decision. Costs alone were 3 to 4 times higher than HRT, with estimates that it would cost “20 grand...at least”. Those participants that have undergone SRS surgery in Thailand are “extremely happy” that they did it. None of the FTM participants had completed the SRS surgery, generally for two reasons. Costs continue to be a formidable hurdle for all FTM participants, and there is much ambivalence about specific surgery. According to all of the FTM participants, SRS surgery can occur in two ways, i.e., top surgery and bottom surgery. For all FTM participants, top surgery, i.e., breast reduction or removal, is “something I want now” or is envisioned as something that is going to happen “as soon as I get the money”. However, bottom surgery, was described as “more risky” and “less satisfying”. Cost was also a contributing factor. But there was a more subtle reason expressed by FTM participants, i.e., bottom surgery “risks my sexuality, who I am sexually”. “I enjoy penetrating sex”, and “I do not want to have sex as a man”

were common descriptors. Sexual identity among FTM participants appears to be more dynamic and fluid.

An on-going HRT regimen has “helped” a number of MTF participants in their relationships with family, friends, and associates. For example, a majority of MTF participants report that family relationships have improved because “I changed so much” or “you are so much happier” and “you are so much easier to live with”. Comparison narratives demonstrated that the FTM participants, prior to announcing their path to their true gender and “getting on HRT”, were self-described as very “angry”, “explosive”, or “mean-spirited”.

Relationships with employers changed in unexpected ways. For those MTF participants that were working with small employers, coming out as a female was viewed as the “last straw”. They lost their jobs because they “became women” according to one MTF participant. Other MTF participants were employed in industries that permitted them a great deal of autonomy, and therefore “nothing changed” since coming out in her true gender. The majority of MTF participants had long careers spanning several decades and were seen as “key assets to the organization”. Their respective skill sets gave them great latitude in the “corporate atmosphere”. In general, the FTM participants that were employed worked in much lower level employment situations. By their own descriptions, their coming out was “not a big deal” because they had been dressing and looking male for some time.

All except two participants considered themselves to be a “work in progress”. At the time of the interviews, fourteen of sixteen were at some point on the path to their true



gender. Two participants, both MTF, had arrived at the point on the path such that both considered themselves as “I am who I want to be”. Both successfully transitioned to being as fully female as possible, which included a sustained regimen of HRT, and SRS surgery. Both described their lives as “full, satisfying, and tranquil”. Professionally, both were considered “key employees” with skills that were unique and seen as vital by the very large organizations where they were employed. Both have been married multiple times, and were currently married. Both called their lives “happy” and “committed”, and considered this time to be “the best time” of their lives. Both were raised in the late 50’s and 60’s.

The 14 participants that self-identified as being at some point on the path to their true gender, were facing a variety of challenges to moving to a point where they could say “I am who I want to be”. Most considered themselves to be at the beginning of their journey, and most identified money for HRT as the first challenge. Others had their plans for pursuing their true gender identity derailed, as they encountered severe rejection by family-of-origin members.

All FTM participants had disclosed to family, friends, and associates. All had information about HRT. For all of the FTM participants, costs of HRT were a significant impediment to moving further on the path to their true gender. One of the more remarkable differences between MTF and FTM participants could be seen at this point on the journey. For FTM participants, there was far less anxiety and there was a “reduced” feeling of a “sense of urgency” to get on with the process, as was the case with MTF participants. Dressing and acting “like a guy” was not seen as a “shock” as was the sight

of a MTF person dressing and acting as a woman. Living situations were more varied among FTM participants. For example, most family and friend relationships considered several FTM participants to be “already in a lesbian relationship” and therefore the movement to FTM status was not seen as dramatic as was seen in MTF narratives. All five FTM participants, still had many different challenges, particularly around SRS top surgery, and questions to answer in order to arrive at a point on their path that says “I am who I want to be”.

### **Gender Specific-Focused View**

Although not related to any research question, the remarkably different responses to puberty by MTF and FTM participants was worth noting.

**Gender focused themes.** Two themes were generated from responses to participant narratives about puberty and early teens (a) This is confusing, and (b) How could THIS happen?

*This is confusing.* MTF participants had a much different response to the onset of puberty when compared to FTM responses to puberty. The greatest difference was that the response by MTF participants to the onset of puberty. It was much more low key than the “catastrophic”, “horror”, and “betrayal” of puberty and menstruation described by the FTM participants. MTF participants that viewed themselves as internally “girls”, “different” or “confused” had less difficulty with puberty. First erections were seen as “bewildering” and sexual thoughts of girls were “muted”. Puberty was not seen as the catastrophic event visited on the FTM participants.

Where the biological boys, in general, began speaking about girls and engaging in thoughts of sexual contact with girls, most of the MTF participants spoke of not having any sexual thoughts of girls. Other characteristics of girls became focal points for a majority of MTF participants. For many of the participants, how girls looked, what girls did, what they wore, and how they behaved were far more fascinating to the participants than thoughts of being sexual with biological girls. Several dated girls during high school, but never engaged in sexual contact. “Petting” was seen as “nice”, but most did not have a desire to “go further”. One participant, while having sexual contact with a biological girl, wondered what it is like to have sex as a girl.

*How could THIS happen?* For all FTM participants, puberty and first menstruation were seen as “catastrophic”, and brought to the forefront the internal battle about who they are on the outside and who they were internally. Menstruation, or the upcoming event of first menstruation, was a “confirmatory message” that the nagging thing in the back of the FTM participants’ mind was in fact, true. “I’m not really a boy” was a reality that seemed to crush most of the FTM participants. Many FTM participants had to mourn the loss of “boyhood” while coping with the realization that they could never again attain “boyhood”. A core self-identifying marker (I’m a boy) was suddenly gone, and none of the FTM participants spoke of being a tomboy after puberty.

A few FTM participants did not speak specifically of the internal conflict until early teens, when biological girls were taught about menstruation. For FTM participants, the onset of puberty and menstruation were seen as a horrible betrayal by their “obviously” male bodies. “The talk” was generally done as part of elementary school



education, where biological girls were separated from biological boys so that the boys didn't have to hear this discussion about the "shaming" and "secretive" process of menstruation. For most of the participants, puberty marked a jarring end to the thoughts that the FTM participants were really boys. Puberty was also confirmation of an even deeper suspicion, i.e., "I really am a girl". From the perspective of the FTM participants, puberty dramatically altered the "envisioned life" trajectory of most participants.

### **Theoretical Framework**

#### **Family Systems Theory**

This researcher used Family Systems theory to frame this study. Family Systems theory is a good fit for this study for the following reasons (a) the theory describes the interactions and communication between family members (Bateson, 1972) and how they maintain a steady equilibrium through unwritten but rigidly enforced family rules, and (b) provide an explanation for established boundaries within families (Minuchin, 1974) that allow for a balance between family member autonomy and the need to be relationally close to other family members. Those boundaries can have widely different balances between autonomy and intimacy, which can have significant impacts on family member relationships within the family and with the larger social environment.

The theoretical framework of family systems theory was intended to elicit the experiences of transgender persons as they carried on the day-to-day activities of living,

while dealing with a struggle to fit in and a struggle within (Bethea & McCollum, 2013).

This researcher wanted to explore:

- Did the family values or unwritten family rules have an effect on the ability of the transgender person to speak about her or his internal struggle
- When the transgender person disclosed their intent to transition, how did the rules that govern each family change
- Did boundary characteristics affect the participant as she or he looked for support among family and friends for the struggles they were experiencing.
- In what ways did the familial boundary system affect the participant as she or he disclosed their intent to transition

This researcher assumed a knowledge base among the participants that included (a) an understanding of family rules, (b) communication/behavior as one component, and (c) insight into how the family balanced autonomy and intimacy. It was a flawed assumption, as the question relied on jargon not found in the narratives of the participants. They did not understand the question or the concept of unwritten family rules, for example.

### **Strategic Family Therapy**

This researcher was unable to garner any information directly about how the family changed, or how the family survived. Given the definition of family now refers to a number of different definitions outside the family of origin, this researcher was able to intuit the changes in families based on the participant's narratives, while viewing the participants through the lens of strategic family therapy. The participants provided vivid

details of how they came out to family, friends, and associates. The changes that occurred as a result of announcing that they were going to transition, provided evidence for support for second order changes within families. Behavior and communication are both the same in the theoretical constructs of a family (Bateson, 1972), and any major upheaval causing a second order change, very often is a result of difficulties in communicating. Unwritten family rules may have been at play because few participants spoke of the internal battle, or of their intent to transition to family members (Narui, 2011). Within the participant narratives, there was a consistent undercurrent of “aloneness”, which may have been developed because of family rules that constrict open communication/behavior. A central construct of strategic family therapy maintains that families cannot not communicate (Hanson, 1995), and on-going relational difficulties while many participants were growing up, highlights some blockage by parents and participants. This information could be of benefit to family therapists that recognize the importance of the quality of communication within families.

