The Meaning of the Lived Experience of Transsexual Individuals

by

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ABSTRACT

The purpose of this study was to examine how transsexual individuals who lived their lives as the sex other than that to which they were born made sense of their lives. The lived experience of transsexual people is currently lacking in the literature. This study has begun to fill that gap in an attempt to provide transsexual individuals with a voice. A phenomenological research method was employed to pull out the major themes of the interviews.

The interviews consisted of six participants; three male to female transsexuals and three female to male. All of the participants lived their lives as the sex other than that to which they were born. Some had completely transitioned, while others were in the beginning stages. The transcribed data were analyzed using the Stevick-Colaizzi-Keen method, modified by Moustakas (1994). Twenty themes were extracted that fell into four categories including the decision to act, relationships with others, relationship with their bodies and relationship with themselves. Themes that were experienced were an imperative to change, fraudulent feelings with regards to relationships with others, a sense of disconnection with their bodies before their transitions and a sense of relaxation following their transition. The common themes that were extracted were returned to the participants for validation.

The meaning of the lived experience of transsexual individuals is one that has had little discussion in the literature. Because of this lack, the participants in this study were anxious to tell their stories to help those who will come along behind them as well as those in helping professions. Implications for counselling and for further research were included in the discussion section.
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CHAPTER I

Introduction

Knowledge of transsexual individuals is a topic that runs the gamut from pathology to politics, from medicine to the media, and from sickness to society. In some cultures, such as Native North American ones, transsexual individuals were accepted as contributing members of their communities (Devor, 1997). In others, such as 19th century Britain, persons discovered as living outside their prescribed gender were ostracized and often imprisoned (Dekker & van de Pol, 1989). In our own current North American society, transsexual people have had a recent history of being exploited through the favorite media vehicle of television (Docter, 1988). Recently, however, the transsexual community has become active in asserting their rights for inclusion into the mainstream (Bornstein, 1995; Califia, 1997). No matter which lens is chosen to view transsexual people, it will almost always be through one that has been looked through before. Yet what about the way transsexual individuals make sense of their lives? The majority of medical research, media attention and psychological studies have aimed their lenses at transsexual people rather than allowing these individuals to create their own lens. The focus of this study will be the personal meaning transsexual individuals make of their lived experience.

The definition of transsexualism referred to in this study is: those individuals who view themselves as belonging to the sex other than the one to which they have been physically assigned at birth. This group includes those who are pre or post operative as well as those who choose not to engage in sex reassignment surgery but live their lives predominantly as the other sex. Midence and Hargreaves (1997) suggest that the...
definition of transsexualism is when an individual experiences extreme gender dysphoria, which refers to an unhappiness with one's biological sex, and therefore wishes to live as the other. This definition is a binary one in which transsexuals do not feel as though they belong to the sex they were assigned at birth, but rather to the "other" or "opposite" one. It is my own belief that this definition is quite limited. Instead I prefer to use the term transgender and to include not only the individuals noted above but also those who generally do not feel as though they fit their assigned sex but do not necessarily feel as though they are the "other."

These individuals may include transvestites, butch women, feminine men or those who transcend both sexes. To comply with this undertaking, I would be more interested in examining thoughts about an individual's gender rather than their biological sex characteristics. It is my belief that rather than working to help individuals fit into the binary system, that it is the system that needs to change to accommodate those who do not fall within its realm. Yet because of the terms and definitions in the literature and the limitations in the scope of this study, I used the term transsexual to identify those who live primarily as the gender other that to which they were born.

Although my belief in changing the system to fit the people rather than the people to fit the system is close to my heart, it does not change the fact that individuals are suffering every day of their lives. It would be all well and good if we, as a society, could throw off the gender constructs of man and woman and allow people to be free to be who they are. Transgender activists such as Kate Bornstein (1994) and Pat Califia (1997) are pushing the envelope in this regard. They are choosing to focus on political and social ramifications of differently gendered people rather than the concept of gender identity.
disorder. I feel myself being drawn with these activists in their thoughts and actions, yet I can’t help but remember those individuals who are distressed with the body they have and wish to change. For although theory and politics are worthwhile pursuits, there still remains a population who cannot wait for the world to change. It is for the above reason that I have chose to identify the population as I have. Although I disagree with the binary polarization of sex and gender, it is the paradigm that is used when working with transsexual individuals and is reinforced by the culture within which these individuals must negotiate their lives and identities. In this way, I apologize for continuing to enforce the dominant paradigm that may have caused the suffering to begin with.

Prevalence

The prevalence data on transsexual individuals is difficult to rely on. There are almost as many different statistics as there are studies. This is an interesting point considering all studies referred to in this paper obtained their results from reports of diagnosed cases. Diagnosed cases refers to those who have been pathologized by the medical or psychological professions and labeled as having gender identity disorder. Unfortunately due to the way in which these data were obtained for the understanding of prevalence, there are no statistics for those who have not been diagnosed. I therefore reluctantly use the terminology and prevalence data that pervades the literature. Gallarda, Amado, Coussinoux, Poirie, Cordier and Olie (1997) report that the number of transsexuals who have been diagnosed in the world range from 1 in 50,000 to 1 in 100,000. These numbers indeed represent the vast discrepancy between studies. A study from 1972 (Matto) states that at that time there were 2000 transsexuals living in the United States. This can compare to the 1974 study in England and Wales (Hoenig &
Kenna, 1974) where 537 males and 181 female transsexuals were reported to be living in these countries. In a study of diagnosed male to female transsexuals in Singapore, Tsoi, Kok and Long (1977) found that the number of cases there hovered around the 1 in 25,000 mark.

As medical technology became increasingly developed and available, so too did the number of diagnosed and treated transsexuals. Two more recent studies in the Netherlands (Bakker, Van-Kesteren, Gooren & Bezemer, 1993; Eklund, Gooren & Bezemer, 1988) reported that in 1980 the number of transsexuals diagnosed in the Netherlands were 1 in 45,000 male-to-females and 1 in 200,00 female to males; in 1986 those number increased to 1 in 18,000 male-to-females and 1 in 54,000 female-to-males. Finally in 1993 those numbers increased again to 1 in 11,900 male-to-females and 1 in 30,400 female-to-males. Researchers in both studies suggest that the reason for a high prevalence rate in these countries relates to the benevolent climate that has been fostered for treatment in the Netherlands. In contrast to the above studies, Midence and Hargreaves (1997), in their overview of the research completed on transsexuals thus far suggest that in reality there is currently no known prevalence rate. Due to what they refer to as poor research, Midence and Hargreaves state that the prevalence rates reported in various pieces of research cannot be relied upon.

My review of the literature came up with no statistics whatsoever for transsexuals living in Canada. Given the above statistics, it is difficult to find a trustworthy prevalence rate of diagnosed transsexuals. What can be said, however, is that no matter which statistics one chooses, the fact remains that there is a percentage of the population who are transsexual individuals with the majority of this percentage appearing to be male
to female. Gaining a greater knowledge of the prevalence rate of transsexual individuals, particularly in Canada, is definitely a required path for further study if the needs of these individuals are to be met.

**Gendered Identities**

Gender identity in the western world, is a binary system composed of only male and female biological sexes. There is no room for those who fall outside of this belief system. If one does, that individual will most probably be ostracized, stigmatized and may not be accepted into the social relations of their world (Gagne, Tewksbury & McGaughey, 1997). These individuals are counselled to find help within medical and psychological frameworks. Instead of accepting persons into society who don’t necessarily fall into the binary system, pressure to conform to the social requirements of one biological sex or the other is so extensive that there is no other socially acceptable alternative except to choose.

Being forced to choose is where I as a researcher must reveal my values. I do not believe that the binary gender categories, which we, as a society now use, are necessarily beneficial or conducive to an unobstructed expression of individuality. My society places a huge emphasis on keeping the binary system entrenched. When one hears that a child is born, the first question is usually not: Is it healthy? More often the question that is usually posed is: Is it a boy or a girl? As a society it seems so important to fit one gender or the other, that individuals who do not neatly fit into the categories often find themselves having to fend off a society who wants the paradigm adhered to.

In most cultures, particularly those in the western world, infants are assigned a sex at birth. As the use of ultrasound becomes more common, the attribution of gender
may begin even before the baby takes in its first breath. It is not up to the child to decide their own gender formation. Instead, based on a child’s biological make-up, families and other social institutions make claim to which gender a given child will portray. Califia (1997) suggests that in North American culture, infants and toddlers are believed to arrive in a genderless state, and are in danger of remaining there if adult intervention is not successful. She goes on to state that if a child does display behavior that is considered to be inappropriate to his/her gender, they are often thought to be going through a “phase.” By limiting the behavior to temporal action, a challenge to the gender dichotomy is averted.

There is no distinction between anatomical sex characteristics and gender role situations. It is assumed that each individual has one of two biological sexes (Docter, 1988). If a child is born with both sex characteristics or neither, it is usually the medical doctor that is present who decides which sex to assign to the child (Hirschauer, 1997). Each sex is then engendered through a process of socialization and sex-role training. They may have originally possessed ambiguous sex characteristics but technology provides the child with the basis to enter into the dichotomy. Children learn to present themselves as boys or girls who then inherit the roles of men and women. These roles are internalized and institutionally enforced through family, law, religion, politics, economy, medicine, and the media (Gagne, Tewksbury, & McGaughey, 1997). They are reified in such a way that it is virtually impossible to see alternatives to the binary system. When one assesses a new acquaintance, it is of the utmost importance to recognize that person as male or female. It is a necessary part of our social understanding. If an individual,
then, does not fall within his or her social guidelines surrounding gender, they may fall between the cracks of comprehension.

In order to gain insight into the gender identity of an individual, societal endorsed cues are given to make the process a normal, natural one. Usually an individual is not aware that the process is happening. Kessler and McKenna (1978) suggest that there are six sets of cues that help identify gender. The first of these are physical characteristics, which includes body shape, hair, clothes, voice, skin, and movement. Next are behavioral cues such as manners, decorum, protocol and deportment. Textual cues include histories, documents, names, associates and relationships that support a desired gender attribution. Mythic cues are cultural and sub-cultural myths, which support membership in a given gender. Power dynamics give cues such as communication techniques, aggressiveness and assertiveness, which are usually associated with males who traditionally enjoy the majority of social power in this society. Finally, sexual orientation as a cue infers that in mainstream society the individual holding hands with a man is most likely a woman. In a gay bar, that person would probably be a man.

Whether the content of Kessler and McKenna’s gender cues is correct will not be discussed here. Instead they serve to illustrate the concept that most individuals present themselves in such a way that their gender will be easily discernable. When the cues are not readily available, the binary system of gender is challenged.

The idea that the male/female dichotomy is the natural way of being in the world, and that everyone must be classified as a member of one gender or the other, leaves those who are outside the binary system in a precarious position. Because their gender ambiguity or fluidity goes against the hegemonic beliefs of a society, they are unable to
function as full-fledged members of that society. They are placed in a position of “other” where their behavior is not sanctioned by the majority culture. Society is generally not comfortable with individuals who do not follow the hegemonic beliefs. Because of this pressure, transsexual persons often experience a great deal of pressure to redefine their identities in a way that is more accepting to mainstream society (Gagne et al., 1997).

**Rationale**

As will be discussed in the literature review to follow, the majority of studies conducted to understand transsexual individuals are primarily of a medical or pathological nature. They have examined hormonal levels, behaviors and surgical procedures as well as assessing psychological health. Within these studies, the “subjects” are viewed more often as labels or diagnosis’ rather than human persons. Omitted in the medical and psychological research and discourse are the words of the individuals who live in bodies that they cannot relate to. The experiences of transsexual persons are all but forgotten on the road to scientific discovery. My research question, then, was as follows: **What is the lived experience of transsexual individuals and how do they understand and make sense of their lives?** By conducting a phenomenological study, I hoped to add another dimension to the research and its related theories. There have been a small number of studies completed (Devor, 1994; Gagne, Tewksbury & McGaughey, 1997; & Mason-Schrock, 1996), which are examined in the literature review, that have already helped us move forward in understanding the lives of the transsexual persons who participated. These studies have provided us with insight into the experience of transsexual people. Yet as will be discussed in the next chapter, in these studies the participants were not given the opportunity to reveal and explore their realities. I
therefore have provided a space where participants were able to express their feelings, thoughts and experiences as individuals in a manner that placed the emphasis on who they are as people rather than being viewed as a category or pathology.

By examining the experience of transsexual individuals this qualitative study provides knowledge for those in clinical practice. Given the kinds of research available to those in the helping profession, if any at all, clinicians may find themselves with a lack of understanding when it comes to transsexual people, particularly in Canada. They may know how to diagnose gender dysphoria or the course of hormonal and surgical treatment, but they may not have the insight with which to fully comprehend how an individual lives and experiences this phenomenon. A therapist may choose to work exclusively with persons who are transsexual or may just happen to have someone with this experience walk into their office. Either way, the information illuminated from this study provides a foundation of understanding.