### **Structural Family Therapy**

Minuchin (1974) postulated that successful, growth orientated families share a common characteristic, i.e., a respect for and honor of, boundaries among family member subsystems. Normally, these boundaries allow for a free exchange of information, ideas and warmth, while acknowledging the autonomy of the person(s) within those subsystem boundaries (Minuchin, 1982). Participant narratives gave clues to how important the exchange of information and ideas was among families. Most glaring, most narratives broadly hinted at aloneness in dealing with the battle within. One notable exception was



found with one MTF whose mother correctly understood that her six-year-old son was a “girl inside”. Given the time period (1950’s) her caution “not to tell anyone” was well founded. Other participants spoke of close relationships with mothers, and somewhat distant relationships with fathers, if he was present. With very few exceptions, no participant ever spoke of telling family members about her or his inner struggle. For the majority of participants, this researcher intuited that autonomy was a valued way of interacting, with a sacrifice in warmth, and intimacy. This is consistent with Minuchin’s (1974) theory of boundaries that are rigid and block relationship enhancement while encouraging independence.

### **Limitations**

This qualitative study was limited in a number of ways. The sample size was small, the participant participation was not randomized, and sampling was done via purposive sampling, and snowball sampling methods. The sample was over-represented by Caucasian participants, and there were more MTF participants than FTM participants. Findings are not generalizable, and apply only to the 16 participants in this study. Numerous attempts to recruit transpersons of color were unsuccessful. Research question two was not answered, primarily because of too much jargon that confused the participants. It was also problematic for this researcher to understand about participant relationships with family of origin, because the participants were generally “on their own” to make sense of their internal difficulties.

## **Implications**

Transgender persons lead remarkably unremarkable lives, in stark contrast to the general perception of transgender persons by the public. Although the United States is witnessing a transformation in understanding, acceptance, and normalization of gay and lesbian persons, particularly with the age cohort under 40 years old, other sexual and gender identity minority persons such as bisexual, and transgender individuals continue to face misunderstanding, intolerance, and harsh sanction both within the rest of the minority sexual community and the larger cultural environment.

Within this very small sample ( $n=16$ ), there appears to be an intersection of high intelligence and resilience among the participants. All sixteen participants graduated from high school, and several began higher university education. However only one person actually completed the course work to receive their bachelors degree. That said, the number of participants that were working in high level professional employment and were considered key employees was not expected. Although all participants displayed a remarkable level of resilience, a few were able to use that resilience to enhance their childhood and teen years. The resilience demonstrated by the FTM participants during puberty was remarkable.

### **Implications for Family Therapists and Other Mental Health Professionals**

Transgender persons are generally reluctant to see mental health professionals for a variety of reasons. They have a reluctance to engage in any new and unfamiliar social situation because they are concerned about how they will be treated by the larger social environment. Public perception of transgender persons, particularly MTF persons, is

generally negative, judgmental, and occasionally threatening. Despite those public perceptions of transgender persons, the transgender person often recognizes and seeks the services of mental health professionals. However, there are several ground rules that therapists should recognize and understand before attempting to establish a therapeutic relationship with transgender persons. For example, (a) transgender persons are completely uninterested in educating therapists about being transgender, (b) transgender persons are not interested in discussing their personal anatomy, (c) transgender persons expect to be treated for who they really are, i.e., remarkably unremarkable individuals, (d) transgender individuals are not subject to therapist agenda's or purposeful mis-speaking to them and using inappropriate pronouns or gender language, and (e) transgender persons expect the therapist to know the essential difference between sexuality and gender.

## **Recommendations**

### **Future Research**

This qualitative research study generated a number of recommendations for future research.

- Including trusted family members or close friends in participant interviews could provide important clues to the relationship changes that occurred between the participant and the family and the larger social environment.
- Longitudinal studies of children identified as transgender compared to children that are not identified as transgender. The purpose is to find if and when children identified as transgender develop mental health difficulties as compared to



children not identified as transgender. Will parents trained in supporting and nurturing a transgender child contribute to a reduction in the onset of mental health difficulties, as seen in past studies of “gender dysphoria”?

- Do transgender children have less incidence of “gender dysphoria” if parents and siblings are fully supportive of the transgender child? Are mental health difficulties reduced by parent child relationship enhancement? Are mental health difficulties the result of family relationship and friendship difficulties or because of social pressure to conform to a rigid behavioral expectation?
- To what degree are transgender adults different than randomly selected adults in tests of resiliency, IQ, and social integration?
- To what degree are trans persons of color different than randomly selected adults in terms of resiliency.
- A qualitative study of trans persons of color as they negotiated the path to their true gender.
- Are transgender person’s lives as they were growing up any different than that of children and adolescents that matched their internal gender and their biological sex? Are transgender persons more or less involved in family systems that restrict communication and the exchange of ideas, as postulated in strategic and structural family therapy models.

### **Summary**

For most of the participants in this study, negotiating the path to their true gender began in early childhood, and was undertaken with a sense of aloneness. Childhood, early

teens and later teens generally were difficult, contentious, and lonely, as the transgender person had few resources and experienced distant or strained family relationships.

Adulthood brought more dimensions to the lives of the participants. As adults, all MTF participants worked very hard to try to make sense of, or to suppress their true gender for years or decades, and each encountered costs in terms of relationship difficulties over their respective life course prior to transition. FTM participants in general did not have the contentious difficulties to the degree that was encountered by MTF participants, primarily because social custom tolerates females, which present as male in the US.

The decision to transition by MTF participants came after most of the participants had to confront and release the woman inside them. Negotiating the path to their true gender is very often public, stressful and relationally significant. Negotiating the path to their true gender for FTM participants was far less stressful, and less public. All participants viewed relationships with family, friends, and associates as important, but the importance of transition trumped concerns about those relationships.

HRT begins re-wiring the brain so that those participants that have chosen a HRT regimen are “very different” persons when compared to the person before transition. Cost was the most significant factor in a participant’s decision to begin a HRT regimen. Cost is a huge factor in the participant’s decision to have SRS, and SRS is a decidedly more complex decision than is the decision to begin HRT . Sexual identity is a major component in the decision to have SRS, particularly for FTM participants.

Making peace within is but one reward for those that have overcome the struggle within. Relationships have changed, both in positive, and in negative ways, for

participants and their marital families, their families-of-origin, and with friends and associates. However, for this brave, determined group of transgender persons, it is enough to be sincere and honest with oneself that one's identity is what it is.



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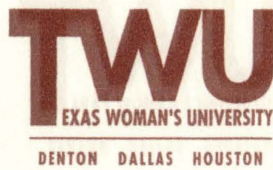
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**APPENDIX A**  
**Recruitment Flyer**



My name is Gerard Cavanaugh and I am a doctoral candidate in Family Therapy at Texas Woman's University, in Denton, Texas. I am writing to ask permission to canvass students (members) regarding their willingness to participate in a research study, as part of the requirements for completion of the PhD program here at TWU. The study is titled:

*"I only want to be who I am": A phenomenological study of how transgender persons viewed the changes in their families as they negotiated a path to a new gender.*

My research interest lies in studying how the transgender person saw their family change as they negotiated the transition to a new gender. Specifically, I want to learn about changes in the family and what meanings the transgender person had about those changes. I am requesting that you send an interest/ inquiry E-mail to every student (member of the organization) describing the research study and contact information for the researcher. Participation is voluntary and participants can withdraw at any time.

If you have any questions, or need more information, please contact me at the number below or my research advisor, Dr. Linda Ladd at 940-898-2694.

Gerard Cavanaugh MS, LPC, LMFT  
Doctoral Candidate in Family Therapy  
E-mail: [gcavanaugh@twu.edu](mailto:gcavanaugh@twu.edu)

Dr. Linda Ladd PhD, PsyD, Advisor  
Texas Woman's University  
Denton, Texas 76201  
Phone: 940-898-2694



## **APPENDIX B**

### **Permission Granted to Canvass Institution Membership**

**From:** "Mate, Robert L." <rmate@purdue.edu>  
**Date:** June 19, 2013 2:30:43 PM CDT  
**To:** "Gerard Cavanaugh" gcavanaugh@gmail.twu.edu  
**Subject: RE: Question about posting to ALGBT list serve**

Gerard,

Yes you may post a call for research participants. You will just have to join the ALGBTIC listserv here: <https://lists.purdue.edu/mailman/listinfo/algbtic-l>.

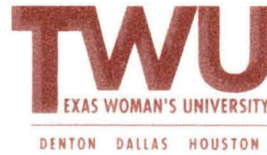
Rob Mate  
ALGBTIC Treasurer

Robert L. Mate, MS, NCC, LMHC  
Associate Dean of Students  
Student Assistance and Counseling  
Purdue University  
475 Stadium Mall Drive  
West Lafayette, IN 47907  
Office: 765-494-5860  
Fax: 765-496-1550  
<http://www.purdue.edu/odos>  
rmate@purdue.edu

## **APPENDIX C**

**E-mail/flyer to Student Body and Organization Member**





## LOOKING FOR TRANSGENDER PERSONS

You are invited to participate as a volunteer in a research study to explore how families changed, and what those changes meant to a Transgender person as he/she negotiated or are negotiating the path to a new gender.

My name is Gerard Cavanaugh MS, LPC, LMFT and I am a doctoral candidate in Family Therapy at Texas Woman's University, in Denton, Texas. I am conducting a research study in partial fulfillment of the requirements for the PhD in Family Therapy at Texas Woman's University. My study is titled:

*"I want to be who I am": A phenomenological study of how transgender persons viewed the changes in their families as they negotiated a path to a new gender.*

This study involves filling out a demographic questionnaire and signing a consent form (up to 30 minutes) and a face-to-face interview lasting up to 60 minutes. Total participation time may be as long as 90 minutes. You may bring a trusted family member or fictive family member to the interview. They will be part of Sample 2. The interview will consist of exploring how you saw your family change as you negotiated, are negotiating, or are "biding time" and what those changes meant to you. Participants must be age 18 or over. Sibling or family members must be 18 or older. Participation is voluntary and you may withdraw at any time. You may ask questions at any time using e-mail, phone, or during our face-to-face time.

If you are interested and willing to participate in this study please contact:

Gerard Cavanaugh at [gcavanaugh@twu.edu](mailto:gcavanaugh@twu.edu).

If you know someone who might be interested in participating in this study, please share this information with them. There is a stipend of \$10 for every participant if that person completes the interview. You are free to withdraw from this study at any time.

**There is a potential risk of loss of confidentiality in all E-mail, or Internet transactions.**

## **APPENDIX D**

**Scripted Dialog for Initial Phone Contact with Interested Transgender Persons.**

Scripted dialog

“May I speak to \_\_\_\_\_

Hello, my name is Gerard Cavanaugh, and I am calling you because you expressed an interest in my research study on transgender persons as they negotiated the path to a new gender. Thank you for your interest! I am a doctoral candidate in Family Therapy at Texas Woman’s University, and I am working on my dissertation.

My research interest lies in how families changed as the transgender person negotiated, is negotiating, or is “biding time” in the process of negotiating the path to a new gender. I am especially interested in what it meant to the transgender person as their family changed.

I need to ask you a few questions to be sure that you are a good fit for my study.

Is that Okay?

I also want to stress that your participation in my study is voluntary and you can withdraw at any time.

Okay, lets get started.

1. Are you at least 18 years of age?
2. How do you describe your place on that path to a new gender?
3. Is English your first or second language?
4. Do any of your family members know of your plans?

NOTE: If English is not the first or second language for the interested transgender person, and if they did not get past the 3<sup>rd</sup> grade, they are not eligible to be in the study.

If NO, then:

I’m sorry, you do not meet the criteria to be in the study.



Do you have any questions?

Thank you so much for taking the time to speak to me. If you know anyone else who might be interested in participating in this study, please give them my contact information.

Goodbye.

NOTE: If the respondent answers YES to questions 1, 3, and 4:

Thanks. It seems like you would be a good fit for the study.

Do you have any questions?

Let's talk about what will happen next.

First, do you have a trusted family member or kin that knows of your transition status, which you think might be willing to be a part of this study? It is important that you trust this family member.

There is no obligation for the family member to participate. It does not change your participation status. If you don't want anyone at the interview, no problem. It will not change your status in this study.

You are free to bring the trusted family member to the interview if you wish.

If you are willing to have a trusted family member be a part of the interview, here is what I need from you:

- Contact them and ask if they would be interested in being part of the study. If they are, please give them my phone number (XXX-XXX-XXXX). They are free to call me or not call me.
- Call me at XXX-XXX-XXXX and let me know that they might be interested.
- If they do not call me or they do not want to be a part of the interview, no problem. It does not affect your participation. Just let me know.
- I am very interested in how they viewed the changes in your family as you negotiated the path.
- Once they contact me, I will screen them for good fit in the study. I will then let you know if they will be participating or not participating with you.
- Now, if they chose not to participate after I called them, that is not a problem. They can choose to withdraw from the study at any time.

I will schedule an interview time that is convenient to you and your trusted family member. The interview will take place on the campus of Texas Woman's University on the Denton campus in the Human Development Building, or on the campus library at a time that is convenient for you and your trusted family member. If it is inconvenient for you to come to Denton, you can select a place that is closer to your residence, such as a library.

If your trusted family member wishes to participate, both you and your family member will fill out the demographic survey, and sign the consent form when you arrive at the interview place. I will give each person a list of mental health resources if either of you need them. Total time could be up to 90 minutes. It may take as much as 30 minutes to fill out the demographic survey and sign the consent form, and 60 minutes to complete the interview.

And just like you, your trusted family member may withdraw at any time.

The interview might cause you some discomfort such as fatigue, emotional distress, loss of time, or embarrassment: if this occurs you can contact the resource list that I will provide.

If you lose this list, please let me know and I will provide you with another one. Once the study is completed, I will send you a summary of the findings.

Do you have any questions?

May I have your e-mail or postal address so I can send you the Welcome letter.

Thanks! I look forward to working with you. Goodbye.

## **APPENDIX E**

### **Welcome Letter to Participants**

**Welcome!**

Thank you for volunteering to participate in my research study “ I WANT TO BE WHO I AM”: A PHENOMENOLOGICAL STUDY OF HOW TRANSGENDER PERSONS VIEWED THE CHANGES IN THEIR FAMILIES AS THEY NEGOTIATED THE PATH TO A NEW GENDER. Your participation in this study will consist of filling out a demographic questionnaire and consent form which will take up to 30 minutes, and a 60 minute face-to-face interview with you and this researcher on the campus of Texas Woman’s University in Denton, or at a location that is convenient for you such as a library, at a time that is convenient for you. If you have chosen to include a trusted family member, the time that is most convenient for you and your trusted family member will serve as the meeting time.

This research study will focus on your description of how you saw your family change as you negotiated, are negotiating, or “biding time” along the path to a new gender. Of particular interest, what do/did those changes mean to you? By participating in this study, you can help the researcher develop a better understanding of the meanings you made of your experience of negotiating the path to a new gender. More broadly, your experience will help family therapists have a better understanding of how you and your family changed over time. Your sibling or trusted family member may provide their experience of how they saw your family change as you negotiated the path to a new gender. They may give new insight into the process as you and your family negotiated a new and different way of interacting.

The researcher will take steps to protect your confidentiality by assigning you a randomized number for your interview data. Since this study involves email,



downloading, and internet transactions, there is a potential risk for a loss of confidentiality.

Participants may experience fatigue, emotional distress, loss of time, or embarrassment during this study. You are encouraged to take breaks when needed and you may stop this voluntary study at any time.

Participants may also experience discomfort due to the private nature and sensitive nature of the questions being asked. You will be given a list of mental health service providers for your own personal use should you need to speak with someone about the subject matter present in the study. Participants will also be encouraged to take breaks or stop the study at any time.

If you agree to participate in this research study, you will review and sign the consent form and complete a demographic survey at the start of the interview. This researcher will then call or E-mail you to schedule an interview time. Participation is voluntary and you can withdraw at any time. Thank you again,

Gerard Cavanaugh MS, LPC, LMFT  
Doctoral Candidate in Family Therapy  
E-mail: [gcavanaugh@twu.edu](mailto:gcavanaugh@twu.edu)

Dr. Linda Ladd PhD, PsyD, Advisor  
Texas Woman's University  
Denton, Texas 76201  
940-898-2694

**APPENDIX F**  
**Consent to Participate**

## CONSENT TO PARTICIPATE IN RESEARCH

Title: “ I ONLY WANT TO BE WHO I AM”: A PHENOMENOLOGICAL STUDY OF HOW TRANSGENDER PERSONS VIEWED THE CHANGES IN THEIR FAMILIES AS THEY NEGOTIATED THE PATH TO A NEW IDENTITY.