A study such as this hopefully provides the greatest gains for transsexual people themselves. Given the ostracization and alienation that transsexuals have historically gone through, to provide a forum for them to speak their own words are of great benefit. Instead of being the object of research where they have no control over the focus of inquiry or the final results, this study allowed them to be co-researchers where their own voices are heard. By providing this information for other clinicians, transsexual persons may potentially experience greater understanding and validation of their experience. In the bigger picture this study may be the beginning of future studies that provide enough information about transsexual individuals to remove them from the fringes of society and
to be accepted into their rightful place in the mainstream with all of the opportunities afforded to others.
CHAPTER II

Literature Review

In this review of the literature I identify and review all relevant literature with regard to the lived experience of transsexual individuals. I begin with an historical review, to help set the current context in which transsexual individuals must live and negotiate their identities. The research literature on this topic, most of which takes a medical and pathological focus, will then be reviewed. There is very little literature that is similar to my topic. In fact, at the writing of this thesis, there are only three studies that bring to light the experience of transsexual people. These will also be thoroughly reviewed in this chapter.

History of Transgenderism

Transsexual people have been present in various societies throughout history (Devor, 1997; Docter, 1988). Devor gives a thorough account of the presence of transsexual people from ancient Greek and Roman times through the early Christian world and the middle ages up to the present day. Although sex reassignment surgery has only been available in recent times, the idea of a person genetically born as one sex living as the other, is as old as history itself. According to Devor, transsexual persons have not always faced the stigmatization and ostracism that they do today. Instead she suggests that during ancient and early Christian times, it did not go against society to be a transsexual person. Transgenderism was seen as neither good nor bad but was accepted as a way of life.
Just as ancient polytheistic European cultures seemed to have accepted the presence of those who wished to transcend their biological sex, so too did cultures in native North America. A vast amount of research has been completed in this field. Blackwood (1984), Bornstien (1994), Califia (1997), Devor (1997), Forgey (1975) and Katz (1976) all refer to the occurrence of transgenderism in the writings of early European explorers. Blackwood and Devor suggests that if one is to reexamine those early journals with a view that is free from the Eurocentric morality of the time, one may understand not only the acceptance of transsexual roles, but also the value and, in some cases, the higher status, of individuals fulfilling these roles. Blackwood states that reconstruction of various Native North American tribes show that girls who showed a keen interest in male identified tasks were encouraged to engage in those tasks. As these girls grew, they participated in male rituals and ceremonies including hunting, marrying a woman and dressing as a man. The Mohave transsexuals, known as hwame, were given a special initiation ceremony to celebrate a girls transference into maleness and were often seen as powerful shamans. This kind of cultural acceptance was seen in other tribes such as the Cocopa, the Kaska and the Klamath. Devor goes on to suggest that acceptance and high regard given to transsexual persons in native North American cultures was also prevalent in other polytheistic cultures such as the Nandi of Kenya or the Lovale of Zimbabwe. It wasn’t until the onset of a monotheistic worldview that transsexual people began to feel the sting of exclusion.

As Christianity and colonialism spread throughout the world, the role of the transsexual person became hidden and ridiculed (Devor, 1997). From the 16th to 19th centuries, the discovery of transsexual behavior such as living as the sex other than that to
which one had been assigned, was seen at least as a severe societal transgression and at worst punishable by death (Dekker & van de Pol, 1989). The first mention of cross-gender behavior or feelings in medical literature was in Germany in 1830 (Pauly, 1992). The German sexologists continued to describe transsexual individuals until the country’s sexology heyday in the 1910 and 1920’s. The sexologists tended to view transsexual people as a distinct and valid group. Yet by the 1930’s Hitler was dismantling research and burning books that described transsexual persons as anything but a “problem” (Docter, 1988). This trend continued into the mid-twentieth century, where, once again sexologists, this time in the United States, began to describe and diagnose transsexualism and transvestitism as psychological disturbances.

The first widely publicized sex change operation that broke transsexualism out of the solitary realm of psychological elites and into the public and medical domain was that of Christine Jorgensen in 1952 (Pauly, 1992). This case of a biological male who went to Sweden and came back female received media attention from countries the world over. Christine became a popular entertainer who brought the experience of transsexualism to the masses. The number of request for sex reassignment surgery increased dramatically after this procedure became well known. Unfortunately, the wide spread acknowledgment of transsexual persons did not lead to an acceptance of their identity. Instead, a continuation and deepening period of medicalizing and pathologizing those who did not fit the binary system of gender ensued.

As can be seen in the above history, persons who did not fall into binary gender categories have run the gamut from highly respected members of their communities, to outlandish criminals who succumbed to capital punishment and many places in between.
Although western society does not put transsexual persons to death, they are certainly not revered as mystical shamans. Instead they live their lives on the fringes of a society that is plagued by the very paradigms it wishes to enforce. By examining where present day transsexual individuals are located on the timeline of history, one is able to understand the necessity for their experience to be divulged. For a people who are a part of a community that has been at times so respected and at others so maligned, how they make sense of their lives is only for them to tell. For the majority of history their voices have been silent. Even into the current century research has not focussed on what transsexual persons feel and experience. Instead the hub of the inquiry has been to diagnose a condition, uncover the cause and discover a cure.

**Medical and Psychological Research**

Transsexual persons have found themselves to be the subject of much prodding and poking by medical as well as psychological researchers. They have a history that has been pathologized and medicalized. For both the medical and psychological practitioner, the ramifications of those who do not subscribe to one sex or the other are problematic and require a "cure" (King, 1993). Sex reassignment surgery is the primary treatment for this pathologized condition.

The idea that society is structured around the hegemonic concept of two gender identities based on sex characteristics has lead to the search for "cures" for the transsexual individual. Ekins and King (1997) suggest that a challenge to the reality of society's expectations results in a "new body of knowledge that includes a theory of deviance, a diagnostic apparatus, and a conceptual system for the cure of souls"(p. 10). Fixing what ails the transsexual person has been the focus of research into this realm.
The primary ways in which transsexual persons have been treated have been through psychotherapy, which included psychoanalysis and aversion therapy, and sex reassignment surgery. As sex reassignment surgery became more accessible, the numbers of individuals leaving the therapists couch and undertaking the surgery began to increase, as can be seen in the increase in prevalence rates outlined earlier in this paper (Brocketing & Coleman, 1992). Transsexualism, then, moved from being just a pathological identity, to one that had medical consequences.

As psychological researchers became less interested in treatment and more so on assessment and labeling, medical technologies took up the reigns of treatment. Medical literature, such as the discussion of hormone treatment by Asscheman and Gooren (1992), focuses primarily on body characteristics and changes. What are of interest to medical doctors such as these are the effects of hormones before and after sex reassignment surgery, the surgery itself and longitudinal outcomes. This is very important research to be carried out since those who choose this path need to be given the best care possible. What the medical profession has succeeded in doing, however, is reifying the binary gender system by “curing” gender identity disorder through transformation into the other sex. For the medical paradigm, there is no other solution. Because medicine does not deal with social constructions and instead focuses primarily on individual pathologies, the only option is to change the body to make it compatible with the individual’s sense of self (Hirschauer, 1997).

As gender identity disorders were increasingly treated with medical procedures, psychotherapy as a treatment began to lose its hold. This is not to say, however, that the psychological paradigm became inert with regard to transsexual persons. Quite the
contrary is true. Although medical procedures moved to the forefront, they could not be carried out until a full psychological assessment and diagnosis was completed. The binary social constructions of gender have lead individuals to a place where if they don’t feel as though they fit the gender that has been assigned to them, then they must be the other. By medicalizing the ability to transfer from one sex to the other, medical science has developed the idea that the body in which the transsexual person lives must be “wrong” and should therefore be changed (Hirschauer, 1997, p. 4). Although many individuals look forward to sex reassignment surgery, it has become the primary option. If something is broken, then it needs to be fixed. This funneling into medical procedures has left little space for other options. Rather than allowing for sexual ambiguity, society has provided and reified medical procedures.

However, being “wrong” is not limited to the transsexual person’s body. Because an individual feels discomfort with their gender identity and does not see themselves fitting in to the binary categories, they are also labeled as having a psychological disorder. In 1980, the third edition of the Diagnostic and Statistics Manual of Mental Disorders for the American Psychological Association created the category of gender identity disorders. Under the section of gender identity disorders were criteria for children, adolescents and adults for both the transsexual and non-transsexual type. It is currently necessary for individuals to be diagnosed as having a gender identity disorder before undergoing sex reassignment surgery. Transsexuals, then, are necessarily pathologized. By pathologizing transsexual people they are removed from being a part of the human condition to being people with mental illnesses. The implications of this will be discussed further in this paper.
The majority of literature examined for this paper revolves around medical or psychological issues related to the transsexual person. For example Docter and Fleming (1992) developed a 55-item questionnaire to assess cross-genderism in adult males. Factor analysis was used to test hypotheses concerning the factorial construction of cross-genderism for 518 adults. Out of this study came a model of four independent factors that may be used to assess cross-genderism. This example of psychological methods being imposed on subjects shows the profession's history of assessment that keeps the researcher as expert and the researched without power. In Docter and Fleming's model, an assessment system was developed in which the voices and experiences of the people it is to assess are absent. Although insight has been gained through the history of research in this area, the majority of studies conducted follow the paradigm whereby the transsexual person is assessed, labeled, and treated (Bockting & Coleman, 1992; Docter, 1988; Eyler & Right, 1997; Pauly, 1992). One would wonder just how effective diagnostic and treatment models are when the perspectives and experiences of the individuals who are to be helped are virtually ignored.

There has been a great deal of debate among transsexual activists in recent times as to whether the psychological label developed and enforced by the medical and psychological professions is harmful or helpful (Califia, 1997; Devor, 1997). Central to this debate is the idea that gender disphoria is not a clinical dysfunction but is instead a natural part of human identity. Activists in this realm such as Califia (1997) and Bornstein (1995) would say that it is society that needs to change, not them. However, Pauly (1992) suggests that gender identity disorders should remain in the DSM IV (APA, 1994) because individuals need to be assessed by the psychiatric profession before
participating in hormone therapy or sex reassignment surgery. Another reason is that gender identity disorders are rare enough to not be considered as part of the human condition. Finally, Pauly asserts that the most significant reason to retain gender identity disorder in the DSM IV (APA, 1994) is to facilitate research into this disorder by having standardized criteria with which to diagnose. In other words, Pauly wishes to keep the diagnostic classification system in order for more research to be completed. One may wonder if this is an artificial category for an artificial disorder.

The controversy in the transsexual community comes when those who want to remove the classification system are pitted against those who want to keep it. Perhaps the most compelling reason for keeping the label is that without pathology, insurance companies will not be required to pay for the ensuing surgery (Califia, 1997; Devor, 1997; Pauly, 1992). Without this financial backing, many persons who desire sex reassignment surgery will not find it accessible. Whether one agrees with the medical "cure" or not, it is important for individuals to have that choice. In this way, psychological and medical pathologies have entered the political realm.

It is of use to initially discuss literature that pertains to medical and pathological research as it relates to transsexual people. Individuals who undergo sex reassignment surgery first must be diagnosed with Gender Identity Disorder (Pauly, 1992). The diagnostic criteria as is set out in the Diagnostic and Statistical Manual of Mental Disorders 4th edition (1994) section 302.85 is as follows:

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other
sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. In adolescents and adults, the disturbance is manifested by symptoms such as preoccupation with getting rid of primary and secondary sex characteristics (e.g., request for hormones, surgery, or other procedures to physically alter sexual characteristics to simulate the other sex) or belief that he or she was born the wrong sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

This criteria, is standardized for all individuals who wish to undergo sex reassignment surgery, and is used as a diagnostic tool for even those who don’t, necessarily pathologizes transsexual people. Since it is impossible to proceed with hormonal or surgical changes without such a diagnosis, it is difficult to act without the criteria. By enforcing the use of this criteria, transsexual people are considered mentally ill. There are a vast number of studies that continue to act on, and support this assumption.

One study that encompasses a psychological model of pathology and treatment is that completed by Khanna, Desai and Channabasavanna (1987). This case study is an example of a proposed treatment package to heal a transsexual individual. The research in this study consisted of treating a pre-operative transsexual with behavior therapy and supportive psychotherapy. The client, who was born male but embraced a female gender
identity, had come to the researchers seeking help with her gender dysphoria. She sought to either gain access to sex reassignment surgery or to change they way she thought. The researchers chose the latter goal as their target of treatment.

The behavior therapy consisted of motor training, social skills training, fantasy training and aversion therapy. Supportive psychotherapy included guidance, reassurance, interpretation, externalization of interests and environmental manipulation. After six months of therapy, the individual had a male role identity and a heterosexual sexual orientation. Three scales, comprised of an attitude scale, a gender identity scale and a motor behavioral scale, were devised by the authors to evaluate this individual. Follow-up evaluation at 6, 12 and 24 months revealed the individual to be living a satisfactory life in a male role.