Investigator: Gerard Cavanaugh, MS.....gcavanaugh@gmail.twu.edu

Advisor: Linda Ladd, PhD, PsyD.....lladd@twu.edu 940-898-2694

**IF YOU HAVE ANY QUESTIONS OR WANT TO DISCUSS THIS RESEARCH STUDY AND YOUR PARTICIPATION IN THE STUDY, CONTACT THE RESEARCHER AT XXX-XXX-XXXX or the research advisor at 940-898-2694..**

---

### **Explanation and Purpose of the Research**

You are being asked to participant in a research study for Mr. Cavanaugh’s dissertation at Texas Woman’s University. The purpose of the study is to describe how transgender persons saw their family’s change as they negotiated, are negotiating, or “biding time” on the path to a new gender. You have been asked to participate in this study because you self-identified as a transgender person, or a trusted family member, 18 years of age and older, speak English, and can read at a 3<sup>rd</sup> grade level.

### **Description of Procedures**

As participants in this study, you will be asked to spend up to 30 minutes of your time completing a brief demographic questionnaire, along with this consent form and up to 60 minutes of your time in a face-to-face interview with the researcher. The interview will take place on the campus of TWU in Denton TX, or at the library located on campus.

This will allow for maximum privacy and confidentiality. If it is not possible to visit the campus, you, your trusted family member and the researcher will decide together on a mutually agreeable private location where the interview will occur. The interview will be audio recorded and then transcribed so that the researcher can be accurate when studying what you have said. Your information will be coded with a number so that your identity will not be known to anyone but the researcher.

### **Potential Risks**

#### **Loss of Confidentiality**

There is always a potential risk of loss of confidentiality when participating in research. Confidentiality will be protected to the extent that is allowed by law. The researcher will take several precautions to minimize the loss of data through use of a secure thumb drive and a secure, locked file cabinet to store collected data when not in use. No names will be used for the demographic data as code numbers will be assigned. There is a potential risk of loss of confidentiality in all e-mail, downloads, or Internet interaction.

#### **Fatigue and Embarrassment**

Fatigue could occur due to participating in this study. The demographic questionnaire and consent form may take up to 30 minutes to complete. Total time for completing the forms and conducting the interview could take up to 90 minutes. Breaks will be given to help reduce fatigue while participating in the research activities. You will be able to discontinue participation in the research activity at any time should you choose to do so. By being part of the interview process, it is possible that you may speak about incidents, or activities that, on reflection, may be embarrassing to you. It is important to remember



that you are the expert of your life and your experiences, could be of great benefit in educating mental health professionals and emerging transgender people that might be in the uncomfortable position of thinking that they are unique in their feelings.

#### Loss of Time

The maximum amount of time to complete the demographic questionnaire, the consent form and interview is 90 minutes. You will be able to discontinue participation in the research activities at any time should you choose to do so.

#### Psychological Distress

You will be able to take as many breaks as you need. This researcher will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

#### Participation and Benefits

By participating in this research study, you will provide key information for family therapists and more broadly, other mental health professionals that are generally unaware of the potential difficulties a transgender person encounters in their journey to a new gender. Following the completion of the interview, you will receive \$10 cash. If you would like to know the results of this study, we will mail them to you\*.

#### Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study, you should ask the researcher; the phone number is at

the top of this form. You may ask questions at any time. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378.

---

Signature of Participant

---

Date

Executive Summary. If you would like to know the results of this study, tell us where you want them to be sent:

E-mail: \_\_\_\_\_

Or

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPENDIX G**  
**Demographic Questionnaire**

### Demographic Information Questionnaire

Thank you for participating and taking time to answer this questionnaire. Please answer the following questions so that we can learn more about you.

1. What was your age at your last birthday? \_\_\_\_\_
  
2. What is the highest level of education you have completed? Circle one.
  - a. Some High School
  - b. High School Graduate
  - c. Some College
  - d. Associate Degree
  - e. Bachelor's Degree
  - f. Master's Degree
  - g. Doctorate Degree
  
3. Which of the following best describes your gross average yearly household income?
  - a. Under \$10,000
  - b. \$10,000 - \$20,000
  - c. \$20,001 - \$30,000
  - d. \$30,001 - \$40,000
  - e. \$40,001 - \$50,000
  - f. \$50,001 - \$60,000
  - g. \$60,001 - \$70,000
  - h. \$70,001 - \$ 80,000
  - i. \$80,001 - \$90,000
  - j. \$90,001 and over



4. Which of the following would best describe your socio-economic status today

(SES):

- a. Very poor
- b. Poor
- c. Lower middle class
- d. Middle middle class
- e. Upper middle class
- f. Wealthy

5. Which answer below best describes your race?

- a. Black
- b. Hispanic non-white
- c. Caucasian
- d. Asian
- e. Mixed racial identity
- f. I choose not to answer

6. Choose the best answer that describes your ethnicity today. I am:

- a. African American
- b. Caucasian American
- c. Hispanic American
- d. Cuban American
- e. Puerto Rican American
- f. North Asian American
- g. South Asian American
- h. Mixed ethnicity
- i. I choose not to answer

7. Which of the following answers best describes your chosen sex/gender now:

- a. MTF- transition to a new gender complete
- b. FTM – transition to a new gender complete
- c. Transitioning MTF
- d. Transitioning FTM
- e. “Biding time”
- f. I am not transgender
- g. I choose not to answer

8. Which statement best describes your sexual identity today:

- a. I am a FTM that enjoys sexual experiences with females
- b. I am a FTM that enjoys sexual experiences with males and females
- c. I am a FTM that enjoys sexual experiences with males
- d. I am a MTF that enjoys sexual experiences with males
- e. I am a MTF that enjoys sexual experiences with males and females
- f. I am a MTF that enjoys sexual experiences with females
- g. I consider myself to be pansexual in my sexual identity
- h. I do not consider myself to be transgender
- i. I choose not to answer

9. Which statement best describes your current place on the path to a new gender (circle all that apply):

- a. I am out to my friends, family, and associates
- b. I am starting on the path to a new gender
- c. I am “biding time” until it is the right time to travel the path to a new gender
- d. I am still trying to understand who I am
- e. I am deciding on medical procedures, but have not made up my mind
- f. I have decided on the level of medical interventions and am preparing to undergo specific surgery
- g. I am not transgender
- h. I choose not to answer

10. What is your current employment status:

- a. Currently unemployed
- b. Employed part time
- c. Employed full time

11. What is your current relationship status today:

- a. I live alone
- b. I have a roommate (non-romantic)
- c. I am cohabiting (romantic)
- d. I am married
- e. I am living with my parent(s)

12. Do you have children? If so, how many and what age(s)?

- a. No \_\_\_\_
- b. Yes \_\_\_\_ Number: \_\_\_\_ Age(s): \_\_\_\_

13. Are you currently enrolled in school?:

- a. Currently enrolled
- b. Not currently enrolled

**Thank you for taking the time to fill out this questionnaire**

## **APPENDIX H**

### **List of Counseling Resources Provided to Participants**



## **APPENDIX I**

### **Interview Script for Interviewing Participants**

Counseling and Family Therapy Clinic  
Texas Woman's University  
Human Development Building, Room 114  
Denton, Texas 76204  
1-940-898-2600

Family Studies Center  
UT Southwestern Medical Center  
6363 Forest Park Rd, Tower II, 7<sup>th</sup> floor, Ste 722  
Dallas, TX 75235  
1-214-648-6945

Community Service Center  
UT Arlington School of Social Work  
211 S. Cooper St.  
Arlington, TX 76016  
1-817-272-2165

The Center for Family Counseling  
Southern Methodist University in Plano  
5228 Tennyson Parkway, Building 3, Ste 102  
Plano, Texas 75024  
1-972-473-3456

American Psychological Association Psychologist Locator  
[www.locator.apa.org](http://www.locator.apa.org)

Gerard Cavanaugh MS, LPC, LMFT  
Doctoral Candidate in Family Therapy  
E-mail: [gcavanaugh@twu.edu](mailto:gcavanaugh@twu.edu)

Dr. Linda Ladd, PhD, PsyD,  
Advisor  
940-898-2694  
Texas Woman's University  
Denton, Texas, 76201

Good \_\_\_\_\_ (morning, afternoon, evening) \_\_\_\_\_ (Sample 1 participant) and \_\_\_\_\_ (Sample 2 participant, if present). Thanks for filling out the paperwork. Now that you have completed the paperwork, lets get started.