The above study does not mention the experience of the individual who sought help. Instead a clinical profile based on the World Health Organization's International Classification of Diseases, (ed. 9) is given along with the proposed treatment package. This individual was pathologized by the doctors who treated him/her and eventually "cured" his/her mental illness. The reader learns nothing about the individual except that which can be graphed or scored. It is almost as though a great part of the study is missing. As it is with many studies, what it is like to be her/him is left to the imagination.

Other literature that presents a treatment plan for individuals with gender identity disorder includes a model by Bockting and Coleman (1992). Instead of focussing on one way to treat the typical transsexual individual, Bockting and Coleman have created a comprehensive model of treatment. This model consists of assessment, management of comorbid disorders, facilitating identity formation, sexual identity management and
aftercare. Rather than isolating gender identity disorder and treating it on its own, this model serves to treat the clients overall mental health. Since gender identity disorder is considered a mental illness, then it only makes sense to make sure that other mental illness are treated along with it.

But what if gender dysphoria were not considered a mental illness as many activists claim? It would seem that Bockting and Coleman’s (1992) comprehensive approach would need to be changed. Instead of focusing on assessment and facilitating comorbid disorders, one might prefer to look at society and its effects on the individual. Rather than providing sexual identity management, support groups that allow the individual to be heard as well as hearing the experiences of others, may be substituted. If in place of diagnosis and treatment came an analysis of the social structures that surround us, then Bockting and Coleman’s model would cease to exist. By continuing to search for different “cures” for this “illness,” researchers may be serving a self-made pathology.

Another study that attempted to create its own model of diagnosis and treatment is by Baumbach and Turner (1992). This study, which examined three cases of females with gender identity disorder, suggests that there are three categories with which to categorize. The first consists of gender dysphoria, the wish to be male and the request for sex reassignment surgery; the second is gender dysphoria and the wish to be male; and the third is gender dysphoria on its own. The authors define gender dysphoria as “the inability to integrate femaleness into a positive sense of self” (p. 107). They suggest that “solutions” to this “problem” run along a continuum since individuals presenting with gender dysphoria can also be placed along a continuum.
The case studies in this research do indeed match up to the categories presented. Each case shows the difference in comfort level for each biological woman as she relates to the femaleness in herself and the women around her. This model continues in the pathological tradition by hypothesizing as to why transsexualism occurs, suggesting reasons such as early bonds with their fathers providing a positive ideal surrounding maleness. By focussing on diagnosis and causation this study serves to shift the pieces of pathology while ensuring that the paradigm stays intact.

Because transsexualism is viewed by the medical and psychological communities as an illness and/or disorder, it is important for researchers in these fields to discover the causes. The etiology of transsexualism branches out into a variety of different directions. There is no one phenomenon or theory that leads a person to want to change their sex. Instead there are as many experiences as there are individuals. Ehrhardt (1973) summarized in his paper on transsexualism that there are three areas of thought that pertain to the “causes” of transsexualism. The first of these is the psychodynamic theory, which suggests that the male transsexual individual had a relationship with his overprotective mother that consisted of physical closeness longer than the normal time period.

A second area of research reviewed in this paper is endocrine functioning. If this were a cause for an individual becoming transsexual, according to Ehrhardt (1973), then the testosterone and estrogen levels in transsexual people would vary from that of the majority of the population. Ehrhardt reveals that studies do not support this hypothesis, but that it not ruled out since the future will bring finer or more sensitive measuring devises. A final area that Ehrhardt examines is his own study of prenatal hormones. In this study he
examined genetic females with adrenogenital syndrome. Although they revealed similar behaviors to biological females who became men, most of the androgenized females did not feel uncomfortable with their gender identities. Ehrhdt suggests, then, that prenatal hormonal influences may contribute to transsexualism, but are not enough in themselves to cause transsexualism. Just like homosexuality, which was removed from the DSM in 1973, the etiology of transsexualism has not been found.

A second example of a search for the "causes" of transsexualism is an article written by Michael Ross (1986). In his examination of the etiology, Ross, like Ehrhdt (1973), is unable to find a direct link. Instead he states that although there is no biological evidence, biology in itself cannot be ruled out since, as suggested by Erhdht as well, measuring tools are being refined as the future progresses. Ross suggests that "causes" of transsexualism encapsulate "parental rearing patterns, psychopathology and psychological disturbances or lack of ego development, social and environmental factors, object losses or separations, general stressors, or lack of core identity." In other words, factors that make up my identity or anyone else's identity are also those that make up the identity of a transsexual individual.

An example of studies that are searching for transsexualism's etiology is the work by Green (1973). In this study the researcher evaluated 45 anatomically normal boys who displayed feminine behaviors. These boys ranged in age from 4 to 10 years. They played girls games, were caught cross-dressing at an early age, portrayed a feminine role in fantasies and integrated into female culture. Green suggests that these boys are behaving in ways that male-to-female transsexuals recalled behaving in childhood. Green planned to follow these boys for several years to see if they will grow up and become
transsexuals or not. In this way he hoped for a documented study to be performed to discover if feminine childhood behavior leads to transsexualism in biological males.

Since many transsexual individuals recall early experiences of wishing to be the other sex (Mason-Schrock, 1996), it seems to be the only common reference point for researchers to study. Yet because many feminine boys grow up to not have difficulties with their gender identity, childhood femininity in males cannot as yet be considered a cause. In fact in Green’s follow-up study in 1987, out of 44 boys contacted, only one was considering sex-reassignment surgery. Researchers continue to search for clues as to how an individual reaches the point of wanting to change their sex, yet they continually fall short of answers. There are no concrete findings as to the etiology of transsexualism, although researchers will most likely persist in their quest for etiological sources.

Related Research

I have included the above mentioned examinations of the etiology of transsexualism not to condone the practice, but instead to provide an opportunity to view what is being researched and theorized by the psychological and medical communities. As has been demonstrated thus far, there is no one “cause” of transsexualism any more than there is one cause for a more mainstream gender identity. Although biological research shows that there is no difference between transsexual individuals and individuals from the rest of the population, researchers refuse to rule out biology as a possible cause of transsexualism in case more sensitive screening devices are developed. It seems as though some researchers believe, such as Ehrhdt (1973) and Ross (1986), that it is impossible for there not to be a pathological or biological cause of transsexualism; that it
cannot be just a part of the human condition, but rather, there needs to be a biological reason for this “disorder.”

By focussing so highly on the medical and pathological etiology and treatment of transsexualism, the transsexual individuals are forgotten. Their experiences seem to be unimportant unless they can provide researchers with a much-coveted “answer.” In recent times, however, a few researchers have chosen to look past the medical and psychological models to understand what it is like to be a transsexual individual. The first study to be examined here that includes the experiences of transsexual individuals is that by Mason-Schrock (1996). The purpose of this study was to understand transsexuals’ narrative construction of the “True Self.” During his research, Mason-Schrock participated in a transgender support group in which 10 – 26 transsexual persons were present. He also interacted with people on the internet via e-mail and real time internet support groups. During these times he took field notes and wrote analytic memos. Out of the individuals he met, he conducted 10 interviews with nine born males and one born female that consisted of a list of orienting questions but were otherwise unstructured. The data was then sorted by themes and placed into sub-categories. Mason-Schrock concluded that “transsexuals use self-narratives to convincingly invent a differently gendered true self” (p.189). These narratives were supported by a community of transsexual people who had common frameworks of identity and embraced similar symbols as ways of banding together. Mason-Schrock suggests that identities were invented through modeling, guiding, and affirming. He suggests that without a transsexual community, these individuals would not have been able to create a narrative form of the true self.
Mason-Schrock (1996) makes use of the words and stories elucidated from the transsexual individuals with whom he had contact. The purpose of his study was to examine how people create stories to support their sense of self. He states that “transsexuals provide an intriguing opportunity to study this process of self-construction” (p. 176). Clearly the researcher’s main focus was on the narrative process itself. He did not examine the stories to understand how these people experienced and made sense of their lives, instead he employed them as an example of how narratives are developed and constructed. He appeared to be more interested in how and why they told their stories than the stories themselves. In the conclusion of this study Mason-Schrock states that transsexuals, with the support of community resources, use narratives to invent a differently gendered self. The author suggests that it is not the self-narratives alone but the interaction between groups that produce acceptable stories.

Mason-Schrock’s study seeks to understand how a person’s sense of self reflects the stories that they tell and vice versa. Although the researcher spent a great deal of time with transsexual individuals and engaged in semi-structured interviews, he was not interested in their lived experiences as an end in themselves. Instead he chose to use his data to support his hypothesis with regard to narrative construction. In this study, then, Mason-Schrock looked at a certain aspect of transsexual individual’s lives. This study provides an opportunity to examine how transsexuals construct a differently gendered self and adds to the small body of work surrounding transsexual people.

A second study that considered the experiences of its participants was conducted by Gagne, Tewksbury and McGaughey (1997). This study consisted of semi-structured interviews of 65 male to female transgenderists, which included pre-, post-, and non-
operative transsexuals, cross-dressers, fetishistic cross-dressers (transvestites), ambigenderist, (an individual who lives alternately as a man and a woman) and those who identified as a third gender. In this study, the researchers were interested in finding out how the individuals formed their identity as well as how they exposed that identity to friends, family and co-workers.

Gagne et al’s study is based on semi-structured interviews that ranged from 45 minutes to eight hours in length. These interviews consisted of the interviewer guiding the participants through a variety of topics. The outcome of these interviews provided the researchers with informative and fascinating data. It did, however, also provide the researchers with information surrounding their own agenda. They were looking for particular types of information and guided participants through the topics in order to gain that information.

The interviews consisted of a number of areas in which the participants were asked about their experiences. First, background information was sought that included age, race, and educational and occupational history. After this was completed, some of the areas of inquiry the participants were asked to discuss were: their earliest transgender experiences or feelings; being discovered cross-dressed; acquiring girls’ or women’s clothing, make-up and wigs; learning about and refining a feminine appearance or persona; participating in transgender support groups or on-line communities; finding therapist and surgeons and experiences with the medical community; identifying and labeling emotions, feelings, behaviors and identity; and political and gender attitudes.

Through a process of data reduction, data display and conclusion drawing and verification, the authors found that “the recognition, exploration, establishment, and final
resolution of an identity outside cultural understandings is a difficult, complex, and for some, impossible process” (p. 504). Some themes that arose during the research included, intimidation, shame and confusion, feelings that their sex or gender was wrong, a desire to “pass” as women and blend into society, and coping with hostility from others. Although the themes that arose from this research are important and are no doubt the expressions of the participants, they are initially proposed from the researchers’ agenda. This can be seen again in Devor’s (1997) study.

Devor (1997) is a researcher who has completed extensive research regarding female to male transsexuals. She studied 45 persons who participated in heavily structured interviews that consisted of two sessions of two hours each. Questions asked often revolved around the “best” and “worst” situations surrounding demographics, gender issues, physical health, abuse experiences and identity information, to name a few. The data was then transcribed and fed into a text-analysis computer program to help the researcher pick out themes, perceptions and opinions.

Devor (1997) concluded that there is no single pattern that is predictive of a transsexual individuals outcome, that transsexualism is a developmental process; and that transsexualism can only take place within a broader social context. Themes that arose included coming out to oneself and then others; transitioning into maleness; and finding pride from being a man. Once this was complete most participants worked to find a place for themselves within society.

Although Devor (1997) presented an extensive inquiry into the lives and experiences of female to male transsexuals, she did not let her participants address issues that may have been of more importance to them. She provided questionnaires that
contained at least 300 specific questions. These questions allowed the researcher to gain access to a multitude of data, yet the data included questions she set out to find answers for. She allowed the individuals to speak at length when participating in face to face interviews and she included many of these stories in her study. Her research did not, however, give participants a forum to express their version of their experiences. Although participants expressed their thoughts and feelings surrounding the areas that Devor was interested in, one may inquire as to what participants would reveal in a less structured setting.

This brief examination of the literature has shown the huge chasm in literature surrounding the experience of transsexual people. The majority of studies aim to discover why an individual is transsexual and how to treat this pathology once they reveal that they are. If we rule out all studies that medicalize and pathologize transsexual individuals, we find a great shortage of work. There are only three studies to date that focus on the experience of transsexual people (Devor, 1997; Gagne et al., 1997 & Mason-Schrock, 1996) and only two (Devor, 1997 & Gagne et al. 1997) that consider that information an end in its own right. However, both of these studies relied on the researcher's agenda when examining the experiences of the participants. There are no studies that provide participants with the opportunity and forum to speak freely and openly about their experiences while allowing those experiences to stand on their own merits. This is therefore the focus of this study.
CHAPTER III

Methodology

As has been shown in the previous chapter, there has been little research completed on the lived experience of transsexual persons. Studies are still primarily focussed on medical and pathological paradigms, with little attention to the lived realities and phenomenological experiences of transsexual individuals. The studies that have examined personal stories, make use of questionnaire's and semi-structured interviews. A phenomenological study that uses open ended interview questions has not been reported in the literature review. Because of this gap in the research, I have used a phenomenological approach to gain a better understanding of the lived experiences of transsexual persons. My research question is: What is the lived experience of transsexual individuals and how do they understand and make sense of their lives?