I will be recording our conversation, because in this kind of research your words are the data.

Do you have any questions?

I am now going to turn on my recording device.

I am Gerard Cavanaugh PhD candidate in Family Therapy at Texas Woman's University.

This study has IRB Approval number \_\_\_\_\_. This study is part of the requirements for the PhD degree.

I am interviewing \_\_\_\_\_ (4 digit random number) on \_\_\_\_\_ (date and time) at \_\_\_\_\_ (location)

Sample 1 participant is present, as is Sample 2 participant

OR

Only Sample 1 participant is present for the interview.

Do you have any questions?

Ok, lets get started.

(Research Question 1)

1). What was the experience of the transgender person as they grew up in their family of origin?

1). Tell me, what were you like before you completed the path to your true gender?

2). In what ways are you different since you disclosed your gender to your family?

- 3). Tell me about your sense of well being since you disclosed.
- 4). Tell me about what you noticed most about any change in your family after you disclosed your new gender?

(Research Question 2)

2). What family values were influential to the transgender person as they began their path to their true gender?

- 1). Tell me, how did your family's values influence your decision to disclose your true gender?
- 2). Tell me about the "unwritten rules" that you and your family lived under before you disclosed your true gender?

(Research Question 3)

3). How did the transgender person describe their disclosure to family, friends, and professional colleagues?

- 1). Tell me about your experience of disclosing to family members.
- 2). Tell me about your experience of disclosing to friends and professional colleagues.
- 3). At any time were you concerned about your physical or emotional safety when you were disclosing to family, friends, or professional colleagues.



## APPENDIX J

### Code Manual

## Code Manual

Participant # \_\_\_\_\_ MTF \_\_\_\_\_ FTM

### **CHILDHOOD**

#### 1. VIEWED SELF AS DIFFERENT

- a. Yes
- b. No

#### 2. COPING STRATEGIES

##### a. Escape Strategies

- I. Self-isolation (from family, peers, other adults etc.)
- II. Drug/Alcohol/Food/Tobacco use

##### b. Strategies linked to resilience

- I. Focused interests
- II. Sought information about "my difference"
- III. Influence of spirituality

#### 3. RELATIONSHIPS

##### a. Family

- I. Positive
- II. Negative
- III. Distant

##### b. Peer

- I. Positive
- II. Negative
- III. Distant

##### c. Adults (outside family)

- I. Positive
- II. Negative
- III. Distant

#### 4. MENTAL HEALTH ISSUES

- a. Depression
- b. Suicide Ideation
- c. Other diagnoses

## **PUBERTY/EARLY TEENS**

### **5. VIEWED SELF AS DIFFERENT**

- a. Yes
- b. No

### **6. INTERNAL CONFLICT (WHO AM I) AWARENESS**

- a. Yes
- b. No

### **7. COPING STRATEGIES**

- a. Escape Strategies
  - I. Self-isolation (from family, peers, other adults etc.)
  - II. Drug/Alcohol/Food/Tobacco use
  - III. Self harm
- b. Strategies linked to resilience
  - I. Focused interests
  - II. Sought information about "my difference"
  - III. Spirituality

### **8. RELATIONSHIPS**

- a. Family
  - I. Positive
  - II. Negative
  - III. Distant
- b. Peer
  - I. Positive
  - II. Negative
  - III. Distant
- c. Adults (outside family)
  - I. Positive
  - II. Negative
  - III. Distant

### **9. MENTAL HEALTH ISSUES**

- a. Depression
- b. Suicide Ideation
- c. Suicide Attempt
- d. Other Diagnoses

### **10. LOOKED FOR RESOURCES AVAILABLE**

- a. Before the internet
  - I. Yes
  - II. No
- b. After the internet
  - I. Yes
  - II. No

11. DEVELOPMENTAL MARKERS

- a. Sexual thoughts
  - I. Same biological sex
  - II. Opposite biological sex
- b. Menstruation
  - I. Seen as normal and natural
  - II. Seen as not normal and un-natural

**LATER TEENS/HIGH SCHOOL**

12. VIEWED SELF AS DIFFERENT

- a. Yes
- b. No

13. INTERNAL CONFLICT (WHO AM I) AWARENESS

- a. Yes
- b. No

14. COPING STRATEGIES

- a. Escape Strategies
  - I. Self-isolation (from family, peers, other adults etc.)
  - II. Drug/Alcohol/Food/Tobacco use
  - III. Self-harm
- b. Strategies linked to resilience
  - I. Focused interests
  - II. Sought information about "my difference"
  - III. Spirituality

15. LOOKED FOR RESOURCES AVAILABLE

- a. Before the internet
  - I. Yes
  - II. No
- b. After the internet
  - I. Yes
  - II. No

16. RELATIONSHIPS

- a. Family
  - I. Positive
  - II. Negative
  - III. Distant
- b. Peer
  - I. Positive
  - II. Negative
  - III. Distant
- c. Adults (outside family)
  - I. Positive
  - II. Negative
  - III. Distant



**17. MENTAL HEALTH ISSUES**

- a. Depression
- b. Suicide Ideation
- c. Suicide Attempt
- d. Other Diagnoses

**18. DEVELOPMENTAL MARKERS**

- a. Sexual/ intellectual awakening to new possibilities

**ADULTHOOD**

**19. VIEWED SELF AS DIFFERENT**

- a. Yes
- b. No

**20. COPING STRATEGIES**

- a. Escape Strategies
  - I. Self-isolation (from family, peers, other adults etc.)
  - II. Drug/Alcohol/Food/Tobacco use
  - III. Self-harm
- b. Strategies linked to resilience
  - I. Focused interests
  - II. Sought information about "my difference"
  - III. Spirituality

**21. INTERNAL CONFLICT (WHO AM I) AWARENESS**

- a. YES
  - I. Managing the difference
  - II. Interferes with daily life
- b. NO

**22. LOOKED FOR RESOURCES AVAILABLE**

- a. Before the internet
  - I. Yes
  - II. No
- b. After the internet
  - I. Yes
  - II. No

### 23. RELATIONSHIPS

- a. Family
  - I. Positive
  - II. Negative
  - III. Distant
- b. Peer
  - I. Positive
  - II. Negative
  - III. Distant
- c. Adults (outside family)
  - I. Positive
  - II. Negative
  - III. Distant

### 24. MENTAL HEALTH ISSUES

- a. Depression
- b. Suicide Ideation
- c. Suicide Attempt
- d. Other Diagnoses

## **TRANSITION TO MY TRUE GENDER**

### 25. THE JOURNEY BEGINS (Transition)

- a. HRT Decision
  - I. Yes
  - II. No
- b. SRS Decision
  - I. Yes
  - II. No
- c. Ambivalence about timing (when can this happen?)
  - I. YES
  - II. NO

### 26. THE JOURNEY CONTINUES

- a. I am who I want to be
- b. I am still a "work in progress"

### 27. FAMILIAL, INTER-PERSONAL, SOCIAL, PROFESSIONAL RELATIONSHIPS

- a. Changed (relationships)
  - I. Positive
  - II. No change
  - III. Negative
  - IV. Ambivalent

**APPENDIX K**  
**Demographic Data**

## Demographic Data

16 Participants

(some participants chose not to respond to several questions)

### *Ethnicity*

Participant Response (n=16)	Ethnicity
1	African-American
11	Caucasian
1	Mixed ethnicity
3	N/A
0	Hispanic-American
0	Cuban-American
0	Puerto Rican-American
0	Mexican-American
0	North Asian-American
0	South Asian-American

### *Current employment status*

Number of Participants Responding	Current employment status
9	Currently employed
3	Currently employed part time
3	Currently unemployed



*Current relationship status*

Number of Participants Responding	Current Relationship Status
6	I am married
4	I am cohabiting (romantic)
3	I have a roommate (non-romantic)
2	I am living with my parents
1	I live alone

## APPENDIX L

### Participant Quotes from Chapter IV

**RQ1 - What was the experience of the transgender person as they grew up in their family of origin”?**

Six themes were generated from RQ1 across 3 developmental stages in the life course of the participants.