Phenomenology

Phenomenological research examines the lived experience of individuals who share a particular phenomenon (Creswell, 1998). Rather than focussing on explanations and measurements that are quite common in quantitative and other types of qualitative research, in a phenomenological study the researcher searches for essences and meanings in the words that the participants speak. Phenomenological researchers are not interested in why individuals share the experience of a phenomenon or in measuring the amount of the phenomenon that each person encapsulates. Instead it is the experience itself that is elucidated. Individuals have some similarities as well as differences in living their lives as transsexual individuals. Phenomenology seeks to discover just what these are, and what they mean for individuals who live them. Rather than giving explanations of why
or how much something occurs, a phenomenological study leaves the reader with a better understanding of the essence of the phenomena: in this case, of the experience of being a transsexual individual within the context of our current North American society.

Phenomenology is based on the philosophical writings of Edmund Husserl. It centers on the idea that there are no true facts that exist "out there." Instead, the world appears to us through our consciousness and we, in turn, give it meaning (Valle, 1998). We are always creating meaning about something. There is no time in which human consciousness lies dormant while the world ticks by without it. No matter what an individual is conscious of, we are always conscious of something. It is in this way that Husserl suggested that there is no objective reality. From this perspective, all there is, is the world they way we perceive it.

From Husserl's theory of intentional consciousness, an understanding of phenomenological research was born. Because human consciousness is always creating meaning, it is impossible to study objective truth (Moustakas, 1998). The subject, in this case the researcher, and the object, in this case the participants in the study, create meaning together. The participants bring to the interview the experiences that they wish to share. I have interacted with the participants and their stories, and together we have created new meanings just by being conscious of each other. What follows is new meaning that is created out of a particular interaction. The meaning created is a by-product of the interaction between myself and the participants during the research interviews. Although I had no agenda of what I wished to discover in the interviews, just my presence effected the outcome of the stories. Since, according to Husserl, there is no objective truth, it was up to myself and the participants to create meaning.
Ultimately, it is up to the researcher, in this case myself, to interpret what the meanings and essences are. Husserl (1970) asserted that the only true knowledge is that which resides within an individual. Accordingly, all knowledge, even that which is empirically based, is known only because it is felt, thought or perceived. It cannot stand alone. It is in this way that I have undertaken my study. Moustakas (1998) suggests that "intuition is the beginning place in deriving knowledge about human experience" (p. 32). Intuition is a skill born within that provides an individual with the ability to produce determinations that are sound. It is necessary for an individual to trust themselves enough to know that their own judgements are solid. In a time where empirical natural science is revered above all else, and one is often taught that knowledge comes from without, it is a challenge to listen deep within. This has been my challenge as I have undertaken this research.

To listen to ones intuition and perceptions, it is necessary to attempt to minimize any previous judgements that one may have with regard to the phenomenon, aspects of natural science, or the customs and beliefs of ones society. It is important to examine the phenomenon from a place of openness where one is ready to receive the knowledge in an unbiased way. Although Husserl, and later Moustakas (1994), speak of striving to attain a transcendental state of freshness without any prejudgments or prior values impeding the study, it seems impossible for such a state to occur. As one is raised in a society, its customs and values are constantly being presented in such a way that true clarity, free from presuppositions will probably not take place for most researchers (Van Manen, 1990). Because I believe in this impossibility, I attempted to bracket out what I have absorbed from my culture and my experience. I chose to elucidate my values and beliefs
so that the reader will be able to see my biases and therefore be given all the information necessary to make their own judgement.

**Personal Values and Expectations**

When examining my personal beliefs and values, they tend to lean towards a social constructionist viewpoint. I do not, however, strictly adhere to the paradigm. My beliefs about gender are that it is largely socially constructed. There are certain physiological differences between men and women, but it is society who arbitrarily draws the line between gender. Unlike many post-structuralists, I believe that there are certain inherent characteristics, such as hormonal levels, that genetically provide humans with male and female characteristics. A second reason why I believe that gender is a social construction is historical record. As has been previously stated, indigenous cultures often had fluid gender assignments. I would suggest that because certain peoples have had different notions of gender, it is not a static and natural way of being.

Finally it is important to note that I, myself, do not fit the socially prescribed notions of womanhood. I am an androgynous looking person who does not conform to the gender that was assigned to me, neither in appearance nor in action. For the most part I do not usually “feel” like a woman; nor do I often “feel” like a man. Although I have characteristics of both genders and some might say that I genderblend, I tend to not see myself as one or the other. I find that my appearance has led me into socially awkward situations where given individuals are unable to assess my gender and are at a loss as to what to do. At times I find this exchange humorous and fascinating, while at others it is difficult and isolating. In any case, I place myself under the umbrella term of transgendered and will most likely identify with individuals in my study. Because of this
identification, I may have sympathized and empathized with the participants in this study more than another researcher. As well, I have found myself being an advocate for the transsexual participants by hoping to get their stories to those who would benefit from hearing them, such as individuals in helping or medical professions.

Along with my personal values, I am also aware that I have pre-suppositions that may have influenced the outcome of the interviews. An initial expectation that I carried was the idea that transsexual individuals most likely had an upbringing where they didn’t fit in and often felt like they were imposters. Because of the polarization of gender, these youngsters inevitably felt forced to conform to the sex to which they were born, but I expected that they felt like frauds. I also expected that this turmoil continued until they made the choice to live as the sex to which they felt like they belonged. This second expectation of relief once they made the decision is also one that I believed. A third and final theme that I expected to find in the research was a continued sense of marginalization by the dominant culture. Although transsexual individuals may find acceptance within their own community and within themselves, I proposed that they most likely still did not fit within this society. By laying out these beliefs and presuppositions before the research was conducted not only was I aware of possible outcomes but the reader will gain an understanding of my positioning.

Participants

The study includes six participants who identify as pre- or post-operative transsexuals to allow enough stories for themes to reoccur. The qualifier is that, most of the time, they live their lives as the gender other than that which they have been assigned. I did not limited the participants to only those who had completed sex reassignment
surgery since some individuals choose to live their lives as the opposite gender and feel as though they belong to that gender but do not choose to engage in surgical procedures. Out of the individuals who participated, I interviewed three female-to-male and three male-to-female transsexuals. Only one individual, an MTF, had completed all of the surgical procedures. One individual, an MTF, was just starting out and had not yet begun hormone therapy. All of the rest of the participants were living somewhere along the transitioning continuum. Although the numbers of participants are small, I have examined themes that are common to members of both biological sexes. The age, race, sexual orientation and socio-economic status of the individuals were not taken into account during the selection process. Since I expect that the polarization of the sexes is so expansive that it crosses age, race and socio-economic lines, I believed that it was unnecessary to limit the inclusion criteria of this study. However, to be thorough, five of the participants were Caucasian and the socio-economic status of the participants ranged from poverty to middle class.

Access to participants was largely gained through word of mouth. Co-researchers were referred to me primarily through word of mouth. I placed one ad (see appendix A) in the Vancouver paper X-tra West and placed one (see appendix B) on the wall at The Center (a community center for gay, lesbian, bisexual and transgendered people). No participants mentioned seeing the ad in the newspaper. All saw the one ad at The Center or were referred through a friend. At no time did I solicit participants. If someone told me of a friend who might be interested in the study, I asked them to give that friend my phone number and said they could call me if they wished to be part of the study.
Procedure

When a potential participant contacted me, I provided the individual with further information regarding the nature of the study as well as answered any questions that arose. Participants were screened during this phone call to determine if they met the inclusion criteria. The first three male-to-female and first three female-to-male transsexuals who met the criteria were accepted into the study. Any further individuals who called were to be kept on a wait list to be interviewed if the need arose. It would have been necessary to contact these individuals if new themes continued to emerge from the first six interviews. I was fortunate to capture a significant number of themes within the first six participants to conclude my study and did not need to access a wait list. Once the screening and information process was complete, I arranged to meet each potential participant in a mutually agreeable private location to read and sign the consent form (see appendix C) and conduct the interview.

Data were gathered through unstructured interviews. Rather than imposing an agenda on the interview, I allowed the participants to speak freely about their experiences. As has been said earlier, I used basic counselling skills such as empathy, probing and paraphrasing to encourage each co-researcher to tell their story. Each interview was different. There was no pre-determined structure that was followed to ensure that each interview is conducted in a similar way. Instead each participant and I worked together to create meaning. The participants recreated their experiences through their own lenses while I perceived it through mine. It was my hope to remain as open to the information as possible while acknowledging that I have been raised in a society with certain mores and hegemonic ideals.
The audio tape recorded interviews were completely unstructured. Other than an orienting statement (see appendix D) the interviews were free of constraints. I often began the process by asking the participant “what is it like to be you?” but did not limit myself to an opening that did not necessarily meet the needs of every participant. Instead I spent a period of time participating in casual conversation so that the participant and I could get to know each other and build rapport. As the participant became relaxed and interested in talking, I pressed record and let the interview begin. I used basic counselling skills such as empathy, active listening and open-ended questions to encourage the participant to elucidate his/her experience. I also asked the participants questions related to topics raised during the interviews to help clarify as well as expand and deepen their stories.

Interviews were not limited to a particular length. For the interest of the research, I hoped for a minimum of 45 minutes and, for the comfort of the participant and the researcher, a maximum of two hours for the initial interview to be an ideal length. All of the interviews fell between these guidelines. No interview was less than 45 minutes or more than 90.

Data Analysis

Data analysis followed the modification of the Stevick-Colaizzi-Keen method by Moustakas (1994). Initially all interviews were completely transcribed, leaving nothing out including pauses, stutters and “ums.” After transcribing the words, I listened to the recordings several times while reading the transcripts and wrote down intuitive ideas and paraphrased what I believed the participants were saying. This was followed by horizontalization of the data where I examined each significant statement and regarded it
as having merit in its own right. Each of these statements were grouped into themes based on the meaning that has been created. A description of what happened in each experience or the “textures” of each experience was laid out. Next a description of how the phenomenon was experienced by each participant was examined. The themes that arose were grouped into those that were experienced by all of the participants in the study. This description was given back to the participants to see if the themes resonate for them. The themes were then able to more freely represent this particular group who experienced this particular phenomenon.

**Validation Interview**

After the interviews were transcribed and a thematic analysis had been undertaken, a validation interview was conducted with each participant to determine the accuracy of the analysis. Each participant’s own biographical synopsis as well as a copy of the themes that were extracted from all of the transcripts were presented to the participants in advance, and during an interview with the researcher they were asked if the themes resonated with their experiences. The participants were encouraged to make changes or deletions if they saw fit. Interviews took approximately one hour. Any feedback from these validation interviews was taken into consideration in the final written analysis. If the feedback from the second interview had been contrary to the themes that I had interpreted, it would have been necessary to make note of this in the analysis. When contacted, however, the participants stated that the themes resonated with them. It must be noted that I was unable to reach one participant. The rest were happy with the results. They felt that their experiences fit with the common themes that arose and engaged in more discussion surrounding these themes. Most of the participants
wanted to discuss them more as they felt that finally their experiences were on paper.

Two participants approached me with discrepancies in their biographies. I worked with these participants to rewrite them to make sure that what was written was true for them.

**Ethical Review**

The ethics employed in this study followed general ethical research principles such as ensuring the anonymity of the co-researchers; the ability of the participants to terminate the interview at any time; and finally that the results will only be used to help elucidate that experience of the phenomenon and will be used in no other context. The most important ethical principle that I followed was to do no harm. To accomplish this, I did not push the participants past their boundaries. I only went as deep as the participants wished to go. I provided resources (see Appendix F) for participants when any type of discomfort resurfaced because of the interviewing process. I also allowed myself to be contacted if any questions or difficulties arose after the interviews are completed. None of the participants had any discomfort after the interviews that were reported to me.

Three participants chose to contact me to tell me new developments that had taken place in their transition. They did so out of excitement about a process that I had been a part of.

Another ethical concern that may have arose was the relationship between myself as a researcher and the participant. Although I used basic counselling skills to help the participants tell their stories, I needed to draw a line between researcher and therapist, between research and therapy. I did not conduct therapy with the participants. I researched and sought out their stories. Other than providing resources, I did not take further steps to help the participants deal with issues in a therapeutic way. This is not to
say that I was be cold and callous. On the contrary, if something came up for a
participant during the interview, I supported them at the time and provided a referral if
necessary. When it comes to continued counselling, however, it was not part of my role.

Conclusion

The methodology of my study of the experience of transsexual persons generally
fell along the lines of traditional hermeneutic phenomenology. Through an interview
process, the participants and myself created meaning together. I analyzed the statements
of each participant as I perceived them. I used Moustaka’s (1994) adapted form of data
analysis to help the information take shape. By using this type of methodology to
examine the experiences of transsexual individuals, I hoped to help give a voice to the
realities and stories of the transsexual participants in my study. The outcomes of this
study were many. What is most important, however, is that the words and stories of
transsexual people be added to the psychological and medical literature that has thus far
omitted their voices.
CHAPTER IV

Results

This forth chapter of the study will bring to life the themes that arose. To begin with, a brief biography of the participants will give the reader a small taste of who the participants were. Their names have been changed for confidentiality reasons, but who they are remains clear. Following the biography section, there will be an in-depth examination into this study’s themes. This will contain the voices of the participants as they described their experiences.

Participants Biographies

Madeline is a 31 year old pre-operative transsexual who is taking anti-androgen drugs, but not yet taking hormones, and is just starting out with the Gender Clinic. She believes that she is primarily female, but is not interested in fully denying her male side. By allowing her male side to exist, she hopes to develop the identity of butch lesbian woman. To her, it’s ok if people see that she was once a man, or at least don’t see her as a stereotypical feminine female. She does not feel comfortable living a feminine life. Instead being a woman as she defines it is of the utmost importance. At this point, Madeline is interested in taking hormones, but is unsure if she will continue to the point of surgery. She has an inkling that once she begins the process, she will want to go further, but is unable to make that decision at this time.

Madeline grew up in Europe in a very open minded household. She was not encouraged to play with either male or female gendered toys. She grew up with sisters and often shared toys and clothes, but that was not seen as abnormal. In her twenties, Madeline tried to be what society and her family wanted her to be. She went to
University, got married and enjoyed a good career. After her marriage ended and she came out as bisexual, Madeline integrated herself into the queer community. It is here that she was able to be herself and understand the politics of gender. As she relaxed into her surroundings, friends and lovers began to point out how female she seemed to be. At this point, she could no longer deny her identity and began the process of fitting her body to her mind.

Geoff is a 50ish year old pre-operative transsexual male who is in the process of taking hormones, but has not yet had surgery. His self-definition of the word transsexual is someone who jumps from one box into the other. He has made that jump. Geoff defines himself as a “soft man.” He does not fit the stereotype of masculine male. Instead he views himself as a more sensitive, literary type.

Geoff grew up as an only child in a female dominated household. Both of his parent very much wanted a daughter and he was socialized to be such. He was dressed in pink dresses and his hair was done in ringlets. He acted out this sense of being female to the best of his ability, although he often wished for a sibling to take away the pressure. Throughout his early adulthood, Geoff filled his life with activities. He spent a great deal of time volunteering with church functions as well as taking classes and generally keeping himself on the go.

Although Geoff recalls one situation in which he cross-dressed as a child, he did not come to the realization of his identity until his mid forties. It was only at this point, when he allowed himself time without a hectic schedule that he came to the realization of his true identity. After much soul searching and experimentation, he decided to make the transition.
Lawrence is a 31 year old postoperative transsexual male who has not yet completed a phalloplasty. He very much wants this surgery, but it is not yet covered under the Medical Services Plan in British Columbia. He says this very frustrating as he would like to fully complete his transition that he began four years ago. He is currently looking to fight for this right in the court system. Lawrence is comfortable in this position, as he has spent much of his adulthood fighting for minority rights.

Lawrence was adopted into his family at age six. He grew up in a family that did not enforce society’s prescribed gender roles. He spent much of his time working with his dad in his shop building things and working on cars. His brother was not interested in this activity, so Lawrence was able to forage his love of working with his hands. Occasionally over the years, in certain situations, his father would comment to him that he should have been born a boy. As Lawrence grew up, he never fit into the role society provided for him and often felt like an imposter.

As he entered adulthood, Lawrence found commonalties with the butch leather dyke community. In this way, he was able to express a great amount of his male identity while still adhering to the label of female. Lawrence considered himself an anarchist dyke and worked to fight against oppression. He has been able to retain his friends and community from this time and continues to provide education, support and activism for transsexual rights.

Kim is a 54 year old postoperative transsexual female who came out as transsexual eight years ago. She currently lives on her own in downtown Vancouver and describes herself as happily surrounded by good friends. Kim has difficulty with the way
transsexuals are portrayed in the media. She says that talk shows feature “wackos” who are not true transsexual individuals.

Kim said she knew that she was female from the age of three. She believes that both of her parents knew this as well. Her mother would try to give Kim the feminine toys that she requested, but her father was very much against it. He physically and verbally abused her because of her identity. She believes that after years of abuse it only made sense to put her feelings away. She worked hard to be a regular teenage boy.

She grew up to be a very successful media personality. She got married and had a child. Although she was successful, she also lived in despair. Drugs and alcohol ravaged her body. It was not until an encounter with suicide that Kim was able to throw away her past and become who she truly believed herself to be. She lost most of her family and friends but in the long run discovered that those who truly cared, still did. She does not see herself as a woman like any other. Instead she sees herself as a transsexual woman with experiences that only those who were born male would understand. Kim is happy with her life. She says that she passes most of the time and is finally able to live her life as the woman she always knew that she was.

John is an early 20s preoperative transsexual male who is involved with the gender clinic and is receiving hormones. John is a young artist who believes that there is much more to him than being transsexual. He believes that, transsexual or not, everything one does, effects every other thing that one does. Yes his gender effects his life, but so do a lot of other things about him. He wishes to make sure that people see him for more than his transsexuality.
John and his sister were raised by their mother in a single parent household in rural Canada. He was never encouraged to play with gender specific toys or to participate in gender specific activities. He never really realized that there was anything like gender differences until his teens. John always had difficulty relating to others and making friends. Looking back, he understands this as the way he coped with his sexual identity. He had many walls in place and because of his masquerade, was unable to connect and form relationships. As a teen, John spent time on the street. He was involved in drugs and various aspects of street life. He cared little for himself and often ended up in dangerous situations.

John is currently off the street and making a living as an artist. Although he lost some friends when he began to transition, the friends who remained are closer than ever. He is happy with his life, but is anxious for the rest of the transition process to take place. He envisions a time after his transition when he can truly accept his body for what it is.

Sally is a 33 year old preoperative transsexual female who is currently receiving hormones and has been given a date for surgery. Sally is a philosopher who has done a great deal of reading about the transition process and its results. She identifies as a lesbian and has read the academic works of many lesbian scholars. She is an artist who also spends much of her time volunteering in the queer community. She currently gives massages out of her home and is involved in the sex trade. She hopes to give back to society through her art.

Sally did not show signs or symptoms of gender dysphoria at an early age. As she grew she knew that something was amiss but could not put words to the feelings. It was not until her early twenties that she realized that she was probably not a man. After
spending ten years in denial, she decided to begin the transition. She has been estranged from her family since informing them of her decision. They sent a letter to the gender clinic that she states was slanderous. This has delayed the surgery for which she so desperately craves.

Sally shares that she is very in touch with her feelings. She says that she knows what she wants and will do anything to get it. She is clear in her identity. Sally yearns, however, for family, community and for an intimate relationship. She feels that her current biology prevents her from entering a lesbian relationship. She very much wishes to be a part of the lesbian community and to find a woman who will love her for who she is.

Results

The analysis of this study yielded thematic content in four major areas. The results of this have been broken down into four major categories outlined in this section. Under each section, themes have been presented in a quest to understand the lived experience of transsexual. From this, essences have been provided that are true for those involved in this study at this time. Whether examining the decision to act, or the individual’s relationship with others, their body or their selves, there are aspects of the experience that all of the individuals in this study have in common because of their transsexual identity.

The first category is related to the decision to act. This section includes a discussion of the themes that arose regarding this decision, including why, how and when. Relationships with others is the second category of themes. This relates to how participants perceived their relationship with family, friends and the society at large prior
to, during and following their transition. The third category involves the participant’s relationship with their bodies. Themes in this category relate to participants experience of their bodies before, during and after transitioning. Finally themes related to the issue of identity is addressed in terms of participants relationships with themselves. These four major areas include the themes that are the essences of this experience for the participants in this study. Hopefully these findings will facilitate a greater understanding of the transgendered experience.

**Decision to Act**

For all individuals involved in this study, the decision to change their bodies was an imperative, not a choice. As each person played out the scenario in which they lived, similarities of the process were all too common. The sequence of events followed a pattern that led each participant to the place in the world that they currently occupy. This pattern consisted of four themes that all of the individuals embodied as they made their way towards transitioning. These themes are as follows:

1. An awareness of discomfort related to their biological sex
2. A need to deny their true feelings
3. A yearning for information surrounding transsexual experiences
4. They felt there was a defining event that led them to a place of changing their biological sex
5. A sense that transitioning was imperative in order to continue to survive

Each theme will be defined and elucidated in the following section.

At some point during their previous years, each participant experienced *an awareness of discomfort related to their biological sex*. For the majority of people in
this study, the discomfort tended to lean towards an overall feeling of not being quite right in their bodies, as well as feelings of not fitting in society. They things like "I felt so alienated and I didn’t have a clue why" and "I felt like a freak, but I didn’t know why." A lack of understanding about their feelings was present for all but one person in this study. They knew that there was something different about them, but were unable to locate the cause. This initial knowing was the beginning of the journey toward the transsexual identity the participants share today. Although a further examination of the participants relationships with their bodies will be undertaken later in this study, it is important to note that the decision to act on changing their bodies first came through this awareness.

Only one individual in this study reported the stereotypical case of knowing from the age of three that she was not a boy:

“I knew when I was three to four years old that I was supposed to be a girl. I knew that ... you almost have a revelation at childhood. There’s a day when you know that you’re supposed to be a girl, and it’s around the time you know that there’s a difference between boys and girls.”

Once she became aware of gender differences, she knew immediately that her body was not the one she was supposed to be in. She retained this knowledge throughout her life. It is interesting to note that although this individual became aware of her true identity at an age earlier than all of the other participants, she was, at 46 years old, one of the oldest ones to transition.

All of the other participants became aware of their true gender identity as adults. Although many could look back at their lives through the “lenses” that they currently
wear and find situations, feelings or behaviors that fit with the concept of being transsexual, at the time they were attributed to other causes:

"I don’t fit the pattern of many trans people, I don’t have any clear memories of doing things as a child that reflect the textbook. It’s in retrospect [that] I think I knew, because things pop into my mind. I’m seeing more and more of that now when I look back."

Another participant initially attributed his feelings of being different to being “adopted.” Although there was an awareness that there was something different about them as children, the majority of participants in this study were unable to attribute it to gender incongruency.

The second theme to which the participants spoke was the need to deny their true feelings. This theme most often chronologically followed the theme of awareness. All individuals in the study reported going through periods where they pushed their true gendered feelings aside to live in the world the best that they could. One individual stated that she “spent two decades just battling it.” Another talked about how she willed herself “to fit in, that this would go away, this would end, this would somehow disappear, this was a phase I was going through.” One fellow tried to pretend that it didn’t exist. He said that “for about ten years I tried to ignore this feeling and said maybe it’ll go away if I just ignore it.” Finally one man recalled that he endeavored to minimalize his experience by thinking “no way, I’m just cross dressing.”

Some individuals chose to dive headfirst into the gender that they had been originally assigned by their biological sex, becoming “ultra” masculine or feminine and living a life which fit within the norms of society. One woman was aware that she tried
to be very masculine. She remembers that she “picked a very masculine profession...[and she] developed this wonderful big male voice.” By doing so, she could try to ignore her true identity. Another participant stated that he “always wore skirts.” He never would have worn something that would lend itself toward a masculinization of his self. Finally, one participant sums it up by saying that she “was doing the kinds of things that society had conditioned me to do from the beginning.” By doing so, these participants did their best to fit the roles that were assigned to them.

Others found themselves living outside the mainstream in alternate communities such as the gay, lesbian and bisexual community. One man found that although the identity did not resonate with him perfectly, the lesbian community was the closest he could come. He states the he “just couldn’t quite fit in...the lesbian camp seemed the best place to hang my hat.” Whether it was fitting in with the mainstream or finding alternative lifestyles, each individual in this study found a way to survive while denying their true gender/sexual identities.

This way of surviving was not always a healthy one. In addition to those who found the ability to live within the parameters of the mainstream or alternative lifestyles were those who needed other forms of assistance to remain in the places they were. Some individuals in this study chose to self medicate through drugs, alcohol and other self-destructive behaviors. One woman stated that:

“...when I finally did come out, um, my health had gone, I weighed over 300 pounds, I was a drug addict, serious heavy drugs, hard drugs, cocaine, heroine. I was an alcoholic...what I was, was a person in unbelievable pain.”
By doing so, they were able to continue to deny their true feelings while continuing to participate in the roles society had ascribed for members of their sex.

Contributing to this period of denial that was so prevalent for participants was a lack of easily accessible information. The third theme of a yearning for information surrounding transsexual experiences illustrates this. For the participants in this study, a period of denial was a necessary survival skill since there seemed to be no other options. The participants were very eager to tell their stories. One woman shared that she “had never heard anything about FTM, that’s why I’m here. I wish I’d known something like that, that I could grab hold of. But there was no end, I couldn’t imagine that.” Being unable to imagine a life as their true selves because of a lack of information about the possibility of change, was a huge block for these individuals as they worked to make a connection between their biological sex and who they felt they were inside.