- Childhood:
  - (a) Two struggles: The struggle to fit in and the struggle within
  - (b) Positive childhood
- Early teen:
  - (a) The walking wounded: Consequences of on-going struggles
  - (b) Staying out of trouble
- Teen/high school
  - (a) The struggle continues
  - (b) High school wasn't too bad

**Childhood-focused themes**

- Two struggles: The struggle to fit in and the struggle within
- Positive childhood

**Two struggles: The struggle to fit in and the struggle within theme**

**Category: Viewed self as different.** From earliest childhood memories, most participants described themselves as being different or confused. For example, Participant 1866, a MTF, was very aware of her difference as a young child: “I understood at a very early age that I was different. I really liked girl things more than boy things,...very early

on...". There was a different perspective with regard to participant 5794, a FTM, and how he described his feeling of being different:

My story is different than a lot because I experienced sexual abuse from the age of 4. At the time, my gender identity was being formed and I can't remember my voice before, but all the time I was growing up, I had a guy's voice in my head. And I always knew that it was never a good idea to talk about voices in your head. And if your voice didn't match your body, it was a worse idea. Given the age and time, and so on... because my parents were professors and they thought the best way to get answers was to look around and see what the experts say. So you went and looked it up. And I did. I was a female body with a male voice in my head.... So I was crazy,... insane.

**Category: Relationship difficulties.** A majority of participants spoke of difficulties within families as they were young children. For example, participant 2320, a FTM, had a very unstable relationship with his mom and dad:

She (his mother) kinda had her own anger issues too.... But differently than dad... um.... Sheeeee (drawn out intended)....didn't have a high tolerance for stress.... She would often freak out.... Um, that's the only way I can explain it.... (chuckles).... She couldn't handle things.... She'd just (makes a piercing whining noise)... you know,.... Things like.... With me and my brother.... Um,.. like when we grilled cheese sticks, it caught on fire. Rather than turning the broiler off, she ran around screaming like a chicken with it's head cut off...



screaming. (chuckles). The thing with my dad.... You just never knew what would set him off. There were things I did that ... for sure in my mind.... He was going to kill me.... and he would laugh..... and things.... Like dropping something on the floor... he'd just go ballistic over... There were extremes... you never knew what'd you'd get... There was never any consistency or logic about it... whatever at the time you got,.... You got...ya' know?

Friendships for most participants were tenuous. Participant 3514, a MTF, was very introspective as she recounted her childhood:

Well ....(long pause)... I was pretty much a loner. I didn't have no...like I said, I was adopted... but at the same time I didn't have any kids my age to play with. My mom kept kids,...we had a house full of kids but she would send me off to daycare,...I never spent the night at anyone's house, and nobody spent the night at my house.

Participant 3211, a FTM, had a different experience in his attempt to be a part of the social environment:

I was close to my mom, but I was always kind of picked on. I was the overweight kid with glasses. And then I did not have very many female friends. In fact I have never had a whole lot of friends.

Childhood relationship difficulties with adults outside of the family generally were not noted with the exception of one participant. Participant 9438, a MTF, spoke of a fundamental distrust of all adults because of the lack of trust within her family:

When I was, because of the abandonment by my biological mother, and the hyper masculinity of my environment, my stepmother became the only person that I could talk to. Even with her, because she wasn't my biological parent, I was afraid to talk to her or take her to far. I knew whatever I said to her would get back to my dad. And that was both an assumption on my part, and through experience of my own. Her loyalty was with my dad. I never really felt that I had adult figure in which I could confide either inside or outside the family.

**Positive childhood theme.**

**Category: Relationships.** However, for three of sixteen participants, the struggles to fit in and recognizing a significant internal difference were not evident in recalled childhood descriptions of their lives. It is important to note that those few transgender persons did not experience the feeling of being very different or confused inside during childhood, and were able to fit easily into the social milieu. Three of sixteen participants provided evidence suggesting that childhood could be different, and more pleasant than for the other participants. For example, participant 8117, a MTF, expressed a comparatively stable and loving family life as a child:

My dad would be reading the paper and my mom would be in the kitchen doing dishes, and my sister would be in her bedroom doing her homework. And I would be in my bedroom, doing whatever,.... Practicing my horn. .... it was kind of this.....you know. It was just.....ah,..... (long pause)..... I don't remember a whole lot of

love. The only time I got any praise was when I was playing the horn, playing in a group or playing solo. And when I got home it was “that was very good...” “really good....we’re very proud of you”..... but I don’t remember being praised for anything else.

Just music.

Friendships were easier to make, with some lasting over 40 years. Participant 7583, a MTF, was very clear about her years as a child: “I had a great bunch of friends. Even today, I fly them out to visit”.

Positive childhood interactions with adults outside of the family were almost non-existent with exception of one participant. Participant 0031, a MTF, had a very enriching experience with adults due to her intellect: “I have three mentors, two of them for a short period time, and then I got a third one who is director of research for\*\*\*\*\*.”

### **Early teen-focused themes**

**The walking wounded: Consequences of on-going struggles theme.** The large majority of participants (11 of 16) identified common experiences that led to categories related to early teen-focused themes. Mental health issues, internal conflict management issues, and coping strategies were categories that lead to the walking wounded theme.

**Category: Mental health issues.** Mental health problems appear for the first time in most of the participant’s narratives. Participant 1652, a FTM, explained the depression related to a difficult realization:

I remember it made me feel real uncomfortable, and I began to realize oh I really am different than my brother. It was a revelation

for me because I thought they would be disappointed in me. It's one of those moments but still hurts me to think about. Growing up in a female body,...(pause)..It was no higher level of emasculation.

**Category: Internal conflict management.** Participants first spoke of becoming more aware of their internal difference, i.e., they were gaining more specific awareness of who they really were inside. For example, participant 5794, a FTM, explained how he struggled with managing the internal conflict:

I have had to make [the body-brain] separation for a variety of reasons because I knew very well what was in my head didn't match what was expected. So I had to keep track of the lies...ya know....not that I was lying, I needed to...to.... Here's the thing that affects me so much, actually it affects people around me because, until I moved into myself fully, there was always this voice... a DIFFERENT (participants emphasis) voice murmuring "be a girl, be a girl...look in the mirror, be a girl" ... and on and on. Even in my dreams, when I dream myself male, I never dream myself as anything other than male. Whenever I dream of a sense of understanding myself, it is ALWAYS (participant emphasis) a male self. And in those dreams, in the back is that river back there, and when you wake up, you're still a girl "you're a girl, be a girl..."

**Category: Coping strategies.** Coping strategies took two forms, (a) escape strategies, and (b) strategies linked to resilience. The majority (12 of 16) chose one of three escape strategies as a means to cope with the consequences of engaging in two struggles. Participant 0702, a MTF, used a novel escape strategy:



I began to have real difficulty in coping with who I am inside when I was in junior high school. That was a horror, and just added to my depression. So I began to eat. I used food to help me get past the depression of being in junior high and high school. So when I graduated, I weighed 350 pounds. I wanted to begin transition when I turned 18, but there was no way I was going to pass. I'm 6 foot four, there was no chance in hell I was going to pass.

**Staying out of trouble theme.** Most participants spoke of internal struggle, and difficulty in interacting in positive, enriching ways with other young teens. However, for a small number of participants that utilized specific coping strategies, the early teens were viewed much differently.

**Category: Coping strategies.** A very small number of participants discovered that certain coping skills related to resilience could be employed to enhance the feeling of self-worth. Participant 2656, a MTF, found that her musical talent could be used to avoid traditional male sports during her time in junior high and high school:

I found some refuge when I was in junior high and high school  
,...'cause all the members of my family were musicians,...and being  
in marching band meant I didn't have to play football,... I had an  
easy out,...but that passed by the wayside,...my presentation in high  
school was fairly typically male,....did I feel awkward about it?...  
yeah, I did feel awkward,...but it was what it was,...and I didn't know  
what I could do about it.

### **Teen/High school themes**

**The struggle continues theme.** Most of the participants found that later teens and high school was a continuation of the generally negative experiences in early teens and in junior high school. Three categories formed this theme (a) viewed self as different, (b) mental health issues, (c) internal conflict (who am I) awareness, and (d) looked for resources available. This marks the first point where age difference, i.e., those over 40 and those under 40, becomes a significant contributor to the participants future trajectories.