The culmination of an initial awareness of not fitting in, the sense of a vague knowing of identity issues, lengthy periods of denial filled with not always healthy coping techniques lead to a “time of a volcanic eruption. It was an energy that came bubbling up and it couldn’t not go away.” An incredible amount of tension was built through the periods of denial. Whether it was self-abuse or just working hard to fit into the prescribed role, it was impossible for these individuals to continue to turn their backs on their identity. For each participant in this study, they felt there was a defining event that led them to the place of changing their biological sex, which is the forth theme in this category. This event was so important to these individuals that they remember it as something that completely changed their lives. One man emotionally remembered when he:
“met a guy in Seattle through a friend. He had just had his top done three weeks earlier and it was sunny and he took his shirt off and he had the style where there are scars under here (uses fingers to illustrate semi-circle scars on lower part of chest). And I saw the scars, and it was like these cosmic tumblers all fell into place and I just got hit with this (voice breaks)... I get choked even thinking about it... like a jolt of electricity where it was like, part of me was euphoric because I just knew. It was like home. I recognized a desire of my own that had been buried up until then.”

Although some participants report this moment as a wonderful awakening as in the quote above, others found themselves in a pit of despair. One woman said that she:

“[became] progressively more unhappy and further into this spiral of drugs and alcohol and, I tried to jump off the Granville Bridge... and the police pulled me off... and I got put in the psych ward. And, that summer I decided to shoot myself. And, I came close to doing that. But I didn’t go back to UBC, back into the hospital cause I knew there was no point. I knew then what I had to do... I went in to see my GP and, I told him: I’m a transsexual and I can’t go on living anymore.”

The final theme here is a sense that transitioning was imperative in order to continue to survive. This theme of not being able to live any longer in the body that they were born in was central for these participants. Each individual made it clear that it was absolutely necessary for them to transition. One young man stated that “…for me it just seemed like the totally, the natural, right thing. In fact the only thing I could do.”

Another participant “knew that [he] wasn’t gonna not do it.” Another man said that he
"[could] not survive as being female." Finally, one participant suggested a wonderfully creative way to explain her experience:

“It was like jumping off a 90 story building where there is a fire. You’re on the top floor, the fire is up, the flames are licking at your ass. You’re dying of the smoke. Down below, 90 floors down, are some firemen holding one of those things you jump into, and you’re terrified of heights. And when finally, your ass is on fire, you jump.”

Within each interview there was a clear sense that for these individuals there was no choice. To transition was experienced as an imperative. It was necessary for their survival.

The decision to act was not one that could be taken lightly. It was not a choice or a change of lifestyle. Awareness for one came early while for the others it came later in life. Participants began with an inkling that something wasn’t right. It may always have been lurking behind the scenes, or may have been pushed so far down that it took a crisis to be brought forth. At some point a defining moment made the decision unavoidable and those individuals were no longer able to fight their intense feelings. Transitioning became something that could no longer be denied. It was an imperative – a decision between choosing life and choosing death.

**Relationships with Others**

Themes related to participants relationships with others involved how participants related to others in their lives before, during and after their transition. Because each of the individuals were perceived as the sex to which they were born, the sex they believe themselves to be, and, during transition, something in-between, their relationships with
others were necessarily impacted. There are five themes that the participants related to when they discussed their relationships with others:

1. Their relationships with others before the transition contained some sense of deceit.

2. Experience of loss of some of their important relationships or aspects of their relationships due to the act of transitioning.

3. Experience of difficulty and awkwardness in less important relationships as the participants moved through the transition process.

4. A cautiousness as to who the participants would come out to and who they wouldn’t.

5. The experience of being able to more fully experience relationships with others after their transition process.

These themes will be elucidated in the paragraphs that follow.

Participants reflected on how their relationships with others before the transition often contained some sense of deceit on the part of the individuals in the study. This first theme suggests that although they may not have consciously tried to outmaneuver those with whom they were having relationships, at some level the participants felt as though they were deceiving friends, family members and intimate others. One man recalled how he “always felt like a liar for years, but [he] couldn’t figure out why.” Another participant related how she lived her life as a fraud:

“You’re living in this male disguise, you’re one of the boys, you’re successful, you’re all these things. And everybody thinks, nicest guy, what a wonderful guy is. And so you don’t feel that way. You’re just a fake.”
Since they were working so hard at being what they believed others wanted them to be, they were unable to be themselves and therefore experienced fraudulent feelings in their relationships with other people. Their incongruity with their gender, then, translated into an incongruity within their significant relationships.

All participants in this study experienced a loss of some of their important relationships or aspects of relationships due to the act of transitioning. This theme refers to the fact that although no participant loss all of their significant relationships, there were no relationships that weren’t somehow effected. One individual lost virtually her entire social circle. She remembered how “all the people who I had considered to be my friends had turned on me... yeah I lost all my friends, literally, all of them.” Others only experienced difficulties with those in certain aspects of their lives. For example, one participant talked about how he “sort of stayed away from my more political dyke friends who were close to me.” Yet all of the people interviewed enjoyed some sort of support from others. Some drew support from a few close friends such as one woman who is “still best friends with a guy who’s been in my life since grade three.” Others relied on their long-time support networks as in the relationship one participant had with his social circle. He stated that “it’s the same basic group of friends that I have had for years.” For all of those involved in this study, retaining some friends while losing others was a theme that all could resonate with.

Families were supportive in all cases except one. In the case of one participant, her family actively worked to prevent her transitioning from happening. She remembers how her “family gave me a lot of headache and trouble.” In all other situations, however, an unconditional love endured. One fellow spoke of how his aged dad “doesn’t get all
the implications, but he gave me my first razor... it was his way of showing that he
accepted and supported it.” While another participant recalled her relationship with her
daughter as she stated “I have a very good relationship [with my] 16 year old daughter.
The bond between us is much closer than it’s ever been before.” Some even found their
relationships had improved after their transition. When speaking about how his family
had reacted, one man said “that’s what my sister said when she visited. She said I don’t
know anything about this transgendered stuff, but I know that there is a wall that has been
taken away from between us.” Some families went through a period of initial shock,
while others claimed to have always known. Younger family members understood fairly
quickly, while older members took much more time. The specific details of each
family’s journey varied, but the acceptance they demonstrated remained the same.

Not only did the participants experience changes within their relationships with
family and friends, they also experienced them as they interacted with the rest of society.
As the transitions began with the effects of hormones making impressions on their
bodies, their relationships with society at large moved through difficult stages. The
participants therefore had an experience of difficulty and awkwardness in less important
relationships as they moved through the transition process. Examples of this theme show
how coming into contact with others meant being unsure as to how they were being
perceived. One woman stated how society is left floundering when they are unsure as to
what gender an individual belongs to. She remembers how “people don’t know what to
do with you because they’re not sure.” Another participant recalls how people who knew
him but were not intimate with him had a difficult time interacting with him when the
transition process had just begun.
“And it’s not happened yet and some people know and some people don’t. Some
know and they’re not going along cause they can’t see it yet or they’re
uncomfortable and they’re just not ready to.”

He goes on to describe situations in doctors offices when his name was called to enter the
examining room and the awkwardness that sometimes occurs. He remembers that “they
don’t know and they get put on the spot when they’re calling out the old name and
they’re looking for someone who doesn’t look like me in the waiting room.”

This period of transition brought with it the difficult task of assessment for both parties
involved. The members of society were faced with deciding the gender of the individuals
before them, while the participants waited to see if the others would be kind.

Finally through the transition period and primarily being perceived as their true
gender, the participants then experienced a cautiousness as to who they would come out
to and who they would not. They needed to decide if a given person was worth the risk of
ridicule. Were they going to be able to have deeper contact or was this person just a
passing interlude? One man who is through the transition process stated that “now I have
the option to let people know or not. And I try not to let them know unless I am ready to
deal with the questions.” Another participant agreed with him by stating “If I don’t think
that I am going to see them again, I won’t tell them my life story.” Yet for another
person, the idea of being transsexual is an important political statement for her. She
states that she “still want[s] to be radical in the sense that I want people to know that I am
trans, I want them to know.” Some individuals were more cautious, while others were
more willing to risk. No matter how intense their feelings were of coming out, each and
every participant talked about having to make these difficult decisions.
Before they transitioned, participants felt as though they were somehow deceiving others that they were with. They felt more freedom to be who they really were with others after the transition. Because they were able to settle in and be themselves, they had the experience of being able to more fully experience relationships with others after the transition process. One participant spoke about how he was able to be more relaxed and confident in his relationships with others after his transition. He said that he’s “calmed down a lot because I am being perceived as who I am. There isn’t that clack now of me perceiving myself one way and you all perceiving me another. I’m happier and more confident.” Another participant discussed his new found sense of calm in his relations with other. He stated that he doesn’t “think about if someone sees me. I don’t think about whether I’m hitting some preconceived notion in my head as to how I need to be, I just am. ...[this is] the first time in my life [I’ve] really relaxed.” A woman who participated in the study shared how she finally has a solid support system. She said that she has lots of nice friends [now], good friends and real friends who know me as me.”

By being able to be themselves without having to work at who they were not, the participants were able to more fully realize their potential in the relationship sphere.

**Relationship with their Bodies**

One of the more salient categories that arose during this study, was the participants relationship with their bodies. Because each of the participants knew that the biological sex to which they were born was not consistent with their sense of their true selves, their bodies and their relationships to them became of the utmost importance. Each came to the realization that their bodies must change. As their bodies changed, so
did their relationship with their bodies. There are four themes that the participants discussed when talking about their relationships to their bodies:

1. A sense of disconnection with their bodies before transitioning
2. As physical changes began to become more apparent, a greater sense of urgency began to be experienced by the participants
3. A sense of elation that accompanied their bodily changes
4. Experienced a sense that their body, minds and spirits were coming together

Before beginning the transition, participants experienced a sense of disconnection to their bodies. This disconnection varied greatly among the participants. It ranged from discomfort in one participant to hatred in another. One individual had an inability to comprehend that he even had a body. He stated that he “always felt that when somebody looked at me they really didn’t see anything there, and I just felt like a smooth mist, like nobody ever saw anything.” One participant who is just beginning the hormonal treatment stated that “sometimes it’s like I know who I am [but] forget how I look. Then the next morning I’ll get up and go to the bathroom and look in the mirror and I’ll get really uncomfortable because that is not what I wanted to see.” A man who has not yet received surgery reflected that he has ‘been binding my chest for years and it’s getting very uncomfortable, but then when I take it off, it’s even more uncomfortable.” He goes on to say that he “hates [his] body right now.” Some participants were so disconnected from their bodies that they found themselves in abusive situations. A woman who has begun hormone therapy but has not yet received surgery suggested that:

“if it’s true that I really dislike this penis and I want to get rid of it, does it not make sense that therefore I would let any gay man abuse it. You know, like to let
them touch it and play with it and whatever because it doesn’t hurt me that they
do that because basically I’m indifferent to this, this penis that I have. I don’t
really care what they do with it. For me it’s just like a piece of play dough.”

Another recalled his abuse and said “I didn’t have a sense of myself to protect, and so I
didn’t take care of myself.” The participants gave the sense that their bodies were like an
unwanted appendage. One participant referred to his body as “one big birth defect.”

Another equated her body to being born with a “bad leg.” While another stated that she
was “not happy with this transsexual curse that is a part of me.” It was therefore of the
utmost importance that each of the participants make changes to their bodies.

As physical changes began to become apparent and more visible, a greater sense
of urgency began to be experienced by the participants. As each new change took place,
each participant wanted the process to move along quicker. As each new hair grew on a
transsexual man’s face, he wished for a full beard. As breasts began to form on a
transsexual woman’s chest, she wished for a full bosom. The more changes each person
saw, the more they wanted the process to be complete. One man who has received as
much surgery as The B. C. Medical Services Plan will pay for but has not attained the
body he desires said that “the closer I got to continue the transition, the bigger the
frustration would become. The more attainable it actually is, the more I become
frustrated and anxious because I know there is an end result.” Another participant who is
just beginning hormonal therapy illustrated her anxiety around the speed of the
transitioning process by saying “hopefully they won’t make me wait extra long.” As a
woman was speaking about her initial urgency surrounding her transition she recalled that
“I said to my doctor, I want to go on hormones. I want to start this process now. I don’t
give a damn about the gender clinic.” Once each person made the decision to transition and began the process, the more urgency they felt to complete the process. It’s almost as if at the point of realization there was no turning back. These individuals want to be their true selves at any cost. After a lifetime of disconnection and confusion, came the moment of truth where the participants felt that the change had to be completed.

It follows, then, that a sense of elation accompanied their bodily changes. After years of feeling incomplete, confused and disconnected, the participants felt that they were finally coming into their own. One participant exclaimed about “the gratitude I feel on a daily basis to be able to access the hormones.” Another spoke about something that so many take for granted when he was joyful about being “able to go swimming in a public pool for the first time since I was a child and enjoy it and be comfortable. And not just sitting on the side in a baggy T-shirt and shorts making up lame excuses why I don’t feel like going swimming right now. I can participate in life without being misread.” One woman put it very simply by saying “I’m very grateful.” While another stated that “not a day goes by where I’m not euphoric at some point about the progression that’s going on.”

Their bodies were beginning to look like they had always believed that they should. They were no longer dealing with a body they couldn’t relate to. Finally the participants experienced a sense that the body, mind and spirit were coming together. One participant told of his experience of becoming congruent:

“I could never actually have told you what I looked like from the outside. Whereas now I can kind of run around outside myself and look back and say oh yeah, what I can see is kind of, you know, medium height and somewhat stocky
guy. And I can actually see what I look like. I can see what my face looks like, I can see what my body looks like and I’ve never had that experience before.”

Another said that after spending so much time trying to be what he wasn’t, he was finally able to relax into himself. He recalled that “after years of practicing living and moving my body a certain way just all kind of went away and the body just relaxed into this place, this comfortable place.” Finally, one woman stated that “I hadn’t quite seen myself before. It felt really good. I really connected and it felt really like me for the first time.” A sense of excitement about what their bodies were to become was experienced along with a settling in to who they truly were. They no longer needed to deal with a body that “wasn’t right” for them.

The participants moved from a body they could not relate to and were disconnected from, through the transition to one they experienced in a joyful way. Their bodies no longer betrayed the way they felt. From the slow movement of hormones, to the drastic changes of surgery, the sense of satisfaction with their bodies increased as the transition progressed.

Relationship With Self

Whether discussing how it came to pass that the participants made the decision to transition, their history, their relationship to their bodies or to other people, the issue the participants spoke most passionately about was their relationship with themselves. Because gender identity effected all that they did and who they were, it necessarily had an impact on their relationships with their selves. For the participants in this study, various themes about their relationship with their selves came to light through the
analysis. Some related to their experience before transition, while others became salient afterward. The themes to be discussed are as follows:

1. A sense that a great deal of effort was necessary for the participants to live as their biological gender
2. A sense that they were unable to be their true selves
3. A sense of relaxation following their transition
4. A sense of lacking surrounding gender role socialization
5. An awareness of societal prescriptions
6. A sense that it is necessary to be perceived as their true gender

The first of these themes is the idea that since they did not feel like they fit their bodies, the participants had a sense that a great deal of effort was necessary for them to live as their biological gender. The bodies they were born with were not a comfortable fit. Because of this, it was not easy to perform in the ways that are traditionally prescribed by society. All of the individuals in this study had to make a continued effort to be perceived by others as a certain gender. One man recalled that he “was trying so hard to be a woman, not knowing that I was trying hard to be something I wasn’t.” Another “spent a number of years living my life the way other people intended me to live.” One man worked so hard to be a woman that he “helped put together women only and dyke only space. And funny enough I ended up in a lesbian only building in my housing co-op.” One woman thought that she would “just try real hard to live as a man” in order to make it through her life. There was an enormous effort put out by the participants to be what society wanted them to be. They spent a great deal of time and energy trying to be something they were not.
In working toward the societal ideal, the participants found that it was necessary to enact a role. Many felt as if they were playing a character. They had a sense that they were unable to be their true selves. They searched for clues to tell them how to be and produced a performance to the best of their ability. One man “always felt that I was wearing a costume. I always felt like I was performing. It wasn’t until I started wearing men’s clothing that I started wearing clothes and stopped the costuming.” One woman “felt that I was living behind an iron mask, living some kind of masquerade.” Another said that she “kind of built this persona. Nobody ever suspected. Nobody had a clue. And as I got more and more into the role, the more I realized that I was building a role.” Finally, one participant said that

“it’s just like I discovered something more about me and I had the avenue to get there. It’s like a clay figure. Parts are falling away now that were put on there to make the most of who I was. And the stuff that isn’t really needed anymore is falling away due to lack of use.”

For the individuals in this study, performing had become a major part of their lives. It was a pressure that was akin to breathing. It was always there and never went away.

Once the transition began and they no longer had to work at assuming a certain identity, the participants had a sense of relaxation following their transition. One participant stated that:

“This is such a fascinating trip. I’m more connected with my female side now, if you want to call it that. Before I was projecting male energy, my version of it, whatever I perceived it to be. More to try and tip the scales. Now because the face alone and the body just does that for me, you read male. All my energy got
freed up that was constantly monitoring and exaggerating certain kinds of body movements. Now I’m just more in touch with the side of me that’s softer and sensitive. I mean I cry more easily now, it’s pathetic. I’ll cry watching a McDonalds commercial.”

Another said that he “[doesn’t] have to work at all. The male side, I’ve been able to unlock that and express it in a way that works for me now and the other stuff is just there. It’s like a balance has been struck now.” One woman illustrated her new relaxed sense of self by saying “I don’t think about if someone sees me. I don’t think about how I can maybe cross it. I don’t think about whether I’m hitting some preconceived notion in my head as to how I need to be. I just am.” Without having to fight an identity that was not congruent with who the participants believe themselves to be, they were able to find a place that let their true selves shine.

Once the individuals in this study had made their way to a place where they were able to relax into their selves, they could look back in their lives and see how their socialization had effected them. Because they were raised as a gender other than the one they related to, they found they had a sense of lacking surrounding gender role socialization. They missed out on the socialization that was appropriate for their true gender. One participant was happy that he hadn’t been raised a boy. He said that he “didn’t have people telling me you’re supposed to play sports, you’re supposed to be a man, because I don’t think I would have taken too good to that.” One participant was shocked to realize that he had “metamorphasized into the oppressor, the straight white guy. I haven’t been raised with whatever ideologies that go along with that.” Another yearned for what he never had:
“I’ve watched the little guys when they come in, you know, 3 1/2, 4, where they’re getting gender together and they’re pretty clear of who they are. And sort of watching how they move and how they’re growing up into the world, which I didn’t get a chance to do. And part of me is angry, part of me is angry that I didn’t get a chance to do it. Didn’t get a chance to do it right.”

Finally, one woman remembered how she had wanted to be raised as a girl but was not allowed to. She recalled that she “wanted to play with dolls, I wanted to be with girls, I wanted to play house, I wanted to be mom, I wanted to dress as a girl, I wanted to wear girls clothes, I mean why do I have to wear pants.” The participants were socialized into the roles that were prescribed for them based on their biological appearance. They did not have the experience of the socialization process that would normally have been appointed to their true gender. This therefore left participants with a missing piece in their gendered development: learning how to be the sex other than that to which they were born.

Living as a transsexual man or woman still required learning on the part of participants. They needed to learn and understand gender clues for themselves and others in order to find their place in society. Their new gender role brought with them a new awareness of societal prescriptions. One participant recently learned about the responsibility that went along with being a man:

“There’s that paint, that suspicion. That is something else I just have to accept that is part and parcel of this whole thing. I’m more of a threat. It doesn’t matter if I get up and say, hey I don’t have a dick. It’s got nothing to do with that.
We've got privilege but we also have a major responsibility to be aware of all the bells and whistles that are going off."

Another agreed with him saying "yeah, sometimes just because of the abuse that goes along with being male, like male perpetrators and things like this, sometimes I am very fine that I don’t have a penis because I would have to deal with things around that too."

Another just found himself questioning "what does it mean to be a man"? While a trans woman dropped a level of priviledge:

"I went from being part of the establishment almost to being a marginalized person...from being a millionaire to a woman on welfare. It was an amazing lesson on becoming a woman, on what women, and never mind if they’re transsexual or not, generally are in this society."

After transitioning, the participants in this study were then faced with the prospect of how their new identity was perceived by the rest of the population. The transsexual men talked about the experience of being seen as a threat, while the transsexual women reflected on experiencing less privilege in the society than before.

How these transsexual participants were seen and viewed by the rest of society was a very important part of their experience. Once becoming aware of their true gender and transitioning towards that, the individuals required that they be viewed as that gender. They had a sense that it is necessary to be perceived as their true gender. To not be seen as who they were was often a frustrating and humiliating experience. One man stated that "it became important for people to give me feedback that has told me they actually saw me [as male].” Another said that “it’s about being perceived as a man, it’s about putting out enough signals and enough indicators that they see a man.” A woman
who participated wanted “people to perceive me when I’m finished with this as a masculine woman, you know, a butch woman. In a year or two, people will read me as a butch dyke.” Another said that she doesn’t have people staring at me or anything. I pass reasonably well, you know, not perfectly but... realizing that you are perceived as a woman is a very nice thing to have after living in a disguise all your life.” Finally one man stated that “it’s kind of like an insult to be referred to as the old name and pronoun... it can be so invalidating.” In order for each participant to have a good relationship with themselves, it was important for them to be seen and responded to by society as they saw themselves. For society not to recognize who the individual truly is, is to cause misgiving into who they wish to be.

The participants had a rocky road in their relationships with their selves. They all went through a period of having to perform a masquerade and act in ways deemed appropriate for their biological sex. From there they entered the transition stage where their identities and self-esteem were contingent on how they were read by others. Finally a calm and loving acceptance of self emerged, where these individuals, could truly be at peace.
CHAPTER V
Discussion

The lived experience of transsexual people is an area that has not been often studied in the literature. In fact, as has been pointed out in the literature review, only three studies were found that pertained to the transsexual's own experience (Devor, 1994; Gagne, Tewksbury & McGaughey, 1997; & Mason-Schrock, 1996). This review found that transsexual people have most often been treated as objects to be studied (Docter & Fleming, 1992) rather than people with real lives and experiences. In this discussion section I will compare the findings of this study to the literature and discuss the implications for counselling and further research.

Comparison to the literature

Perhaps the most salient issue to be understood is that there is very little information in the literature that looks at the lived experience of transsexual individuals. It was not difficult at all to round up the required number of participants for this study. Only one ad was put up. The participants were more than eager to put their most intimate thoughts and feelings out for all to see. All exclaimed how the lack of available information on this experience was difficult for them and they would like to make it easier for the next people coming along. If they could get more information out to those who needed it, then they would do whatever it took. This need to give information that they never had to others in similar situations, points to the absolute necessity of this study and a continued need for more like it.

Another facet to come out of this study is a challenge to the notion that transsexual people know and act from a young age that their bodies do not match their
self-concept (Green, 1973). There seems to be a common perception that by the age of three or four that a transsexual boy knows that he should not be a girl and a transsexual girl knows that she should not be a boy. Yet in this study, five out of six of the participants were not aware of their transsexuality until at least their late teens. Only one participant recalled wanting opposite gendered toys and wishing to be the other sex. The participants stated during interviews that they were not considered traditional by the gender clinic because they did not follow the stereotypical development. Although the number of participants in this study is small, such a high percentage of individuals who did not meet traditional standards for transsexuality show that for these participants, these standards were inaccurate.

Mason-Schrock (1996) suggests that the transexual individuals that he interviewed invented their identities through modeling, guiding and affirming. He goes on to suggest that they created a narrative form of their true selves within a transsexual community. The participants in the current study did not follow this structure of identity formation. Although one participant lost most of her friends and family, the majority did not lose their support systems. Most kept the same group of friends that they had prior to transitioning and these were not transsexual individuals. One major difference, other than the current study including more than one female to male transsexual, is that while Mason-Schrock recruited his participants through support groups, the current study did not. Mason-Schrock's participants were already a part of a transsexual community when he interviewed them. The current participants, however, were recruited through flyers and by word of mouth and were therefore not necessarily a part of any transsexual community nor did they speak of one.
Gagne et al’s (1997) study included participants that identified as cross-dressers, fetishistic cross dressers, ambigenderists, those who identified as a third gender as well as transsexual individuals. What all of these individuals had in common was that they all dressed in women’s clothing. It was not about the need to change one’s sex as in the current study, it was more about changing ones clothes and how that impacts on their relations with society. Although some themes are common between Gagne et al’s study and this one, such as political and gender attitudes or the desire to be seen as a woman (or man), most of Gagne et al’s study was incoonsquential to the participants in the current study.

Gagne et al spent a great deal of time guiding their participants through memories of their first transgendered experiences, being discovered cross-dressed, learning about make-up and wigs and refining a feminine appearance. For the participants in the current study, these aspects were briefly mentioned by some and totally ignored by others. When given the opportunity to speak about what is important to them, the participants in the current study produced different themes.

Holly Devor (1997) has completed a very thorough understanding of the lives of female to male transsexuals. She asked the participants approximately 300 questions regarding their lives, from their earliest memories, to their present situations. The current study being discussed did not search for specific answers as Devor’s did, but rather let the participants speak for themselves. What resulted were stories and memories that were rich with a passion and intensity that only comes when an individual is speaking from the heart. For example the current study extracted the theme of a sense that transitioning
was imperative for their continued survival. The emotion that was produced when the participants spoke their truth was beyond what could be answered in a survey.