**Category: Viewed self as different.** For those participants that early on recognized that they were a different sex inside, the high school years brought that difference into sharp relief. Those that knew they were different inside also developed a much clearer understanding of their internal difference, but remained confused about what that difference meant. For example, participant 3211, a FTM, was well aware of his difference, and was more frustrated by the restrictions placed on him:

My dysphoria was more the fact that I wanted to play football, why can't I play football. It was more dysphoria with gender roles not the actual body. And through high school I wanted a letter jacket. In my household you did not express who you were or your thoughts so I did not talk about it. It just kind of got OK, this can cram over here, this can cram over here.

**Category: Mental health issues.** Mental health issues became more pronounced and stressful for a number of participants. For example, participant 7913, a FTM, recalled the deep depression he felt as he went through high school and the way he coped:

...I shut down,...I stayed in my room, I read books, I watched TV,..did anything to avoid thinking about,...how things were,...I was severely depressed and that came out when I was 16,...and it never got any better, at least not until I was able to admit it to myself, ...I was in my mid to late 20's before that happened,....

**Category: Internal conflict (who am I) awareness.** For a number of participants, high school only enhanced their confusion about who they were inside. But that was not the case for others. Participant 1652, a FTM was well aware of his difference internally from who he was externally:

...and throughout high school, the rest of my family, is that I have been faking it all my life. When I leave my room I had to be this person. When I'm in my room and I am alone, I still could not be the real me. I feel like it was a chore to be around my parents, even right now. They don't see me as who I really am. They still view me as their daughter. It's a little bit annoying.....agitating.

**Category: Looked for resources available.** When the internet became available a number of participants were able to gain information not available to older trans persons. For example, participant 0752, a MTF had resources to help her make sense of her struggle:

...in my mid to late teens I actually found information on the internet how it meant to be trans and all that stuff. And I was um I was quite interested in it. I think on some level I was aware that it affected me, but I was also in denial about it as well. So like I would research it in bursts, and then I'd be like, "Oh no. I can never do that." Like there's a – a whole factor fear of transitioning and stuff that um, kept me – pushed me back under the rug for years and years and years um, but it would always come back out and I would always research it again.

**High school wasn't too bad theme.** For a small number of participants, the high schools were not as difficult as had been portrayed by other participants.

**Category: Relationships (family, friends, and adults outside the family).**

Positive relationships appear to have made a significant contribution to the relative ease with which several trans persons negotiated high school.

**Family.** Participant 2919, a MTF, was very clear about her life from her earliest memory to the relatively recent past. She emphasized what her relationship with her parents and family members was like:

Way before high school, there was never anything controversial there were no knockdown drag out argument,....



Everything was 1960s affluence, I guess..... Then in 1966, he transferred from\*\*\*\*\*To the \*\*\*\*\* office.....He went looking for a house in the suburbs of \*\*\*\*\* , ....But he came back and said no I'm just going to commute..... stay here, where we are at. He was gone about 12 hours a day. It was probably a one hour commute each way. And he did it for three years and 69 we move to \*\*\*\*\*. We all have very specific places to sit at the dinner table. Each of us had very specific jobs to do like feed the dog take out the trash wash dishes. They really didn't have a whole lot of chores.... my moms like June Cleaver..... without the pearls.

**Friends.** Positive friend relationships were rare throughout most of the narratives. Those participants that described positive experiences in high school, also described close positive friendships. For example, 7583, a MTF described a positive group of friends:

Well,....in high school we did drink a little bit. But I never liked the feeling waking up the next day. In our circle, at least in high school, we did that a little, but drugs were NEVER (participant emphasis) part of, ....in our circle we enjoyed spending time with each other,...ah... we had some friends that went into drugs, and they drifted away from the other friends because we didn't want to do that. I never used drugs as an escape, to be a part of, or to get out, ...I was always afraid of them, and I was always afraid of doing something or not wake up, or

I would go to jail.

**Adults outside the family.** Positive adult relationships outside the family are extremely rare. Only one participant described positive interactions with adults that were not part of the immediate or extended family. Participant 0031, a MTF, was the only participant that described positive relationships with adults outside the family: “My parents my mentors my teachers all encouraged my science geekyness.”

**RQ3 - How did the transgender person describe their disclosure to family, friends, and professional colleagues?**

The process of disclosure to family, friends, and associates was often begun with the very significant decision to begin transition to the true gender of the participants. The transition decision was a necessary first step to the full disclosure process. For most of the participants, there was a cycle of suppression-expression of their true gender prior to disclosure. This cycle was part of who the participants were, and could last for decades. Three themes were generated from the adulthood developmental stage.

- Adulthood:
  - (a) The closet door just exploded
  - (b) Do you want to know a secret?
  - (c) On to a different life

**The closet door just exploded theme.** This theme has the concept of time passing as a critical component. The time prior to transition was an especially difficult time for most of the participants (10 of 16) as time passing refers to the time between entering adulthood and transition. For those that were “biding time”, the time could be between 20 and 40 years before transition.

**Category: Internal conflict management.** The participants had reached adulthood, and for several (8 of 10), information about what was occurring inside them did not exist, or was limited in scope. Many of the participants, both FTM and MFT, spent their adult years in the late 60’s, 70’s and 80’s. They generally spent decades keeping their internal gender safe, with only an occasional “expression”. The advent of the internet changed much about their ability to make sense of their internal self. For example, participant 8117, a MTF, spoke of being in a 20 year second marriage, when “everything changed”:

I told her “this is what I used to do...” (referring to being transgender)

And like most transgender people, I felt that marriage was going to solve it all. And I thought that too....and so we were great, I mean, we were involved in church, all kinds of stuff. And 20 years into our marriage,... uh,... You can’t keep a good woman down,...(laughs)....ole \*\*\*\*\* (participant inner gender name) came ROARING (participant emphasis) back into my life something fierce.... And ah....I was afraid of saying anything to for losing her (current spouse). So I was lying to her to get out (go out for the evening).....and ...ah.... Everything happens for a reason, and it all blew up in my face....

For other participants, the consequences of prolonged engagement in two struggles, i.e., the persistent internal conflict between the participant's outside identity and their inner true gender identity, and the struggle to fit in often erupted in one memorable moment.

For participant 9438, it occurred with rage:

I had done a lot of research on the Internet and I was reading and reading and reading. So when I basically kicked the door down and said "I AM \*\*\*\*\*" ( female name, participant emphasis) when I had my fourth suicide attempt, and I had lost my job, and the mother of my child and she had hidden my two-year-old for two years. My dad disowned me. My entire world came crashing down. But instead of killing myself I did quite the opposite. I said "my name is \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* , this is who I am and this is who I will always be..." if you don't like it get the fuck out of my way. Something clicked in me that make me go in the other direction. Instead of running away, I moved forward to face my fears.

One participant was able to capture the anxiety, confusion, and the resultant effect on the ways that they presented themselves to family, friends, and associates. Participant 1652, a FTM, shared his story of self-revelation, and unintended disclosure, all in one family gathering:

I was 25 and ...this is three and half years ago, I had been unaware of what was going on until Thanksgiving 2010. We were going to my grandmothers for Thanksgiving and I was going to have to wear my most feminine outfit. So I put on everything that I needed and I remember feeling more depressed



than I ever felt in my life. We stayed at my grandparents and my extended family had all left. And they asked me to play a piece that I learned on the piano. So I was playing this piece that I composed. And during my playing, I began to cry and cry uncontrollably. I could not figure out what was going on. They were embarrassed because they were looking at me as a girl. I spent my entire life hiding myself, hiding my expression. I was choosing to share with them something very personal (his musical composition). The dichotomy of me wanting to share something very personal, and their embarrassment because they saw me as a girl .... anyway, my dad came back to the back room where I was and said "What's going on? What is wrong?" And I said "because I have to be a girl". This was just three years ago. I was 25 years old. It was the first time that my subconscious had a chance to express itself. I put my hand over my face and said a really bad word. And it was a revelation to me, this girl was the cause of all my difficulties.

**Do you want to know a secret theme.** Disclosing the participant's true gender was often viewed as a very traumatic event by eight of sixteen participants.

**Category: Relationships.** Retelling the process of disclosure, was traumatic, and was visible during the interview. For example, participant 6841, a MTF, was visibly shaken by re-telling her experience of telling her family who she really is shortly after her father discovered her dressed as her true gender:

hmm ..... Very depressed..... Unable to understand...ah.....why

people cannot accept me for who I am...(pause)..... They're always wanting me to be something that is superficial... (long pause)..... my dad disowned me...Difficult....(pause).... Difficult but necessary (to disclose). ..... (long pause).... It was necessary because of social.....um,..... getting beat up all the time.... I just started to become afraid of men..... (long pause)..... boys....