**Implications for Counselling**

The lack of information that the participants described led them to initially be unable to find a framework to understand their feelings. Some in this study stated that they never thought about changing their gender because they had never heard that it was possible. Even after some of the participants understood that they would be able to transition, they still had difficulty finding transsexual experiences in academic literature to help them with their process. This deficiency led to feelings of alienation for the participants. This is an important implication since it would be beneficial for a counsellor to understand where the feelings of alienation are coming from.

Because the participants were unable to see themselves reflected, some believed that they were the only ones who had gone through this experience. This sense of isolation and aloneness could certainly be diminished through psycho-educational means as well as more traditional counselling services. Groups for people who feel that something is going on but are not yet ready to approach a gender clinic may be helpful. By doing so, a group member may realize that indeed they are not alone and that others share some of their experiences. One on one counselling done with a counsellor who is aware of these issues could also help transsexual clients work through their isolation and better understand what they are going through.

The most basic premise winding itself throughout the literature (Baumbach & Turner, 1992; Devor, 1994; Khanna, Desai & Channabasavanna, 1987; Ross, 1986) on transsexual people, is the concept that they are unhappy with their bodies and wish to
change them. This study has brought to light the fullness of this idea. Participants did not just make statements like “I hate my body” or “I didn’t like what I saw in the mirror,” they went as far as to equate their bodies to a “mist” that could be seen through to the other side. They felt that once their bodies began to change, they also became solid and real. These words bring to life the absolute disconnection these participants had with their bodies before they transitioned. Allowing the participants to speak freely in any area they chose, provided a greater understanding of their experience. The implication for counselling is once again that of awareness. By understanding that an individual actually removes themselves from their body in order to survive within it, a counsellor may have an insight into the life of their transsexual or transgendered clients.

Within this disconnection is the concept that because they have no sense of their bodies or hate their physical self, they are more apt to be abused or to self-abuse. If they see their body as a mist or something that is not a part of them, there is no reason to keep themselves safe. The participants discussed abuse by others and self as by-products of their incongruency. Because of this abuse, a counsellor's awareness of the client's past trauma may be helpful when working with these individuals.

The decision to act on their feelings of incongruency has been shown not to be a choice but an imperative for these participants. They have revealed that they could no longer go on living as the sex to which they were born. In order to continue to survive, they had to transition. Counsellors could make themselves aware of the necessity of this action. It is not something to be forbidden or taken lightly. The seriousness of this decision is of the utmost importance. Participants recalled suicide attempts and drug use so hard that death was becoming an option to end the pain. They lived on the streets and
they became ill. The significance of this needs not to be lost in these pages. An awareness and understanding may, in turn, lead to less suffering.

The participants all spoke of a period of denial when discussing their lives. Although most did not realize that they were in this period. It was only when they were able to look back they could see it for what it was. This may be an important area for counsellors to be aware of. The participants spoke of a constant running, using drugs and alcohol, and burying themselves in their work. They spent a great deal of time and energy trying not to deal with this issue. By doing so they were engaging in behaviors, that although helped them cope, were self destructive and dangerous. If a counsellor had worked with the participants before they transitioned, it may have been helpful to better understand their coping behaviors.

Another issue surrounding the period of denial that benefits understanding for counsellors, is the anxiety participants felt related to fraudulent feelings. Participants spoke of feeling like a fake to themselves and others. They were often worried about how they portrayed themselves and who would find out. By working so hard to be something they were not, they were building a sense of self on a false foundation. After transitioning, their sense of self came in line with their true identity. The participants had to deal with two separate identities: who they were before transitioning, and who they were after. Counselling may help the journey from one identity to the other.

Couple and/or family counselling may be necessary to help repair relationships from the period before the transition. Participants reported having fraudulent feelings surrounding relationships with others because they were unable to be their true selves. Building a sense of self on a false foundation led to the building of relationships on false
foundations. How were participants to be able to have honest relationships with others if they couldn’t have one with themselves? Participants reported that some relationships were unable to be salvaged. For these relationships, clients may have to deal with feelings of grief and loss. For those relationships that still had substance, couple and/or family counselling may help to smooth out wrinkles that may have developed.

A final issue that counsellors could benefit being aware of regarding the gendered identity of the transsexual clients, is the anger that was expressed by participants for not have been able to grow up as they would have wished. As has been noted, given the choice, they would have preferred to have been born into bodies that matched their identity. Because they weren’t, participants had to deal with levels of grief and loss. They looked at children and envied their carefree ways and their ability to just be a boy or just be a girl. They have missed out on the experience of growing up in the body that they should have had, in the gender role that they should have known. These individuals have had to mourn the children they never were. Transsexual individuals may therefore benefit from engaging in grief work in the counselling setting.

**Implications for Research**

The sense of alienation and isolation on the part of the participants that was referred to earlier, points toward the need for more research on this topic. Because so little has been completed, a researcher can chose any road and start heading inward. All angles are free and clear to be explored as the researcher sees fit. Only the studies of Devor, (1994), Gagne et al, (1997) and Mason-Schrock, (1996) have placed the actual words and experiences of transsexual individuals on paper. Reading about the experiences of others in similar situations can be a great way to better understand one’s
self, particularly when there is little societal comprehension. For the participants who need this, the more they can have access to this type of information, the greater the increase in understanding of their own selves.

As was stated previously, an individual who wishes to undergo a transition, will do so at almost any cost. One may wonder, then, if the traditional perception of transsexual individuals presenting at an early age is one that may be continued through the giving of misinformation by those who need to transition. There may be a number of reasons why the results belie tradition. Yet because this study is in no way related to the transitional outcome of the participants, it lends itself to different consequences. It would be interesting to conduct further research in this area that is independent of that conducted in various gender clinics. With nothing to lose, the truth becomes easier to speak.

As was stated earlier with regards to counselling implications, the participants in this study experienced a disconnection with their bodies. Because of this, the individuals believed that they were more susceptible to abuse because they did not care about, or relate to, their bodies. A further examination of this issue would help to elucidate whether transsexual individuals have higher rates of trauma than non-transsexuals. This examination would not be looking for a cause, but rather an outcome of the transsexual experience.

There are many individuals who do not view themselves as the sex to which they were born, yet they do not engage in the sex change process. It may be interesting to examine the differences between those who choose to transition and those who don’t. As was discussed earlier, the participants in this study felt as though they had no choice.
They could not see their lives continuing without transitioning. One may wonder what prevents others in similar circumstances from carrying through to making such a transition. Individuals called regarding the advertisement for this study stating that they were transsexuals but were choosing to live their lives as the sex to which they were born. They were not included in the study because they did not fit the required criteria of living as the opposite sex to that which they were born. It may be that they are still in the period of denial that the participants referred to. It may be that there is something different in their experience of being transgendered. It may be advantageous to engage in an understanding of this difference to see why some people find it necessary to transition, while others do not.

The participants in this study discussed many identity issues, from who they were and how they were socialized, to how they felt after making the decision to act. This is a vast area for research. Issues that may be examined are: the linking between their false self and their true self; how their identities are different before and after transitioning; how not being socialized as their true gender effects their gender identity; and whether or not they develop fully gendered roles. Although transsexuals look out to the world through the same eyes, how the world views them effects how those eyes see.

Another area of identity research that may be of interest is how the transsexual individual makes sense of socially and culturally constructed gender roles. The medical and psychological literature that was reviewed for this study, placed society’s values and expectations onto the individuals that they were assessing (Ehehdt, 1973; Ross, 1986). Medical and psychological models (Baumbach & Turner, 1992; Bockting & Coleman, 1992) incorporate what society prescribes as a man or a woman, and evaluates
individuals from this perspective. They assess individuals based on a specific paradigm. The participants in this study, however, questioned society’s definitions of men and women. They were forced to stand outside of the prescriptions. Because they have had to question their sexual identity and reinvent who they were, in some respects, they pushed the envelope as to what is male or female. Because they grew up in this society, they were unable to completely shed its influence, but instead they were able to question what makes a man, or what makes a woman. They didn’t see gender as an absolute but rather a social construction that needs to be interrogated. The future of research related to gender identity might be well advised to take a look at these individual’s experiences. Rather than placing a way of being onto an individual, perhaps that way of being should be questioned.

Limitations

As with many studies, my research has limitations inherent within it. First, the data that has been produced is not generalisable. Instead the findings are applicable only for the time and place where the interviews were conducted and to the participants involved in the study. The benefit to such research is that it does not claim to represent all transsexual people, but it allows the reader to take a piece of the stories of each of these individuals home with them. A person who may be transsexual can examine the study and find whether the experience of the participants. Rather than imposing the information onto the readers, the readers themselves are able to decide whether the study is relevant. It does not, however, lend itself to replicability.

The next limitation revolves around the participant as a person and the researcher as a person. Each participant was asked to reveal their lived experience and how they
have made sense of their lives. Because this is a self-report, the issue of social
desirability comes into play. Participants may have tried to tell me what they think I
wanted to hear, or, what they thought would make them look good in society's eyes.
There may have been parts of their experience that they did not wish to share which may
have limited the breadth and depth of the findings.

Related to the above limitation is the ability of the participants to express how
they truly felt. Some co-researchers may have not been able to adequately express or
describe the range of emotions that they have felt relative to their experiences as a
transsexual person. While some may not have been able to find the words, others may
not have had the insight necessary to express them. Even simple descriptions of events
may have been difficult to discover if a participant's vocabulary was limited. I hope to
have effected these limitations by using counselling skills such as paraphrasing to help
clarify and deepen what each participant was attempting to explain.

As a researcher, I also have limitations. In this kind of study it is important for
me to create a non-judgmental atmosphere that is safe enough for the participants to
speak openly and honestly. While I believe that my inherent nature, along with my
counselling skills have allowed me to provide this space, it cannot be taken for granted.

Finally, my ability to accurately interpret and reflect what the participants have
said and meant, may be another limitation. By putting statements into themes, I am
necessarily placing myself within the data. There is no way for the data to be completely
objective or unbiased. I hope to have combated this limitation by outlining my personal
beliefs and values. Doing so has allow me to put aside the illusion of objectivity by
presenting what is really there. Although an objective account of the participants' experience would be truly wonderful, it is also something that is out of our reach.

Conclusion

Perhaps the most important outcome of this study is that the participants were allowed to have their voice. Rather than treating these individuals as objects who were to be studied and then reported on, the participants themselves were able to speak about who they were. They were people with specific experiences that to them were unparalleled. As has been seen in the literature, there are many studies that are aimed at searching for an etiology of transsexualism. This study shows that although there are commonalties in themes, the experiences are as unique as each individual. Many studies have various agendas that search to find specific answers to specific questions. The only agenda in this study was for the transsexual participants to speak their truth in a way that only they could say it. This study has provided an overall look at the lived experience of six transsexual individuals. It has laid a groundwork that provides a huge area to build upon. It is up to future researchers to seize this base and to put forth the initial blocks of understanding.
References


APPENDIX D
Orienting Statement

The following statement will be read by the researcher to all participants at the beginning of the first interview.

I am interested in learning about your experience living as a transsexual individual. There has been extremely little research describing what it is like to live as a transsexual individual. I hope to provide you with a voice within the realm of research so that others may understand what it is like to be you. The main question I will be asking you is: What is your lived experience of being a transsexual individual and how do you understand and make sense of your life?

Please feel free to take all of the time you need to reflect on and answer this question. You may wish to talk about your experience like a story with a beginning, middle and an end. Or you might like to tell me about specific experiences or situations that we can explore further. For instance you may like to talk about a particularly positive or negative experience related to your transsexualism. I will leave that up to you. I am not going to ask you a series of questions. Instead I hope to encourage your story telling, but to not direct the flow of the interview. This is a place for you to speak about your life and your story.

During the interview I may ask you for more information or clarification about something you have said. I want to be sure that I fully understand your experience. You are not obligated to answer or discuss anything you do not feel comfortable with.

Do you have any questions before we begin?
APPENDIX E
Interview Questions

1. What is your lived experience of being a transsexual individual?

2. What is it like to be you?

3. What was your childhood like?

4. As you grew up, how did you feel?

5. What was adolescence like for you?

6. Could you tell me about the process of changing your biological sex?

7. How do you feel in your life now?

8. Could you tell me about an experience that signifies who you are?

9. If there was something that you wanted the world to know about you, what would it be?
APPENDIX F
Resources

Crisis Line
-crisis intervention 872-3311

B. C. Female-to-Male Transgendered/Transsexual Network
-peer support, information, education, resources 254-7292 (Lukas)

Center for Sexuality, Gender Identification and Reproductive Health (Vancouver General Hospital) 875-8282

The Center
-referral, peer support, networking 684-5307

Zenith Foundation
-information and education 261-1695

Greater Vancouver Mental Health
-general mental health counselling 874-7626

Family Services of Greater Vancouver
-general counselling 874-2938

Family Services of the North Shore
-general counselling 988-5281