Disclosing to friends was a part of the narrative of a small number of participants.

Participant 1866, a MTF, spoke of life long friendships and the impact on disclosure:

I have another good friend that I have known since 1<sup>st</sup> grade,.... we see each other every couple of years,...even now,...but for a while, while I was transitioning,...I didn't talk to him,...I was too embarrassed,...didn't want to say anything,...he's a mans man kind of guy,...he's a wonderful person,.....but I didn't think he'd be accepting of me,....anyway, I didn't remember this,...we connected, and we sat in our hometown, my wife \*\*\*\*\*and I went and we all sat in a restaurant for 5 hours with these two guys. The one guy that went with me to NYC and this guy, ...and they both said "...we are so angry with you, for not trusting us, for not telling us that you were going through this. Why would you think, we'd be anything but accepting of you?"....and I'm thinking 'I don't know' .... And my friend said "...I remember us walking through your back yard, and you telling me that your mother told

you...”....and I thought about that and I DO REMEMBER (participant emphasis)  
that,...and he was the only one that I told,.....and I never told  
anybody else....and he’s that kind of guy,...honorable, and if  
he gives a promise, a promise is kept,...and he says “...I knew all  
along, what are you thinking, ... we’ve been friends all along...”.  
And so as far as that goes, that was an interesting part of life....  
I never told anybody else though.

Disclosing to adults outside of the family generally meant that the participant was disclosing to an employer. Participant 2320, a FTM, typifies the experience of the majority of participants:

The company did a really good job with it. Actually, they kind of announced it, so to speak, “This is what is going to happen, and this is what you can expect...” People were given plenty of opportunity to ask questions. It got awkward sometimes, but otherwise I didn’t have any concerns. I did worry because I work for an insurance company that is historically conservative and I did wonder what would happen.... But I was at a point in my life to where this was something I HAD (participant’s emphasis) to do.  
If I became jobless, homeless, friendless, or whatever, this is something that I had to do.

**On to a different life theme.** The decision to disclose was usually a step in the process of launching the transgender person on the path to their true gender identity. For some

participants, disclosing led to making decisions about how and when the process of becoming their true gender would occur. For other participants, the process of becoming their true gender had already been initiated prior to disclosing to family, friends, and associates.

**Category: The journey begins.** For the majority of participants, the transition decision was taken as a necessary step, but one that is to be taken very carefully. For example, participant 2656, a MTF was very careful because of her history of “biding time”:

I walked into my transition slowly,...I walked into my transition very slowly. I felt extremely held back, and I knew that without me transitioning, there would never be an opportunity to read that book to my kids.

Transition can be a series of false starts, or suspension of the process due to being a part of the human condition. Participant 0702, a MTF, had a number of events that caused her to interrupt her transition:

I started to transition when I was 18. However I weighed 350 pounds, and there was no way I was going to pass. I'm 6 foot four, there was no chance in hell I was going to pass. Ended up giving up, I was four and half months out of the house. I kind of gave up on myself.

I was convinced I was never going to transition, and I was going to be unhappy for the rest of my life. As far as HRT, I started once when I was 18, and then restarted when I was 27. I've been on for 3 ½ years.



The results are absolutely fantastic. These are growing but they hurt like hell (refers to her breasts). And I've lost between 210 and 220 pounds. To lose the weight I had to do a combination of things. The first 120 pounds was due to exercise, the rest was due to surgery. The money, the difficulty of the recovery, were all worth it because look at me now. I can pass. My height issue has been somewhat taken care of. I was always terrified of being way too tall to pass. But luckily or unluckily, over the past year and a half I've developed a spinal cord injury. I'm using the wheelchair now to get around. That helps with the height issue, nobody can tell how tall I am. Everything works out pretty well right now. I haven't had SRS yet but I want to. My mother knows and is totally supportive, my dad is totally against it. My younger sister is OK with it.

Other participants had to make choices based on the environment in which they were situated. Participant 2919, a MTF, began her experience of transitioning in a hostile environment. Her story represents a step-wise process of beginning her transition without informing family, friends, or colleagues:

...well I didn't transition until I was in prison. It got real crazy and so I packed up all my stuff went up to the guard and said "I want out of here" (general population). Once I got the sensitive needs yard, there were lots of people like me. We were the princesses. It was great. Of course I had a couple boyfriends too...I've been on HRT for nine months now. I got out

in December 2011, so it's been 21 months since I got out. Before I could get on HRT I needed to get transportation to and from \*\*\*\*\*, and the money for HRT. It was more logistics of anything else. I had the will, and now I have the means. As far as SRS, well... it costs about 20 grand, and I have two. I joke about it with friends and say that I am going to find a rich retiree, don't care if it's a man or woman (laughs), really I don't have any plans (for SRS) at this time. It's still a learning curve. I have a good support group here (resident home), but I still have much to learn. And it helps that I raised my daughters. I'm now free to do what I have wanted to do. I have a lot of catching up to do, because I was able to compartmentalize much of my real identity. Once I saw all the trans women in the yard (prison), I realized that this was possible. It was not only possible I was able to give myself permission to be who I really am. I am now where I want to be.

**Category: The journey continues.** Several participants discussed their lives and how they have changed since transition. One participant, 2320, a FTM, considered his life and the sacrifices and difficulties that had an impact on who he is today:

(chuckles)... I am much wiser, more aware.... And I don't think I would be the person I am today if I did not go through that because it has definitely given me perspective. I probably wouldn't appreciate the things I have now if I did not go through what I did to get here. Lots of things that people take for granted, um, I see differently.

I am deeply appreciative of my wife. My wife is totally supportive of me.... she is a really good lady.

For those that have made the transition, there exists a confidence in the decisions that they made in regard to their lives. For example, participant 7583, a MTF, explained her life in current terms:

....I don't identify as trans anything anymore. I know who I am. That's a medical term. You don't define people in life, you don't define people with cancer as cancer persons,.... Transgender, transsexual are terms that have been placed on people so that they (society) need to have a label on for people who are transitioning. I am not transitioning anything. While that may have been true before, years before in my life, I am now who I am and always will be, so I don't need that medical term in front of me.

Two gender specific themes were generated based on the very different experiences of MTF and FTM participants to puberty:

- Puberty:
  - (a) This is confusing
  - (b) How could THIS happen?

Although no research question asked about puberty specifically, MTF participants and FTM participants experienced starkly different responses to the onset of puberty. Two themes were generated based on participants narratives about puberty.

**This is confusing theme.** MTF participants, in general were confused, baffled, or concerned about the new process occurring in their bodies. Participant 9438, a MTF, was very confused about puberty, and engaged in very different ways to account for his feelings of confusion:

... it (puberty) was awkward. I never had the birds and bees talk.

For me it was 100% self-discovery. The first time I noticed I had an erection, I was completely lost (laughs loudly). I was at a complete loss. The first time I masturbated, I began to cry because I thought I had lost my one and only chance at having a child. It was a very confusing time for me because, I was an attractive young boy. I had long hair but I also had this very sensitive side. I had a lot of “pretty boy” going on. I was no jock by any means, but I never had any trouble getting girlfriend. My girlfriends would last about one or two weeks. I was very sexually active. By my senior year come I had had sex with girls over 100 times. For every one time I had sex with my uncle, I had sex with five girls. It was my way of saying that there was nothing wrong with me. If he ever got ahead of the count, I would have to run out and have sex with 8 to 10 girls.

FTM participants describe a very different experience of puberty. Participant 7913, a FTM, describes the kind of experience all FTM participants had with regard to puberty:

It was like sinking,...and the older I got, the more confused I got,  
...it went from being able to hold a conversation with people to



getting lost inside my head,...and when puberty hit and I was supposed to be a certain way,...you know,...things started to change in a totally different way, even though I EXPECTED (participant emphasis) it, ... I did everything in my power to be kept from being noticed,...I...think...I....hid....from myself (slowly drawn out)... I stopped everything, stopped exercising because any movement brought attention to THAT (participant emphasis THAT refers to breasts),...I couldn't deal with that, ya know? ...,...and it got to the point that I was wishing that people would notice me growing a beard instead of growing breasts,...and I remember trying to shave before that happened...(laughs)....I mean, I wasn't a stupid kid, I had sex ed by that point, I knew eventually it was going to happen, but when it actually happened, it was....(pause)...it was like a cancer patient knowing that they were going to die,...you know it's going to happen, but when it actually does happen, you're not comfortable with it...and that's kind of where I was,....at that point there was no stopping it,...and I couldn't deal with it either...